PHARM 428 – ADVANCED PHARMACY PRACTICE PART 2

Acute Care/Inpatient Hospital Placement

Fall 2020/Winter 2021

Course Weight: 8

Instructor: TBD
Office: TBD    Office Hours: TBD
Phone: TBD
Email: TBD

Experiential Education Administration Email: phexed@ualberta.ca
COURSE DESCRIPTION
This structured practical learning experience will allow students to apply and integrate knowledge and skills in acute care/inpatient hospital practice settings. Students will develop practical knowledge necessary for the professional role of pharmacists as care providers, communicators, scholars, advocates, managers and collaborators. Students are expected to step into the role of a pharmacist under the guidance of a pharmacist preceptor. Prerequisite: PHARM 454. Meet all experiential education requirements.

This advanced clinical placement provides opportunities for students to accept professional responsibilities and further develop evidence based clinical judgment and decision-making skills. As students are within months of graduating, at completion of the placement, they should be “entry to practice” competent.

OTHER COURSE FEES
Students are expected to travel within the province to complete their experiential education course requirements. Costs associated with travel, accommodation or additional placement site requirements are the responsibility of the student. Students are encouraged to apply for available travel awards.

REQUIRED READINGS
2. Patient Care Process

RECOMMENDED RESOURCES
See eClass for Recommended Resources. Prior to the placement students should ask their preceptor about resources that should be brought to the placement or pre-readings that should be completed prior to the placement.

COURSE SCHEDULE
Course dates are listed by the term. Individual student schedules are listed in CORE ELMS (RxPreceptor) Students must register for the course in the term that the placement is scheduled.

Fall Term
· Block 1: August 31 - October 23, 2020
· Block 2: October 26 - December 18, 2020

Winter Term
· Block 3: January 4 – February 26, 2021
· Block 4: March 1 - April 23, 2021

Attendance and stat holiday information: see Undergraduate Experiential Education Policies and Procedures Manual

COURSE OBJECTIVES/OUTCOMES
The course is designed to develop the following knowledge, skills, and attitudes:
1. Apply fundamental knowledge in daily practice.
2. Provide patient centered care and manage patients’ medication and health needs.
3. Exercise critical thinking and clinical judgment to make informed decisions and solve problems.
4. Communicate both orally and in writing in an effective, responsible and responsive manner that encourages trust and confidence.
5. Work collaboratively with the patient, family, caregivers and other healthcare professionals to facilitate the management of the patient’s health needs.
6. Demonstrate the inter-professional competencies of communication, collaboration, role clarification and reflection to optimize patient outcomes.

7. Integrate health promotion into patient care (encourage vaccinations, lifestyles changes, etc.) communities and populations (e.g. cultural groups, vulnerable populations, disease awareness)

8. Use best evidence to provide patient care and drug information requests.

9. Review the steps involved in the drug distribution process including management of medication errors.

10. Develop personal and professional leadership skills.

11. Adhere to ethical standards in the delivery of pharmacy care and demonstrate accountability and respect to patients.

12. Display professional behavior and attitude. (e.g. initiative, maximizing learning opportunities)

13. Demonstrate a commitment to learning by evaluating their practice and knowledge/skills to identify areas for development.

**GRADING**

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<thead>
<tr>
<th>Title</th>
<th>Weight</th>
<th>Date</th>
<th>Type</th>
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<tbody>
<tr>
<td>Assignment #1: Pharm 428 Learning Plan</td>
<td>Pass/fail</td>
<td>See description</td>
<td>Assignment</td>
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<tr>
<td>Assignment #2: Care Plan</td>
<td>Pass/fail</td>
<td>See description</td>
<td>Assignment</td>
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<tr>
<td>Preceptor Assessment of Student: Midpoint</td>
<td>Formative</td>
<td>After 160 hours</td>
<td>Assessment</td>
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<tr>
<td>Preceptor Assessment of Student: Final</td>
<td>Pass/Fail</td>
<td>After 320 hours</td>
<td>Assessment</td>
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<tr>
<td>Student Evaluation of Course</td>
<td>Completion</td>
<td>After 160 and 320 hours and post-course</td>
<td>Evaluation</td>
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- Pharm 428 is a Credit/No Credit course. At the end of the placement, preceptors recommend a grade on the final Student Performance Assessment. *(see Appendix 1)*
- To receive course credit, students must receive a “pass” on their final Student Performance Assessment from their preceptor, complete all required assignments in a satisfactory manner and submit all required assessments. The Faculty course coordinator provides a final course grade (Pass: Credit or Fail: No Credit) following review of the submitted assessments and assignments.

**Preceptors indicate a student’s level of achievement of all outcomes using the following 4-point scale:**

| Not Meeting an Acceptable Level of Performance: Student has significant difficulty or deficits on the skills and behaviours associated with this outcome. |
| Needs Improvement to Reach an Acceptable Level of Performance: Student needs improvement on the skills and behaviours associated with this outcome. |
| Meets an Acceptable Level of Performance: Student is performing as expected on the skills and behaviours associated with the outcome. |
| Exceeds an Acceptable Level of Performance: Student is performing better than expected on the skills and behaviours associated with the outcome. |

**###IMPORTANT###**

In order 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”.**

Preceptors base their overall rating for each outcome on how strongly they agree or disagree that the student has demonstrated a set of expected skills, behaviours and knowledge.

The student must include any area rated Needs Improvement or Not Meeting an Acceptable Level of Performance into the objectives of the Learning Plans for future placements.
ASSESSMENT INFORMATION

- Assessments are completed and submitted using CORE ELMS and posted in CORE ELMS prior to the start of the placement. Students are encouraged to review them prior to the start of the placement.
- It is important that students understand the purpose and timelines of each assessment. It is the student’s responsibility to submit all assessments in accordance with the stated deadlines.
- Submission timelines for completing assessments are outlined in the Activities, Assignments and Assessments Schedule; Appendix 2.
- Preceptors are encouraged to provide formative feedback throughout the placement. It is recommended students and preceptors discuss how things are going after week 1. This discussion should include any early concerns or clarifications regarding expectations or course activities.

Assessments completed by the students for each placement are:

1. Self-Assessments: completed at least 1-2 days prior to midpoint, and final student performance discussions.
2. Student Evaluation of Preceptor and Site: completed and discussed with the preceptor during the midpoint and final student performance discussions.
3. Student Post-Course Evaluation: completed within 48 hours after placement completion. Anonymous and not discussed with the preceptor.

There is additional assessment information regarding each of these assessments in Appendix 1.

Students Who May Require Support

The student should email the Course Coordinator following review of the Midpoint Student Performance assessment if any outcomes are rated as Not Meeting an Acceptable Level of Performance or if performance concerns are identified and students would like additional support to address these.

ASSIGNMENT INFORMATION AND POLICIES

- Learning Plans and assignments are posted before, during the placement on various weeks and by the last day of the placement. Assignments are reviewed for completion to ensure course requirements are met. Individual feedback may be provided to the student if the assignment does not meet course requirements.
- Assignments that are posted late on eClass without notification of a delay from the student will require completion and submission of a Professional Accountability Form which is placed on the student’s file.
- Late assignments including assignment clarifications requested by the course coordinator may result in a delay of course grade posting. Students will receive a grade of “incomplete” until all course requirements are met. As per course policy, students must check UofA email accounts every 3 days for at least 2 weeks following course completion in case an assignment resubmission is required.
- Posted assignments must be typed and patient care documents must have all identifiers removed to ensure patient confidentiality.
- To assist students and preceptors with planning across the 8 weeks, an “Activities, Assignments and Assessments Schedule” has been provided in Appendix 2.

ASSIGNMENTS

1. Learning Plan and Skills Inventory
Students post their Learning Plan on CORE ELMS as a requirement at least 1 week prior to the start of the placement to allow for preceptor review. (It is not posted in eClass as preceptors don't have access.)
Instructions: Additional information can be found in eClass.

• Based on their self-assessment, students will determine 2 practice goals to focus on during their placement. Templates are offered in eClass to provide students with an option of how to organize a learning plan. However, students are encouraged to use their own template if they wish. After the initial posting prior to the start of the placement, updated plans are posted by the end of first week (if changes were made), midpoint and at the final following review with the preceptor. Minimum 4 TOTAL POSTINGS: 1 before the placement and 3 during the placement. Students are encouraged to think of the Learning Plan as a tool to follow their learning and can update it as often as they wish to follow their learning.

Learning Plan Discussions and Posting Instructions

1. FIRST WEEK OF PLACEMENT: Discuss with the preceptor; make adjustments if necessary. In some cases, the practice may not reflect your goal(s) and therefore your goal(s) will be need to be modified. Finalize by the end of the first week. Repost if changes were made.

2. MIDPOINT: Review with preceptor; update to indicate progress made with the initial learning goals. Students add the outcomes that are identified as “Needs Improvement” in the Midpoint Student Performance Assessment to the Midpoint Learning Plan to ensure they are focused on during the second half of the placement.

3. FINAL: Review with preceptor, update and repost the final Learning Plan. As students develop Learning Plans for their next placement, they should consider their final Student Performance Assessment in their previous placement as well as findings in their previous Learning Plan.

2. Care Plan Assignment

• Students will be developing care plans for ALL patients. Students should choose care plans that best demonstrate their patient care skills for assignment postings.

• Blank pharmacy care plan worksheet and worksheet assessment form for preceptors and students are both posted in eClass. It is suggested that at the start of the placement, preceptors and students discuss which format is appropriate and most comfortable for the student to use.

• Patient care documents must have all identifiers removed to ensure patient confidentiality.

• Assignments should be reviewed with the preceptor and modify as needed prior to posting.

• Each assignment care plan should include:
  o relevant background data: reason for admission, HPI, past medical and medication history, BPMH, ROS (if applicable), relevant labs/diagnostic information (if applicable).
  o care plan using the pharmacy care plan worksheet or site-specific format.
  o corresponding clinical documentation as entered on the patient’s chart/medical record.

There are 2 eClass postings during the placement: Total: 4 patient care plans and corresponding documentation to be posted;

• First Posting: Post patient documentation as instructed above in eClass for 2 patients by 9:00 PM on the 4th Thursday of the placement.

• Second Posting: Post documentation for 2 additional patients by 9:00 PM on the 6th Thursday of the placement.
COURSE ACTIVITIES AND DISCUSSIONS
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.

<table>
<thead>
<tr>
<th>COURSE ACTIVITIES</th>
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<td>The following are activities that students must complete during the placement to meet course objectives.</td>
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1. Provide Patient Care
Under direct and indirect supervision, students are responsible for providing care for a minimum of 20 patients. All care plans must be written by the student and reviewed by the preceptor. Students will be developing care plans for ALL patients. The number of patients may be adjusted by the preceptor depending on patient acuity and complexity.
Students should be caring for four patients each day by week 3 of the placement. (add new patients if patients are discharged)
Students will participate in the scope of practice under the supervision of the preceptor(s). For all patient care encounters students should provide patient care as deemed appropriate by the preceptor(s) and outlined in the Patient Care Process Document.

- Interview the patient or agent or other relevant healthcare providers to obtain necessary information and organize information to determine patient’s medication related and other health-related needs.
- Complete Best Possible Medication History /Medical History and complete medication reconciliation (or review if completed by another health provider).
- Assess patient’s medication needs; review for indication, effectiveness, safety and adherence.
- 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. Integrate assessment of patient readiness into the care plan. Provide patient education; i.e. discharge counselling, medication teaching.
- Provide follow-up/continuity of care conduct follow-up (seamless care activities)
- Communicate and document patient care activities.
- Administration of 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.
- The Pharmacy Care Plan Worksheet (posted in eClass) can be used or site-specific patient care plan formats may be used. At the start of the placement, it is suggested that preceptors and students discuss which format is appropriate and comfortable for the student to use.

Corresponding Assignment: Care Plan Assignment

2. Clinical Judgment: Review and Reflection
For 3 patients, students will write a summary of the factors considered (i.e. specific variables, evidence) to formulate one of the recommendations made. The written 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 each written summary with the preceptor and discuss their rationale for the decision made and the outcome.

3. Inter-professional Collaboration
a. Students will collaborate with other healthcare professionals to care for patients. This includes attending patient rounds or patient care conferences (daily, or as deemed appropriate by preceptors).
b. 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.

- It is suggested that students use Inter-professional (IP) Student Shadowing cards developed by Health
Sciences Council (UofA) for this activity. It helps to guide expectations and the discussion. Cards can be printed at: http://issuu.com/hsrc/docs/student_s_guid_to_interprofessional_shadowing/2
• It is important that student thank the health care professional for their time spent with the student. Students can choose the most appropriate method of thanks; verbal, email, card).
• Prior to the activity students will prepare an expectation of what they want to learn from the activity review it with the preceptor.
• After the activity students will debrief with their preceptor. Include strategies the preceptor(s) use to improve or promote inter-professional collaboration and relationships.
c. Students will verbally present a patient to a doctor or nurse who they are both caring for. They should provide a brief patient overview (5-10 mins). Include reason for admission, current status, relevant labs, medications currently ordered, assessment and suggested recommendations (if any), and monitoring plan.
• Debrief with the preceptor the benefits of this type of patient review in practice and how it can be used to resolve patient issues.

4. **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 an 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.
• The student may be asked to provide a copy to the site. It is suggested that the student pdf and reference any clinical data used in their presentation.
Suggested presentation format and rubric; Appendix 3.

5. **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), use more than 1 resource for each question and discuss answers with the preceptor.

6. **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 allied health students).

7. **Medication Distribution**
• Students will participate in the distribution of medications or have a guided tour of the dispensary including review how medications are delivered to the patient after they are ordered.
• Students should re-review Chapter 45; Hospital Pharmacy Management (Recommended Resources) as it provides an overview of hospital distribution systems.

8. **Learning with Peers (Models of Precepting and Learning)**
When applicable, students will participate in peer-assisted and near-peer teaching and learning with classmates and other professional students.

9. **Preceptor Library Resources**
Students 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

**COURSE DISCUSSIONS**
The following are discussions students complete during the placement to meet course objectives.
1. **Maintaining Professional Competency and Lifelong Learning**
Discuss with the preceptor how they maintain professional competence and the ACP Continuing Competence Program. Review the preceptor’s previous or current ACP learning/ implementation records and compare it to the student’s placement Learning Plan.

2. **Patient Communication**
- Discuss communication strategies used by your preceptor(s) to build rapport with patients; include patients with challenging situations such as those who are very ill, have dementia or mental health concerns.
- Review and discuss the AHS initiatives regarding patient centred care
  - Patient First Strategy, [https://www.albertahealthservices.ca/info/Page11981.aspx](https://www.albertahealthservices.ca/info/Page11981.aspx)
  - Working Together: CoACT [https://www.albertahealthservices.ca/info/coact.aspx](https://www.albertahealthservices.ca/info/coact.aspx)
- Discuss communication strategies used to optimize team functioning; including how conflicts are managed.
- Review how the preceptor communicates patient care responsibilities to ensure continuity of care; i.e. patient care hand off.

3. **Scope of Practice**
- Discuss with the preceptor how they use the expanded scope of practice to contribute to patient care.
- Did they obtain additional prescribing authorization (APA)? What is their professional experience with APA both in obtaining & using it? If they don’t have APA, are they planning to obtain it?

4. **Patient Advocacy in a Hospital Setting**
- Review what health promotion programs are available at the hospital.
- Discuss the pharmacist’s role health promotion to patients including strategies they use. (e.g. lifestyle changes, smoking cessation)
- Discuss and where possible demonstrate the advocacy and leadership roles of pharmacists such as research involvement, acquisition of compassionate/special access drugs, committee involvement, development of patient care protocols.

5. **Medication Distribution Processes and Safety Practices**
- Discuss with the preceptor and/or dispensary staff components of the distribution system (e.g. unit dose, ward stock) and the scopes of practice of staff involved these (e.g. order entry, filling, checking).
- Discuss error prevention strategies used to promote safe and accurate dispensing (e.g. dose calculation and checks, double/triple checks (tech-check-tech). Review incidence, tracking of errors and near misses.
- What is the process for reporting of medication errors or incidents at the site?
- What are the policies and processes involved to address safe medication practices (e.g. high alert meds, IV electrolytes, narcotics)? How is pharmacy involved with the development and/or promotion of these processes and policies?

**POLICIES AND PROCEDURES**
Experiential placement policies and procedures are included in the [Undergraduate Experiential Education Policies & Procedures Manual](#); required reading prior to the placement. Policies specific to this placement are:

- Attendance policies, students are expected to;
  - be at the placement site for a minimum of 40 hours/week. Placement schedule is determined with preceptor. May include evenings and weekends.
  - know policies regarding completion of Absence Tracker for illness, bereavement, etc.
  - know policies regarding Faculty endorsed (e.g. job fair, PDW) and non-endorsed activities (e.g. job interviews)
TECHNOLOGY AND OTHER REQUIRED MATERIALS

- Students are required to wear their Faculty name tag or one provided to them when they are at the placement site. Students are required to have a lab coat if deemed appropriate based on setting.
- Course Information and forms (e.g. Netcare, care plan worksheets, Learning Plan templates) are posted in eClass.
- Students post assignments in eClass.
- Student post resume and Learning Plans in CORE ELMS to allow preceptors to access.
- Assessments are submitted using CORE ELMS and will be posted prior to the start of the first placement for students to review. If CORE ELMS assistance is required, contact PhExEd@ualberta.ca.
- Netcare Information and instructions regarding Netcare registration and use are outlined on the Faculty website here: https://www.ualberta.ca/pharmacy/programs/current-undergrad-students/experiential-education

SUGGESTIONS and TIPS FOR SUCCESS

Full participation is the first step to passing the placement. This includes preparing for the placement by completing pre-readings and reviewing therapeutics. Professionalism and communication skills are important elements to placements.

This is considered to be an advanced placement; therefore, preceptors expect students to demonstrate patient accountability, initiative and self-directed learning. The listed course activities are minimums; maximizing learning is a professional responsibility. Students that succeed go beyond the course minimums and participate as a pharmacy team member.

Although preceptors will guide learning, students are ultimately responsible to ensure completion of all activities, assignments and assessments.

An important student responsibility is contacting the Faculty with concerns if they arise. There are course assessments 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. This includes if they are struggling or feeling overwhelmed. All concerns are dealt with in an individual and confidential manner.

The article “Strategies Pharmacy Students Can Use to Ensure Success in an Experiential Placement” (see Recommended Resources in eClass) provides helpful information including “obvious” and “not-so-obvious” strategies to ensure success in a placement.

POLICIES

University Policy: 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 Code of Student Behaviour; www.governance.ualberta.ca

Audio or video recording, digital or otherwise, of lectures, labs, seminars or any other teaching environment by students is allowed only with the prior written consent of the instructor or as a part of an approved accommodation plan. Student or instructor content, created and/or used within the context of the course is to be used solely for personal study and is not to be used or distributed for any other purpose without prior written consent from the content author(s). Policy about course outlines can be found in Course Requirements, Evaluation Procedures and Grading of the University Calendar.

Faculty Policies

Territorial Acknowledgement: The University of Alberta acknowledges that we are located on Treaty 6 territory, and respects the histories, languages, and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.
**Pharmacy Code of Professionalism**: Students are expected to abide by the Faculty’s Pharmacy Code of Professionalism at all times. Lapses in professional conduct may result in the issuing of a Professional Accountability Form. If issued, these forms will be kept on student records for 2 years.

**Accessibility Resources and Accommodations** *(Formerly: Student Accessibility Services (SAS))*; Student accommodations are offered in accordance with the Faculty of Pharmacy and Pharmaceutical Sciences (FoPPS) Essential Skills policy. Accessibility Resources will work with the FoPPS (Office of Student Services) to determine the nature of any accommodation that will be granted. Once approved, Accessibility Resources will provide students and the Faculty with a "Letter of Accommodation". The Faculty will share accommodation requirements with course instructors.

**Equality, Equity and Respect**
The Faculty of Pharmacy and Pharmaceutical Sciences is committed to providing an environment of equality and respect for all people and to developing teaching and learning contexts that are welcoming to all. The faculty recommends that staff and students use inclusive language to create an atmosphere in which students' experiences and views are treated with equal respect and value in relation to their gender, racial background, sexual orientation and ethnic backgrounds. In order to create a thoughtful and respectful community, it is encouraged to use gender-neutral or gender-inclusive language and to become more sensitive to the impact of devaluing language.

**APPENDICES**

**APPENDIX 1: ASSESSMENT INFORMATION**

1a. **Student Performance Assessment**; outlines the behaviours and outcomes students will be assessed on by the preceptor at the midpoint and final points of the placement.

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<th>OUTCOME</th>
<th>BEHAVIOURS</th>
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<td><strong>Professional</strong></td>
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</table>
| 1. Displays professional behaviour. | - Displays honesty, integrity, humility, commitment, altruism, compassion and respect towards others.  
- Does not engage in distracting behavior.  
- Maintains privacy and confidentiality.  
- Dresses professionally and maintains appropriate personal hygiene.  
- Maintains appropriate interpersonal boundaries.  
- Is punctual, accessible, diligent, timely and reliable to others |
| 2. Demonstrates professional responsibility and accountability and practices within the scope of a 4th year student. | - Takes responsibility and accountability for their actions and inactions; *preceptor support may be required early in placement*.  
- Prioritizes activities and manages time to balance course requirements and practice site workflow.  
- Responds appropriately to ethical issues encountered in practice; *preceptor support may be required*.  
- Applies standards of practice, policies and codes that govern the profession; practices within the scope of fourth year student. |
### Communicator

1. **Demonstrates effective non-verbal and verbal communication to instill trust and confidence.**
   - Speaks clearly, effectively and respectfully; tailoring responses to the context and audience.
   - Uses appropriate non-verbal communication. (e.g. open body language, use of facial expressions)
   - Listens, actively solicits and responds appropriately to ideas, opinions and feedback from others (e.g. patients, team members, preceptors)
   - Uses appropriate language, tone and pace that is suitable for the complexity, ambiguity, urgency of the situation.
   - Expresses recommendations, facts, evidence, opinions and positions accurately and effectively, with clarity and confidence; *may require preceptor support early in the placement.*

2. **Effectively communicates in writing.**
   - Provides appropriate level of detail and complexity, breadth and depth; *preceptor support may be required early in placement.*
   - Uses appropriate language and tone for the type of written communication and intended audience
   - Prepares timely, clear documentation that maximizes safety and understanding.

### Scholar

1. **Demonstrates the fundamental knowledge required for pharmacists**
   - Has minimal gaps in therapeutic knowledge required to provide patient care.
   - Uses experience and knowledge gained in the placement to solve previously encountered problems.

2. **Uses best evidence available to provide medical information and patient care.**
   - Uses systematic approach to search for best available evidence and uses multiple and appropriate sources to gather information.
   - Able to formulate a clinical question.
   - Analyzes and appraises health related research and literature to inform responses to questions and patient care decisions.

3. **Applies clinical judgment to make patient care decisions.**
   - Apply knowledge and professional judgment to provide safe, effective patient care.
   - Make decisions using an evidence-informed approach.
   - Provide rationale and logically defend rationale related to decisions.
| 1. Establishes and maintains positive and professional relationships. | - Engages patient; *may require some preceptor prompting and guidance.*  
- Exhibits sensitivity, respect and empathy with patients and caregivers.  
- Identifies and responds to patient cues; *with preceptor guidance.*  
- Determines when it is ethically and professionally appropriate to involve caregivers and/or family members. |
| --- | --- |
| 2. Gathers and interprets relevant, necessary information about a patient’s health related needs. | - Utilizes multiple sources of patient information. (e.g. Netcare, patient/caregiver patient profile/chart, other healthcare providers) to synthesize data to complete a patient history; *may require preceptor support early in the placement.*  
- Employs effective interviewing techniques. (e.g. appropriate open and closed ended questions, uses motivational interviewing when appropriate)  
- Employs a systematic process to gather data accurately based on the Patient Care Process document.  
- Gathers and interprets appropriate amount of information including relevant physical exams, lab tests, point of care and diagnostic assessments.  
- Clarifies and manages conflicting data; *may seek support when initially.* |
| 3. Formulate assessment of actual and potential issues in collaboration with the patient & other healthcare team members; prioritize issues to be addressed. | - Assesses drug therapy for indication, efficacy, adherence and safety.  
- Prioritizes medications related needs based on urgency and patient perspective/priorities  
- Determines patient’s medical condition(s) and determines those where medication needs are not currently being addressed. |
| 4. Develops a care plan that addresses medication and health needs. | - Uses a systematic approach to develop care plans including for patients with multiple comorbidities.  
- Establishes goals in collaboration with the patient that are relevant, realistic and timely.  
- Generates a realistic set of alternatives and assesses the pros and cons.  
- Develops a safe and effective plan (recommendations, monitoring and follow-up) for managing patient needs. |
| 5. Implements the care plan when appropriate. | - Implements specific actions for managing medication specific needs (dispense, adapt, prescribe, refer, etc.) *with preceptor supervision.*  
- Educates the patient on pharmacological and non-pharmacological recommendations.  
- Communicates the agreed upon care plan and rationale to patients and/or other healthcare providers; *with preceptor support when necessary.*  
- Negotiates and adapts plan with team and/or patient/caregivers; *with preceptor support when necessary.*  
- Initiates and completes seamless care activities when appropriate. |
| 6. Follow-up and evaluate as appropriate. | - Provides follow-up as appropriate.  
- Interprets follow-up information to evaluate effectiveness, safety and adherence and modify plan if needed. |
## Collaborator

| 1. Works effectively with team members including patients and families, pharmacy colleagues and individuals from other professions. | - Establishes and maintains positive relationships.  
- Recognizes and can negotiate shared and overlapping responsibilities with other professionals.  
- Participates in respectful, effective shared decision-making.  
- Provides services and care as agreed upon with the patient and team.  
- Manages disagreements or conflict in a way that supports collaborative culture. |
|---|---|
| 2. Able to hand over the care of a patient to other pharmacy and non-pharmacy team members to facilitate continuity of safe patient care. | - Identifies when patient handover should occur and what information should be communicated.  
- Demonstrates safe handover of patient care issues and information using appropriate communication processes. |

## Advocate

| 1. Advocates for patients within and beyond patient care environments. | - Facilitates timely access to services or resources through advice, education and/or education and/or guidance to address determinants of health.  
- Integrates health promotion into patient care and works with patients to adopt healthy behaviours (e.g. encourages vaccinations, smoking cessation).  
- Provides patients with health and wellness strategies which include screening and educational services.  
- Promotes the impact of the pharmacist on patient outcomes and the healthcare team. |

## Leader Manager

| 1. Participate in quality assurance and practice improvement strategies. | - Participate in practice change initiatives to improve the quality of care and/or pharmacy practice; with preceptor support.  
- Work with others to optimize provision of pharmacist care.  
- Contribute to a culture of patient safety.  
- Use health informatics to improve the quality of care. |

### 1b. Additional Assessment Information

| 1. SUMMATIVE ASSESSMENT: provides final decision on the extent to which a student has achieved the course objectives.  
Final Student Performance Assessment: Completed at the end of placement by preceptor. Preceptors indicate a student’s level of achievement of the outcomes using the following 4-point scale; | |
<table>
<thead>
<tr>
<th>Not Meeting an Acceptable Level of Performance:</th>
<th>Needs Improvement to Reach an Acceptable Level of Performance:</th>
<th>Meets an Acceptable Level of Performance:</th>
<th>Exceeds an Acceptable Level of Performance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student has significant difficulty/deficits with skills and behaviours associated with this outcome.</td>
<td>Student needs to improve with the skills and behaviours associated with this outcome.</td>
<td>Student is performing as expected with the skills and behaviours associated with the outcome.</td>
<td>Student is performing better than expected with the skills and behaviours associated with the outcome.</td>
</tr>
</tbody>
</table>

Preceptors base their overall rating for each outcome on how strongly they agree or disagree that the student has demonstrated a set of expected skills, behaviours and knowledge.

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”.

- Students must include any area rated Needs Improvement or Not Meeting an Acceptable Level of Performance into the objectives of the Learning Plans for future placements.

2. FORMATIVE ASSESSMENTS: provide feedback to students that can be used to improve learning and to provide feedback to preceptors that can be used help improve their ability to guide learning.

A. Student Self-Assessments: Midpoint and Final; Completed by student at midpoint and end of placement.

Students rate their perceived level of ability on the same outcomes assessed on the Student Performance Assessment using the following 4-point scale:

- Needs Improvement: Concerned about Meeting Expectations before the End of the Placement
- On-Track to Meet Expectations with More Time and Practice
- Generally Meet Expectations:
- Meet Expectations of Novice Professional:

i. Midpoint Student Self-Assessment: Students complete and submit this assessment at least 1 day prior to the Midpoint Student Performance Assessment discussion allowing the preceptor to review and compare ratings. Students should print and bring a copy to the assessment discussion.

- Allows students to identify the areas that need to be focused on for the balance of the placement.

ii. Final Student Self-Assessment: This assessment does not need to be submitted in advance for preceptor review, but students must come prepared to discuss their perceived performance with the preceptor and any discrepancies.

- It is important that students reflect on their learning at the end of the placement.

B. 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.
This assessment:
• Is important as it ensures the student is aware of their progress, by indicating areas of strength and areas that require improvement.
• Provides a good indication of what needs to be focused on as well as areas of concern.
• Has the same format as the final Student Performance Assessment. Preceptors rate students on each of the outcomes using the same rating scale shown under the Final Student Performance Assessment.
A midpoint grade of:
• Needs Improvement indicates that the preceptor feels that with more time, effort and practice the skills will likely be achieved.
• Not Meeting an Acceptable Level of Performance indicates that the preceptor has concerns about the ability of the student to pass and the Faculty should be contacted.
These ratings in combination with the Midpoint Student Self-Assessment serve as a basis for the preceptor to identify goals and expectations for the remainder of the placement. The preceptor includes these goals and expectations at the end of the Midpoint Student Performance Assessment and discusses them with the student.
The student must add these outcomes and skills that are identified as needing improvement to the Midpoint Learning Plan for the second half of the placement

C. Student Midpoint and Final Evaluation of Preceptor and Site: Completed by the student and discussed with the preceptor at the midpoint and end of the placement. This evaluation is designed to generate discussion about important preceptor attributes, site qualities and learning opportunities.

3. COURSE EVALUATION ASSESSMENTS: 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 course expectations.

A. Student Course Evaluation: Anonymous: At the end of the course, students complete an online survey with questions pertaining to course administration by the Faculty, learning objectives, course activities and assignments.

B. Post Course Evaluation of Preceptor and Site: Non-Anonymous: Completed on CORE ELMS within 48 hours after completing the course and the student has left the placement site. This evaluation is NOT viewable by the preceptor
- Purpose of this evaluation is to allow students to provide comments without any potential influences and serves as a final measure of quality assurance.
## APPENDIX 2: ACTIVITY, ASSIGNMENT and ASSESSMENT SCHEDULE

should be used as a guideline.

<table>
<thead>
<tr>
<th>Week</th>
<th>Student Activities</th>
</tr>
</thead>
</table>
| 1-4 weeks before placement starts | Students should ensure they have:  
  - Reviewed therapeutics as instructed by preceptor or relevant to the practice area.  
  - Reviewed Syllabus: course expectations, patient care process tools, activities and assignments; including Course Required Reading list.  
  - Corresponded with the preceptor; regarding parking, dress code, start time, etc.  
  - Completed pre-readings assigned by the preceptor  
  - Started to develop the Learning Plan; posted on CORE ELMS as a requirement at least 1 week prior to placement (include posting date on title).  |
| Daily throughout the placement |  
  - Provision of Patient Care, review documentation with preceptor.  
  - Prepare care plans and document care provided according to preceptor’s practice  
  - Minimum: 20 patients across the placement (provide care for a minimum of 4 patients concurrently by week 3).  
  - Conduct Medication Reconciliations.  
  - Retrieve drug information.  
  - Collaborate with the pharmacy team as a student pharmacist.  
  - Ensure activities, discussions and assignments are being completed (student is responsible for ensuring completion of all course requirements).  |
| **Week 1: Orientation, Create Placement Schedule**  
  **Date:** ________________ |  
  Orientation |  
  - Review and discuss the initial Learning Plan, course objectives and activities.  
  - Discuss student/preceptor expectations and responsibilities.  
  - Discuss assessment processes and timelines (include informal feedback/debrief).  
  - Develop and plan activity schedule; 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.  |
| Daily Patient Care and Documentation |  
  - Discuss pharmacy care plans and clinical documentation; format and process for documenting in chart/computer profile.  
  - Set up routine process for providing daily care for assigned patients: rounding, patient conferences, medication reconciliations, discharge counselling, etc.  
  - Plan, implement and document care based on review of patient’s chart and other information sources (Netcare, other healthcare professionals). Review with preceptor.  |
| **Additional Activities to be incorporated and scheduled across the placement** |  
  - Schedule visits with Health Care Professional(s); Inter-professional Activity.  
  - Discuss/schedule in-services(s) and presentation(s).  
  - Observe/discuss or participate with the institution’s distribution process.  
  - Ensure discussions are scheduled: Professionalism; Scope of Practice, etc.  |
| **Week 2: Date ______________________**  
  **Week 3: Date ______________________** |  
  Continue patient care activities and documentation |  
  - Develop and discuss at least one Clinical Judgement written summary with preceptor (total of 3 to be completed across placement)  
  - Plan healthcare collaboration activities.  |
### Week 4: Date ________________________

**Patient Care and other course requirements**

- Continue care plans and corresponding documentation.
- Select 2 patients to post care plans; review with preceptor prior to posting.
- Review progress regarding other 2 Clinical Judgement written summaries with preceptor (if not yet completed).
- Review progress regarding Patient Care Presentation and in-service.

**4th Thursday of the placement**

- Post assignment on eClass; first 2 of 4 pharmacy care plans and documentation as entered onto patient’s chart/profile. (typewritten, no patient identifiers)
- Complete and submit midpoint Student Self-Assessment (CORE ELMS) by Wednesday to allow preceptor review prior to Student Performance Assessment.

**Mid-Point (end of Week 4)**

- **MID-POINT Assessments**: 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 Learning Plan with progress as well as grades of “Needs Improvement” from Student Performance Assessment and post the midpoint Learning Plan on CORE ELMS.

### Week 5: Date ________________________  Week 6: Date ________________________

- 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.
- Assess completion of discussions; professionalism, communication, distribution, etc.

**6th Thursday; eClass Post by 9:00 PM**

- Post 2 additional care plans/site-specific formats and clinical documentation.

### Week 7: Date ________________________  Week 8: Date ________________________

**Assignment and Assignment Completion**

- Review activity table to ensure all activities and discussions have been done.
- Ensure Inter-Professional visit has been completed and debriefed.
- Conduct Patient Care Presentation.
- Ensure completion of discussions; advocacy, resources, etc.

**Patient Care**

- Ensure continuity of care documentation is entered into patient profile and conveyed to patient pharmacy team.

**End of Week 8: Final Assessments (CORE ELMS), Source**

- Final Student Performance Assessment and Placement Grade; review with student.
- FINAL Student Evaluation of Preceptor and FINAL Self-Assessment; discuss with preceptor.
- Post-Course Preceptor Evaluation (non-anonymous). Not to be discussed with preceptor. This evaluation is not viewable by preceptor.
- Update and post the final Learning Plan in CORE ELMS.
- Preceptor Awards and Anonymous Student Course Survey (links emailed to student).
APPENDIX 3: PATIENT CARE PLAN PRESENTATION (with inclusion of a Clinical Question) Information and Rubric

Goals of this activity are to allow students to:
• Share patient care experiences and understanding of clinical issues.
• Provide a verbal presentation of their patient, DRP(s) and recommendation in a systematic manner (as practiced in the skills lab)
  o Practice presentation skills (use of PowerPoint slides is encouraged, presentation format should be discussed with the preceptor)
  o Provide evidence-based review of literature to support their recommendations(s) (this has been practiced in the skills lab using the BEARs format to keep the evidence review brief.)
  o The presentation should be approximately 20 mins in duration, with up to 5 minutes questions.
  o 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 may affect patient outcomes.
  o Student and preceptors should discuss the patient care plan they want to present by the midpoint of the placement. 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 Outline and Content (Adapted from: FMC Clinical Presentation Guidelines and Rural Journal Club Case Presentation Format)
- preceptors are welcome to modify outline, content and rubric to model the formats and documentation used at their practice site.

a. Introduction/outline (including learning objectives): 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 case and 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 main DRP selected for review:
  • 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.
  • Student should be familiar with all aspects of the patient’s case and prepared to answer 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. Review should include pathophysiology, therapeutic alternatives and any relevant therapeutic controversies.

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** (PICO format- to be researched by student using primary literature)

**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 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 ventilated ICU patient...</td>
<td>...would administering IV ranitidine...</td>
<td>...compared to sucralfate given via NG tube...</td>
<td>...reduce clinically important bleeding?</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: [https://www.med.ualberta.ca/departments/family-medicine/research/resident-research/bears](https://www.med.ualberta.ca/departments/family-medicine/research/resident-research/bears)

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. Preceptors can modify the outline, content and rubric to model the formats and processes used at their practice site.

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>Category</th>
<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></td>
<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>

<table>
<thead>
<tr>
<th>Introduction and Overview of Patient Data</th>
<th>1 2 3 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Includes information that explains why case was chosen.</td>
<td>1</td>
</tr>
<tr>
<td>• Identifies the main focus of the presentation.</td>
<td>2</td>
</tr>
<tr>
<td>• Provides a brief outline of the major components of the presentation and learning objectives.</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Data</th>
<th>1 2 3 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Presents a concise summary of patient’s history presenting symptoms and progress.</td>
<td>1</td>
</tr>
<tr>
<td>• Accurately interprets physical assessment, laboratory and diagnostic data.</td>
<td>2</td>
</tr>
<tr>
<td>• Describes patient’s drug therapy in relation to the presentation focus.</td>
<td>3</td>
</tr>
<tr>
<td>• Presents only relevant data.</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRPs</th>
<th>1 2 3 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identifies and prioritizes all DRPs accurately.</td>
<td>1</td>
</tr>
<tr>
<td>• Identifies the primary DRP that is the focus of the presentation.</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goals of Therapy</th>
<th>1 2 3 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Describe individualized goals of drug therapy for the focus DRP; include patient perspective where appropriate.</td>
<td>1</td>
</tr>
</tbody>
</table>

**Therapeutic Alternatives**

<table>
<thead>
<tr>
<th>Therapeutic Alternatives</th>
<th>1 2 3 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identifies drug and non-drug alternatives for the main DRP and to achieve goals of therapy; considers the pros and cons of each.</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Focused Clinical Question</th>
<th>1 2 3 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• States the question using the PICO format.</td>
<td>1</td>
</tr>
<tr>
<td>• Outlines the search strategy used and reviews the evidence that was selected to answer the question.</td>
<td>2</td>
</tr>
<tr>
<td>• Summarizes the evidence and includes relevance to the patient.</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapeutic Recommendation</th>
<th>1 2 3 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Outlines recommendations made to achieve therapeutic goals for the focus DRP; include rationale.</td>
<td>1</td>
</tr>
</tbody>
</table>

**Monitoring Plan and Resolution of Case**

<table>
<thead>
<tr>
<th>Monitoring Plan and Resolution of Case</th>
<th>1 2 3 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Describe monitoring parameters and interventions that were/would be done to achieve the outcome of any recommendations make for the focus DRP</td>
<td>2</td>
</tr>
<tr>
<td>• If possible include follow-up monitoring</td>
<td>3</td>
</tr>
<tr>
<td>Presentation and Organization Skills</td>
<td>1</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>• Speaks clearly; uses appropriate pace and tone</td>
<td></td>
</tr>
<tr>
<td>• Poised and maintains focus</td>
<td></td>
</tr>
<tr>
<td>• Adheres to time limits (20 min + up to 5 min for questions)</td>
<td></td>
</tr>
<tr>
<td>• Key points are presented in a logical, coherent way; uses transitions well</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understands question(s) and provides (or attempts to provide) reasonable response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Overall Impression and Comments                                                                    |   |   |   |   |