Pharm 428
Preceptor Course Review

Experiential Education Program
Faculty of Pharmacy, UofA

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AHS/Faculty Liaison

2019/2020
• Preceptor Resources and Planning
• Course Overview
• Course Activities & Assignments
• Preceptor Roles and Responsibilities
Student comments +++ positive

Why you should mentor a pharmacy student CPJ 2018; 151(2):89-90 Ai-Leng Foong; BSc. The bottom line from 4th yr student to all preceptors.

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

1. U of A Pharmacy Faculty Website: https://www.ualberta.ca/pharmacy/preceptors
   • You will find course information (podcasts & syllabi) & resources (calendars) & other resources such as library access info

2. AHS/Covenant/ Preceptor Preparation Flow Map
   • on Provincial Pharmacy Clinical Practice, Preceptor Support, Sharepoint Page https://share.ahsnet.ca/teams/PSPP/PCP/PreceptorSupport/U%20of%20A%20Pharm%20428/Forms/AllItems.aspx
   • Preceptor Preparation Flow Map
   • Site welcome letter template, preceptor expectation letter template, Calendars

3. Preceptor Connection & Online Communities of Support for New Models of Precepting

4. Quick Reference Guide: emailed by (CORE ELMS)RxPreceptor to primary preceptor 1 month prior to start of placement
   • Hyperlinks: Course Syllabus, Policies & Procedures Manual
   • Summary tables: activities, preceptor discussions
   • Activity & Assessment Information & tips
Pre-Placement Planning

- Ensure you can log into CORE ELMS (New name for RxPreceptor); contact phexed@ualberta.ca if you have questions.
- Start developing schedule template; there is a modifiable calendar on Faculty webpage.
- Coordinate orientation & activities with team, co-preceptor (if applicable) & other HCPs.
- Managers/secretaries request student IT access & Netcare.
- View student Resume/CV (CORE ELMS requirement) 1 month prior to placement; contact phexed@ualberta.ca if it is not posted on time.
- **Important:** confirm that you have reviewed their Resume/CV. Also advise about where to meet on Day 1, provide pre-readings, advise of dress policies, etc.
Finding Student Information in (CORE ELMS)RxPreceptor

Students post their CV/Resume (1 month prior) & Learning Plan (1 week prior) under Student Requirements
- viewable by preceptors; see steps to follow below
Course Overview

What’s New

and

What’s Not New, But Is Still Really Important
What’s New? *Not too much actually....*

- Minor changes to assignments
- Reorganization of syllabus information
- 110 students are bridging to the Pharm D program; will be completing seminars at lunch time during placements. More information to follow

**PLACEMENT DATES**

- Fall Term: August 26-October 18, 2019
  - October 21 - December 13, 2019
- Winter Term: January 6- February 28, 2020
  - March 2- April 24, 2020
Pharm 428: The Course

• Advanced clinical placement: *Entry to Practice* competence expected by end
• Provides opportunities to:
  - accept professional responsibilities
  - apply clinical & ethical judgment,
  - develop critical thinking & decision making skills
• Pharmacist Roles Emphasized:
  - Professional
  - Scholar
  - Care Provider
  - Communicator
  - Collaborator
  - Advocate

• Activities & discussions enable student to learn about pharmacist practice in Acute Care setting; Medical & Medication Histories (including med rec), discharges, documentation
• Advanced Placement; “Practice & preceptor informs the activities”
## FYI: Skills Labs

### Second year skills labs: students had sessions on;

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

### Third year skills labs: students had sessions on;

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

### Other Training:

- During 428 orientations in the spring students receive Advanced Netcare training
- Prior to Pharm 316; Antimicrobial Stewardship session with review of precautions & Institutional Medication Distribution presentation
Course Activities and Assignments

Brief review to highlight primary activities and changes
Refer to *Quick Reference Guide* for further information
**Learning Plan:** posted at least 1 week prior to placement to allow time for preceptor review

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

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

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

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

**Feedback:** Provide examples of feedback that you have been received from preceptors, lab facilitators, peers and/or pharmacists about areas for improvement.
Step 3: **Students will:**

- State 2 goals using SMART format. They should be linked to *specific* clinical skills they plan to focus on during Pharm 428.
- Post Learning Plan along with Skills Inventory on CORE ELMS as a requirement *at least 1 week prior to the start of placement to allow preceptor to review.*
- Preceptor & student discuss & finalize plan *during first week of the placement.*
- *Post revised* Learning Plan when finalized.
- Discuss progress achieved for Learning Plan goals with preceptor at **midpoint.** *Student to add areas where “Needs Improvement” provided by preceptor on performance assessment.* Repost.
- Discuss & post updated Learning Plan at **final.**

**LEARNING PLAN**

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

**Learning Goal 1:**

**Learning Goal 2:**
Care Provider Activities

• direct & indirect supervision; responsible to provide care for **minimum 16 patients**
• should be able to care for minimum 4 patients daily by week 3
• complete patient assessment; interview patient & gather medical history & BPMH (or review for completeness if done by another HCP)
• develop care plan using Patient Care Plan Process (should be familiar with Pharmaceutical Care Plan (PCP) worksheet for care plans)
• student must review all care plans with preceptor
  - assistance should be minimal; decrease as placement proceeds
  - care plans should be comprehensive & well organized
• **all elements of plan should be included** including DRP statements. Careplan should NOT be a progress note.
• Care Plan Worksheet Checklist in Quick Reference Guide
• site specific forms can be used when you feel student is ready
Care Provider: Preceptor Suggestions

• Care plans are not marked; Faculty feedback may be provided on process, not therapeutics

• Documentation entered onto patient’s chart/computer profile: may require practice; should have clear intent & include only relevant information

• Prepare with student prior to activity:
  - discuss steps involved
  - student should observe preceptor complete
  - student should prepare & share their planned approach with preceptor

• Student conducts session/activity with supervision/observation initially: may have indirect supervision after preceptor comfortable with demonstrated skills.
  - debrief with preceptor; include shared decision making & critical thinking skills

• Clinical Judgment Activity: For at least 3 patients, student writes summary of clinical situation & reviews it with preceptor.
Collaborator: Inter-Professional Activities

• Student spend time with at least 1 other healthcare professional caring for one of their patients or from their unit - i.e. assisting nurse with vital, med admin, shadowing dietician, accompanying patient receiving care from PT,OT

• In addition to patient care suggested discussion points include:
  - Communication & collaboration techniques
  - Dealing with challenges or barriers

• Verbal Patient Case Presentation
  - *informally* present patient to another HCP that both are caring for: RN, OT, MD
  - provide brief overview of patient (5-10 mins); include reason for admission, current status, relevant labs, meds currently ordered, plan
  - different from more formal patient care presentation
Scholar Activities

- Provide drug/medical information for patient care & upon request
- In-service; other HCPs including students or pharmacy team
- Patient Care Presentation (with inclusion of a Clinical Question); outline & evaluation form in syllabus
- Assigned topics to present to preceptor or discuss, mini projects
- UofA Library tutorial: student to provide you with strategies to use UofA databases
**Advocate Activity**

- Participate in site-based advocacy activities where possible eg: patient education regarding appropriate use of medications, health promotion campaigns, flu clinics, etc.

**Practice Management Activities**

- Differences in practices; dispensary participation varies
- Discuss or participate:
  - primary steps of basic drug distribution process; include strategies used to ensure safe & effective drug distribution
  - if possible include:
    - drug formulary, study protocols, special access, compassionate drug programs
    - quality assurance programs & medication administration policies
    - incident & ADR reporting policies & procedures
Preceptor Roles and Responsibilities

Pre-Placement Planning
Correspondence with Student
Assessments
Policies and Procedures
Preceptor Roles

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

• Supervision: guiding principle: ensure patient safety
  - usually direct instruction at start; modelling & coaching, later should be more a “facilitator” role
  - need for supervision should decrease as placement progresses

• ACP: Direct Supervision: Restricted Activities: dispensing Schedule 1 & 2 drugs, administer vaccines, adapting, emergency prescribing
  Indirect Supervision: other patient care related activities

• Preceptor’s discretion to determine how often and how independently an activity is done

• Provide regular feedback: debriefing after activities is key to learning

• Review documentation: care plans, documentation
Assessments: completed in CORE Elms (RxPreceptor)

- RxPreceptor allows only 1 primary preceptor to be assigned to student: ensure comments are shared between preceptors
- Options to complete assessment when there is >1 preceptor:
  - Primary preceptor logs in for other preceptor; enter their comments
  - Primary Preceptor shares their CORE PW so each has access. Password can be changed: "reset password” on CORE landing page.
    - Preceptors can set up ‘temporary password’ to maintain PW integrity.
  - Print assessment forms; share with other preceptors to write comments
- Assessment information in Quick Reference Guide & at start of Student Performance Assessment on CORE ELMS
- Suggested you review assessment prior to placement so you know what you are assessing student on
- Viewable by student AFTER submitted: can save as draft
- Important to discuss with student: acknowledgement on form
- Review Student Self Assessments prior to completing Student Performance Assessments especially at midpoint; good comparator
- Overview of Completing Assessments; 14 mins long; [https://youtu.be/helc7ynfe_k](https://youtu.be/helc7ynfe_k)
Student Performance Assessment: Grades

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

• **Needs Improvement**: student getting better, needs more time & practice

• **Not Meeting an Acceptable Level of Performance**: indicates major concerns

• Please contact Faculty if you have concerns!

• Assessments are reviewed by Faculty for concerns; you may be contacted at midpoint; just to ensure things are OK 😊

• Student to include NI areas to their midpoint Learning Plan; ensures attention to these areas

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

• Comments VERY helpful for students & Faculty

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

### Care Provider

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

<table>
<thead>
<tr>
<th>Care Provider Outcome 1: Develops and maintains professional relationships with patients/care givers</th>
</tr>
</thead>
</table>
| When making your overall rating, please reflect on how strongly you agree or disagree that your student:
  - engages patient; may require some preceptor prompting and guidance
  - exhibits sensitivity, respect and empathy with patients and care givers
  - identifies/responds to patient cues with preceptor guidance |

<table>
<thead>
<tr>
<th>MIDPOINT</th>
<th>FINAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td></td>
</tr>
</tbody>
</table>
  - Exceeds an Acceptable level of Performance
  - Meets an Acceptable Level of Performance
  - Needs Improvement to Reach an Acceptable Level of Performance
  - Not meeting an Acceptable Level of Performance
  - Unable to Rate (Midpoint Only) |

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

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

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

- utilizes multiple sources of patient information (i.e. Nectare, patient/caregiver, patient profile/chart, other healthcare providers)
- employs effective interviewing techniques (i.e. appropriate open and closed ended questions)
- employs a systematic process to gather data accurately based on the Patient Care Process document with preceptor guidance
- gathers the appropriate amount of information with preceptor guidance
- retrieves and assesses relevant lab tests and diagnostic assessments with preceptor guidance
- is improving timeliness and efficiency over the course of the placement
- attempts to clarify and manage conflicting data, seeking support when necessary

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

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

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

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

<table>
<thead>
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  - Meets an Acceptable Level of Performance
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  - Unable to Rate (Midpoint Only) |

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Save work frequently when completing!
Student Performance Assessment: PASS

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

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

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

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

<table>
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<th>Comments</th>
</tr>
</thead>
</table>
| Student Self Assessments; Midpoint and Final               | End of **Week 4** and End of **Week 8**         | • compare Student Performance Assessment (completed by preceptor) with Student Self Assessment  
• at midpoint, student should provide this to you 1-2 days in advance of assessment review  
• at final; include in final assessment review; good comparator |
| Midpoint and Final Assessment of Preceptor and Site        | End of **Week 4** and End of **Week 8**         | • to be discussed with preceptor                                          |
| 1. Post Rotation Survey                                    | End of **Week 8**; After student has left placement site | • Final survey regarding how things went in general                       |
Co-Precepting: important to consider

- **Planning**: meet as a team prior to placement. *Try to schedule preceptors in time blocks vs changing daily*
- **Communication**: establish how you will communicate; especially in transition between preceptors
- **Expectations**: discuss having consistent expectations
- **Assessment**: determine who/how assessments will be completed
- **Debrief**: after placement, *what went well? improvements?*
- **Models of Precepting Information and Resources** found on Faculty website
ExEd Policies and Procedures Manual

- Online; link included in Quick Reference Guide & on Faculty Webpage
- https://www.ualberta.ca/pharmacy/preceptors/preceptors/resources
- Outlines student responsibilities & course policies (needle stick injuries, Netcare, etc)

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

- **Endorsed Activities:** 1 day/placement for Professional Development related activities: conferences, career fair, PDW, etc.
  - must be authorized by preceptor & feasible with placement schedule
- **Non-Endorsed Activities:** mock OSCE’s, jurisprudence exams, travel/vacation
- Students cannot change placement timelines
- **If unsure:** best to contact Michelle or Marlene
What To Do???

• *If you think you have a problem; you usually do; never hurts to ask!*

• What to do if student clearly “Needs Improvement” or you have concerns: **don’t wait; CONTACT THE FACULTY ASAP**
  
  Michelle: [Michelle.macdonald@ahs.ca](mailto:Michelle.macdonald@ahs.ca); 403-561-6278
  Marlene: [mgukert@ualberta.ca](mailto:mgukert@ualberta.ca); 403-254-6449

• Important to tell student your concerns & provide specific feedback; documentation important with specific examples

• Encourage student to contact Faculty; [renette@ualberta.ca](mailto:renette@ualberta.ca) (Placement Student Advisor)

• Develop plan & work together: Faculty, preceptor(s), student

• You might not have experienced the issue before but we likely have. Each situation is unique. We want to provide support!!