



UNIVERSITY OF ALBERTA
FACULTY OF PHARMACY AND
PHARMACEUTICAL SCIENCES

PHARM 428: Experiential Education

COURSE OUTLINE and SYLLABUS

Spring/Summer, Fall, Winter, 2016-2017

PHARM 428: Experiential Learning Part 4 – *Institutional 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](#)

TABLE OF CONTENTS

COURSE DESCRIPTION	3
REQUIRED READING (to be completed prior to placement starting).....	3
RECOMMENDED RESOURCES	3
COURSE OBJECTIVES	4
GRADING	5
ASSESSMENT INFORMATION	5
1. Summative Assessment	5
2. Formative Assessments	6
3. Course Evaluation Assessments	7
COURSE SCHEDULE	8
ACTIVITIES	8
ASSIGNMENTS.....	11
POLICIES AND PROCEDURES	12
LATE ASSIGNMENT and ASSESSMENT POLICIES.....	13
SUGGESTIONS and TIPS FOR SUCCESS.....	13
TECHNOLOGY REQUIREMENTS.....	14
APPENDIX 1: Student Performance Assessment	15
APPENDIX 2: Care Provider Outcome	18
2a. Patient Care Activity and Assignment Information.....	18
2b. Blank Pharmacy Care Plan Worksheet.....	19
2c. Pharmacy Care Plan Worksheet Assessment Form for preceptors and students..	20
2d. Clinical Judgment Assignment Rubric	21
APPENDIX 3: Collaborator Outcome.....	22
3a. Inter- Professional Activity.....	22
3b. Inter Professional Reflective Assignment Information and Rubric.....	22
APPENDIX 4: Scholar Outcome	24
4a. Patient Care Plan Presentation (with inclusion of a Clinical Question).....	24
4b. Patient Care Presentation Rubric.....	26
APPENDIX 5: Practice Management Outcome	27
5a. Medication Safety Activity	27
APPENDIX 6: Learning Plan	28
6a. Learning Plan Assignment Instructions	28
6b. Learning Plan Template.....	29
APPENDIX 7: Weekly Activity, Assignment and Assessment Schedule	30

COURSE DESCRIPTION

This 8 week experiential course is designed for students to practice their knowledge and skills from the classroom and skills lab in an institutional 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 managing their practice. This course provides opportunities for students to further develop evidence based clinical decision-making and judgment skills needed 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 (to be completed prior to placement starting)

1. [The Patient Care Process document](#)
2. [Undergraduate Experiential Education Policies and Procedures Manual](#)
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.
4. Jackson LD. [Strategies pharmacy students can use to ensure success in an experiential placement.](#) Can Pharm J 2015; 148:308-13.
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 when completing activities and assignments;

1. Standards of Practice for Pharmacists and Pharmacy Technicians
<https://pharmacists.ab.ca/standards-practice>
2. [Chapter 45: Hospital Pharmacy Management](#), A World Health Organization Resource. This resource provides an overview of drug distribution systems used in a hospital, and also reviews concepts of drug oversight and organization in the hospital setting.
3. Clinical References: Bugs and Drugs, RxFiles, Dipiro’s Pharmacotherapy: A Pathophysiologic Approach (Textbook), Lexicomp, Dynamed and RxTx.
4. [Patient Case Presentation: Chapter 6 in Clinical Skills for Pharmacists](#)
5. AHS Insite (AHS intranet); AHS account needed (username and password); many helpful links; Micromedex, Knowledge Resources

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. Professionalism

Students will demonstrate professional 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 (takes initiative to learn, enhance skills and integrate knowledge, seeks feedback to identify limitations or strengths in competence/performance).
- Practice in a manner demonstrating professional accountability (fulfills their professional tasks, assignments and commitments in a diligent and timely manner, accepts responsibility for their recommendations, sets priorities to balance workload).
- Display professional behavior (is well groomed and wears clothing and attire that is professional in appearance, is punctual, respects patients/other team members, does not engage in distracting behavior, responds to and incorporates feedback on ways to improve).

2. Communicator

Students will:

- Communicate clearly verbally/non-verbally with team members and patients.

3. Care Provider

Students will:

- Develop professional rapport with patients and other healthcare professionals.
- Assess patient's drug therapies and medical history; systematically gathering patient information, including Best Possible Medication Histories and medication reconciliation.
- Develop care plans that include prioritization of drug related problems and incorporation of labs/diagnostic information into patient assessment and care plan monitoring.
- Integrate assessment of patient readiness (state of change)
- Implement care plans including monitoring and follow-up.
- Document care provided and ensure continuity of care (e.g. discharge, transition to a different level of care)
- Provide patient education and counseling.
- Administer drugs by injection (only for students who have obtained a certificate of completion for injections training, and are supervised by a pharmacist preceptor authorized to administer injections), if opportunities arise.
- Participate in prescribing activities as appropriate in an institutional setting (e.g. Rx adaptation or renewal, emergency prescribing, prescribing at initial access if preceptor has APA); if opportunities arise.

4. Collaborator

Students will:

- Experience and demonstrate the ability to contribute to inter-professional practice and learn the roles and responsibilities of other health care professionals.
- Collaborate with others including patients, staff/colleagues/fellow students and other care professionals to optimize patient care.

5. Advocacy and Leadership

Students will:

- 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 institution
- 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 and leadership responsibilities of pharmacists (e.g. special access drugs, committee involvement).

6. Scholar

Students will apply knowledge and skills regarding their role as “medication experts” such that they can:

- Generate, interpret and disseminate pharmaceutical and pharmacy practice information, including using evidence to support patient care decisions for each care plan.
- Prepare and deliver a case presentation to pharmacists and/or other healthcare providers.
- Prepare and deliver an in-service to pharmacists and/or other healthcare providers.

7. Practice Management

Students will:

- Prioritize activities in daily practice to optimize patient care.
- Discuss the institution’s drug formulary and how this impacts medication ordering (i.e. therapeutic substitution, special access medications, medication study protocols, combination products, use of patients own medication).
- Describe and participate (dependent on site) in the distribution system processes with emphasis on the quality assurance procedures involved.

GRADING

Pharm 428 is a Credit/No Credit course. Preceptors recommend a grade at the end of the placement based on the final Student Performance Assessment. The Faculty Course Coordinator provides a final Course Grade (Pass: Credit or Fail: No Credit) following review of the assessments and the submitted assignments.

ASSESSMENT INFORMATION

There are three types of assessments in the course: **Summative**, **Formative**, and **Course Evaluation**. Information regarding submission of assessments can be found in the BSc Pharm Experiential Education Policies and Procedures Manual; *see Required Reading List; page 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. Advocacy and Leadership (1 outcome)
7. Practice Management (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.
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******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/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. The individual behaviours for each of the 20 outcomes assessed in Pharm 428 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 purposes of the formative assessments is to support the provision of specific feedback to students that can be used to improve learning and to provide specific feedback to preceptors that can be used 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
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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.

- These assessments are to be completed and submitted 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 a time, determined by the preceptor, around the midpoint of the course 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 of goals and expectations for the remainder of the rotation. 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 on-line 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 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.

<p style="text-align: center;">COURSE ACTIVITIES</p> <p style="text-align: center;">The following are either a discussion or an activity that students must complete during the placement to meet a course objective.</p>	✓
PROFESSIONAL	
<p><i>Students should have the following discussions with the preceptor in the context of the practice setting:</i></p> <p>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 are similar and where they are different so that various perspectives are explored.”</p> <ul style="list-style-type: none"> • Act and dress professionally. • Display patient and team-centered approach to practice and patient care. • Engage respectfully with patients and team members of various special populations and cultures. • Demonstrate initiative within the practice setting <p>2. Discuss application of the code of ethics and standards of practice related to hospital-based patient care; include ethical judgment and patient care challenges; for example:</p> <ul style="list-style-type: none"> • 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, including the pharmacist deal with family tensions? • When is it ethically and professionally appropriate to involve caregivers and/or family? Are there circumstances where they should not be involved? • If applicable to your preceptor’s practice, how is the pharmacist involved in end of life care? <p>3. Discuss how your 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 plan to use once you graduate.</p>	
COMMUNICATOR	
<p><i>Students should have the following discussions with the preceptor in the context of the practice setting:</i></p> <p>1. 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</p>	

<p>skills to build rapport and address patient concerns.</p> <p>2. Modes of communication (written and verbal) used between team members or department; include what is the most common type of communication. Provide examples of repercussions if communication is hampered or inefficient.</p> <p>3. How they communicate with other health care professionals in the institution; include what strategies are used if there is a conflict.</p> <p>4. How they communicate 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 information that is part of a therapeutic controversy; verbally or written and what information is included?</p>	
<p>CARE PROVIDER: Appendix 2 contains Supplementary Information <i>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. Recommendations involving injections and prescribing must be completed under the direct supervision of the preceptor.</i></p>	
<p>ACTIVITY: Provide Patient Care Under direct and indirect supervision, students are responsible for providing care for a minimum of 12 patients. Providing patient care includes:</p> <ul style="list-style-type: none"> • 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). More information: <i>Appendix 2a</i> 	
<p>ACTIVITY: Practice Administration of Drugs 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.</p>	
<p>DISCUSSION ACTIVITY: Clinical Judgment When discussing care plans and overall patient care with the preceptor, include discussions regarding the preceptor’s approach to clinical judgment and their use decision-making skills. What influences these? What challenges do they experience?</p>	
<p>DISCUSSION ACTIVITY: Expanded Scope of Practice Discuss with the preceptor how they or another colleague use the expanded scope of practice (APA, injections) within their practice; how it relates to institutional practice and contributes to patient care.</p>	
<p>COLLABORATOR: Appendix 3 contains Supplementary Information</p>	
<p>ACTIVITY: Inter-Professional (IP) Collaboration Spend time with at least 1 other health care professional that is caring for your 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. More Information: <i>Appendix 3</i></p>	
<p>ACTIVITY: Collaborate with patient health care providers and students in other disciplines whenever possible (e.g. residents, nursing students) to optimize patient care. (medical rounds, care conferences, etc.)</p>	
<p>ACTIVITY: Verbal Patient Case Presentation Present a patient to another health care professional that you are both caring for. 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.</p>	
<p>DISCUSSION ACTIVITY: Discuss the roles and scope of practice of the health care professionals with which your preceptor collaborates.</p>	
<p>ADVOCACY AND LEADERSHIP</p>	
<p>ACTIVITY: Participate in site-based advocacy activities where possible (i.e. patient education regarding appropriate use of medications, health promotion campaigns, flu clinics, etc.)</p>	

<p>DISCUSSION ACTIVITY: <i>The student should have the following discussions with the preceptor.</i></p> <ul style="list-style-type: none"> • Determine what health promotion or disease prevention programs are available through the institution • Discuss the pharmacist’s role in health promotion to patients including what strategies they use. (E.g. immunizations, smoking cessation, lifestyle changes, etc.) • Discuss and where possible demonstrate the patient advocacy roles of pharmacists in the institution (e.g. research involvement, how to handle drug shortages, acquisition of compassionate/special access drugs). • 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 (e.g. pandemics). 	
SCHOLAR	
<p>ACTIVITY: <i>Drug Information Questions.</i> Answer drug information requests in timely manner from the team or preceptor. Information may be required either verbally, written or both. Site specific forms should be used if available. (Drug Information Inquiry Record form is posted on RxPreceptor) Students are expected to use appropriate resources, reference appropriately and discuss answers with the preceptor. Answers do not need to be posted on eClass, but should be discussed with the preceptor.</p>	
<p>ACTIVITY: <i>In-service</i> Provide a minimum of 1 of the following: an in-service presentation to other health care providers (including students) or a poster or display suitable to the site. (e.g. administration or side effects of a specific class of drugs i.e. bisphosphonates or smoking cessation medications and strategies)</p>	
<p>ACTIVITY: <i>Patient Care Presentation (with inclusion of a Clinical Question)</i> By the end of 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 groups more than once. Suggested presentation format and rubric are in <i>Appendix 4</i>. Use of the format used by the practice site can be used as deemed appropriate by the preceptor.</p>	
<p>ACTIVITY: Students may be assigned topics to present to their preceptor or other staff to enhance or demonstrate understanding of topics related to patient care activities.</p>	
<p>ACTIVITY (OPTIONAL): 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 The link to the UofA pharmacy library home page is http://guides.library.ualberta.ca/pharmacy</p>	
<p>DISCUSSION ACTIVITY: <i>Netcare</i> 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.</p>	
<p>DISCUSSION ACTIVITY: Discuss with the preceptor which resources they use and why they prefer particular resource(s) for specific purposes.</p>	
PRACTICE MANAGEMENT	
<p>ACTIVITY: <i>Medication Distribution</i> Depending on the practice site, with your preceptor or with another staff member as delegated by your preceptor, participate in the distribution of medications or have a guided tour of the dispensary. Review how prescribed medications are delivered to the patient after they are ordered. Who is involved in the various stages? (physician, medical resident, nurse, ward clerk, pharmacist, pharmacy technician, etc, as appropriate). Discuss distribution process (order entry, filling, checking), and scope of practice for each team member (pharmacists, technicians, assistants, as applicable). Discuss various components of the distribution system (unit dose, IV admixture, ward stock, narcotic controls) and the various scopes of practice of staff involved with each. Students should review the article (Chart 45; Hospital Pharmacy Management) in Recommended Readings prior to this discussion as it provides an overview of hospital distribution systems.</p>	
<p>DISCUSSION ACTIVITY: <i>Drug Formulary</i> <i>The student should have the following discussion with the preceptor or dispensary staff.</i></p> <ul style="list-style-type: none"> • institution’s drug formulary and how this impacts medication ordering (i.e. therapeutic substitutions). • unique or special medication processes used at that institution; e.g. study protocols, special access drugs, 	

compassionate drug programs. (Chapter 45: Hospital Pharmacy Management, in Required Readings, provides an overview of this.)	
<p>DISCUSSION ACTIVITIES: Patient and Medication Safety</p> <p>Part 1: Systems Approach to Quality Assurance for Pharmacy Practice; A framework for Mitigating Risk Go to: https://pharmacists.ab.ca/acp-online-learning to access this ACP resource. More information: <i>Appendix 5 regarding activity and discussion topics</i></p> <p>Part 2: Medication Distribution Process; Safety Practices <i>The student should have the following discussion with the preceptor or dispensary staff.</i></p> <ul style="list-style-type: none"> • what error prevention strategies are used to promote safe and accurate dispensing? (E.g. dose calculation checks, double or triple checks (tech-check-tech), etc.) • documentation and reporting of medication errors or incidents (what to do if there is an error) • quality assurance programs • medication administration policies • safety committees, programs and initiatives (e.g. electrolyte audits) 	
<p>DISCUSSION ACTIVITY: Adverse Event Drug Reporting</p> <p>Discuss with the preceptor the adverse drug reporting policies and procedures, including documentation, used by pharmacists in the institution.</p>	

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 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 comments are provided by the reviewer. If a resubmission is deemed necessary by the Faculty reviewer, 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 6*.

Learning Plan Assignment	Posting Instructions (MyCred)
<p><i>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</i></p> <p>Students are to develop 1 goal and corresponding objectives that describe a clinical skill they plan to focus on. The Learning Plan should be:</p> <ol style="list-style-type: none"> 1. Discussed with the preceptor during first week of the placement; make adjustments if necessary based on feedback by preceptor. 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. <p>Learning Plan Template: <i>Appendix 6</i></p>	<p>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 during the placement.</p>

Assignments <i>These assignments are completed during the placement and posted at various times during the placement as well as at the end of the placement</i>	Posting Instructions (eClass)
<p><i>Care Plan Assignment – Total: 4 patient care plans & documentation to be posted</i> Each care plan assignment consists of :</p> <ul style="list-style-type: none"> • relevant background data (as narrative) (see <i>Appendix 2a</i>) • a care plan using the pharmacy care plan worksheet or site specific forms and • corresponding clinical documentation as entered on the patient’s chart/medical record. <p>The assignments should be reviewed with the preceptor and modify as needed prior to posting. Ensure preceptor is aware of the Care Plan Worksheet Assessment Form; <i>Appendix 2c</i>.</p> <p>Remove all identifiers prior to posting. CARE PLANS WILL NOT BE MARKED BY THE FACULTY. A random sample of posted assignments will be reviewed by the Faculty to monitor course outcomes.</p>	<p>Post patient care plan and chart documentation for 2 patients on eClass by 9:00 PM on the 4th Thursday of the placement.</p> <p>Post documentation of 2 additional patients on eClass by 9:00 PM on the 6th Thursday of the placement</p>
<p><i>Clinical Judgment Assignment</i> Provide 1 example that demonstrates clinical decision- making skills. (e.g. therapeutic interchange, ordering a lab test, interpretation of lab results, therapeutic drug monitoring, microbiology reports, CandS, referral suggestion, what to do with allergies, etc.) Include the following:</p> <ul style="list-style-type: none"> • 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 used?) • What skills were found most beneficial? (e.g. ability to find the information needed in the chart) • What skills were challenging? (e.g. interpretation of the data; CandS report). How did you overcome the challenge? • What documentation was required? For the chart, other? • What was the outcome? <p>Assignment Rubric: <i>Appendix 2d</i> WORD COUNT: Maximum 250 words. Include word count at the end of document.</p>	<p>Assignment must be posted on eClass by the last day of the placement.</p>
<p><i>Inter-professional Reflective Assignment</i> 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. Assignment Information and Rubric: <i>Appendix 3</i> WORD COUNT: Maximum 250 words. Include word count at the end of document.</p>	<p>Assignment must be posted on eClass by the end of the placement.</p>

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; i.e. conferences, UofA flu clinics, PDW, Pharm D interviews
- Human Blood and Bodily Fluid Exposure (HBBFE) Procedures (Needlestick Injury)

The guide also provides information regarding;

- Attendance policies (illness, professional opportunities, bereavement, etc.)
- Requirements (N95-fit testing, first aid, etc.)
- Student responsibilities; communication, professionalism, assessments, surveys, Netcare
- Protection of Privacy Policy
- Preceptor Award procedures

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](http://www.governance.ualberta.ca) (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.

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 monies available for placements. <http://pharm.ualberta.ca/programs/undergraduate-bsc-in-pharmacy/current-student/awards-scholarships-bursaries>

LATE ASSIGNMENT and ASSESSMENT POLICIES

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 an institutional 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 variability of practice sites, experiences will differ. Students are expected to show initiative and identify learning opportunities. Expectations regarding patient care and supervision must be discussed with the preceptor at the beginning of the placement. This is considered to be an advanced placement, therefore patient accountability care is expected. Self directed work learning is also expected, whether it is indendently or with a peer. 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 a 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 an experiential placement.

TECHNOLOGY REQUIREMENTS

Course Information

Course information (syllabi, summaries, documentation, etc.) 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

Alberta Netcare registration is arranged by UofA Faculty of Pharmacy, Alberta Health Services (AHS) and eHealth Support Services team prior to the student placement start date to ensure access for the student during the placement. The Netcare user registration for AHS placements is performed at the site level by the AHS Pharmacy Manager. No action from the student is required.

Alberta Netcare access is only provisioned for the timeframe requested for the student placement at the pharmacy placement site. Students are encouraged to login to Netcare on the first day to ensure access has been obtained. Access difficulties can be decreased if the student checks their Netcare account to see if their placement site has been added to their profile.

Student instructions to confirm Netcare access to placement pharmacy site:

If you have more than one work site on your profile, you will be prompted to select the facility you are working from. If you see your placement site on the list, your access has been provisioned for use at that pharmacy site. (Select the facility you are working at and click ok). If you do not see the facility selection pop up box, please follow instructions below:

- Once logged into your Alberta Netcare account, Click on the 'My Details' icon in the top left hand corner (looks like a gear icon, right beside the home (house) icon)
- Scroll down the page to the 'Facilities' section. Once you see your pharmacy placement site name listed then you are authorized to access Alberta Netcare for that pharmacy site.

Need help?

Is the AHS pharmacy site not showing on your Netcare profile?

- Have you checked with the AHS pharmacy manager to see if they have submitted the Netcare request into Identity and Access Management (IAM)? The pharmacy manager will receive an email notification from IAM when the account has been provisioned.
- If it has been longer than 12 business days since the pharmacy manager has requested Netcare access in IAM, and they have not received the account notification please contact the local AHS Service Desk for your zone.

A remote access token (fob) is only required for community (non-AHS) placements. Please keep your token in a safe place. If your fob is lost or stolen, contact the AHS Remote Access team to advise and to request a replacement: 1-844-542-7876.

Alberta Netcare Learning Centre: <http://www.albertanetcare.ca/LearningCentre/>

Alberta Netcare Learning Centre-Contact Information:
<http://www.albertanetcare.ca/LearningCentre/Contact.htm>

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.

OUTCOME	BEHAVIOURS
Professional	
1. Practices in an ethical manner (i.e. with honesty and integrity)	<ul style="list-style-type: none"> practices according to the Alberta College of Pharmacists Code of Ethics
2. Demonstrates initiative within the practice setting	<ul style="list-style-type: none"> takes initiative to learn, enhance skills and integrate knowledge (i.e. maximizes learning opportunities) seeks feedback to identify limitations or strengths in competence/performance
3. Practices in a manner demonstrating professional accountability	<ul style="list-style-type: none"> fulfills their professional tasks, assignments and commitments in a diligent and timely manner accepts responsibility for their recommendations sets priorities to balance workload
4. Displays professional behaviour	<ul style="list-style-type: none"> is well groomed and wears clothing and attire that is professional in appearance is punctual respects patients/other team members and does not engage in distracting behavior responds to and incorporates feedback on ways to improve displays patient and team-centered approach to practice and patient care
5. Engages in Continuous Professional Development	<ul style="list-style-type: none"> 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.
Communicator	
1. Demonstrates effective non-verbal and verbal communication skills	<ul style="list-style-type: none"> speaks clearly and effectively uses appropriate language uses appropriate non-verbal communication (i.e. 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
Care Provider	
1. Develops and maintains professional relationships with patients/care givers	<ul style="list-style-type: none"> engages patient independently to determine reason for seeking care exhibits sensitivity, respect and empathy with patients and care givers identifies/responds to patient cues determines when it is ethically and professionally appropriate to involve caregivers and/or family members
2. Gathers relevant medical and medication history	<ul style="list-style-type: none"> utilizes multiple sources of patient information (i.e. Netcare, patient/caregiver, patient profile/chart, other healthcare providers) employs effective interviewing techniques (i.e. 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

OUTCOME	BEHAVIOURS
	<ul style="list-style-type: none"> • is improving timeliness and efficiency over the course of the placement • clarifies and manages conflicting data <i>seeking support when necessary</i>
3. Determine medical conditions and assess if the patient's medication-related needs are being met	<ul style="list-style-type: none"> • 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
4. Develops a care plan that addresses medication and health needs	<ul style="list-style-type: none"> • uses a systematic approach to develop care plans including for patients with multiple co-morbidities • seeks guidance for complex problems or areas with poorly defined evidence • sets goals that are relevant, realistic and that include timelines if appropriate • generates a realistic set of alternatives and assess the pros and cons • determines monitoring parameters (what, when & how it may change) for chosen plan • decides on specific actions for managing medication-specific needs (i.e.: dispense, adapt, prescribe, refer, etc.) • determines patient needs outside of pharmacist's scope of practice that require referral • provides rationale for the chosen plan
5. Implements the care plan when appropriate	<ul style="list-style-type: none"> • educates the patient on non-pharmacological (e.g. lifestyle) recommendations <i>with preceptor support</i> • educates the patient on pharmacological recommendations <i>with preceptor support</i> • negotiates and adapts plan with team and/or patient/caregivers <i>with preceptor support</i> • initiates and completes seamless care activities when appropriate
6. Follow-up and evaluate as appropriate	<ul style="list-style-type: none"> • determines follow-up required including who is responsible • provides follow-up if possible • interprets follow-up information and modifies plan if needed
7. Documents patient information gathered in an appropriate manner	<ul style="list-style-type: none"> • is written using an organized process (i.e. DAP [Data, Assessment and Plan]) • has focus/clear intent or purpose • includes relevant information
Collaborator	
1. Functions as a member of a team within the practice setting	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

OUTCOME	BEHAVIOURS
	<ul style="list-style-type: none"> • critically analyzes information • responds with an appropriate recommendation based on analysis of evidence/information
3. Integrates clinical judgment and critical thinking	<ul style="list-style-type: none"> • under conditions of uncertainty, weighs the pros and cons of alternatives to make decisions; <i>may require preceptor support</i> • logically defends recommendation(s)
Advocate	
1. Promotes the health of individual patients, communities and populations	<ul style="list-style-type: none"> • facilitates patient's interaction with the health care system through advice, education and/or guidance <i>with minimal preceptor guidance</i>
Manager	
1. Manages the safe and efficient distribution of medications	<ul style="list-style-type: none"> • evaluates factors critical for safe and efficient medication distribution
2. Participates in quality assurance and improvement programs	<ul style="list-style-type: none"> • 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 <i>with preceptor guidance</i>

APPENDIX 2: Care Provider Outcome

2a. Patient Care Activity and Assignment Information

ACTIVITY

The number of patients may be adjusted by the preceptor depending on patient acuity and complexity. Students may be assigned topics to present to their preceptor to enhance or demonstrate understanding of topics related to patient care activities.

Care Plan Formats

- The Pharmacy Care Plan Worksheet is the format students use at the Faculty and can be used. Alternatively, site specific patient care plan forms may be used. It is suggested that preceptors and students discuss which format is appropriate and most comfortable for the student to use for developing care plans. In some cases students may start with the worksheet first and change in time 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).

Students should:

- Be caring for four patients each day by week 3 of the placement (add new patients if patients are discharged).
- Use all sources (Netcare, speaking with patient/caregiver) to develop the Best Possible Medication History and care plan, identify discrepancies and if appropriate make suggestions.
- Discuss/review all care plans with the preceptor; modify as required. Discuss patient care decisions and rationale for decisions. Ensure preceptor is aware of the care plan worksheet assessment checklist. (*Appendix 2c*)
- Develop clinical documentation appropriate to include into the patient's chart (DAP or format used at site). Ensure preceptor has reviewed documentation prior to inclusion into chart.
- Develop written communication to other health care professionals as needed.
- Ensure patient continuity of care is arranged or communicated to the preceptor near placement completion.
- Integrate assessment of patient readiness (state of change into the care plan).

ASSIGNMENT – Guidelines and Suggestions

- patient identifiers **MUST** be removed
- Each posted care plan assignment must include relevant background data with the following components.
 - Reason for admission
 - HPI
 - PMHx (past medical history)
 - Medication history (include generic name, doses and sig)
 - Pertinent ROS (if applicable)
 - Relevant labs/diagnostic information (if applicable)

2b. Blank Pharmacy Care Plan Worksheet

Relevant DATA:

MEDICAL CONTITIONS and MED-RELATED NEEDS	GOALS OF THERAPY	ALTERNATIVES	RECOMMENDATIONS/ PLAN	MONITORING PLAN	
				MONITORING PARAMETERS	FOLLOW-UP
<p>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.</p> <p>DRP Categories: unnecessary drug • additional drug required • ineffective drug • dose too low • adverse drug reaction/interaction • dose too high • nonadherence</p>	<p>For each medical condition and/or DRP state desired goals of therapy/timeframe.</p> <p>Goals: cure, prevent, slow/stop progression, reduce/eliminate symptoms, and normalize a lab value.</p> <p><i>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.</i></p>	<p>Compare relevant drug and non-drug therapies that will produce desired goals. List the <u>pros</u> and <u>cons</u> of each therapy as well as rationale for each being included.</p> <p><i>Consider:</i> Indication Efficacy Adherence Safety Cost/coverage</p>	<p>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</p> <p>.</p> <p><i>Consider:</i> <u>Drugs:</u> correct drug, formulation, route, dose, frequency, schedule, duration, medication management. <u>Non-drug:</u> non-drug measures, education, patient referral.</p>	<p>Determine the parameters for monitoring <u>efficacy</u> and <u>safety</u> for each therapy. Provide rationale for including this and how you expect the parameter to change.</p> <p><i>Consider:</i> Clinical and laboratory parameters The degree of change The time frame</p>	<p>Determine <u>who, how and when</u> follow-up will occur.</p>

2c. Pharmacy Care Plan Worksheet Assessment Form for preceptors and students

MEDICAL CONDITION AND/OR MED-RELATED NEEDS	GOALS OF THERAPY	ALTERNATIVES	RECOMMENDATIONS/ PLAN	MONITORING PLAN	
				MONITORING PARAMETERS	FOLLOW-UP
<p>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.</p> <p>DRP Categories: Indication: 1. Unnecessary drug therapy, 2. Additional drug required, Effectiveness: 3. Ineffective drug, 4. Dose too low, Safety: 5. Adverse drug reaction/interactions, 6. Dose too high, Compliance: 7. Non-adherence</p>	<p>For each medical condition and/or DRP state desired goals of therapy.</p> <p>Goals: cure, prevent, slow/stop progression, reduce/eliminate symptoms, and normalize a lab value.</p> <p><i>(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).</i></p>	<p>Compare relevant drug and non-drug therapies that will produce desired goals. List the <u>pros</u> and <u>cons</u> of each therapy.</p> <p><i>(Consider indication, efficacy, safety, adherence and cost/coverage).</i></p>	<p>In collaboration with the patient and other providers, select the best alternative and implement the plan. Provide a rationale for the chosen plan.</p> <p><i>Consider:</i></p> <p><u>Drugs:</u> consider drug, formulation, route, dose, frequency, schedule, duration, medication management.</p> <p><u>Non-drug:</u> non-drug measures, education, patient referral.</p>	<p>Determine the parameters for monitoring <u>efficacy</u> and <u>safety</u> for each therapy.</p> <p>Provide rationale for including this and how you expect the parameter to change.</p> <p><i>(Consider clinical and laboratory parameters, the degree of change and the time frame).</i></p>	<p>Determine <u>who, how and when</u> follow-up will occur.</p>
<p>ASSESSMENT CHECKLIST</p> <p><input type="checkbox"/> Are all medical conditions and/or medication needs identified? (For DRPs, consider drug therapy assessment of indication, efficacy, safety, medication organization / adherence)?</p> <p><input type="checkbox"/> If no, discuss with student and probe to see if those missing can be determined.</p> <p><input type="checkbox"/> Are medical conditions/DRPs prioritized in an acceptable manner?</p> <p><input type="checkbox"/> Is rationale provided or discussed (based on either patient or provider data)?</p>	<p><input type="checkbox"/> Therapeutic goal/outcome(s) stated?</p> <p><input type="checkbox"/> Patient goal incorporated (if appropriate)</p>	<p><input type="checkbox"/> Is an assessment of each medical condition/DRP provided (factors considered to influence/determine a plan)?</p> <p><input type="checkbox"/> Are alternatives (with rationale for each) provided?</p>	<p><input type="checkbox"/> Plan/recommendations are outlined</p> <p>Includes:</p> <p><input type="checkbox"/> dosing considerations</p> <p><input type="checkbox"/> patient preferences</p> <p>ACTIONS TAKEN</p> <p><input type="checkbox"/> Appropriate/acceptable action has been taken</p> <p><input type="checkbox"/> Inappropriate or suboptimal action has been taken – need to discuss next steps</p>	<p><input type="checkbox"/> Monitoring plan present</p> <p>Includes:</p> <p><input type="checkbox"/> safety</p> <p><input type="checkbox"/> efficacy</p> <p><input type="checkbox"/> frequency</p> <p><input type="checkbox"/> duration (if appropriate)</p> <p><input type="checkbox"/> which healthcare provider will follow-up</p>	<p><input type="checkbox"/> Follow-up plan present</p> <p>Includes:</p> <p><input type="checkbox"/> who</p> <p><input type="checkbox"/> how</p> <p><input type="checkbox"/> when</p> <p><input type="checkbox"/> includes outcome (if possible)</p>

2d. Clinical Judgment Assignment Rubric

Clinical Judgement Assignment	Resubmission Required	Satisfactory	Excellent
<p>Summary Provide a brief summary of the patient care interaction that required clinical judgement. Include information regarding; What questions were asked? What lab or clinical data was needed? (include how it was retrieved)</p>	Incomplete, unclear description	Description is complete but basic.	Description of the interaction is complete and includes the factors involved; including the urgency and seriousness of the situation.
<p>Analysis What skills were found most beneficial? (e.g. ability to find the information needed in the chart) What skills were challenging? (e.g. interpretation of the data; CandS report). How did you overcome the challenge?</p>	Incomplete or unclear information	General analysis of the interaction and inclusion of data used.	Complete and thorough description of all data used. Includes what information was not retrievable.
<p>Outcome What was the outcome for the patient? Include documentation/ communication completed. What skills were required to be used to achieve the outcome?</p>	Basic information about the outcome and skills used	More complete information about the outcome and the skills used to achieve the outcome. (i.e. Documentation)	Insightful information about the outcome achieved and thorough explanation of the skills used. (e.g. assessment, critical thinking and decision making skills and challenges).

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 Activity

It is important for students to have opportunities to establish positive working relationships with other health care professionals and see how they provide patient care.

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. i.e. 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 experiences students must:

- Prepare an expectation of what they want to learn from the IP experience and review it with the preceptor.

During the IP experience 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 experience, students must debrief their experience with their preceptor. Include:

- What was learned?
- 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 institutional health care professionals?
- Strategies to overcome common barriers.

3b. Inter Professional Reflective Assignment Information 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 IP visits or during a patient care interaction with another health care professional. This assignment should not only be a description of only what was experienced, but rather, an account of how the experience impacted them; 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 i.e. 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?

Assignment Rubric

Criteria	Excellent	Acceptable	Resubmission Required
Describe a specific action or experience (e.g. a skill or behaviour demonstrated by another health care professional)	Description of the skill, behaviour or experience is clear and includes important facts.	Description of skill, behaviour or experience is complete but basic.	Incomplete, unclear description.
Describe your response to action or experience mentioned above (e.g. I was surprised by the patience the doctor used with a slow/difficult patient)	Provides open and honest response.	Provides response that is reserved, superficial and/or defensive.	Incomplete or unclear response.
Explain how own factors influenced your response to this experience or action. (e.g. I know that I don't have patience for people who are slow to understand what I tell them, it frustrates me)	Clearly explains how your own factors influenced your response	Starts to explore how own factors influenced your response.	Does not include own factors or not explain how own factors influence this response.
Explain other factors, viewpoints and evidence that could be considered when critically thinking about this experience. (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.	Clearly explains how other factors, viewpoints and evidence influenced the experience.	Starts to explore how other factors, viewpoints and evidence influenced the experience.	Does not include other factors or does not explain how other factors influence this experience.
Describe what collaborative practice means to you. (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.	Includes insights into what collaborative practices means to them and their patients overall.	Includes some comments regarding what collaborative practices means to them and/or patients overall.	Does not include comments regarding what collaborative practices means to them or their patients overall.
Suggest relevant and specific ways to apply what you have learned to your future practice. Provide a specific example. (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.	Provides a future action plan and example that is relevant and specific.	Provides a future action plan with example. May not be relevant or specific.	Provides a future action plan or example that not relevant and not specific.

APPENDIX 4: Scholar Outcome

4a. Patient Care Plan Presentation (with inclusion of a Clinical Question)

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 the 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 patient 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, 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 of the presentation.

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:

Patient	Intervention	Comparator	Outcome
In a mechanically ventilated ICU patient...	...would administering IV ranitidine...	...compared to sucralfate given via NG tube...	...reduce clinically important bleeding?

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>

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.

4b. 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.

1 – Unable to rate Could not evaluate or missing.	2 – Needs Improvement Outcome measure partially achieved.	3 – Meets Expectations Outcome measure generally achieved.	4 – Exceeds Expectations Outcome measure achieved in exemplary manner.			
Introduction and Overview of Patient Data <ul style="list-style-type: none"> 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 			1	2	3	4
Patient Data <ul style="list-style-type: none"> 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 			1	2	3	4
DRPs <ul style="list-style-type: none"> Identifies and prioritizes all DRPs accurately Identifies the primary DRP that is the focus of the presentation 			1	2	3	4
Goals of Therapy <ul style="list-style-type: none"> Describe individualized goals of drug therapy for the focus DRP; include patient perspective where appropriate Therapeutic Alternatives <ul style="list-style-type: none"> Identifies drug and non-drug alternatives for the main DRP and to achieve goals of therapy; considers the pros and cons of each 			1	2	3	4
Focused Clinical Question <ul style="list-style-type: none"> 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 			1	2	3	4
Therapeutic Recommendation <ul style="list-style-type: none"> Outlines recommendations made to achieve therapeutic goals for the focus DRP; include rationale Monitoring Plan and Resolution of Case <ul style="list-style-type: none"> 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 			1	2	3	4
Presentation and Organization Skills <ul style="list-style-type: none"> 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 			1	2	3	4
Questions <ul style="list-style-type: none"> Understands question(s) and provides (or attempts to provide) reasonable response 			1	2	3	4
Overall Impression and Comments						

APPENDIX 5: Practice Management Outcome

5a. Medication Safety Activity

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. Pharmacy departments 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 of what is currently done 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](#).
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.
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 39-46Review 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 their 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:

Activity	Needs Improvement	Meets an Acceptable Level of Performance	Exceeds an Acceptable Level of Performance
Gathering medical and medication history			
Conducting Patient Assessment			
Creating and Implementing Patient Care Plans			
Ongoing Patient Assessment and Monitoring			
Patient Education			
Seamless Care Activities			
Documenting Patient Care Activities in Patient Chart			
Responding to Drug Information Requests			
Delivering a Case Presentation			
Interacting with Other Healthcare Professionals			

Learning Goal:	
<p>Learning Objective(s): Use SMART format (objectives must be measurable/observable by your preceptor).</p>	<p>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.</p>
<p>Progress at MIDPOINT (end week 4) Summarize: Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement</p>	<p><i>Student to type progress here.</i></p>
<p>Progress at FINAL (end week 8) Summarize: Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement</p>	<p><i>Student to type progress here.</i></p>

APPENDIX 7: Weekly 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.

Week	Student Activities
1-4 weeks before placement starts	<p>Review:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Therapeutics as instructed by preceptor or relevant to the practice area. <input type="checkbox"/> Syllabus: course expectations, patient care process tools, activities and assignments. <input type="checkbox"/> Policies and Procedures Manual <input type="checkbox"/> Readings included on the Course Required Reading list (<i>page 3</i>). <p>Students should:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure they have corresponded with the preceptor; complete any pre readings assigned by the preceptor <input type="checkbox"/> Start to develop the Learning Plan; post on MyCred at least 1 week prior to placement
Daily throughout the placement	<ul style="list-style-type: none"> <input type="checkbox"/> Provision of Patient Care, review with preceptor. <ul style="list-style-type: none"> o Prepare care plans and document care provided in accordance with preceptor's practice o minimum:12 patients across the placement (provide care for a minimum of 4 patients concurrently by week 3) <input type="checkbox"/> Conduct Medication Reconciliations. <input type="checkbox"/> Address specific patient issues as they arise and/or are assigned. <input type="checkbox"/> Retrieve drug information. <input type="checkbox"/> Collaborate with the pharmacy team as a student pharmacist.
<p>Week 1 Orientation , Create Placement Schedule, Early Assessments</p> <p>Date: _____</p>	
Orientation (see Orientation Checklist in Preceptor Guide)	<ul style="list-style-type: none"> <input type="checkbox"/> Review and discuss the Skills Inventory and Learning Plan. <input type="checkbox"/> Review course objectives and activities. <input type="checkbox"/> Discuss student/preceptor expectations and responsibilities. <input type="checkbox"/> Discuss assessment processes and timelines (including informal feedback and debriefing). <input type="checkbox"/> Develop schedule; preliminary activity planning; in-service, presentations, patient care. <input type="checkbox"/> Tour of pharmacy and institution; including patient care units. <input type="checkbox"/> Log in to ensure Netcare access.
Daily Patient Care and Documentation	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss pharmacy care plan worksheet, clinical documentation, format and process for documenting in chart/computer profile. <input type="checkbox"/> Set up routine and process for providing daily care for assigned patients: e.g. rounding, patient conferences, medication reconciliations, discharge counselling and seamless care. <input type="checkbox"/> Plan initial patient interaction based on review of patient's chart and other information sources (Netcare, other healthcare professionals). <input type="checkbox"/> Implement care for patients including documentation (reviewed by preceptor).
Additional Activities to be incorporated and scheduled across the placement	<ul style="list-style-type: none"> <input type="checkbox"/> Schedule and arrange visits with HCP(s); Inter-professional Activity. <input type="checkbox"/> Discuss/schedule inservice(s) and presentation(s). <input type="checkbox"/> Discuss professional and advocacy responsibilities of the preceptor (see professional and advocacy discussion questions) . <input type="checkbox"/> Observe/ discuss or participate with the institution's distribution process. <input type="checkbox"/> Discuss key factors for effective and safe distribution systems. Include discussions about ADR report and mitigating risk (Manager Assignment) <input type="checkbox"/> END of Week 1: Complete, submit and discuss Student and Preceptor EARLY ASSESSMENTS (RxPreceptor)

Week 2: Date _____ Week 3: Date _____	
	<input type="checkbox"/> Continue patient care activities and documentation <input type="checkbox"/> Schedule inservices and presentations; topics, discuss timelines for preceptor review, presentation format. <input type="checkbox"/> Plan healthcare collaboration activities
Week 4: Date _____	
Patient Care	<input type="checkbox"/> Continue care plans and corresponding documentation. <input type="checkbox"/> Select 2 patients to post care plans and documentation; review with preceptor prior to posting. <input type="checkbox"/> Continue to discuss the Patient Care Presentation with the preceptor; which patient to use, timelines for review.
4th Thursday of the placement eClass Posting Due: 9:00PM	<input type="checkbox"/> Post assignment on eclass; first 2 of 4 pharmacy care plan worksheets or site specific forms and clinical documentation as entered onto the patients chart or computer profile. <input type="checkbox"/> (must be typewritten, no patient identifiers) <input type="checkbox"/> Complete and submit midpoint Student Self-Assessment (RxPreceptor) so preceptor can review prior to Student Performance Assessment.
Mid-Point (end of Week 4)	<input type="checkbox"/> MID-POINT Assessments (RxPreceptor): Student Performance Assessment-midpoint; completed by preceptor; review with student. <input type="checkbox"/> Student Evaluation of Preceptor and Site and Student Self-Assessment; discuss both with preceptor <input type="checkbox"/> Update and submit the Learning Plan. (MyCred; RxPreceptor).
Week 5: Date _____ Week 6: Date _____	
	<input type="checkbox"/> Complete inservices and continue to develop patient care presentation; week 6/7) <input type="checkbox"/> Continue medication reconciliations, patient care plans and corresponding clinical documentation; review with preceptor. <input type="checkbox"/> Select 2 patients to post care plans and documentation.
6th Thursday of the Placement eClass Posting due by 9:00 PM	<input type="checkbox"/> Post 2 additional care plan worksheets or site specific documentation and clinical documentation. (Same as week 4 assignment)
Week 7: Date _____ Week 8: Date _____	
Assignment and Assignment Completion	<input type="checkbox"/> Review activity table to ensure all activities and discussions have been completed. <input type="checkbox"/> Ensure all assignments are near to completion or completed.
Ensure Continuity of Patient Care	<input type="checkbox"/> Ensure continuity of care documentation is entered into patient profile and conveyed to patient pharmacy team.
End of Week 8 (final)	<input type="checkbox"/> FINAL Assessments (RxPreceptor) <input type="checkbox"/> Final Student Performance Assessment and Placement Grade; completed by preceptor: review with student <input type="checkbox"/> Student Self-Assessment (final); discuss with preceptor. <input type="checkbox"/> RxPreceptor Surveys: Post Course Preceptor Survey; non anonymous. Not to be discussed with preceptor. <input type="checkbox"/> Ensure all assignments are posted <input type="checkbox"/> Update and submit the final Learning Plan on MyCred <input type="checkbox"/> NOTE: Course surveys are sent at the end of the course;after both placements have been completed