PHARM 426: Experiential Education

COURSE OUTLINE and SYLLABUS

Spring/Summer, Fall, Winter, 2016-2017

PHARM 426: Experiential Learning Part 4 - Community Practice Placement

Course weight: *8

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Policy about course outlines can be found in
Course Requirements, Evaluation Procedures and Grading of the University Calendar
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COURSE DESCRIPTION

This 8 week experiential course is designed for students to practice their knowledge and skills from the classroom and skills lab in a community practice setting. Through structured activities, the student is expected to demonstrate increasingly efficient professional competencies with the focus on providing effective patient care. Students are also expected to develop their role in supporting patient care through effective provision of drug information, advocating for patients and communities, and managing their practice. This course provides opportunities for students to further develop evidence based clinical decision-making and judgment skills necessary for optimizing patient-centered care.

This is considered to be an advanced clinical placement as students are in their final year of undergraduate degree studies. Students are expected to be self-directed and step into the role of a pharmacist, accepting professional responsibilities as outlined in the course under the guidance of a pharmacist preceptor. By completion of the placement, students should be “entry to practice” competent as they are within months of graduating.

COURSE PREREQUISITE

Pharm 316

REQUIRED READING

1. The Patient Care Process
3. CSHP’s webinar with presentation handout; “Goals and Objectives – What’s the Difference Anyways?” Helpful resource for writing learning objectives, which are needed for the Learning Plan Assignment. Go to webinars, scroll down to the topic; May 21, 2014. It is suggested that the handout be printed and reviewed (listening to the webinar is optional). Focus on slides 11-39.
5. There are additional readings/website resources associated with select activities (to be completed during the course) to support discussion topics with the preceptor.

RECOMMENDED RESOURCES

Prior to the placement students should ask their preceptor about references and resources that should be brought to the placement or pre-readings that should be completed prior to the placement. These resources may be helpful for students to use these when completing activities and assignments.

1. Standards of Practice for Pharmacists and Pharmacy Technicians
https://pharmacists.ab.ca/standards-practice
2. Standards for Operation of Licensed Pharmacies
https://pharmacists.ab.ca/standards-practice
3. Clinical Resources: Bugs and Drugs, RxFiles, Dipiro’s Pharmacotherapy: A Pathophysiologic Approach (Textbook), Lexicomp, Dynamed and RxTx
COURSE OBJECTIVES

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

1. Professional
Students will demonstrate ethics and behaviours throughout the placement; including pre-placement responsibilities.
Students will:
- Evaluate their practice and knowledge through self-assessment to develop goals and objectives as well as identify areas for continuous professional development.
- Practice in an ethical manner (according to the Alberta College of Pharmacists Code of Ethics).
- Demonstrate initiative within the practice setting.
- Practice in a manner demonstrating professional accountability
- Display professional behavior

2. Communicator
Students will:
- Communicate clearly verbally, non-verbally and in writing with team members and patients.

3. Care Provider
Students will provide patient care collaboratively and independently as appropriate:
- Develop & maintain a professional, collaborative relationship with the patient.
- Interview the patient or agent or other relevant healthcare providers to obtain necessary information.
- Gather and organize the information (from all sources) to determine the patient’s medical condition(s) as well as their medication related & other relevant health related needs.
- Assess if the patient’s medication needs are being met (i.e. indication, efficacy, safety, and adherence). Integrate patient readiness (state of change) and clinical data into assessment.
- List and prioritize the patient’s medical conditions and drug related problems.
- Develop and implement a care plan based on best evidence that prioritizes and addresses the patient's medication-therapy problems & wellness needs (care plan to include pharmacist responsibilities, specific monitoring parameters and follow up schedule).
- Engage patients in shared decision making regarding their medication therapy.
- Conduct follow-up and modify care plans as needed to ensure continuity of care.
- Communicate and document patient care activities.
- Provide accurate and appropriate patient education including patient self-management
- Participate in the full scope of professional practice such as: adapting prescriptions when appropriate, prescribing as appropriate under primary preceptor, including minor ailment and/or self-care recommendations, order and monitor relevant lab tests to monitor drug therapy, and providing injections.

4. Collaborator
Students will:
- Demonstrate the ability and initiative to learn the roles and responsibilities of other health care professionals, and consider how collaborative practice can optimize patient care.
- Collaborate with the patient, family, caregivers, and other health professionals to facilitate the management of the patient’s health needs.
5. Advocacy and Leadership
Students will:
- Advocate for the patient’s health related needs.
- Develop personal and professional leadership skills.
- Develop an understanding of the principles of health promotion and how a pharmacist fits into this role depending on the practice setting.
- Determine what health promotion or disease prevention programs are available through the pharmacy and in the community.
- Integrate health promotion into patient care (e.g. encourage flu vaccinations, smoking cessation, lifestyle changes, self-monitoring of medical conditions).
- Describe and where possible, demonstrate the advocacy responsibilities of pharmacists (e.g. drug shortages).
- Develop and engage in a project, which contributes to the enhancement of patient care and/or the practice environment of the placement site.

6. Scholar
Students will apply knowledge and skills regarding their role as “medication experts” such that they can:
- Respond appropriately, using best evidence, to drug information requests
- Proactively seek answers to self-identified questions to care for patients.
- Demonstrate increasing development of competence, knowledge, and skills related to clinical activities throughout the placement
- Exercise critical thinking, clinical judgment and interprofessional collaboration (where possible) to make informed decisions and solve problems

7. Practice Management
Students will:
- Prioritize activities in daily practice to optimize patient care.
- Participate in the site’s process for managing accurate and effective drug distribution, reporting and managing medication errors and adverse drug reactions.
- Participate in quality assurance and improvement programs (i.e. evaluate the quality of care) that promote safe and effective practices.
- Discuss the impact of funding to provide professional services, and participate in strategic planning of new and/or improved patient care services where possible.
- Participate in planning for practice change and implementation of services to meet patient’s needs.

GRADING
Pharm 426 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, pg.12) and complete all required assessments (see information below). The Faculty course coordinator provides a final course grade (Pass: Credit or Fail: No Credit) following review of the submitted assessments and assignments.
ASSESSMENT INFORMATION

There are three types of assessments in the course: Summative, Formative, and Course Evaluation. All assessments are completed and submitted using RxPreceptor. Information regarding submission of assessments can be found in the BScPharm Experiential Education Policies and Procedures Manual; see required reading; pg. 3.

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

a. Final Student Performance Assessment.
Preceptors assess student’s performance on 20 outcomes which are grouped in 7 major areas:

1. Professionalism (5 outcomes)
2. Communication (1 outcome)
3. Care Provider (7 outcomes)
4. Collaborator (1 outcome)
5. Scholar (3 outcomes)
6. Advocate (1 outcome)
7. Manager (2 outcomes)

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

• The skills and behaviours associated with each outcome define expectations for this placement. Preceptors base their overall rating for each outcome on how strongly they agree or disagree that the student has demonstrated a set of expected skills, behaviours and knowledge.
• Performance expectations align with completion of all course work by students and the expectation of graduation in 6-9 months.
• Preceptor supervision is important, especially early in the placement, with graduated independence for various activities (such as gathering a medication history, patient education) as competence is demonstrated. Throughout the placement restricted activities such as final checking of prescriptions and injections must be supervised.
• The individual behaviours for each of the 20 course outcomes assessed are listed in Appendix 1.
• Preceptors will also provide comments to support their ratings for each of the 7 areas of assessment and must discuss their final recommendation with students prior to submitting.
2. Formative Assessments

The purpose of the formative assessments is to support the provision of specific feedback to students that can be used to improve learning. They are also used to provide specific feedback to preceptors that can be used to help improve their ability to instruct and guide student learning.

a. Student Self-Assessments

Student Self Assessments are completed at midpoint and at the end of the placement. These assessments allow students to rate their perceived level of ability on the same 20 outcomes assessed by their preceptor on the midpoint and final assessments using the following scale:

| Needs Improvement | Meets an Acceptable Level of Performance | Exceeds an Acceptable Level of Performance |

i. Midpoint Student Self-Assessment

This assessment provides the opportunity for students to identify the behavior, skills and knowledge that need to be focused on for the balance of the placement. Students should also provide written comments to support their ratings. Students must complete and submit the Midpoint Student Self-Assessment at least 1 day prior to the Midpoint Student Performance Assessment discussion allowing the preceptor to pre-review and compare ratings. Students should print and bring a copy to the assessment discussion.

ii. Final Student Self-Assessment

It is important that students reflect on their learning at the end of the placement and complete a second self-assessment. The final self-assessment does not need to be submitted in advance for preceptor review, but students must come prepared to discuss their perceived performance with their preceptor and discuss any discrepancies.

b. Preceptor and Student Early Assessments

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

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

• If there are concerns, the student and preceptor are offered the option to discuss the assessment and may indicate if they would like to be contacted by a Faculty member.

c. Midpoint Student Performance Assessment

At midpoint of the course, at a time, determined by the preceptor, the preceptor will complete the midpoint Student Performance Assessment to assess how the placement is going so far. This assessment is important to ensure the student is aware of their progress, by indicating areas of strength and areas that require improvement.

The format of the Midpoint Student Performance Assessment is the same as the final assessment.

• Preceptors rate students on each of the 20 outcomes using the same rating scale shown above under the Final Student Performance Assessment.

• Students may receive grades of “Needs Improvement” at midpoint with the understanding that with more time, effort and practice the skills will be achieved.

• A grade of “Not Meeting an Acceptable Level of Performance” at midpoint indicates that the preceptor has concerns about the ability of the student to pass and the Faculty should be contacted.

These ratings in combination with the midpoint student self-assessment serve as a basis for the preceptor to identify goals and expectations for the remainder of the placement. The preceptor includes these goals and expectations at the end of the midpoint assessment and discusses them with the student.
d. Student Midpoint Evaluation of Preceptor and Site
The midpoint Evaluation of the Preceptor and Site is completed by the student at the midpoint of the placement and is designed to generate discussion about important preceptor attributes, placement site qualities and opportunities for learning.

3. Course Evaluation Assessments
Course evaluation assessments are used to provide summative evaluation of different aspects of course effectiveness. They are also used to identify problems that might arise when students or preceptors are not meeting the expectations for participating in the course.

a. Student Course Evaluation - Anonymous
At the end of the course, students complete an online survey with questions pertaining to Faculty coordination, administration of course, learning objectives and activities.

b. Post Course Evaluation of Preceptor and Site - Non-anonymous
This evaluation is completed on RxPreceptor within 72 hours after completing the course and the student has left the placement site. The purpose of this evaluation is to allow students to provide comments without any potential influences and serves as a final measure of quality assurance.

COURSE SCHEDULE
Course dates are listed by the term. Within each term, one placement is completed in a community practice setting, and the other placement is in an institutional practice setting. These will occur in no particular order; individual student schedules are listed in RxPreceptor.

Spring/Summer Term
- Block 1: May 2 – June 24, 2016
- Block 2: June 27 - August 19, 2016

Fall Term:
- Block 3: August 22 - October 14, 2016
- Block 4: October 17 - December 9, 2016

Winter Term:
- Block 5: January 9 – March 3, 2017
- Block 6: March 6 - April 28, 2017
### ACTIVITIES

Additional information for some activities is in the appendices.

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<tr>
<th>COURSE ACTIVITIES</th>
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<td>The following are either a discussion or an activity that students must complete during the placement to meet a course objective.</td>
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#### PROFESSIONAL

*Students should have the following discussions with the preceptor in the context of the practice setting:*

1. Discuss the strategies the preceptor uses to achieve the following professional behaviors. The student should include how they demonstrate this during the clinical 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 dispensary team-centered approach to practice and patient care.
   - Engage respectfully with patients and team members; including demonstration of cultural sensitivity.
   - Demonstrate initiative within the practice setting

2. Discuss application of the code of ethics and standards of practice related to community based patient care; include ethical judgment; for example:
   - Managing and prioritizing professional responsibilities.
   - Understanding the importance of patient accountability.
   - 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?
   - How does the team deal with patient care challenges such as medication abuse, submitting special drug authorizations, etc?

When is it ethically and professionally appropriate to involve caregivers and/or family? Are there circumstances where they should not be involved?

3. Discuss how the 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 the preceptor the strategies you are using during this course, and once you graduate.

#### COMMUNICATOR

*Students should have the following discussions with the preceptor in the context of the practice setting:*

1. Modes of communication (written and verbal) used between dispensary team members; include what is the most common type of communication. Do they communicate often with specific pharmacies (i.e. within their chain or locally) and why?

2. Communication skills and strategies used to talk with patients; include strategies used when patients are hearing or sight impaired or speak a different language. Discuss motivational interviewing strategies utilized and skills to build rapport and address patient concerns.

3. How do they communicate patient care responsibilities to ensure continuity of care; is it verbal or written, what information is included? Provide examples of repercussions if communication is hampered or inefficient.

4. How they communicate with other health care professionals? Include strategies used if there is a conflict or difference in opinion.

**CARE PROVIDER:** Appendix 2 contains Supplementary Information

*Students should participate in the full-scope of pharmacist activities as deemed appropriate by the patient situation. Students must always consult with the preceptor prior to initiating any recommendations involving injections and prescribing. These must be completed under the direct supervision of the preceptor.*
**ACTIVITY: Patient Assessments for Refill and New Prescriptions**

**Week 1 and 2:** on a daily basis, assess patients and their drug therapy to provide and document care for a minimum of 2 patients each day receiving refills and 2 patients each day receiving new Rxs.

**Weeks 3-8:** For the remaining duration of the placement, routinely assess Rxs and use strategies to document the care provided into the computer so it becomes part of daily practice. (at least 4 per day)

**ACTIVITY: Acute Condition Assessment**

Provide patient centered care for a minimum of 12 patients with acute conditions e.g. infection, pain, etc. Each acute patient care activity includes a patient assessment; review for indication, effectiveness, safety and compliance. Also review Netcare for additional information where appropriate.

Assessment findings should be discussed with the preceptor and then documented on the patient’s profile. (A written care plan is not required, however a care plan worksheet may be used to guide the care provided)

**ACTIVITY: Chronic Disease Management**

Provide patient centered care for a minimum of 12 patients with chronic conditions. Students should provide care for a minimum of 4 different chronic diseases.

Each chronic disease patient care activity includes:

- a Best Possible Medication History be conducted along with development of a care plan based on information gathered;
- drafting documentation to be entered onto the patient’s computer profile; e.g. DAP note
- if required for the situation, draft documentation to be sent to another health care professional after preceptor review. Ensure correspondence is co-signed by the preceptor, and includes their contact information, prior to sending. More information; Appendix 2a.

**ACTIVITY: Pharmacy Services**

Students should participate in as many pharmacy services as possible:

- Prescription renewal and adaptation.
- Emergency prescribing.
- Comprehensive Annual Care Plans (CACP) and Standard Medication Management Assessments (SMMA); these are addressed by the Chronic Condition Patient Management Activity.

Prescribing at initial access or managing ongoing therapy. (Pharmacist must have prescribing authorization from ACP)

**ACTIVITY: Practice Administration of Drugs by Injection**

Students in the Class of 2017 had the option to complete the training as required by ACP to administer drugs by injection. Students who successfully completed the training, and also have completed CPR Level C + First Aid, should practice administering drugs by injection.

Students must only administer injections under the direct supervision of a pharmacist authorized by ACP to administer drugs by injection.

**ACTIVITY: Pharmacist for the Day**

Students will (with supervision) be able to assume patient care responsibilities as the sole pharmacist at the practice site. A minimum of a ½ day during week 7 of the placement is suggested; can be increased as deemed appropriate by preceptor.

**DISCUSSION ACTIVITY**

*Students should have the following discussions about Schedule II and III drugs with the preceptor;*

- What is the responsibility of the pharmacist?
- What are the responsibilities of other pharmacy team members?
- What is the current process or strategies used in the dispensary to ensure that the sale of these products is safe and effective (e.g. oral iron products, Tylenol 1)? Are there stressors of the workplace that can affect the sale of these drugs?

**DISCUSSION ACTIVITY**

*Students should have the following discussions about pharmacy services with the pharmacist;*

- The importance of administration and adherence strategies; compliance aids; flavorings, label font size, blister packs, patient follow-up via phone (call backs).

**COLLABORATOR**

**ACTIVITY: Collaborate with health care providers to optimize patient care; e.g. collaborating with physicians and others when completing care plans and conducting patient clinics. Include discussions with your**
preceptor the health care professionals with whom they collaborate, and how collaboration occurs (face-to-face, phone, in writing). What are mechanisms they use to improve or expand on collaboration opportunities?

**DISCUSSION ACTIVITY**
Discuss the roles of the pharmacy team with each individual team member (e.g. technicians, assistants)

**ADVOCATE**

**ACTIVITY: Enhancement of Community Pharmacy Practice Project**
In collaboration with the preceptor, create a project that will benefit the practice site (i.e. resource or brochure, patient care initiative, etc.). Examples include setting up processes for the documentation of patient care, profiling clinical services of the pharmacy, facilitating inter-professional collaboration, developing community programs.


**ACTIVITY: Provide a minimum of one health promotion presentation for the public. (e.g. school; teachers or student classes, senior groups, disease advocacy groups)**

**ACTIVITY: Provide a health promotion, screening or education clinic for the public on a disease state or focus for the pharmacy. (e.g. women’s health, hypertension, diabetes)**

*The Advocate activities (presentation and clinic) are NOT a substitute for the Community Pharmacy Practice Enhancement Project. However, they may be linked. i.e. the Project may be preparation of a brochure/poster and planning for a clinic and the Advocate Activity is the clinic itself.*

**DISCUSSION ACTIVITY**
*The student should have the following discussions with the preceptor.*
- Discuss health promotion opportunities with the preceptor and identify how a pharmacist fits into the role of health promoter in the community.
- If your preceptor has additional training for a specific population of patients (e.g. Certified Diabetic Educator, Travel Certification), what practice initiatives are they involved with either in the pharmacy or in the community? How do they view their health promotion role? If your preceptor does not have additional training, have they contemplated obtaining this?
- Discuss the health promotion or disease prevention programs are available at the pharmacy; smoking cessation, travel advice etc.

**SCHOLAR**

**ACTIVITY: Respond appropriately in a timely manner using best evidence to drug information requests and proactively seeks answers to self-identified questions to care for patients.**
Information may be required either verbally, written or both. (Drug Information Inquiry Record form is posted on RxPreceptor and eClass)
Students are expected to use appropriate resources, use more than 1 resource for each question, reference appropriately and discuss answers with the preceptor.

**DISCUSSION ACTIVITY: Discuss with all pharmacists which resources they use and why they prefer particular resource(s).**

**DISCUSSION ACTIVITY: Discuss the benefits of having Netcare access and the implications for assessing and monitoring drug therapy in community practice. Discuss how pharmacists incorporate its use into their patient care activities.**

**OPTIONAL 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](http://tinyurl.com/lgppqay).
The link to the UofA pharmacy library home page is [http://guides.library.ualberta.ca/pharmacy](http://guides.library.ualberta.ca/pharmacy)

**OPTIONAL ACTIVITY: Practice Based Research**
Students may be involved with practice based research developed by Pharmacy Faculty during their placement. Students will be provided with information regarding research possibilities prior to the start of the placement. Student participation in these research activities is voluntary. Research information is posted on eClass.
PRACTICE MANAGER

ACTIVITY: Medication Distribution
Participate in all stages of the distribution process with emphasis on intake, counselling and medication safety practices. Check prescriptions as a pharmacist (all under the supervision of the preceptor). Discuss the experience with the preceptor and include what challenges were experienced.

DISCUSSION ACTIVITY
Students should have the following discussions about pharmacy services and expanded scope of practice with the preceptor;
- The impact of funding policies on the provision of professional services with the pharmacy team. Include discussion how professional services have changed their practice over the past 2-3 years.
- Discuss with the preceptor how they or another colleague use the expanded scope of practice within their practice; include how it contributes to patient care.

ACTIVITY: Patient and Medication Safety
Part 1: Systems Approach to Quality Assurance for Pharmacy Practice; A Framework for Mitigating Risk
Go to: https://pharmacists.ab.ca/acp-online-learning and click on “Learning Modules” to access this resource.
More information in Appendix 5 regarding activity and discussion topics.
Part 2: Safe Medication Practices
The student should have the following discussions with the preceptor regarding current processes at the practice site;
- Documentation and reporting of medication errors or incidents (what to do if there is an error)
- Quality assurance programs and processes

ASSIGNMENTS
Assignments are posted before, during the placement on various weeks and by the last day of the placement. All posted documents must have all identifiers removed to ensure patient confidentiality. All assignments must be typewritten; using minimum 11-point font and double-spaced.
If deemed necessary by the Course Coordinator (or designate 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.
No grade is assigned to the posted assignments however reviewer comments will be provided. If a resubmission is deemed necessary, students are provided with an explanation regarding the reason for the resubmission as well as instructions about how to better meet the assignment requirements.
To assist students and preceptors with planning across the 8 weeks, an “Activities, Assignments and Assessments Schedule” has been provided in Appendix 7.

Learning Plan Assignment
The Learning Plan needs to be initiated before the start of the placement. First posting is 1 week prior to the start of the placement

<table>
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<tr>
<th>Learning Plan Assignment</th>
<th>Posting Instructions (MyCred)</th>
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<tr>
<td>The Learning Plan needs to be initiated before the start of the placement. First posting is 1 week prior to the start of the placement</td>
<td>The Learning Plan must be posted in MyCred (student portfolio available through RxPreceptor) at least 1 week prior to the start of the placement to allow the preceptor to view. The assignment should be posted in the “GOALS” MODULE. The updated plans must be posted by the end of 1st week, midpoint and at the final. 4 TOTAL POSTINGS; 1 before the placement, and 3 after.</td>
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Students are to develop 1 goal and corresponding objectives that describe a clinical skill they plan to focus on.

The Learning Plan should be:
1. 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.
Learning Plan Template: Appendix 6.
### 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.

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Posting Instructions (eClass)</th>
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| **Patient Assessments for Refill and New Rx Assignment**  
Use the Pharmacy Care Plan Worksheet to document the patient care provided. Use this to create clinical documentation to be entered onto the computer profile. (use DAP format, or equivalent) Review worksheets and documentation with the preceptor prior to posting. A blank Pharmacy Care Plan Worksheet as well as one with a Checklist for Assessment are posted on eClass, RxPreceptor and Appendix 2. | Post 1 care plan worksheet in eClass outlining the care provided for a patient receiving a new Rx and 1 worksheet for a patient receiving a refill. Each posting should include the worksheet and documentation as it was entered into the computer. (screen shots OK) Post by **9:00 PM on the 2nd Tuesday** of the placement. |
| **Acute Condition Assignment**  
Following discussion of the acute condition patient with the preceptor, document assessment findings on the patient’s computer profile.  
**Total:** 2 examples of documentation to be posted | Post patient documentation in eClass (as entered on the computer profile) for 1 patient by **9:00 PM on the 4th Tuesday** of the placement. Post documentation of 1 additional patient by **9:00 PM on the 6th Tuesday** of the placement. (screen shot OK with no identifiers) |
| **Chronic Disease Care Plan Assignment** - **Total:** 2 patient care plans & documentation to be posted  
Each assignment consists of:  
• relevant background data (see Appendix 2a)  
• a care plan using the pharmacy care plan worksheet or site specific forms  
• corresponding clinical documentation as entered on the patient computer profile  
• written communication sent to another healthcare professional (if completed).  
**Remove all identifiers prior to posting.**  
Care plans must be typed unless the site completes only hand-written CACPs and SMMAs.  
Activity and Assignment Information: Appendix 2a | Post patient documentation in eClass for 1 patient by **9:00 PM on the 4th Tuesday** of the placement. Post documentation of 1 additional patient by **9:00 PM on the 6th Tuesday** of the placement.  
**CARE PLANS WILL NOT BE MARKED BY THE FACULTY. A random sample of posted documentation will be reviewed by the Faculty for the purposes of monitoring course outcomes** |
| **Clinical Judgment Assignment**  
Provide one example that occurred during the placement that demonstrates clinical decision making skills involving an Rx renewal or adaptation. Include:  
• What was the clinical issue?  
• Summary of the assessment used to address the clinical judgment that was made. (e.g. what questions were asked, what lab or clinical data was retrieved?  
• What skills were found most beneficial? (e.g. ability to create an appropriate assessment)  
• What skills were challenging? (e.g. interpretation of the data)  
• What documentation was required? If so, where was it included?  
• What was the outcome?  
Assignment Rubric: Appendix 2d.  
Word Count: Maximum 250 words. Include word count on the assignment. | Assignment must be posted on eClass by the last day of the placement |

**Inter-Professional Performance: Feedback for Pharmacy Student**  
The Health care practitioner where the student completed their visits must submit feedback. Feedback form must be posted on eClass by the last day of the placement.
complete the Inter-professional Feedback Form and give it back to the student on the last visit. Assessment form: Appendix 3b.

### Pharm 426 Inter-professional Visit Survey
Students must complete the survey on eClass.
It is important that we thank the health care professionals for their involvement, therefore, we require the; name(s) of the health care professionals involved, and their mailing and email address(es).

**Survey must be completed on eClass by the last day of the placement.**

### Inter-professional (IP) Reflective Assignment
Based on the IP experiences during the placement, students choose one example of IP collaboration that impacted them and they would like to model in their future practice. (It could involve an inter-professional interaction during one of the IP visits or involving a patient care interaction.)
This example should be outside of the pharmacy team.
Assignment Rubric; Appendix 3c.
Word Count: Maximum 250 words. Include word count on the assignment.

**Assignment must be posted on eClass by the last day of the placement.**

### Enhancement of Community Pharmacy Practice Project
Following completion of the project create a summary that includes:
- Outline: topic, learning goals, stimulus/trigger and activities completed.
- Outcomes: potential and real for the practice site; include what was learned through completion of the project
Word Count: Maximum 250 words. Include word count on the assignment.

**Assignment must be posted on eClass by the last day of the placement.**

---

**POLICIES AND PROCEDURES**

All course policies and procedures are included in the BScPharm Experiential Education Policies & Procedures Manual

Students must review this manual prior to the placement, as there are policies specific to this placement.
These include:
- Participation in professional opportunities such as conferences, UofA flu clinics, PDW, Pharm D interviews, etc.
- Human Blood and Bodily Fluid Exposure (HBBFE) Procedures (Needlestick Injury)

The manual also provides information regarding:
- Attendance policies (illness, professional opportunities, bereavement, etc.)
- Requirements (N95-fit testing, first aid, etc.)
- Student responsibilities (communication, professionalism, Netcare)
- Assessment and survey procedures
- Protection of Privacy Policy
- Preceptor Award procedures

**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 behaviour which could potentially result in suspicions of cheating, plagiarism, misrepresentation of facts and/or participation in an offence. Academic dishonesty is a serious offence and can result in suspension or expulsion from the University. See Academic Regulations.
Specialized Support and Disability Services (SSDS)
Students registered with Specialized Support and Disability Services (SSDS) who will be using accommodations are advised early in the year to contact the course coordinator (Marlene Gukert) early in the year to discuss possible accommodations.

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

SUGGESTIONS and TIPS FOR SUCCESS
Placements are different from classroom learning. Students are asked to practice patient care skills in a community pharmacy setting rather than a skills lab. Professionalism and communication skills are key to these experiences. Although preceptors will guide the learning, students are ultimately responsible to ensure completion of all activities, assignments and assessments.

Full participation in the experience is the first step to passing the placement. The course activities listed are minimums; maximizing learning opportunities is a professional responsibility. Students that succeed go beyond these minimums 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. This is considered to be an advanced placement so patient accountability is expected. Self-directed learning is also expected; students are expected to identify knowledge gaps through self-assessment and seek feedback and information as needed.

Another key student responsibility is contacting the Faculty with concerns if they arise. There are assessments built into the course that provide checks and balances about learning and the overall experience, however it is important that students contact the Faculty prior to or during the placement to discuss concerns or questions. These are dealt with in an individual and confidential manner.

The article “Strategies Pharmacy Students Can Use to Ensure Success in an Experiential Placement” (see Required Reading List; pg 3) provides helpful information including “obvious” and “not-so-obvious” strategies to ensure success in a placement.

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

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

Assessments
All assessments will be posted in RxPreceptor prior to the start of the first placement for students to review. All assessments are submitted using RxPreceptor.
**Netcare**
The pharmacy student is responsible for initiating their Netcare request for community pharmacy site placements with the site Access Administrator (AA) at least 4 weeks in advance of the placement start date to ensure access is obtained in time.
Your Netcare hard token will be mailed directly to the pharmacy address that was entered on your eForm. They can only be shipped to a business address and require signature upon delivery. Further information regarding registration, how to confirm access, how to use and troubleshooting is posted in the Documents Library of RxPreceptor in the Netcare Resources folder.

**Support and Information Sites**
eHealth Support Contact Centre to inquire on status of request:
   **Toll Free:** 1-855-643-8649
   Edmonton: 780-409-5586        Calgary: 403-295-5975
   Email: ehealthsupport@cgi.com

Alberta Netcare Learning Centre - Contact Information:
[http://www.albertanetcare.ca/LearningCentre/Contact.htm](http://www.albertanetcare.ca/LearningCentre/Contact.htm)

Alberta Netcare Learning Centre: [http://www.albertanetcare.ca/LearningCentre/](http://www.albertanetcare.ca/LearningCentre/)
**APPENDIX 1: Student Performance Assessment**

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

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>BEHAVIOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional</strong></td>
<td></td>
</tr>
<tr>
<td>1. Practices in an ethical manner (e.g. with honesty and integrity).</td>
<td>• practices according to the Alberta College of Pharmacists Code of Ethics.</td>
</tr>
<tr>
<td>2. Demonstrates initiative within the practice setting</td>
<td>• takes initiative to learn, enhance skills and integrate knowledge. (e.g. maximizes learning opportunities) • seeks feedback to identify limitations or strengths in competence/performance.</td>
</tr>
<tr>
<td>3. Practices in a manner demonstrating professional accountability</td>
<td>• fulfills their professional tasks, assignments and commitments in a diligent and timely manner. • accepts responsibility for their recommendations. • sets priorities to balance workload and optimize patient care.</td>
</tr>
<tr>
<td>4. Displays professional behaviour</td>
<td>• is well groomed and wears clothing and attire that is professional in appearance. • is punctual. • does not engage in distracting behavior. • respects patients/other team members • responds to and incorporates feedback on ways to improve. • displays patient and team-centered approach to practice and patient care.</td>
</tr>
<tr>
<td>5. Engages in Continuous Professional Development</td>
<td>• develops learning goals and objectives for the placement and evaluates achievement of each throughout the placement. • evaluates their practice and knowledge to identify areas for continuing professional development.</td>
</tr>
<tr>
<td><strong>Communicator</strong></td>
<td></td>
</tr>
<tr>
<td>1. Demonstrates effective non-verbal and verbal communication skills</td>
<td>• speaks clearly and effectively. • uses appropriate language. • uses appropriate non-verbal communication. (e.g. open body language, use of facial expressions) • engages in and manages 2-way conversations with patients/caregivers. • listens effectively. • demonstrates the appropriate level of confidence.</td>
</tr>
<tr>
<td><strong>Care Provider</strong></td>
<td></td>
</tr>
<tr>
<td>1. Develops and maintains professional relationships with patients/caregivers</td>
<td>• engages patient independently to determine reason for seeking care. • exhibits sensitivity, respect and empathy with patients and caregivers. • identifies/responds to patient cues. • determines when it is ethically and professionally appropriate to involve caregivers and/or family members.</td>
</tr>
<tr>
<td>2. Gathers relevant medical and medication history</td>
<td>• utilizes multiple sources of patient information. (e.g. Netcare, patient/caregiver, patient profile/chart, other healthcare providers) • employs effective interviewing techniques. (e.g. appropriate open and closed ended questions, uses motivational interviewing when appropriate) • employs a systematic process to gather data accurately based on the Patient Care Process document. • gathers an appropriate amount of information. • retrieves and assesses relevant lab tests and diagnostic assessments.</td>
</tr>
<tr>
<td>OUTCOME</td>
<td>BEHAVIOURS</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>• is improving timeliness and efficiency over the course of the placement.</td>
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<tr>
<td>• clarifies and manages conflicting data seeking support when necessary.</td>
<td></td>
</tr>
<tr>
<td>3. Determine medical conditions and assess if the patient’s medication-related needs are being met</td>
<td>• considers patient perspective/priorities regarding meeting medication-related needs.</td>
</tr>
<tr>
<td>• determines patient’s medical condition(s).</td>
<td></td>
</tr>
<tr>
<td>• assesses drug therapy for indication, efficacy, adherence and safety to identify DRPs.</td>
<td></td>
</tr>
<tr>
<td>4. Develops a care plan that addresses medication and health needs</td>
<td>• uses a systematic approach to develop care plans including for patients with multiple co-morbidities.</td>
</tr>
<tr>
<td>• seeks guidance for complex problems or areas with poorly defined evidence.</td>
<td></td>
</tr>
<tr>
<td>• sets goals that are relevant, realistic and that include timelines if appropriate.</td>
<td></td>
</tr>
<tr>
<td>• generates a realistic set of alternatives and assess the pros and cons</td>
<td></td>
</tr>
<tr>
<td>• determines monitoring parameters (what, when &amp; how it may change) for chosen plan</td>
<td></td>
</tr>
<tr>
<td>• decides on specific actions for managing medication-specific needs. (e.g. dispense, adapt, prescribe, refer, etc.)</td>
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</tr>
<tr>
<td>• determines patient needs outside of pharmacist’s scope of practice that require referral.</td>
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</tr>
<tr>
<td>• provides rationale for the chosen plan.</td>
<td></td>
</tr>
<tr>
<td>5. Implements the care plan when appropriate</td>
<td>• educates the patient on non-pharmacological. (e.g. lifestyle) recommendations</td>
</tr>
<tr>
<td>• educates the patient on pharmacological recommendations</td>
<td></td>
</tr>
<tr>
<td>• negotiates and adapts plan with team and/or patient/caregivers with preceptor support when necessary</td>
<td></td>
</tr>
<tr>
<td>• initiates and completes seamless care activities when appropriate.</td>
<td></td>
</tr>
<tr>
<td>6. Follow-up and evaluate as appropriate</td>
<td>• determines follow-up required including who is responsible.</td>
</tr>
<tr>
<td>• provides follow-up if possible.</td>
<td></td>
</tr>
<tr>
<td>• interprets follow-up information and modifies plan if needed.</td>
<td></td>
</tr>
<tr>
<td>7. Documents patient information gathered in an appropriate manner</td>
<td>• is written using an organized process. (i.e. DAP [Data, Assessment and Plan])</td>
</tr>
<tr>
<td>• has focus/clear intent or purpose.</td>
<td></td>
</tr>
<tr>
<td>• includes relevant information and appropriate level of detail</td>
<td></td>
</tr>
</tbody>
</table>

**Collaborator**

1. Functions as a member of a team within the practice setting |
• recognizes and respects the roles and responsibilities of other professionals. |
• contributes to optimize team functioning. |
• utilizes team member(s) to fill gaps in information where applicable. |
• respectfully shares expertise and point of view.

**Scholar**

1. Demonstrates the fundamental knowledge required for pharmacists |
• has minimal gaps in therapeutic knowledge required to provide patient care. |
• uses experience(s) and knowledge gained in the placement to better manage patients. |

2. Uses evidence based processes to provide drug information and 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. |

3. Integrates clinical judgment and critical thinking |
• under conditions of uncertainty, weighs the pros and cons of alternatives to make decisions; may require preceptor support.
<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>BEHAVIOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>thinking</td>
<td>• logically defends recommendation(s).</td>
</tr>
</tbody>
</table>

**Advocacy and Leadership**

1. Promotes the health of individual patients, communities and populations
   • facilitates patient’s interaction with the health care system through advice, education and/or guidance *with minimal preceptor guidance*.
   • integrates health promotion into patient care (e.g. encourages vaccinations, smoking cessation, lifestyle changes, self-monitoring of medical conditions).

**Practice Management**

1. Manages the safe and efficient distribution of medications
   • evaluates factors critical for safe and efficient medication distribution.

2. Participates in quality assurance and improvement programs
   • understands the process of disclosing, managing and reporting adverse drug events.
   • understands the process of disclosing, managing and reporting incidents and unsafe practices.
   • participates in practice change initiatives to improve the quality of care and/or practice environment *with preceptor guidance*. 
APPENDIX 2: Patient Care Outcome

2a. Chronic Disease Management Activity Information

Chronic disease management (CDM) care plans include all disease states considered to be chronic in nature. This includes those eligible for Comprehensive Annual Care Plans (COPD, asthma, heart failure, ischemic heart disease, mental health, hypertension, diabetes) as well as chronic pain, bone and joint disease, women’s or men’s health, cancer, etc. or as identified by the preceptor. The patient does not have to have multiple drug related problems. Care involves verifying that patient outcomes are optimized and assisting with non-drug interventions to support patient goals.

To gain a greater understanding of an illness, it is suggested that students care for more than 1 patient with the same/similar condition as this allows them to see how the condition presents in different patients, and also see various stages of conditions. Students must develop care plans for a minimum of 4 different conditions; exceeding this is encouraged.

Students should:
• Initiate as many care plans as possible by midpoint to ensure time for implementation of recommendations and follow-up.
• Use all sources (Netcare, speaking with patient/caregiver, other pharmacy team members) to develop the Best Possible Medication History and care plan, identify discrepancies and if appropriate make suggestions.
• Review all care plans and documentation with the preceptor; discuss the rationale for decisions and modify as needed. Ensure preceptor is aware of the care plan worksheet assessment checklist. (Appendix 2c)
• Develop written communication to other health care professionals as needed; ensure it is reviewed and co-signed by the preceptor prior to sending.
• Ensure continuity of care for patients is arranged or handed-over to the preceptor after placement completion.
• Integrate assessment of patient readiness (state of change) into the care plan.

Assignment Guidelines and Suggestions
• The Pharmacy Care Plan Worksheet is the format students use at the Faculty and can be used. Alternatively, the Comprehensive Annual Care Plans (CACP) and Standard Medication Management Assessments (SMMMA) are care plans using a different format, with similar components. It is suggested that preceptors and students discuss which format is appropriate and most comfortable for the student to use. In some cases students may start with the worksheet first and change later in the placement to site specific forms.
• It is important that the care plans demonstrate a patient care process and include the elements of a care plan; medical conditions and/or DRPs, goals of therapy, alternatives (as appropriate), plan and monitoring, follow-up (as appropriate).
• If the site uses only hand written documentation processes these can be posted as is.
• All patient identifiers MUST be removed.
• Each posted care plan assignment must include relevant background data with the following components.
  - Chief complaint/concern
  - HPI
  - PMHx (past medical history)
  - Medication history (include generic name, doses and sig)
  - Pertinent ROS (if applicable)
  - Relevant labs/diagnostic information (if applicable)
### 2b. Pharmacy Care Plan Worksheet - BLANK

#### Relevant DATA:

<table>
<thead>
<tr>
<th>MEDICAL CONDITIONS and MED-RELATED NEEDS</th>
<th>GOALS OF THERAPY</th>
<th>ALTERNATIVES</th>
<th>RECOMMENDATIONS/PLAN</th>
<th>MONITORING PLAN</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>List and prioritize each medical condition first, followed by any DRPs identified for a given condition. Although some medical conditions may not have a DRP, a care plan is still necessary for ongoing patient monitoring. DRP Categories: unnecessary drug ● additional drug required ● ineffective drug ● dose too low ● adverse drug reaction/interaction ● dose too high ● nonadherence</td>
<td>For each medical condition and/or DRP state desired goals of therapy/timeframe. <strong>Goals:</strong> cure, prevent, slow/stop progression, reduce/eliminate symptoms, normalize a lab value. <strong>Consider:</strong> 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.</td>
<td>Compare relevant drug and non-drug therapies that will produce desired goals. List the pros and cons of each therapy as well as rationale for each being included. Consider: <strong>Indication</strong> Efficacy Adherence Safety Cost/coverage</td>
<td>In collaboration with the patient and other health care providers, select the best alternative and implement the plan. Provide a rationale for the chosen plan relative to the other alternatives considered.</td>
<td>Determine the parameters for monitoring <strong>efficacy</strong> and <strong>safety</strong> for each therapy. <strong>Provide rationale for including this and how you expect the parameter to change.</strong></td>
<td><strong>Adapted with permission from the Division of Pharmacy Practice, Leslie Dan Faculty of Pharmacy, University of Toronto, 2011.</strong></td>
</tr>
</tbody>
</table>

Adapted with permission from the Division of Pharmacy Practice, Leslie Dan Faculty of Pharmacy, University of Toronto, 2011.
2c. Pharmacy Care Plan Worksheet Assessment Form for preceptors and students

<table>
<thead>
<tr>
<th>MEDICAL CONDITION AND/OR MED-RELATED NEEDS</th>
<th>GOALS OF THERAPY</th>
<th>ALTERNATIVES</th>
<th>RECOMMENDATIONS/PLAN</th>
<th>MONITORING PLAN</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>For each medical condition and/or DRP identified, create an integrated pharmacy care plan. List and prioritize each medical condition first, followed by any DRPs identified for a given condition. Although some medical conditions may not have a DRP, a care plan is still necessary for ongoing patient monitoring. <strong>DRP Categories:</strong> <strong>Indication:</strong> 1. Unnecessary drug therapy, 2. additional drug required, <strong>Effectiveness:</strong> 3. ineffective drug, 4. Dose too low, <strong>Safety:</strong> 5. adverse drug reaction/interactions, 6. dose too high, <strong>Compliance:</strong> 7. Non-adherence</td>
<td>For each medical condition and/or DRP state desired goals of therapy. <strong>Goals:</strong> 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).</td>
<td>Compare relevant drug and non-drug therapies that will produce desired goals. List the <strong>pros</strong> and <strong>cons</strong> of each therapy. (Consider indication, efficacy, safety, adherence and cost/coverage).</td>
<td>In collaboration with the patient and other providers, select the best alternative and implement the plan. Provide a rationale for the chosen plan. Consider: <strong>Drugs:</strong> consider drug, formulation, route, dose, frequency, schedule, duration, medication management. <strong>Non-drug:</strong> non-drug measures, education, patient referral.</td>
<td>Determine the parameters for monitoring efficacy and safety for each therapy. <strong>Provide rationale for including this and how you expect the parameter to change.</strong> (Consider clinical and laboratory parameters, the degree of change and the time frame).</td>
<td>Determine who, how and when follow-up will occur.</td>
</tr>
</tbody>
</table>

**ASSESSMENT CHECKLIST**

- Are all medical conditions and/or medication needs identified? (For DRPs, consider drug therapy assessment of indication, efficacy, safety, medication organization/adherence)?
- If no, discuss with student and probe to see if those missing can be determined.
- Are medical conditions/DRPs prioritized in an acceptable manner?
- Is rationale provided or discussed (based on either patient or provider data)?
- **Therapeutic goal/outcome(s) stated?**
- **Patient goal incorporated (if appropriate)**
- **Is an assessment of each medical condition/DRP provided (factors considered to influence/determine a plan)?**
- **Are alternatives (with rationale for each) provided?**
- **Plan/recommendations are outlined**
  - Includes:
    - **dosing considerations**
    - **patient preferences**
- **ACTIONS TAKEN**
  - **Appropriate/acceptable action has been taken**
  - **Inappropriate or suboptimal action has been taken – need to discuss next steps**
- **Monitoring plan present**
  - Includes:
    - **safety**
    - **efficacy**
    - **frequency**
    - **duration (if appropriate)**
    - **which healthcare provider will follow-up**
- **Follow-up plan present**
  - Includes:
    - **who**
    - **how**
    - **when**
  - **includes outcome (if possible)**
### 2d. Clinical Judgment Assignment Rubric

<table>
<thead>
<tr>
<th></th>
<th>Resubmission Required</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide a brief description of the patient care interaction that required clinical judgement. What was the clinical issue? What questions were asked? What lab or clinical data was needed? (include how it was retrieved)</td>
<td>Incomplete, unclear description</td>
<td>Description is complete but basic.</td>
<td>Description of the interaction is complete and includes the factors involved; including the urgency and seriousness of the situation.</td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What skills were found most beneficial? What skills were challenging? (e.g. deciding on which questions were needed to be asked to make an assessment) How did you overcome the challenge?</td>
<td>Incomplete or unclear information</td>
<td>General analysis of the interaction and inclusion of data used.</td>
<td>Complete and thorough description of all data used. Includes what information was not retrievable</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the outcome for the patient? Include documentation/communication completed. What skills were required to be used to achieve the outcome?</td>
<td>Basic information about the outcome and skills used</td>
<td>More complete information about the outcome and the skills used to achieve the outcome. (i.e. documentation)</td>
<td>Insightful information about the outcome achieved and thorough explanation of the skills used. (e.g. assessment including critical thinking and decision making skills and challenges).</td>
</tr>
</tbody>
</table>

**Word Count:** Maximum 250 words. Posted assignment must be typewritten, using minimum 11-point font and double-spaced.
APPENDIX 3: Collaborator Outcome

3a. Inter-Professional Visit Activity Information

This activity allows students to have opportunities to establish positive working relationships with other health care professionals and see how other practitioners provide patient care. The number of visits with one health care professional should be maximized. The hope is that with repeated visits with the same practitioner, students will be involved more as a collaborator than as an observer.

Inter-professional visits with a PCN or homecare nurse, optometrists and physiotherapists, etc. are alternatives if a physician opportunity is not available. *PCN pharmacists do not qualify for this activity, as they are not a different health care professional.*

Students have been provided with Inter-professional (IP) Student Shadowing cards; green cards developed by Health Sciences Council (UofA) and advised to use them in previous placements. It is suggested that students use these cards for all placements. The IP Shadow Card may help to guide expectations as it provides suggestions to consider prior to an interaction. For example, communication methods; student may ask how the healthcare professional prefers to communicate with pharmacists. The card is perforated so it can be given to the healthcare professional for their suggestions regarding which questions may be the best or most appropriate for the interaction. The card provides goals of the interaction as well as suggested discussion points.

Cards can also be printed by going to: http://issuu.com/hserc/docs/student_s_guid_to_interprofessional_shadowing/2

Prior to the IP visits students must:
- Prepare an expectation of what they want to learn at the IP practice site and review it with the preceptor.
- Information can be copied and sent to the physician/healthcare professional involved with the visits so they understand the objectives for the visits including the requirement of a student assessment.

During the IP visits 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 visits, students must debrief their experience with their preceptor. Include:
- What were the primary learning points or insights?
- Were there any skills used by that health care professional that were interesting or effective? (e.g. patient interviewing)
- What barriers affect collaborative relationships between physicians and community pharmacists? (non-face-to-face interactions, use of written documentation)
- Strategies that work well to overcome common barriers or negotiate role-overlap.
3b. Inter-professional Activity: Information and Assessment Form for Healthcare Professional

The content of this section may be copied and faxed/given to the physician/healthcare professional so they have an understanding of the activity and assessment.

Faculty of Pharmacy and Pharmaceutical Sciences
University of Alberta

Inter-professional Practice Activity
2016-17
Pharmacy 426 - Community Practice Clinical Placement

Information and Feedback Form
for Healthcare Professional

Pharmacy Student Name___________________________________________

Pharmacy Name__________________________________________________

Health Care Professional Name______________________________________

Community Pharmacy Preceptor Name_______________________________
Pharmacy 426 - Course Description

This course is designed for students to practice their knowledge and skills from the classroom and skills lab in a community practice setting. Through structured activities, the student will be expected to demonstrate professional competencies with the focus on providing effective patient care. Students are expected to develop their role in supporting patient care through development of clinical decision-making and judgment skills effective provision of drug information and advocating for patients. The course is also designed to help students gain an understanding of the opportunities for interprofessional collaboration and the chance to develop and enhance skills important to this collaboration.

The student should be able to:

- Function as a member of a team within the practice setting.
- Recognize and respect the roles and responsibilities of other healthcare professionals.
- Contribute to optimize team functioning.
- Utilize team members(s) to fill information gaps where applicable.
- Respectfully share expertise and point of view.

Guidelines for Other Health Care Providers

The students completing the placement are in the final undergraduate year of the pharmacy program. Four 1/2 day visits or 2 full days are recommended within a medical clinic in collaboration with the physician or healthcare professional team. Written feedback is provided on the feedback form (Interprofessional Performance - Feedback for the Pharmacy Student Form is on the next page) at the completion of visits. If preferred, a writable PDF assessment form can be requested from the student.

Examples of activities for the pharmacy student

1. The student should collaborate with the patient’s physician and other health care providers to obtain the necessary medical information, discuss proposed care plans related to the patients medication needs.

2. Collaborate with health care providers to provide seamless care as the patient transitions between sites of care. Provide the patient and the patient’s physician and other health care providers with a best possible medication history including OTCs, herbal and other products.

3. Assess patients to determine any concerns with current medications and discuss findings and recommendations. Document care as required by the practice.

4. Following patient assessment, counsel patients on newly prescribed medications including demonstration of techniques for unique dosage delivery systems and use of blood glucose meters, inhalers, patches, nasal sprays.

5. Provide drug information as needed by other health care providers.

6. Provide an in-service or formal presentation on a requested topic.
PHARMACY 426  
Inter-professional Performance- Feedback for the Pharmacy Student

Name of Student _________________________________________

Use the following form to provide specific feedback about the students ability to collaborate.

<table>
<thead>
<tr>
<th>Collaborator Outcome – <em>The student functions as a member of a team within the practice setting.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>To demonstrate this outcome to an acceptable level of performance, the student should be able to:</td>
</tr>
<tr>
<td>• Recognize and respect the roles and responsibilities of other professionals.</td>
</tr>
<tr>
<td>• Contribute to optimize team functioning.</td>
</tr>
<tr>
<td>• Utilize team member(s) to fill gaps in information where applicable.</td>
</tr>
<tr>
<td>• Respectfully share expertise and point of view.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time Spent by Student at Clinic/Practice Site:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project(s) completed (e.g. Patient assessment, Medication Reviews, Development of care plans, Follow-up Evaluation; Drug Information questions):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Targeted feedback: (Using the list of criteria above, please provide information about the student’s strengths and areas for improvement)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Overall Feedback and Comments:</th>
</tr>
</thead>
</table>

Name (Physician/Health Professional) ______________________________________________________________

Address: ___________________________________________________________ Email: ______________________________

Profession: ___________________________________________________________________________________
3c. Inter Professional Reflective Assignment and Rubric

Students should choose one example of IP collaboration that they experienced and would like to model in their future practice. It could involve an interaction during one of the Inter-Professional visits or during a patient care interaction with another health care professional. Examples of this could be corresponding with a physician regarding CACP recommendations made or if a physician consulted or asked for information regarding a patient that both of you were caring for. This assignment should not just be a description of only what was experienced, but rather, an account of how the experience impacted you; including what was learned. Reflections are a personal form of writing; therefore preceptor review of this assignment is not required.

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

Students should include:
- A brief description of who the experience was with
- What impacted or resonated with them e.g. what skill or behavior used by the health care practitioner was found to be interesting.
- Why was it impactful? Why did it resonate with them?
- What did they learn from this activity; personally or professionally?
- How can what they have learned be used in their future practice? Be specific and provide an example of how they plan to do this.
- What does collaborative practice mean to them and their patients?
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Excellent</th>
<th>Acceptable</th>
<th>Resubmission Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Describe a specific action or experience</strong> <em>(e.g. a skill or behaviour demonstrated by another health care professional)</em></td>
<td>Description of the skill, behaviour or experience is clear and includes important facts.</td>
<td>Description of skill, behaviour or experience is complete but basic.</td>
<td>Incomplete, unclear description.</td>
</tr>
<tr>
<td><strong>Describe your response to action or experience mentioned above</strong> <em>(e.g. I was surprised by the patience the doctor used with a slow/difficult patient)</em></td>
<td>Provides open and honest response.</td>
<td>Provides response that is reserved, superficial and/or defensive.</td>
<td>Incomplete or unclear response.</td>
</tr>
<tr>
<td><strong>Explain how own factors influenced your response to this experience or action.</strong> <em>(e.g. I know that I don’t have patience for people who are slow to understand what I tell them, it frustrates me)</em></td>
<td>Clearly explains how your own factors influenced your response</td>
<td>Starts to explore how own factors influenced your response.</td>
<td>Does not include own factors or not explain how own factors influence this response.</td>
</tr>
<tr>
<td><strong>Explain other factors, viewpoints and evidence that could be considered when critically thinking about this experience.</strong> <em>(e.g. I have never had patience for patients in my current job, we are often busy. I have “lost my cool” a few times.)</em></td>
<td>Clearly explains how other factors, viewpoints and evidence influenced the experience.</td>
<td>Starts to explore how other factors, viewpoints and evidence influenced the experience.</td>
<td>Does not include other factors or does not explain how other factors influence this experience.</td>
</tr>
<tr>
<td><strong>Describe what collaborative practice means to you.</strong> <em>(e.g. I was surprised that I found collaborating with others and working towards a goal; the patient, more satisfying than working by myself. I often found people that I worked with “too slow”. But I enjoyed the questions that they asked me and found I was patient with them because they were patient with me.)</em></td>
<td>Includes insights into what collaborative practices means to them and their patients overall.</td>
<td>Includes some comments regarding what collaborative practices means to them and/or patients overall.</td>
<td>Does not include comments regarding what collaborative practices means to them or their patients overall.</td>
</tr>
<tr>
<td><strong>Suggest relevant and specific ways to apply what you have learned to your future practice. Provide a specific example.</strong> <em>(e.g. When I find that I am going to “lose my cool” I will take a deep breath. That will slow me down, allow me time to think.)</em></td>
<td>Provides a future action plan and example that is relevant and specific.</td>
<td>Provides a future action plan with example. May not be relevant or specific.</td>
<td>Provides a future action plan or example that not relevant and not specific.</td>
</tr>
</tbody>
</table>
APPENDIX 4: Advocate Outcome

Enhancement of Community Pharmacy Practice Project Information

In collaboration with the preceptor, students create a project that will benefit the practice site (i.e. resource or brochure, patient care initiative, etc.). Examples include setting up processes for the documentation of patient care, profiling clinical services of the pharmacy, facilitating inter-professional collaboration, developing community programs. Students should review the project periodically with the preceptor to discuss problems, if encountered, possible solutions and findings/outcomes.

Project Criteria:
- The goal is focused on a professional or clinical area of practice.
- Outcomes can be integrated into practice.

Project Outline:
The outline should be completed by the end of the second week to allow for discussion and implementation. Include:

- Topic
- Learning goal
- Stimulus/Trigger: the most influential factor involved in selecting the goal.
- Proposed resources: potential resources or activities needed to complete the project.

Suggested timeframe:
- Week 1/2: set project goals, develop project outline.
- Week 3/4: mid-point progress review. Discuss project with the preceptor. Include timelines, resources needed and proposed outcomes.
- Final week: Review project outcomes.

Assignment: review with the preceptor prior to posting
Summary that includes the following:
- Outline: topic, learning goals, stimulus/trigger, and activities completed.
- Outcomes: potential and real for the practice site; include what was learned through completion of the project
APPENDIX 5: Practice Management Outcome

Medication Safety Activity and Assignment

ACP and ISMP have developed a document, *Systems Approach to Quality Assurance for Pharmacy Practice; A Framework for Mitigating Risk*. This document describes the *Failure Mode and Effects Analysis* concept (FMEA) which identifies potential process problems before they occur. Pharmacies are busy environments with staff multitasking so it is inevitable that errors will occur. This tool helps teams identify potential vulnerabilities before an incident occurs.

**ACTIVITY DESCRIPTION - Failure Mode and Effects Analysis (FMEA)**

This activity introduces the FMEA concept and addresses processes that are relevant to pharmacy practice; Drug Shortages and Patient Assessment. Students will become familiar with the concept and then discuss one of these topics with the preceptor to see what process they currently follow. Students will then contrast this with the corresponding example in the ACP document.

**Students will NOT be conducting a FMEA for this activity.** The purpose of this activity is to become aware of this important safety initiative that has been utilized by other professions such as aviation for years and is being utilized more in healthcare. The discussion with the preceptor is not to “fix” concerns but more to gain awareness and explore possible options. The corresponding assignment will focus on key learning points discovered through discussion with the preceptor about the chosen topic.

**ACTIVITY STEPS**

1. Go to [ACP Online Learning Modules](https://www.acponline.org)
2. Click on “Learning Modules” and Listen to Module 1- The Systems Approach for Quality Assurance for Pharmacy Practice; A Framework for Mitigating Risk. This presentation provides an introduction to the concept of FMEA.
3. Once completed the module, click on “Learning Materials and Guidelines” listed just under the modules. Click on “The Systems Approach for Quality Assurance for Pharmacy Practice; a Framework for Mitigating Risk (pdf, 67 pages)
4. Consider which “process” you would like to discuss with your preceptor. Either:
   a. Operational Pharmacy – managing drug shortages; pages 31-38 or
   b. Clinical Pharmacy – patient assessment process; pages 39-46

   Review the information so you are familiar with some of the key concepts. **This activity is a discussion with the preceptor involving the processes that the site currently uses.**
5. Have a discussion with your preceptor about the topic you have chosen. Include:
   a. What processes they currently are using; are they effective? Any potential/current concerns?
   b. Discuss possible actions or suggestions that have been provided to reduce risk. (as outlined in the examples)
   c. Discuss whether some of these are reasonable to implement at the practice site or considered to be helpful suggestions.
APPENDIX 6: Learning Plan

6a. Learning Plan Assignment Instructions

This assignment helps with preparation for the placement as well as assessment of learning during the placement. Self-directed learning is similar to the Continuing Professional Development model used by practicing pharmacists. Determining objectives to meet self-directed goals emphasizes the student’s responsibility for development during the placement. It also assists with development of skills needed for practice. As this is an advanced placement it is important that students are looking for areas in which they can improve in order to become excellent practitioners.

Steps to Learning Plan completion; students should:

• First reflect on his/her comfort with the skills and complete the Skills Inventory table within the Learning Plan Template below.
• Then, state 1 goal and corresponding objective(s) on the Learning Plan template using the SMART format. The goal and corresponding objective(s) should be a clinical skill on which he/she plans to focus. Each objective should be specific and linked to placement activities. The CSHP Webinar and handout listed in the Required Reading list will be helpful with development of this goal and objective(s). It is suggested to review the handout and focus on slides 11-39. Examples are included that will be helpful in development of a goal and corresponding objectives using a SMART format.
• Determine indicators that inform their progress for the chosen goal.
• Post Learning Plan on MyCred (assignments module) at least 1 week prior to the start of the placement to allow the preceptor to review.
• Review and finalize the goal and objective(s) with the preceptor during the first few days of the placement. When finalized, post the revised Learning Plan on MyCred.
• Discuss the progress achieved for each Learning Plan goal with the preceptor at the midpoint and final of the placement.
• Post the updated Learning Plans into MyCred both at midpoint and final of placement.
• The postings at the midpoint and the final will indicate the student’s progress towards their self-determined goal.
### 6b. Learning Plan Template

**Student Name:**

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

---

#### Pre-Placement Student Skills Inventory

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Needs Improvement</th>
<th>Meets an Acceptable Level of Performance</th>
<th>Exceeds an Acceptable Level of Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather medical and medication history</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducting Patient Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creating and Implementing Patient Care Plans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing Patient Assessment and Monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seamless Care Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documenting Patient Care Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responding to Drug Information Requests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interacting with Other Healthcare Professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

#### Learning Goal:

**Learning Objective(s):**

*Use SMART format (objectives must be measureable/observable by your preceptor.***

**Indicators of Progress**

Describe the indicators that will inform you of your progress or achievement. Examples include debriefing with preceptor, receiving feedback from team members, self-reflection or evaluation, etc.

---

**Progress at MIDPOINT (end week 4)**

**Summarize:**

*Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement*  

**Progress at FINAL (end week 8)**

**Summarize:**

*Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement*

---

*Student to type progress here.*
APPENDIX 7: Activity, Assignment and Assessment Schedule

Students are required to thoroughly read the syllabus to ensure they are meeting all course objectives. This outline should be used as a guideline.

<table>
<thead>
<tr>
<th>Week</th>
<th>Student Activities</th>
</tr>
</thead>
</table>
| 1-4 weeks before placement starts                                   | **Review:**  
|                                                                    | - Therapeutics as instructed by preceptor or relevant to the practice area.  
|                                                                    | - Syllabus: course expectations, patient care process tools, activities and assignments.  
|                                                                    | - Readings included on the Course Required Reading list (page 3).  
|                                                                    | **Students should:**  
|                                                                    | - Ensure they have corresponded with preceptor re: start time, dress code, parking, etc.  
|                                                                    | - Ensure they have provided their preceptor with their Netcare registration form.  
|                                                                    | - Start to develop the Learning Plan; post on MyCred at least 1 week prior to placement.  |
| Daily throughout                                                     | **Provision of Patient Care, review with preceptor:**  
| the placement                                                       | - minimum: 2 patients daily receiving new Rx  
|                                                                    | - minimum: 2 patients daily receiving refill Rx  
|                                                                    | - minimum: 12 patients with an acute condition. (pain, infection, GERD, etc)  
|                                                                    | - minimum: 12 medication reviews for patients with a chronic medical condition.  
|                                                                    | **Prepare care plans (using pharmacy care plan worksheet or practice specific forms; document in accordance with preceptor’s practice. (care plan documentation is not required for the acute condition patients but may be requested by the preceptor.)**  
|                                                                    | **Document care provided according to site processes.**  
|                                                                    | **Address specific patient issues as they arise and/or are assigned.**  
|                                                                    | **Complete medical and drug information requests.**  
|                                                                    | **Conduct follow-up as required, callbacks, seamless care.**  
|                                                                    | **Involvement with Patient Education – Rx and OTC counselling.**  
|                                                                    | **Participate in Pharmacy Services; injections, Rx adaptations and renewals, emergency prescribing, (prescribing if pharmacist has authority) under direct supervision.**  
|                                                                    | **Ensure activities and assignments are being completed (student is ultimately responsible for ensuring completion of all course requirements).**  |
| Week 1: Orientation, Create Placement Schedule, Early Assessments    | **Date:**  
|                                                                    | **Orientation (see Orientation Checklist in Preceptor Guide):**  
|                                                                    | - Review and discuss the Skills Inventory and Learning Plan  
|                                                                    | - Review course objectives and activities.  
|                                                                    | - Develop preliminary schedule: IP visits, clinics, presentations, patient care.  
|                                                                    | - Discuss student/preceptor expectations and responsibilities.  
|                                                                    | - Discuss assessment processes and timelines (including informal/daily feedback and debriefing).  
|                                                                    | - Tour of pharmacy.  
|                                                                    | - Log in to ensure Netcare access, as well as access to other on-site systems.  
| Daily Patient Care                                                  | **Discuss care plans, clinical documentation; format and process**  
| and Documentation                                                   | **Discuss key factors for effective and safe distribution systems to optimize patient medication safety.**  
|                                                                    | **Complete assessments of New and Refill Rxs.**  
| Acute and Chronic                                                   | **Provide care for at least 1 Acute Condition Patient (review indication, effectiveness, safety and adherence). Discuss findings with preceptor and post documentation on the patient’s computer profile. Minimum 12 patients.**  
| Condition Management                                               | **Schedule first Chronic Condition Patient Management session for week 2. Plan patient assessment; review profile, information from preceptor, Netcare.**  |
### Additional Activities to be incorporated and scheduled across the placement
- Schedule and arrange visits with family MD or HCP (Inter-professional Activity)
- Discuss/schedule the health promotion presentation for the public. (Advocate)
- Discuss/schedule the health promotion activity or clinic day in the pharmacy. (Advocate)
- Discuss topic and scope of Community Pharmacy Practice Enhancement Project with preceptor. Finalize by end of week 2.
- **END of Week 1**: Complete, submit and discuss Student and Preceptor EARLY ASSESSMENTS (RxPreceptor)

### Week 2: Date:

#### Daily Patient Care and Chronic Condition Management
- Continue to complete assessments of New and Refill Rxs.
- Continue to conduct Acute Condition Assessments and document on patient’s profile following preceptor discussion. Select 1 example of documentation to post next week.
- Conduct Chronic Patient Management (CDM) session for first patient.
- Document care (use format agreed to by site for documenting care plans)
- Schedule template for additional CDM medication reviews (patients #2 -12).

#### eClass Posting
- Post Pharmacy Care Plan Worksheet (typewritten, no identifiers) and corresponding clinical documentation for 1 patient receiving a refill Rx and 1 patient receiving a new Rx.

### Week 3: Date:

#### Acute Condition Patient Care
- Continue to provide care for Acute Condition Patients (review indication, effectiveness, safety and adherence). Discuss findings with preceptor and post documentation on the patients computer profile. (#2,3,4: minimum 12 patients. Select 1 example of documentation to post next week.)

#### Chronic Condition Management and Patient Care
- Continue Chronic Condition Reviews (#2,3,4: minimum:12 patients)
- Select 1 patient to post care plans and documentation; review with preceptor prior to posting.

### Week 4: Date:

#### Acute and Chronic Condition Management
- Ensure health care professional visits are scheduled so they can be completed by end of placement.
- Review progress on the Practice Enhancement Project.
- Review progress on the health promotion presentation for the public; community based.
- Review progress on the clinic day or health promotion in the pharmacy.
- Complete the ACP Module; Systems Approach for Quality Assurance for Pharmacy Practice; A Framework for Mitigating Risk. Schedule time to discuss with preceptor.

#### eClass Postings (no identifiers)
- For 1 patient with an Acute Condition: post documentation (as entered on the computer patient profile; screen shot OK, no care plan required)
- For 1 patient with a Chronic Condition: post a careplan worksheet or site specific care plan and documentation (as entered on the computer patient profile). Include documentation sent to another health care professional (if occurred). Ensure preceptor review prior to posting.
- **MID-POINT Assessments (RxPreceptor)**: Student Performance Assessment- midpoint; completed by preceptor; review with student.
- Student Evaluation of Preceptor-midpoint; and Student Self-Assessment (midpoint); discuss both with preceptor
- Update and post the Learning Plan (MyCred; RxPreceptor)
<table>
<thead>
<tr>
<th>Week 5: Date: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Complete physician/healthcare professional Inter-professional visits.</td>
</tr>
<tr>
<td>Chronic and Acute Condition Management</td>
</tr>
<tr>
<td>□ Continue Chronic Condition Management Reviews (9,10,11,12); care plans and corresponding clinical documentation.</td>
</tr>
<tr>
<td>□ Continue Acute Condition Assessments and corresponding documentation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 6: Date: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Physician/Healthcare Inter-professional visits.</td>
</tr>
<tr>
<td>Chronic Condition Management</td>
</tr>
<tr>
<td>□ Continue with follow-up and documentation for patient reviews and assessments.</td>
</tr>
<tr>
<td>□ Time permitting continue to provide care for new patients.</td>
</tr>
<tr>
<td>eClass Postings Due: 9PM, 6th Tuesday of the placement</td>
</tr>
<tr>
<td>□ For 1 patient with an Acute Condition: post documentation (as entered on the computer patient profile; screen shot OK, no care plan required)</td>
</tr>
<tr>
<td>□ For 1 patient with a Chronic Condition: post a careplan worksheet or site specific care plan and documentation (as entered on computer patient profile). Include documentation sent to another HCP (if completed). Ensure preceptor review.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 7: Date: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Continue follow-up of Chronic and Acute Condition Patient Management patients.</td>
</tr>
<tr>
<td>□ Discuss chosen Medication Safety process with preceptor. (Mitigating Risk Activity)</td>
</tr>
<tr>
<td>□ Conduct “Pharmacist for the Day” activity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 8: Date: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Review activities and assignments to ensure all have been completed and posted,</td>
</tr>
<tr>
<td>□ Update and submit the final Learning Plan on MyCred</td>
</tr>
<tr>
<td>□ Ensure completion of: minimum of one community presentation and one health promotion activity/clinic in the pharmacy.</td>
</tr>
<tr>
<td>□ Finalize Practice Enhancement Project and assignment for the preceptor for review.</td>
</tr>
<tr>
<td>□ Ensure the Inter-professional Pharmacy Feedback Form has been completed.</td>
</tr>
<tr>
<td>□ Ensure continuity of care documentation is entered into patient profile and conveyed to patient pharmacy team.</td>
</tr>
</tbody>
</table>

**FINAL Assessments (RxPreceptor)**
- □ Final Student Performance Assessment and Placement Grade; completed by preceptor; reviewed with student
- □ Student Self-Assessment (final): discuss with preceptor.

**Posting of Assignments Surveys**
- All assignments are to be posted by last day of placement including the Learning Plan, eClass: Inter-professional Visit Survey.
- RxPreceptor Survey: Post Course Preceptor Survey; non anonymous.

**NOTE:** Course surveys are sent after both Pharm 426 and 428 placements are completed.