This guide is to provide you with links and quick information that will be helpful when precepting your Pharm 428 student.

Also to assist you in preparation, there is a “Preceptor Preparation Flow Map” and Pharm 428 Calendar Template available on the AHS Pharmacy Clinical Practice, Preceptor Support, Sharepoint page; https://share.ahsnet.ca/teams/PSPP/PCP/PreceptorSupport/U%20of%20A%20Pharm%20428/Forms/AllItems.aspx

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What’s New in Pharm 428

Overall this course was well liked last year by both students and preceptors; Learning Plans and MyCred were introduced and will continue to be used. Additional information regarding these is in this guide and a MyCred tutorial is sent to each primary preceptor prior to the start of all placements. The following are a few changes made this year.

- **PharmD for BSc Students (PBS Program):** Students completing Pharm 428 in the fall of 2017 are **bridging from a BSc Pharm to a Pharm D program.** This involves 1 semester of courses during spring/summer 2017 and 2 additional placements that they will complete winter 2018. Students completing Pharm 428 in the winter of 2018 are **continuing with their BSc Pharm program.**

- **Attendance Policy Update:** Students are required to use the new **Absence Tracking** feature in RxPreceptor. See pg. 3

- **Learning Plan:** 1. Areas indicated by the preceptor as “Needs Improvement” on the midpoint Student Performance Assessment should be added by the student to their midpoint Learning Plan. 2. The number of goals that the student is to develop and work on during the placement has been increased from 1 to 2. See pg. 5

- **Assignments:** Two of the assignments previously posted at the end of the placement were modified to activities and discussions to occur during the placement.
  1. **Clinical Judgment Activity:** the corresponding Clinical Judgment Assignment has been changed to 3 written summaries and discussion with the preceptor during the placement.
  2. **Inter-professional Activity:** the corresponding Inter-professional Reflection Assignment has been changed to a discussion with the preceptor.

- **Activities:** 1. **Medication Safety Activity:** removed. Students continue to complete this activity in Pharm 426. 2. **Patient Care Activity:** minimum number of patients that should be provided care has increased to 16 (from 12).

- **Student Performance Assessments:** To align with current Post Professional Pharm D grading practices, the Final Student Performance Assessment grading policies, including threshold to obtain a pass were changed. Previously students needed grades of Meets an Acceptable Level of Performance on ALL outcomes to pass. **Now, for the preceptor to provide a recommendation of “PASS” for the placement, the student must:**
  1. Achieve a rating of "Meets an Acceptable Level of Performance" on all Professionalism outcomes AND
  2. Have no more than 3 (maximum of 2 for Care Provider) outcomes achieve a rating of "Needs Improvement to Reach an Acceptable Level of Performance" AND,
  3. Have ZERO ratings of “Not Meeting an Acceptable Level of Performance”.

Quick Links

- [Pharm 428 Syllabus](#)
- [Undergraduate Experiential Education Program Policies and Procedures Manual](#)
- [Preceptor Guide](#)
- [Faculty Preceptor Webpage](#)
- [Models of Precepting](#), guiding principles for co-precepting or other models, such as peer-assisted learning (PAL) model.
Contact Information

Course Coordinator: Marlene Gukert
Phone: 403.254.6449
E-mail: mgukert@ualberta.ca

General Inquiries: Candace Ramjohn
3-172, Edmonton Clinic Health Academy
Phone: 780.492.9780 Fax: 780.492.1217
Email: phexed@ualberta.ca

Institutional (AHS) Faculty Liaison
Michelle MacDonald
Phone: 403.561.6278
E-mail: michelle.macdonald@ahs.ca

Placement Policies and Procedures

The following are policies that preceptors often have questions about. Further information regarding other policies can be found in the Policies and Procedures Manual. Preceptors are encouraged to contact the Faculty if they are unsure.

• Absence Tracker: Students are required to use the new Absence Tracking feature in RxPreceptor. Students must record an intended absence on RxPreceptor and the preceptor will receive an email noting the absence and is required to confirm or deny the request through RxPreceptor.

• Statutory Holidays: Should a statutory holiday fall within the timeframe of the placement, it is at the discretion of the preceptor to determine how to proceed. Students may be granted the stat day off, a day off in lieu of the stat or include that day as a placement day.

• Illness: In the case of illness, students are expected to notify the preceptor as soon as possible. Absences due to illness of 2 days or more may require an explanation and/or evidence such as a physician’s note. Either the student or preceptor should contact the Faculty if the absence exceeds 2 days. Routine medical appointments are expected to occur on personal time. Time missed from the placement site due to illness that exceeds 1 day needs to be made up.

• Bereavement: In the case of death of a family member, students should notify their preceptor and the course coordinator to determine a course of action. Time missed from the placement site due to bereavement that exceeds 1 day needs to be made up.

• Faculty Endorsed Activities: The Faculty supports student participation in activities such as the UofA on-campus flu clinic, educational interviews, conferences and PDW if feasible with the placement schedule, if preceptor approval is confirmed prior to the activity and the time away from the placement is reasonable. Time missed from the placement for approved professional development activities that exceeds 1 day needs to be made up. The preceptor may deny a request for professional development should the standard of care to patients or practice site be negatively affected by the absence of the student or it’s anticipated that the time missed will impact the student’s ability to complete the placement successfully.

• Non-Endorsed Activities: Activities ineligible for absence approval include; mock OSCE’s, jurisprudence exams, travel and vacation. Changes to course dates to accommodate personal holidays are not permitted.

• Placement Timeframe: modification to the placement schedule outside of the stated course timelines must be approved by the course coordinator in advance of the change.

• Needle Stick Injury Procedures: If a student experiences a needle stick injury, they must report the incident immediately to the preceptor and follow the placement site protocol. The Faculty must be advised immediately. There is further information in the Policies and Procedures Manual.
Assessment Procedures and Information

• All assessments are completed and submitted through RxPreceptor.
• After logging in, the evaluation tab is in the grey column on the left side of the screen.
• To allow for preparation by preceptors, assessments can be viewed in RxPreceptor at least 1 week prior to the start of the placement.
• More assessment information can be found in the Course Syllabus.
• Instructions for preceptors are at the beginning of the Student Performance Assessment.
• If you have difficulties accessing or submitting assessments, contact: phxed@ualberta.ca.

Tips and Suggestions

• Periodically click on “save” tab at bottom of form, to avoid a “time-out” and losing information entered.
• Assessments can be saved as a draft and completed later; remember to “save” before exiting or information will be lost.
• Once the completed assessment is submitted, it is visible to the student being assessed.
• Assessments can be printed.
• Disregard the “section weight” and “minimum AVG score required” sections.
• All assessments must be discussed. There is an acknowledgment at the end of each assessment form that indicates the assessment has been discussed by the student and preceptor.
• Comment boxes should be used to provide evidence to support the grade given. This is especially important when the student is not meeting expectations or needs improvement, as it provides specific details about concerns.
• Completion reminders are emailed by the Faculty.
• Faculty reviews all assessments at early, midpoint and final for completion and content.
• If you are co-precepting or using another precepting model such as peer-assisted learning, refer to the Faculty Models of Precepting Webpage for suggestions on completing assessments.

NEW! Student Performance Assessment; Final Grading Policy

Previously students needed grades of “Meets an Acceptable Level of Performance” on ALL outcomes to pass. Now, for the preceptor to recommend a “PASS” for the placement, the student must:

1. Achieve a rating of ”Meets an Acceptable Level of Performance” on all Professionalism outcomes AND,
2. Have no more than 3 (maximum of 2 for Care Provider) outcomes achieve a rating of ”Needs Improvement to Reach an Acceptable Level of Performance” AND,
3. Have ZERO ratings of “Not Meeting an Acceptable Level of Performance”.

Summary of Assessments/Evaluations to Be Completed and Discussed by Preceptor and Student

<table>
<thead>
<tr>
<th>Assessment/Evaluation</th>
<th>Submission Timeframe</th>
<th>Submitted by</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Self-Assessments (completed twice)</td>
<td>Midpoint and end of placement</td>
<td>Student</td>
<td>- The Self-Assessments should be submitted and printed a day prior to the Student Performance Assessment discussions to allow time for preceptor to review.</td>
</tr>
<tr>
<td>Early Assessment of Preceptor</td>
<td>At end of 1st placement week</td>
<td>Student</td>
<td>- Takes about 5 mins to complete.</td>
</tr>
<tr>
<td>Early Assessment of Student</td>
<td>At end of 1st placement week</td>
<td>Preceptor</td>
<td>- Encourages discussion between student and preceptor.</td>
</tr>
<tr>
<td>Student Performance Assessment</td>
<td>At the end of the 4th placement week</td>
<td>Preceptor</td>
<td>- Advises the Faculty if there are any concerns; option to have Faculty contact the preceptor.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Assessment of all learning outcomes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Takes about 1 hour to complete.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Includes identification and discussion of areas and skills</td>
</tr>
</tbody>
</table>
**Learning Plan: Activity and Assignment**

The Learning Plan helps students prepare for the placement as well as assess their learning. It provides an early introduction to self-directed learning, a concept similar to the Continuing Professional Development model used by practicing pharmacists.

**Preceptor feedback is important** to ensure the student’s learning goals and objectives are appropriate and feasible. Also preceptors can reinforce the importance of self-directed learning and the expectation that students update their progress with their Learning Plan at midpoint and final is encouraged.

**Steps to completing a Learning Plan. Students should:**

- **Complete** the Skills Inventory table. (see below)
- **State** 2 goals and corresponding objective(s) on the Learning Plan template using the SMART format.
  - The goal and objective(s) should be a clinical skill on which they plan to focus.
  - Each objective should be specific and linked to placement activities.
  - Students are required to review; [Goals and Objectives; What’s the Difference Anyways](#). A CSHP Webinar (focus on slides 11-39) and handout for information. This will help them develop SMART goals and corresponding objectives. Preceptors may find this helpful for development of their annual competence goals and objectives associated with practice.
- **Determine** indicators that inform progress for the chosen goal.
- **Post** the Skills Inventory and Learning Plan in MyCred (GOALS module) **at least 1 week prior to the start of the placement to allow time for the preceptor to review**.
- **During the first few days of the placement the Learning Plan should be discussed with the preceptor. The preceptor should provide feedback about the feasibility of the goals; modifications may be required based on the practice site.** After discussion, the student will post the revised Learning Plan. If no changes were made no additional posting is required.
- **Discuss** the progress achieved for the goal with the preceptor at the midpoint and end of the placement and post the updated Learning Plan into MyCred both at midpoint and end of placement.
- **Areas indicated by the preceptor as “Needs Improvement” on the midpoint Student Performance Assessment should be added by the student to their midpoint Learning Plan as learning goals. This is to ensure these areas will be addressed in the second half of the placement.**
**Skills Inventory** (in course syllabus)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Limited amount of Practice (i.e. completed in Skills lab &amp; placements only)</th>
<th>Moderate Amount of Practice (i.e. completed in skills lab, placements and work experience)</th>
<th>Comments: (to provide perspective on the rating)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gathering medical and medication history</td>
<td></td>
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<tr>
<td>Conducting patient assessments in complex patients</td>
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<td></td>
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</tr>
<tr>
<td>Creating and Implementing Patient Care Plans</td>
<td></td>
<td></td>
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<tr>
<td>Daily patient assessment and monitoring</td>
<td></td>
<td></td>
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<tr>
<td>Verbally presenting patient information to team</td>
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<tr>
<td>Patient Education</td>
<td></td>
<td></td>
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<tr>
<td>Seamless Care Activities</td>
<td></td>
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<tr>
<td>Documenting patient care activities in patient chart</td>
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<td></td>
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<tr>
<td>Responding to drug information requests using appropriate retrieval</td>
<td></td>
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<tr>
<td>Delivering a formal case presentation</td>
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<td></td>
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<tr>
<td>Collaborating with other healthcare professionals</td>
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</tr>
</tbody>
</table>

**Feedback**: Student should provide examples of feedback that they have received from preceptors, lab facilitators, peers and/or pharmacists about areas of strength.

**Feedback**: Student should provide examples of feedback that they have been received from preceptors, lab facilitators, peers and/or pharmacists about areas for improvement.

**LEARNING PLAN**: students will identify 2 goals to work on during their placement.

**Learning Goal**: to be developed by the student

**Learning Objective(s)**: Use SMART format (objectives must be measurable/observable by your preceptor).

**Indicators of Progress**: Describe indicators that will inform you of your progress or achievement. Examples: debriefing with preceptor, receiving feedback from team members, reflection or evaluation, etc.

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

Summarize: Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement.

*Student to type progress here.*

ALSO: The student must add outcomes and skills that are identified as “needing improvement” by the preceptor on the Midpoint Student Performance Assessment to the Midpoint Learning Plan for the second half of the placement.

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

Summarize: Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement.

*Student to type progress here*
**Activity Summary**

See pages 5-8 of the Pharm 428 Course Syllabus, including the appendices, for more information.

<table>
<thead>
<tr>
<th>Students should participate in the full scope of pharmacist activities as deemed appropriate by the preceptor. Students must always consult with the preceptor prior to initiating new recommendations. Injections and activities related to prescribing must be completed under the direct supervision of the preceptor.</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>

### 1. Patient Care
For all patient care encounters students should provide patient care as deemed appropriate by the preceptor(s).
- Develop & maintain a professional, collaborative relationship with the patient or agent/caregiver.
- Interview the patient or agent or other relevant healthcare providers to obtain necessary information.
- Gather and organize the information required to determine the patient’s medication related & other relevant health-related needs.
- Assess if the patient’s medication needs are being met.
- List and prioritize the patient’s medical conditions and drug related problems.
- Develop and implement a care plan that is based on best evidence and prioritizes and addresses the patient’s drug therapy problems and wellness needs (care plan to include pharmacist responsibilities, specific monitoring parameters and follow up schedule).
- Provide accurate and appropriate patient education.
- Conduct follow-up and modify care plans as needed.
- Communicate and document patient care activities.
- Provide continuity of care.

#### 1a. Provide Patient Care
Under direct and indirect supervision, students are responsible for providing care for a minimum of 16 patients. Providing patient care includes:
- Complete patient assessment, including interviewing patient and gathering a Best Possible Medication History/medical history, and complete medication reconciliation (or review for completeness if completed by another provider).
- Development of a care plan based on information gathered.
- Documentation entered onto the patient’s chart or computer profile.
- Completing patient education and seamless care activities as appropriate.
- Providing care to assigned patients that require care; e.g. patient education and counselling; discharge counselling, medication teaching).
- All care plans must be reviewed by the preceptor.

**Corresponding Assignment:** Care Plan Assignment

### 2. Pharmacy Services
Participate in the scope of professional practice under the supervision of the preceptor(s). This includes;
- Medication order adaptation when appropriate.
- Administration of Drugs by Injection: Students in the Class of 2018 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.
- Ordering and monitoring lab tests

### 3. Clinical Judgment: Review and Reflection
For 3 patients, students will write a summary of the factors considered (patient preference or specific variables, evidence) to formulate one of the recommendations made. The summary should include the clinical issue, the patient assessment (including questions asked), clinical data retrieved and considered to make a decision. The student should review this summary with the preceptor and discuss their rationale for the decision made, how they framed their recommendation to the team/prescriber and the outcome.

### 4. Inter-Professional Collaboration
- Students will spend time with at least 1 other health care professional that is caring for their patient(s). If deemed appropriate by the preceptor, more than 1 experience with a health care professional may be arranged. This may include observing or assisting a nurse caring for your
patient, shadowing a dietician, social worker, physiotherapist or occupational therapist, etc.

- Verbal Patient Case Presentation: Students will present a patient to another health care professional that they are both caring for. They should provide a brief overview of the patient (5-10 mins). Include reason for admission, current status, relevant labs, medications currently ordered, assessment and suggested recommendations (if any), and monitoring plan. Discuss presentation style, format and content with the health care professional.
- Students will collaborate with other health discipline students if available (e.g. medical or nursing students) to learn with and from each other.

5. **Patient Care Presentation (with inclusion of a Clinical Question)**
   - During week 6-7, students should present at least 1 patient care experience to pharmacy staff and where possible to other students. Students are encouraged if possible to present to different groups such as allied healthcare team.
   - A PowerPoint or similar presentation format is recommended. Format used by the practice site can be used as deemed appropriate by the preceptor. See pg. 11

6. **Drug Information Requests**
   - Students will respond to questions in a timely manner using best evidence, including answers to self-identified questions to care for patients.
   - Information may be required either verbally, written or both. Site specific forms should be used if available; Drug Information Inquiry Record form is posted in eClass).
   - Students are expected to use appropriate resources and various levels of evidence; primary, secondary and tertiary references. Student should also use more than 1 resource for each question and discuss all answers with the preceptor.

7. **In-service Presentation**
   Students will provide a minimum of 1 in-service presentation (i.e. overview of a therapeutic topic, journal club, etc) to pharmacy staff and/or allied health care team (including students).

8. **Pharmacy Advocacy Programs**
   Participate in site-based advocacy activities where possible (i.e. patient education regarding appropriate use of medications, health promotion campaigns, flu clinics, etc.).

9. **Medication Distribution**
   - Participate in the distribution of medications or have a guided tour of the dispensary. Review how medications are delivered to the patient after they are ordered.
   - Students should review the article (Chapter 45; Hospital Pharmacy Management) in Recommended Readings as it provides an overview of hospital distribution systems.

10. **Models of Precepting and Learning**
    Participate in peer-assisted and near-peer teaching and learning with classmates and other professional students when applicable.

11. **OPTIONAL: Preceptor Library Resources**
    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)

12. **OPTIONAL (if applicable): Adverse Drug Reaction Reporting**
## Preceptor Discussion Summary

The following are discussions that students must complete during the placement to meet course objectives.

<table>
<thead>
<tr>
<th>1. Responsibilities as a Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss <a href="https://pharmacists.ab.ca/code-ethics">ACPs Code of Ethics</a></td>
</tr>
<tr>
<td>• Include strategies the preceptor uses to practice in an ethical manner.</td>
</tr>
<tr>
<td>• The student should include how they demonstrate this during the placement. Sharing examples during the discussion is helpful. (e.g. patient confidentiality, patient care challenges) It is important for the student to see if their ideas and strategies align with their preceptor.</td>
</tr>
<tr>
<td>• Discuss the role of the pharmacist in the practice setting and how they independently and collaboratively contribute to improving patient outcomes.</td>
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<table>
<thead>
<tr>
<th>2. Maintaining Professional Competency and Lifelong Learning</th>
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</thead>
<tbody>
<tr>
<td>• Discuss with the preceptor how they maintain professional competence through self-directed learning. Examples to highlight include reading literature (how is this identified?), conferences, formal training (e.g. Geriatric or Diabetic Certification) or obtaining additional prescribing authorization.</td>
</tr>
<tr>
<td>• Discuss ACP’s Continuoin Competence Program. Review the preceptor’s previous or current learning and implementation records for their CCP portfolio. The student should reflect on this and compare/contrast it to their Learning Plan for the placement.</td>
</tr>
<tr>
<td>• At the end of the placement the student will summarize the activities completed that would comply with ACPs Continuing Competence Program for learning and implementation. Review with the preceptor.</td>
</tr>
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<table>
<thead>
<tr>
<th>3. Communication Skills</th>
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<tbody>
<tr>
<td>• Discuss communication strategies to build rapport with patients and address their concerns. Include patients with challenging situations such as the very ill, have dementia or mental health concerns.</td>
</tr>
<tr>
<td>• Discuss communication strategies used to optimize team functioning and the contributions of each healthcare provider to patient care. How are conflicts managed if they occur between team members?</td>
</tr>
<tr>
<td>• Discuss how the preceptor communicates patient care responsibilities to ensure continuity of care; e.g. patient care hand off; is it verbal or written, what information is included? How do they communicate therapeutic information that is controversial?</td>
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</tbody>
</table>

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<tr>
<th>4. Scope of Practice</th>
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<tbody>
<tr>
<td>Discuss with the preceptor how they (or another colleague use the expanded scope of practice (APA, injections, ordering lab tests, etc) to contribute to patient care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Inter-Professional Experience</th>
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</thead>
<tbody>
<tr>
<td>Based on an inter-professional experience during the placement students should choose one example of inter-professional collaboration that impacted them and that they would like to model in their future practice and discuss this with their preceptor. The example must be outside of the pharmacy team. In the discussion, students should include:</td>
</tr>
<tr>
<td>• A description of the experience, what resonated with them and why it had such an impact?</td>
</tr>
<tr>
<td>• What they learned from the experience; personally and/or professionally.</td>
</tr>
<tr>
<td>• How they can apply what they have learned in their future practice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Patient Advocacy in a Hospital Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine what health promotion programs are available at the hospital.</td>
</tr>
<tr>
<td>• Discuss the pharmacist’s role in health promotion to patients including what strategies they use. (e.g. immunizations, smoking cessation, lifestyle changes, etc.)</td>
</tr>
<tr>
<td>• Discuss and where possible demonstrate the patient advocacy roles of pharmacists in the hospital (e.g. research involvement, how to handle drug shortages, acquisition of compassionate/special access drugs).</td>
</tr>
<tr>
<td>• Discuss and where possible demonstrate the leadership roles of pharmacists within their team and also within the institution; e.g. committee involvement, development of resources and protocols for patients and team members, disaster planning (i.e. pandemics).</td>
</tr>
</tbody>
</table>

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<tr>
<th>7. Practice Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Netcare and EMR: Discuss the benefits of having Netcare access and the implications for assessing and monitoring drug therapy in institutional practice. Discuss how pharmacists incorporate its use into their patient care activities.</td>
</tr>
<tr>
<td>• Discuss with the preceptor which resources they use and why they prefer particular resource(s) for specific purposes.</td>
</tr>
</tbody>
</table>
8. Medication Distribution Process and safety Practices; the student should have the following discussion with the preceptor and/or dispensary staff.

Students should review the article (Chapter 45; Hospital Pharmacy Management) in Recommended Readings prior to the discussions as it provides an overview of hospital distribution systems. Students should compare the processes at this site to the processes at their Pharm 316 site. Discuss:

- Distribution process (order entry, filling, checking), and scope of practice for each team member (pharmacists, technicians, assistants, as applicable).
- Various components of the distribution system present at the site (unit dose, IV admixture, ward stock, narcotic controls) and the various scopes of practice of staff involved with each.
- The hospital’s drug formulary and how this impacts medication ordering (i.e. therapeutic substitutions).
- Unique or special medication processes used at the site; e.g. study protocols, special access drugs, compassionate drug programs.
- Error prevention strategies that are used to promote safe and accurate dispensing? (e.g. dose calculation checks, double or triple checks (tech-check-tech)
- Medication administration policies.

Documentation and reporting of medication errors or incidents (i.e. what to do if there is an error).

Assignment Summary

These assignments require preceptor review.

<table>
<thead>
<tr>
<th>Learning Plan Assignment</th>
<th>Posting Instructions (MyCred)</th>
</tr>
</thead>
<tbody>
<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 the “GOALS MODULE” of MyCred (student portfolio available through RxPreceptor) at least 1 week prior to the start of the placement to allow the preceptor to review. The updated plans must be posted by the end of 1st week, midpoint and at the final following review with the preceptor. 4 TOTAL POSTINGS; 1 before the placement and 3 during the placement. Students should title each upload to reflect the posting date to assist preceptor review.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care Plan Assignment</th>
<th>Posting Instructions (eClass)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed during the placement and posted during the placement.</td>
<td>IDENTIFIERS MUST BE REVOMED FROM ALL POSTINGS</td>
</tr>
</tbody>
</table>

Total: 4 patient care plans and documentation are to be posted. Each assignment consists of:

- relevant background data (as narrative)
- a care plan using the pharmacy care plan worksheet or site specific forms
- corresponding documentation as entered on the patient’s chart/medical record.
- corresponding documentation sent to another healthcare professional if completed. i.e. a chart note.
- Students should choose care plans that best demonstrate their patient care skills for assignments.
- Students will be developing care plans for ALL patients.

- Post patient documentation in eClass for 2 patients by 9:00 PM on the 4th Thursday of the placement.
- Post documentation for 2 additional patients by 9:00 PM on the 6th Thursday of the placement.
Patient Care Presentation: Content and Rubric

Goals of this activity are to allow students:

- To share patient care experiences and understanding of clinical issues.
- To provide a verbal presentation of their patient, DRP(s) and recommendation in a systematic manner (this has been practiced in the skills lab)
  - Practice presentation skills (use the PowerPoint slides is optional, the format should be discussed with the preceptor)
  - Provide evidence-based review of literature to support their recommendations(s) (this has been practiced in the skills lab using the BEARs format as a way to keep evidence review brief.)

The presentation should be approximately 20 mins in duration, with up to 5 minutes for questions. It is suggested that a patient case be chosen in which interaction with the patient helped the student to assess the patient’s DRPs and where their intervention affected or potentially will affect outcomes. Students and preceptors should discuss the patient care plan they want to present by the midpoint of the placement (i.e. no later than the midpoint assessment discussion). Students should provide the preceptor with a first draft soon thereafter to allow time for preceptor review. Students should then revise the presentation based on the feedback given.

Suggested Presentation Content

(Adapted from FMC Clinical Presentation Guidelines and Rural Journal Club Case Presentation Format)

a. Introduction/outline (including learning objectives)
b. Patient case and data
c. Listing of all DRPs and selection of main DRP
d. Disease state background
e. Goals of therapy
f. Therapeutic alternatives
g. Focused clinical question (PICO format - to be researched by student using primary literature)
h. Evidence Review; including search strategy – BEARS (Brief Evidence-based Assessment of Research) worksheet, utilized in Pharm 330, can be used to aid this (see information below)
i. Summary of evidence
j. Therapeutic recommendation; include monitoring plan (efficacy/toxicity)
k. Resolution of patient case

a. Introduction
   Introduce the case briefly; include why the case was chosen and what the main focus of the presentation will be. Provide a brief outline of the major components of the presentation. Include learning objectives for the audience.

b. Patient Data
   Present the following information about the patient;
   - Summarize reason for admission/consult, history of present illness, and relevant medical and drug therapy history.
   - Summarize presenting symptoms, physical assessment, labs tests, and diagnostic exams pertaining to the focus of the presentation.
   - Describe the patient’s drug therapy relating to the case presentation focus, including indications for all drug therapy as well as specific drug therapy information; dose, route, duration, etc.
   - Describe the patient’s progress related to the case presentation focus.

c. Listing of all DRPs and Presentation of DRP selected for review and work-up
   List ALL DRPs related to that patient and highlight the DRP that will be the focus of the presentation. The DRP selected does not need to be the most important DRP; it will simply be the focus of the presentation. The student should be familiar with all aspects of the patient’s case and prepared to answer any questions related to any of the DRPs, regardless of whether it was the main focus.
d. Disease State Background
Briefly review the disease state relevant to the main DRP. This review should include pathophysiology, therapeutic alternatives and any therapeutic controversies relevant to this case.

e. Goals of Therapy
Describe the individualized goals of drug therapy for the main DRP. Include the patient perspective where possible.

f. Therapeutic Alternatives
Discuss alternative ways (both drug and non-drug) to resolve the main DRP and achieve the individualized goals of therapy for this patient.

g. Focused Clinical Question
State the focused clinical question using the PICO format:

**P** – Patient, population or problem *(How would I describe a group of patients similar to mine?)*

**I** – Intervention, prognostic factor or exposure *(Which main intervention, prognostic factor or exposure am I considering?)*

**C** – Comparator or alternative intervention (if appropriate) *(What is the main alternative to compare with the intervention?)*

**O** – Outcome you would like to measure or achieve *(What can I hope to accomplish, measure, improve or affect?)*

Example:

<table>
<thead>
<tr>
<th>Patient</th>
<th>Intervention</th>
<th>Comparator</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a mechanically</td>
<td>...would</td>
<td>...compared to</td>
<td>...reduce clinically</td>
</tr>
<tr>
<td>ventilated ICU patient...</td>
<td>administering IV</td>
<td>sucralafate given via NG</td>
<td>important bleeding?</td>
</tr>
<tr>
<td></td>
<td>ranitidine...</td>
<td>tube...</td>
<td></td>
</tr>
</tbody>
</table>

h. Evidence Review (including search strategy)
Review each of the meta-analyses, studies or case reports selected as being relevant to answer the clinical question. Students have practiced brief reviews of the literature in their Skills Lab course using the BEARS (Brief Evidence-based Assessment of Research) worksheet, and this can be used if students choose. The form can be found at: [http://www.familymed.med.ualberta.ca/Home/Research/ResidentResearch/Guidetobears.cfm](http://www.familymed.med.ualberta.ca/Home/Research/ResidentResearch/Guidetobears.cfm)

i. Summary of Evidence
Summarize the evidence that has been reviewed (i.e. identify strengths and weaknesses of each paper reviewed) and explain the relevance to the patient where applicable.

j. Therapeutic Recommendation and Monitoring Plan
Outline the recommendation(s) made for the patient to achieve the therapeutic goals for the patient. Explain why this was chosen as the best solution(s) for the patient incorporating best evidence principles and patient-specific factors. Describe monitoring parameters and activities that were/would be done to determine the outcome of the drug therapy recommendations (if applicable).

k. Resolution of Case
Where possible, present the results of follow-up monitoring to illustrate the patient outcome.
Patient Care Presentation Rubric

Adapted from PharmD Experiential Learning Presentation Rubric and FMC Clinical Presentation Guidelines

To be used by the preceptor, and other observers. Student to bring copies to the presentation.

Student's Name: ______________________  Assessor’s Name: ______________________________

Presentation Title: ____________________________________________________________________

Please circle the number that best describes the student’s presentation in each of the following categories. This form is intended to support the overall assessment of the student’s performance in the placement.

<table>
<thead>
<tr>
<th>1 – Unable to rate</th>
<th>2 – Needs Improvement</th>
<th>3 – Meets Expectations</th>
<th>4 – Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could not evaluate or missing.</td>
<td>Outcome measure partially achieved.</td>
<td>Outcome measure generally achieved.</td>
<td>Outcome measure achieved in exemplary manner.</td>
</tr>
</tbody>
</table>

**Introduction and Overview of Patient Data**
- Includes information that explain why case was chosen
- Identifies the main focus of the presentation
- Provides a brief outline of the major components of the presentation and learning objectives

**Patient Data**
- Presents concise summary of patient’s history presenting symptoms and progress
- Accurately interprets physical assessment, laboratory and diagnostic data
- Describes the patient’s drug therapy in relation to the presentation focus
- Attempts to be concise and presents only relevant data

**DRPs**
- Identifies and prioritizes all DRPs accurately
- Identifies the primary DRP that is the focus of the presentation

**Goals of Therapy**
- Describe individualized goals of drug therapy for the focus DRP; include patient perspective where appropriate

**Therapeutic Alternatives**
- Identifies drug and non-drug alternatives for the main DRP and to achieve goals of therapy; considers the pros and cons of each

**Focused Clinical Question**
- States the question using the PICO format
- Outlines the search strategy used and reviews the evidence that was selected to answer the question
- Summarizes the evidence and includes relevance to the patient

**Therapeutic Recommendation**
- Outlines recommendations made to achieve therapeutic goals for the focus DRP; include rationale

**Monitoring Plan and Resolution of Case**
- Describe monitoring parameters and interventions that were/would be done to achieve the outcome of any recommendations make for the focus DRP
- If possible include follow-up monitoring

**Presentation and Organization Skills**
- Speaks clearly; uses appropriate pace and tone
- Poised and maintains focus
- Adheres to time limits (20 min + up to 5 min for questions)
- Key points are presented in a logical, coherent way; uses transitions well

**Questions**
- Understands question(s) and provides (or attempts to provide) reasonable response

**Overall Impression and Comments**
**Activity, Assignment and Assessment Schedule**

<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  
Students should ensure they have:  
- Corresponded with the preceptor; regarding parking, dress code, start time, etc.  
- Completed any pre readings assigned by the preceptor  
- Started to develop the Learning Plan; post on MyCred at least 1 week prior to placement |
| Daily throughout the placement | Provision of Patient Care, review with preceptor.  
- Prepare care plans and document care provided in accordance with preceptor’s practice  
- Minimum: 16 patients across the placement (provide care for a minimum of 4 patients concurrently by week 3)  
- Conduct Medication Reconciliations.  
- Address specific patient issues as they arise and/or are assigned.  
- Retrieve drug information.  
- Collaborate with the pharmacy team as a student pharmacist.  
- Ensure activities and assignments are being completed (student is ultimately responsible for ensuring completion of all course requirements). |

**Week 1**

<table>
<thead>
<tr>
<th>Orientation, Create Placement Schedule, Early Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>
- Review and discuss the Skills Inventory and Learning Plan.  
- Review course objectives and activities.  
- Discuss student/preceptor expectations and responsibilities.  
- Discuss assessment processes and timelines (including informal feedback and debriefing).  
- Develop schedule; preliminary activity planning; in-service, presentations, patient care.  
- Tour of pharmacy and institution; including patient care units.  
- Log in to ensure Netcare access as well as other on-site systems. |

<table>
<thead>
<tr>
<th>Daily Patient Care and Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
- Discuss pharmacy care plan worksheet, clinical documentation, format and process for documenting in chart/computer profile.  
- Set up routine and process for providing daily care for assigned patients: e.g. rounding, patient conferences, medication reconciliations, discharge counselling and seamless care.  
- Plan initial patient interaction based on review of patient’s chart and other information sources (Netcare, other healthcare professionals).  
- Implement care for patients including documentation (reviewed by preceptor). |

<table>
<thead>
<tr>
<th>Additional Activities to be incorporated and scheduled across the placement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
- Schedule and arrange visits with HCP(s); Inter-professional Activity.  
- Discuss/schedule in-services(s) and presentation(s).  
- Discuss professional and advocacy responsibilities of the preceptor (see professional and advocacy discussion questions)  
- Observe/ discuss or participate with the institution’s distribution process.  
- Discuss key factors for effective and safe distribution systems. Include discussions about ADR report and mitigating risk (Manager Assignment)  
- **END of Week 1:** Complete, submit and discuss Student and Preceptor EARLY ASSESSMENTS (RxPreceptor) |

**Week 2: Date**

- Continue patient care activities and documentation
- Schedule in-services and presentations; topics, discuss timelines for preceptor review, presentation format.
- Plan healthcare collaboration activities

**Week 3: Date**
<table>
<thead>
<tr>
<th>Week 4: Date</th>
<th>Week 5: Date</th>
</tr>
</thead>
</table>
| **Patient Care** | □ Continue care plans and corresponding documentation.  
□ Select 2 patients to post care plans and documentation; review with preceptor prior to posting.  
□ Continue to discuss the Patient Care Presentation with the preceptor; which patient to use, timelines for review.  
□ Review progress regarding in-service  

| **4th Thursday of the placement** | □ Post assignment on eClass; first 2 of 4 pharmacy care plan worksheets or site specific forms and documentation as entered onto the patient's chart/profile or sent to a HCP. (care plans must be typewritten, documentation can be a screen shot; no patient identifiers)  
□ Complete and submit midpoint Student Self-Assessment (RxPreceptor) so preceptor can review prior to Student Performance Assessment.  

| **Mid-Point (end of Week 4)** | □ MID-POINT Assessments (RxPreceptor): Student Performance Assessment-midpoint; completed by preceptor; review with student.  
□ Student Evaluation of Preceptor and Site and Student Self-Assessment; discuss both with preceptor  
□ Update with progress as well as grades of Needs Improvement from the Student Performance Assessment and submit the Learning Plan. (MyCred)  

<table>
<thead>
<tr>
<th>Week 6: Date</th>
<th>Week 7: Date</th>
</tr>
</thead>
</table>
| □ Complete in-service and continue to develop patient care presentation  
□ Continue medication reconciliations, patient care plans and corresponding clinical documentation; review with preceptor.  
□ Select 2 patients to post care plans and documentation.  

| **6th Thursday of the Placement** | □ Post 2 additional care plan worksheets or site specific documentation and clinical documentation. (Same as week 4 assignment)  

<table>
<thead>
<tr>
<th>Week 8: Date</th>
<th>End of Week 8 (final)</th>
</tr>
</thead>
</table>
| □ **Assignment and Assignment Completion** | □ Review activity table to ensure all activities and discussions have been completed.  
□ Conduct Patient Care Presentation  
□ Ensure all assignments are near to completion or completed.  

| **Ensure Continuity of Patient Care** | □ Ensure continuity of care documentation is entered into patient profile and conveyed to patient pharmacy team.  

| **FINAL Assessments (RxPreceptor)** | □ Final Student Performance Assessment and Placement Grade; completed by preceptor: review with student  
□ Student Self-Assessment (final); discuss with preceptor.  
□ RxPreceptor Survey: Post Course Preceptor Survey; non anonymous. Not to be discussed with preceptor.  
□ Ensure assignments are posted  
□ Update and submit the final Learning Plan on MyCred  
□ NOTE: Course student surveys are emailed at the end of the course; after both placements have been completed.
# Orientation Checklist for Student and Preceptor

This orientation checklist is to be used by both the student and preceptor to cover important topics at the beginning of the placement. Site specific items can be added to the list at the bottom.

<table>
<thead>
<tr>
<th>Orientation Activity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Professional Discussions</strong></td>
<td></td>
</tr>
<tr>
<td>• Preceptor’s practice experience and interests</td>
<td></td>
</tr>
<tr>
<td>• Feedback and communication; including preceptors preferred method of contact</td>
<td></td>
</tr>
<tr>
<td>• Student/preceptor responsibilities and expectations; including preceptor review of assignments, provision of feedback and students submission of assignments or documentation for review</td>
<td></td>
</tr>
<tr>
<td>• Practice expectations; patient confidentiality, dress and appearance policies</td>
<td></td>
</tr>
<tr>
<td>• Pharmacy/facility information regarding policies and procedures</td>
<td></td>
</tr>
<tr>
<td>• Information regarding professional and pharmacy activities</td>
<td></td>
</tr>
<tr>
<td>• Review Student’s Skills Inventory and Learning Goal (student to post on MyCred Goals module at least 1 week prior to placement)</td>
<td></td>
</tr>
<tr>
<td><strong>2. Course Discussions; review course syllabus</strong></td>
<td></td>
</tr>
<tr>
<td>• Objectives</td>
<td></td>
</tr>
<tr>
<td>• Activities; patient care, presentations, in-services, projects, etc.</td>
<td></td>
</tr>
<tr>
<td>• Assignments</td>
<td></td>
</tr>
<tr>
<td>• Assessment process; review forms (Student Performance Assessment in syllabus) and timing</td>
<td></td>
</tr>
<tr>
<td>• Discuss student/preceptor responsibilities and expectations</td>
<td></td>
</tr>
<tr>
<td>• Review preliminary student schedule</td>
<td></td>
</tr>
<tr>
<td><strong>3. Pharmacy Practice</strong></td>
<td></td>
</tr>
<tr>
<td>• Practice specialties and characteristics</td>
<td></td>
</tr>
<tr>
<td>• Site resources and learning opportunities</td>
<td></td>
</tr>
<tr>
<td>• How will the student be involved in patient care</td>
<td></td>
</tr>
<tr>
<td>• Provide samples of forms used, documentation policies and procedures</td>
<td></td>
</tr>
<tr>
<td><strong>4. Practice Environment</strong></td>
<td></td>
</tr>
<tr>
<td>• Guided tour of practice environment; dispensary, offices</td>
<td></td>
</tr>
<tr>
<td>• Introduction to staff; include roles and how they will be involved with student experience</td>
<td></td>
</tr>
<tr>
<td>• Library, drug information and other resources</td>
<td></td>
</tr>
<tr>
<td>• Student workspace</td>
<td></td>
</tr>
<tr>
<td>• Staff cafeteria, coffee area, lockers, washrooms, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>5. Technology orientation</strong></td>
<td></td>
</tr>
<tr>
<td>• Computer order entry systems</td>
<td></td>
</tr>
<tr>
<td>• Phone, fax, internet</td>
<td></td>
</tr>
<tr>
<td><strong>6. Other</strong></td>
<td></td>
</tr>
</tbody>
</table>
Pharmacy Care Plan Worksheet with Checklist for Assessment

Preceptors can use this form to ensure the student’s care plan is complete. Students should use it as a guide.

<table>
<thead>
<tr>
<th>MEDICAL CONDITION AND/OR DRPs</th>
<th>GOALS OF THERAPY</th>
<th>ALTERNATIVES</th>
<th>RECOMMENDATIONS/PLAN</th>
<th>MONITORING PARAMETERS</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>For each medical condition and/or DRP identified, create an integrated care plan. List each medical condition first, followed by any DRPs identified for that condition. (Some medical conditions may not have a DRP, a care plan is still necessary for ongoing patient monitoring.) DRP Categories: <strong>Indication:</strong> 1. Unnecessary drug therapy, 2. additional drug required, <strong>Efficacy:</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. Goals: cure, prevent, slow/stop progression, reduce/eliminate symptoms, normalize a lab value. Consider realistic goals determined through patient discussion. Goals of therapy are measurable or observable parameters that are used to evaluate the efficacy and safety of therapy.</td>
<td>Compare relevant drug and non-drug therapies that will produce desired goals. List the pros and cons of each therapy. Consider Indication, Efficacy, Adherence Safety Cost/coverage).</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: Drugs: consider drug, formulation, route, dose, frequency, schedule, duration, medication management. Non-drug: non-drug measures, education, patient referral.</td>
<td>Determine the parameters for monitoring efficacy and safety for each therapy. Consider: Clinical and laboratory parameters Degree of change Time frame).</td>
<td>Determine who, how and when follow-up will occur.</td>
</tr>
</tbody>
</table>

ASSESSMENT CHECKLIST
- □ Are all DRPs identified (based on 4 prime areas of **indication**, **efficacy**, **safety**, **adherence**)?
- □ If no, discuss with student; probe to see if those missing can be determined.
- □ Is rationale provided or discussed for DRPs (based on either patient or provider data)?
- □ Therapeutic goal/outcome(s) stated?
- □ Patient goal incorporated (if appropriate)
- □ Is an assessment of each DRP provided (factors considered to influence/determine a plan)?
- □ Are alternatives (with rationale for each) provided that would be considered acceptable for a first year students? 
  **(Second year students will likely require assistance for therapeutic areas they have not covered)**
  Alternatives should be complete for therapeutic areas that have been covered. i.e. cardiovascular.
- □ Plan/recommendations are outlined
  Includes:
  □ dosing considerations
  □ patient preferences

**ACTIONS TAKEN**
- □ Appropriate/acceptable action has been taken
  **(Second year students will likely require assistance for therapeutic areas they have not covered).** Plan should be complete for therapeutic areas that have been covered. i.e. cardiovascular
- □ Monitoring plan present
  Includes:
  □ safety
  □ efficacy
  □ frequency
  □ duration (if appropriate)
  □ which healthcare provider will follow-up
  □ includes outcome (if possible)
BScPharm On-Campus Curriculum Overview: courses, therapeutic modules & practice skills (undergraduate)

<table>
<thead>
<tr>
<th>Year</th>
<th>First</th>
<th>Second</th>
<th>Third</th>
</tr>
</thead>
</table>
| Class-room | • Medicinal Chemistry  
• Drug Information  
• Pharmaceutical Biotech and Immunology  
• Communications  
• Introduction to Patient Care Process  
• Critical appraisal of literature  
• Pharmaceutics (compounding)  
• Pharmacy Math  
• Dispensing Workflow  
| Therapeutic Modules | • Dermatology (warts, dermatitis, psoriasis, acne, lice, scabies, minor wounds, sunburn)  
• Ear, Eye, Nose, Throat (allergic rhinitis, ear conditions, glaucoma, contact lens care)  
| Practice Skills | • focus on professionalism and communication skills (patients, team)  
• Patient-centered care and health assessment: Medication/medical history  
  - Patient care process and care plan  
  - Documentation - basic  
  - Select EENT/derm products  
  - DI & basic literature evaluation  
  - Dispensing/compounding  
| | • Law and Ethics  
• Pharm and Ethics Research  
• Interdisciplinary Collaboration  
• Radiopharmacy  
• Pharmacokinetics  
| Therapeutic Modules | • Nutrition (vitamins/minerals, sports, obesity)  
• Hematology (anemia, anticoag)  
• GI/liver (GERD, PUD, N/V, IBS, cirrhosis)  
• Cardiology (HTN, CAD/ACS, CHF, AFib, PVD)  
• Transplant (heart, lung, kidney, liver)  
• Pulmonary (asthma, COPD)  
• Nephrology and Urology  
• Pain (opioids, NSAIDs, neuropathic agents)  
| Practice Skills | • Patient/health assessment: physical assessment, Med Rec & discharge, Allergy assessment  
  - Shared decision making with patient  
  - Evaluating literature (therapeutic controversy)  
  - Pt education & oral patient presentation  
  - Intro to research design & EBM  
  - Documentation; medical chart; care plans, inter-professional practice  
| | • Management  
• Provincial and Canadian healthcare  
| Therapeutic Modules | • ID (bacteria, viral, fungal, parasites, immuniz)  
• Neurology (Stroke, seizure, movement disorder)  
• Bone and Joint (OA, RA, gout, osteoporosis)  
• Peds/Geriatrics (drug principles & conditions)  
• Oncology (select Ca & supportive care Tx)  
• Mental health (depression, bipolar, schizophrenia)  
• Endocrine (DM, thyroid, pituitary/adrenal)  
• Women/Men’s Health (contraception, menopause, pregnancy/lactation, sexual dys  

PharmD for BScPharm Students (PBS): Curriculum Overview
- PBS Program often referred to as the “bridging program” as it bridges current BScPharm students to receipt of a Pharm D degree at the end of 4 years.  
- final year is 3 terms in total; BScPharm is 2 terms (2 placements, 3 electives and 2 options)  
- PharmD: 5 required courses: 4 in spring/summer and 1 seminar across placements and 2 additional placements (4 in total)  
- Spring/summer Term (May–August 2017): 3 required classroom courses; Critical Analysis of Evidence, Patient Assessment, Advanced Therapeutics, Collaboration and Professional Learning plus 1 elective course  
- Fall term: (August –December 2017): Pharm 426 Community Placement, Pharm 428 Acute Care Placement, Pharm D Seminar  
- Winter Term (January – April 2018): Selective in Patient Care Placement, Elective/ Specialization Placement, Pharm D Seminar