PHARM 536: Selective Placement – Direct Patient Care

Preceptor Quick Reference Guide

This guide is designed to provide you with links and quick information that will be helpful when precepting your Pharm 536 student.

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Quick Links

- Pharm 536 Course Syllabus and Modifiable Calendar Template
- Undergraduate Experiential Education Policy and Procedure Manual
- Faculty Preceptor Webpage

Contact Information

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Planning for the Placement

- Review course syllabus and/or this quick reference guide,
- Watch the preceptor course overview podcast here (scroll down table to Pharm 536, link located in right-hand column).
- Utilize the modifiable calendar available to you for customization and organization of schedule/activities. This is posted on the Faculty Course Information webpage in Word for customized use.
- Review the on-campus courses the students have taken in year 4 prior to this placement (Appendix 1).
- Within week before placement starts, review student’s first draft of Learning Plan (posted in CORE under Student Requirements, located on your dashboard once you select your student(s).
- For patient care placements, review Appendix 2 which outlines clinical expectations for students in their care provider role as they progress through placements 1-4.

Placement Policies and Procedures

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

- Absence Tracker: Students are required to use the new Absence Tracking feature in CORE ELMS. Students must record an intended absence in CORE ELMS and the preceptor will receive an email noting the absence and be required to confirm or deny the request on-line.
• **Statutory Holidays:** Should a statutory holiday fall within the timeframe of the placement, it is at the discretion of the preceptor to determine how to proceed. Students may be granted the stat day off, a day off in lieu of the stat, or include that day as a placement day.

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

• **Bereavement:** In the case of death of a family member, students should notify their preceptor and the course coordinator to determine a course of action.

• **Faculty Endorsed Activities:** The Faculty supports student participation in activities such as the UofA on-campus flu clinic, lab facilitation (for one day per placement block), conferences and PDW if feasible with the placement schedule, if preceptor approval is confirmed prior to the activity and the time away from the placement is reasonable. Time missed from the placement for approved professional developments activities that exceeds 1 day needs to be made up.

  The preceptor may deny a request for professional development should the standard of care to patients or practice site be negatively affected by the absence of the student or it’s anticipated that the time missed will impact the student’s ability to complete the placement successfully.

• **Non-Endorsed Activities:** Activities ineligible for absence approval include: mock OSCE’s, jurisprudence exams, travel and vacation.

  Changes to course dates to accommodate personal holidays are not permitted.

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

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

• **Students are NOT permitted to conduct patient home visits without the direct supervision of a preceptor.**

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**Assessment Procedures and Information**

• All assessments are completed and submitted through CORE ELMS.

• After logging in, the evaluation tab is in the green column on the left side of the screen.

• To allow for preparation by preceptors, assessments can be viewed in CORE ELMS at least 1 week prior to the start of the placement. Instructions are outlined at the top of the Student Performance Assessment.

• The criteria for each outcome is in CORE ELMS (on-line) and is also in the course syllabus.

• An overview of assessments and procedures, as well as a FAQ document, is on our website [here](#). This information will help you in completing assessments.

• If you have difficulties accessing or submitting assessments, contact: [phexed@ualberta.ca](mailto:phexed@ualberta.ca).

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**Grading Criteria**

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 3 *Professionalism* outcomes **AND**

2. **Have no more than 3 (maximum of 2 for Care Provider, if applicable) 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/knowledge. The skills and behaviours associated with each outcome define expectations for this placement.
Tips and Suggestions
• Periodically click on “save” tab at bottom of form, to avoid a “time-out” and losing information entered.
• Assessments can be saved as a draft and completed later; remember to “save” before exiting or information will be lost.
• Once the completed assessment is submitted, it is visible to the student being assessed.
• Disregard the “section weight” and “minimum AVS score required” sections.
• All assessments must be discussed. There is an acknowledgment at the end of each form that indicates the assessment has been discussed by the student and preceptor.
• Comment boxes should be used to provide evidence to support the grade given. This is especially important when the student is not meeting expectations, or needs improvement, as it provides specific details about concerns.
• Completion reminders are emailed by the Faculty.
• Faculty reviews all assessments at midpoint and final for completion and content.
• If you are co-precepting or using another precepting model such as peer-assisted learning, refer to the Faculty Models of Precepting Webpage for suggestions on completing assessments.

Summary of Assessments/Evaluations to Be Discussed between Preceptor and Student (all are completed and submitted through CORE ELMS)

<table>
<thead>
<tr>
<th>Assessment/Evaluation</th>
<th>Submission Timeframe</th>
<th>Submitted by</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Self-Assessments (completed twice)</td>
<td>Midpoint and end of placement</td>
<td>Student</td>
<td>- Midpoint should be submitted and printed 2-days prior to the Midpoint Assessment discussions to allow time for preceptor. - For Final Student Performance Assessment, student should bring the printed copy to review and compare it with preceptor assessment as discussion.</td>
</tr>
<tr>
<td>Student Performance Assessment MIDPOINT</td>
<td>End of week 4</td>
<td>Preceptor</td>
<td>- Take about 30-60 minutes to complete. - Includes identification and discussion of areas and skills that will be focused on for balance of the placement.</td>
</tr>
<tr>
<td>Student Evaluation of Preceptor and Site – MIDPOINT</td>
<td>End of week 4</td>
<td>Student</td>
<td>- Students must discuss with preceptor after discussion of the Student Performance Assessment</td>
</tr>
<tr>
<td>Student Performance Assessments – FINAL Recommend Final Placement Mark</td>
<td>End of placement</td>
<td>Preceptor</td>
<td>- Take about 30-60 minutes to complete. - Assessment of all learning outcomes. (same as midpoint) - At the end of the assessment preceptors provide a Placement Mark: PASS or FAIL based on the overall grades assigned to each learning outcome.</td>
</tr>
<tr>
<td>Student Evaluation of Preceptor and Site – FINAL</td>
<td>End of week 8</td>
<td>Student</td>
<td>- Students must discuss with preceptor after discussion of the Student Performance Assessment</td>
</tr>
<tr>
<td>Preceptor Evaluation of Course</td>
<td>After student has left placement site</td>
<td>Preceptor</td>
<td>- Anonymous – option provided to have Faculty contact the preceptor</td>
</tr>
</tbody>
</table>
# Course Activities Summary

## COURSE ACTIVITIES

The following are activities students must complete during the placement to meet course objectives. Completion of course activities is the responsibility of the student, with preceptor guidance to arrange for various opportunities and to identify appropriate learning opportunities.

### 1. Patient Care

Provide and document patient-centered care for a minimum of 20 patients and develop a care plan for each patient. Care plans should reflect the patient population at the practice site. Students should participate in patient appointments, conferences, meetings or rounds as appropriate. Students should improve their timeliness and efficiency in assessing patients and developing a care plan as they practice and learn across the 8-week placement. **ALL** care plans must be reviewed by preceptor(s). The care plan worksheet with checklist for assessment is in Appendix 3 for use as required.

**NOTE:** *Administration of Drugs by Injection*: Students had the option to complete 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 do so. More information can be located in this ACP article.

### 2. Inter-Professional Collaboration

Integrate into the patient care team where possible and work collaboratively with the other healthcare professionals to facilitate management of the patient’s health needs.

### 3. Professional Practice and Education

Students must discuss with the preceptor and complete at least **TWO** Professional Practice Activities.

- Examples include (but are not limited to):
  - providing an educational session on a therapeutic topic or controversy,
  - providing a patient case presentation or in-service for pharmacist colleagues and/or interdisciplinary audiences.
  - participation in a health promotion clinic (i.e. BP screening),
  - developing and implementing a patient care project (i.e. assessment tool or algorithm for disease management, practice site evaluation or improvement project).

- The chosen activities should be of importance to the team, and preceptor/student should negotiate the activity details.
- The student is responsible for completing the activity to the expectations set with the preceptor(s). If not completed in a satisfactory manner, the activity will need to be re-done to a satisfactory level.
- The activity may be assessed using evaluation forms posted for students (please request from student).

### 4. Drug Information Requests

Respond to questions in a timely manner using best evidence, including answers to self-identified questions to care for patients.

### 5. **Library Resources – Review with Preceptor(s)**

Students are to provide preceptors with an overview of the library resources and search strategies for the UofA Library Database(s) (accessible to all preceptors upon application).

## Course Discussions Summary

More information available for students in eClass; students are responsible for scheduling time to discuss topics.

## COURSE DISCUSSIONS

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

- **Responsibilities as a Professional**: Discuss ACPs Code of Ethics ([https://pharmacists.ab.ca/code-ethics](https://pharmacists.ab.ca/code-ethics))
- **Professional Accountability** and strategies the preceptor(s) use to fulfill professional obligations.
- **Maintaining Professional Competency and Lifelong Learning**
- **Communication Strategies** used to improve patient care and team collaboration, including goal setting and shared-decision making.
- **Inter-Professional Practice** and steps pharmacists can/do take to develop their practice.
Assignments

Assignment #1: Skills Inventory and Learning Plan
Students are required to complete a Skills Inventory, reflect upon feedback they have received to-date, and develop a Learning Plan using the template provided in the syllabus. Once developed, the student will post it to Student Requirements in CORE ELMS for his/her preceptor (or co-preceptor team) for review 1-week prior to start of placement. In consultation with the preceptor(s), the student will refine and finalize the components of the Learning Plan by the end of week 1 of the placement. The revised plan should be posted in CORE ELMS. At midpoint and final, progress updates must be added, and the newest version re-reported to CORE ELMS.

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

Key Student Responsibilities
- Students develop 3 goals in areas that they feel require development. The Skills Inventory and feedback received to date should inform their creation.
- Students determine strategies to achieve each, as well as indicators of progress that will inform if they are achieving their goals.
- Students must post a revised Learning Plan when progress updates are added (at midpoint and final). The Skills Inventory does not need to be updated at midpoint and final, just the learning plan.
- Areas indicated by the preceptor as “Needs Improvement” on the midpoint Student Performance Assessment should be added by the student to their midpoint Learning Plan as learning goals. This is to ensure these areas will be addressed in the second half of the placement.

Key Preceptor Responsibilities
- Review the Skills Inventory, prior feedback and Learning Plan before the placement starts.
- Provide feedback on the feasibility and appropriateness of the goals. Suggest modifications as needed. Goals need to align with what is feasible within the practice setting.
- Review progress that student presents at midpoint and final; support and/or suggest strategies for enabling the student to achieve their goals.
- Provide feedback on the student’s self-assessment ratings for their goals.

Assignment #2: Patient Care Assignment
Students need to provide the following for 4 patients on the last day of the placement:
- Provide the documentation note(s) that outlined the care provided for each patient (this can either be a screen shot, with patient identifiers removed, or a typed note). This could be an initial consult with the patient, or a patient receiving follow-up care. Include a short narrative to orient reader to nature of the patient encounter.
- Next, as a short narrative, include the monitoring and follow-up that occurred based on the interaction. In other words, what happened based on what was recommended? This could be based on a second interview with the patient, a phone call, checking pertinent lab work, speaking with a care giver, family member, or team member, etc.
- Finally, for each patient, briefly state what happened based on the follow-up/monitoring results – did the plan change? Did it stay the same? Was the student surprised by the result, or was it expected?
Assignment #3: Professional Practice/Education Assignments
Students must complete a minimum of 2 assignments per placement based on the activities they completed during the placement. These may include:

- Case presentation
- Developing and presenting a live educational session or written educational materials
- Delivering a journal club or teaching session
- Presenting an in-service
- Professional practice activity or project

Assignment postings should include evidence or artifacts relating to the activity completed such as slides and/or information handouts for presentations, educational sessions or information relating to the project or clinic conducted. If completed, evaluation forms should be submitted as well.
Teaching feedback forms, journal club and presentation format information and evaluation forms are posted in eClass for use by the student and preceptor.

An Assignment/Assessment Checklist is in Appendix 4.

Student Scheduled Activities/Opportunities

Seminar Course
Students will attend Seminar Course on select Mondays/Wednesdays from 1200-1330 throughout Block 3 and 4 placements. Dates include:

- Block 1: September 3 (week 2), September 17 (week 4), October 17 (week 8)
- Block 2: November 5 (week 2), November 26 (week 6),
- Block 3: January 14 (week 2), January 28 (week 4), Feb 18 (week 7),
- Block 4: March 18 (week 3), April 8 (week 6)

Lab Facilitation By Students
Students may participate in one Skills Lab at the faculty (students in Edmonton only) across the placement, and this provides them with skills in teaching and providing feedback. If students sign up for a lab, they are responsible to let preceptor(s) know which date they will be at the faculty.
### APPENDIX 1: On-Campus PharmD for BScPharm Students Courses

(Taken in spring/summer after year 3, and prior to experiential placements.)

<table>
<thead>
<tr>
<th>Course Name</th>
<th>When Taken</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharm 531: Critical Analysis of Evidence in Practice</td>
<td>Spring/summer after Y3</td>
<td>Apply the evidence-based clinical practice process by searching for best evidence, critically appraising and applying the evidence, incorporating patient values and clinical expertise to manage a patient’s medication therapy.</td>
</tr>
</tbody>
</table>
|                                                 |                          | - Randomized Controlled Trials  
|                                                 |                          |  o Superiority Trials  
|                                                 |                          |  o Non-inferiority Trials  
|                                                 |                          | - Clinical Practice Guidelines  
|                                                 |                          | - Systematic Reviews and Meta-analysis  
|                                                 |                          | - Observational Research  
|                                                 |                          | - Qualitative Research  
|                                                 |                          | - Diagnostic Studies  
| Pharm 532: Patient Assessment                   |                          | Topics covered:  
|                                                 |                          | 1. Symptom Assessment  
|                                                 |                          | 2. Anemia Assessment  
|                                                 |                          | 3. Liver and Kidney Function Assessment  
|                                                 |                          | 4. Pharmacokinetic Assessment (ex: tacrolimus, phenytoin, tobramycin, vancomycin; PK implications with IV/po conversion, missed doses, time to reach SS).  
| Pharm 547: Advanced Therapeutics, Collaboration and Professional Learning |                          | Therapeutic topics include:  
|                                                 |                          | 1. CV Risk reduction - primary prevention lipid & HTN management  
|                                                 |                          | 2. DM - oral, novel, insulin, comorbidity management  
|                                                 |                          | 3. HF (geriatrics) - deprescribing, MAID (medical assistance in dying) discussion  
|                                                 |                          | 4. Asthma (pediatrics)  
|                                                 |                          | 5. Mental Health – depression  
|                                                 |                          | 6. Substance Use Disorder - oral opioids  
|                                                 |                          | 7. Infectious Diseases - Staph aureus  
|                                                 |                          | Cases 1-3 are in one South Asian patient; Cases 5-7 are in one young Indigenous patient. Focus of the course is collaboration (Team Based Learning pedagogy), confidence in decision making, monitoring/follow up with "what's next" as well as considering the broader picture (ie, cultural issues).  
| Pharm 538/539: PharmD Seminars                  | Fall and winter terms in Y4 |  
|                                                 |                          | - Capstone courses - 1 credit each, taken concurrently across each term of ExEd  
|                                                 |                          | - Designed to evaluate students’ ability to integrate knowledge and skills in pharmacy practice.  
|                                                 |                          | - Provides a forum for students to integrate experience gained through coursework with experiential learning.  
|                                                 |                          | - Sample activities:  
|                                                 |                          |  o Educating peers: oral presentations  
|                                                 |                          |  o Participation in the ACP Continuing Competency Portfolio process  
|                                                 |                          |  o Reflection, self- and peer-assessment  
| Experiential Education Courses                  | Fall or winter term; must take all 4 courses |  
|                                                 |                          | Pharm 426: Community Practice Placement (8 weeks)  
|                                                 |                          | Pharm 428: Acute Care/Inpatient Hospital Placement (8 weeks)  
|                                                 |                          | Pharm 536: Selective in Patient Care (8 weeks)  
|                                                 |                          | Pharm 537: Mandatory Elective Practice Experience (8 weeks)  

APPENDIX 2: Clinical Expectations for Care Provider Role for PBS PharmD Students Across Y4 Experiential Courses: Guidance for Preceptors and Students

During 4th year, students in PBS program complete **three 8-week clinical experiences** and **one 8-week specialty elective/professional practice experience** that may or may not be in a patient care setting. The order these are completed will vary for each student. This table is to guide expectations from initial to final placement for the Care Provider role. Students are expected to improve across their final year placements and:

- Integrate/apply their knowledge using a systematic patient care process
- Increase proficiency, clinical judgment, confidence and complexity of care by the final placement.

**GUIDING PRINCIPLES:**

1. As each placement progresses, and similar patient scenarios are encountered, students are expected to incorporate knowledge/skills and provide care with more confidence. Initially, complex patients may require more preceptor support.
2. By the end of APPE 3/4, students should demonstrate competence to apply foundational knowledge and skills to effectively manage patients with common medication therapy problems.
3. Students are expected to embody and demonstrate the attitude and behaviours of a pharmacist, and integrate required skills to enable them to achieve the expectations of their care provider role (such as effective communication, demonstrating professionalism, etc).
4. Students are expected to identify areas for development across placements and incorporate this into their Learning Plans. Furthermore, they should come prepared and ready to learn (for example: read recommended materials, demonstrate initiative).

<table>
<thead>
<tr>
<th>APPE (Advanced Pharmacy Practice Experience) 1 and 2</th>
<th>APPE (Advanced Pharmacy Practice Experience) 3 and/or 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For assigned patients, students should:</strong></td>
<td><strong>Building upon the skills practiced in APPE 1 and 2, students should:</strong></td>
</tr>
<tr>
<td>Get data completely and accurately.</td>
<td>Increase confidence and proficiency with patient care.</td>
</tr>
<tr>
<td>Identify and prioritize DRPs/patient needs (may need support with prioritization).</td>
<td>Identify and prioritize commonly encountered DRPs.</td>
</tr>
<tr>
<td>Recognize and integrate relevant patient-specific factors into pharmacotherapy work-up and care planning; support may be required, especially in weeks 1-4 of each placement.</td>
<td>Prioritize patient needs appropriately.</td>
</tr>
<tr>
<td>Develop an acceptable care plan (emphasis on process).</td>
<td>Integrate patient specific factors into decision-making with minimal prompting.</td>
</tr>
<tr>
<td>Justify recommendations/decisions; clinical judgment will require support, especially initially, but should improve with experience.</td>
<td>Develop acceptable care plans (emphasis on quality and appropriateness of patient care recommendations).</td>
</tr>
<tr>
<td>0 Consult literature/references to support rationale.</td>
<td>Defend recommendations with confidence.</td>
</tr>
<tr>
<td>Implement care plan and undertake appropriate actions</td>
<td>Demonstrate ability to make prescribing decisions, when appropriate.</td>
</tr>
<tr>
<td>0 Includes adapting, initiating, renewing/continuing, discontinuing, referral, etc.</td>
<td>Provide accurate and complete patient education, identifying when additional information is required and proactively seeking this.</td>
</tr>
<tr>
<td>Provide accurate and appropriate patient education for common conditions; may need support tailoring and/or researching information for less common conditions/medications.</td>
<td>Document information in appropriate manner, with minimal assistance.</td>
</tr>
<tr>
<td>Document using DAP or consult format; may require coaching to ensure consistent with the practice; adapts appropriately to practice setting.</td>
<td>Complete verbal patient presentations concisely and confidently.</td>
</tr>
<tr>
<td>Fulfill commitment for follow-up as appropriate.</td>
<td>Readily identify knowledge gaps and seek to find answers, and review with preceptor to verify understanding.</td>
</tr>
<tr>
<td>Present patients verbally in acceptable manner; may need coaching with format and content; confidence builds over placement.</td>
<td>Increase knowledge of disease states relevant to practice setting, and develop confidence applying knowledge.</td>
</tr>
</tbody>
</table>
APPENDIX 3: Pharmacy Care Plan Worksheet with Checklist for Assessment

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

<table>
<thead>
<tr>
<th>MEDICAL CONDITION AND/OR DRPs</th>
<th>GOALS OF THERAPY</th>
<th>ALTERNATIVES</th>
<th>RECOMMENDATIONS/PLAN</th>
<th>MONITORING PARAMETERS</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>List/prioritize each <strong>medical condition</strong> first, followed by any DRPs. <strong>DRP Categories</strong> Indication: (Unnecessary drug, Additional drug) Effectiveness: (Ineffective drug, Low dose) Safety: ADR/interactions. High dose), <strong>Adherence</strong></td>
<td>For each medical condition and/or DRP state desired goals of therapy. <strong>Goals:</strong> cure, prevent, slow/stop progression, reduce/eliminate symptoms, normalize a lab value.</td>
<td>Compare relevant drug and non-drug therapies that will produce desired goals. List the pros and cons of each therapy. <strong>Consider:</strong> Indication, Efficacy, Adherence, Safety, Cost/coverage</td>
<td>Collaborating with patient, select best drug/non drug alternative and implement the plan. Provide rationale.</td>
<td>Determine <strong>efficacy</strong> and safety monitoring parameters for each therapy. (ie: Clinical and laboratory parameters)</td>
<td>Determine who, how and when follow-up will occur.</td>
</tr>
</tbody>
</table>

**ASSESSMENT CHECKLIST**
- Are all DRPs identified (based on 4 prime areas of indication, efficacy, safety, adherence)?
- If no, discuss with student; probe to see if missing DRPs can be determined.
- Is rationale provided for DRPs
- Therapeutic goal/outcome(s) stated are realistic.
- Patient goal(s) incorporated (if appropriate)
- Alternatives are provided that would be considered acceptable and realistic.
- Pros and cons are considered for each alternative
- Plan/recommendations are outlined. Includes:
  - dosing considerations
  - patient preferences
  - rationale
- Appropriate/acceptable action plan has been outlined with action steps.
- Monitoring plan includes:
  - safety
  - efficacy
  - frequency
  - duration (if appropriate)
- Monitoring parameters should be thorough

**Comments**
# APPENDIX 4: Assignment and Assessment Schedule/Checklist

<table>
<thead>
<tr>
<th>Week</th>
<th>Student Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 weeks before</td>
<td>Review syllabus: course expectations, activities and assignments.</td>
</tr>
<tr>
<td>placement starts</td>
<td>In week prior to student arriving, review Skills Inventory/Learning Plan posted by your student. This is in Student Requirements in CORE ELMS (formerly RXpreceptor)</td>
</tr>
<tr>
<td></td>
<td>Correspond with student regarding: therapeutics to review, start time, dress code, parking, etc</td>
</tr>
<tr>
<td></td>
<td>Develop preliminary schedule for placement. (Use modifiable calendar template, posted on Faculty website under Pharm 536)</td>
</tr>
<tr>
<td></td>
<td>Determine if IT access, and any other required accesses, is established for your student.</td>
</tr>
<tr>
<td>Week 1: Orientation</td>
<td>Review items on orientation checklist (<a href="#">Appendix 5</a>)</td>
</tr>
<tr>
<td>to Practice Site</td>
<td>Discuss student-prepared Skills Inventory, prior feedback and Learning Plan, and your learning objectives and activities.</td>
</tr>
<tr>
<td></td>
<td>Review preliminary schedule: plan activities and assignments and add to schedule as needed.</td>
</tr>
<tr>
<td></td>
<td>Discuss expectations for feedback process and timelines.</td>
</tr>
<tr>
<td></td>
<td>Tour of practice site.</td>
</tr>
<tr>
<td></td>
<td>Log-in to ensure Netcare access, as well as access to other on-site systems.</td>
</tr>
<tr>
<td>Patient Care</td>
<td>Discuss care plans, clinical documentation; format and process.</td>
</tr>
<tr>
<td>Early Check-In and</td>
<td>END of Week 1: Discuss how things are going from both preceptor/student perspectives. Clarify any questions. Review schedule and expectations for balance of placement.</td>
</tr>
<tr>
<td>Learning Plan</td>
<td></td>
</tr>
<tr>
<td>Weeks 2-4</td>
<td>Continue to provide care to patients. Develop and discuss care plans and documentation Minimum 20 patients/8 weeks.</td>
</tr>
<tr>
<td>Mid-Point</td>
<td>Review the Student’s Midpoint Self-Assessment in preparation for the Student Performance Assessment discussion.</td>
</tr>
<tr>
<td>Assessments</td>
<td>Complete Student Performance Assessment, and review with student at end of week 4.</td>
</tr>
<tr>
<td>(in CORE ELMS)</td>
<td>Student will discuss Student Evaluation of Preceptor/Site and Student Self-Assessment</td>
</tr>
<tr>
<td>Learning Plan</td>
<td>Student to share progress achieved in Learning Plan, including self-assessment rating. Student will incorporate new goals or update/refine existing ones as appropriate.</td>
</tr>
<tr>
<td>Week 5 - 7:</td>
<td></td>
</tr>
<tr>
<td>Patient Care</td>
<td>Continue with Patient Reviews; care plans and documentation. Review with student. Reminder: Should be close to or exceed the minimum of 20 patients.</td>
</tr>
<tr>
<td></td>
<td>Continue planning/completion of activities and ensuring assignment completion is on-track.</td>
</tr>
<tr>
<td>Week 8:</td>
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</tr>
<tr>
<td>Finalize activities</td>
<td>Review activities and assignments to ensure all have been completed.</td>
</tr>
<tr>
<td>and assignments</td>
<td>Ensure continuity of care is communicated to patient pharmacy team.</td>
</tr>
<tr>
<td>FINAL</td>
<td>Review Final Student Performance Assessment with student and recommend Placement Grade.</td>
</tr>
<tr>
<td>Assessments</td>
<td>Student will discuss Student Evaluation of Preceptor/Site and Student Self-Assessment</td>
</tr>
<tr>
<td>(in CORE ELMS)</td>
<td>Student to share progress achieved on Learning Plan</td>
</tr>
<tr>
<td>Complete Course</td>
<td>Anonymous Preceptor Course Survey (survey link emailed to preceptor)</td>
</tr>
<tr>
<td>Survey</td>
<td></td>
</tr>
</tbody>
</table>
**APPENDIX 5: Orientation Checklist for Student and Preceptor**

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

<table>
<thead>
<tr>
<th>Orientation Activity</th>
<th>✓</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Professional Discussions</strong></td>
<td></td>
</tr>
<tr>
<td>• Preceptor’s practice experience and interests</td>
<td></td>
</tr>
<tr>
<td>• Feedback and communication including preceptors preferred method of contact</td>
<td></td>
</tr>
<tr>
<td>• Student/preceptor responsibilities and expectations including preceptor review of assignments, provision of feedback and student’s submission of assignments or documentation for review</td>
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<tr>
<td>• Practice expectations, patient confidentiality, dress and appearance policies</td>
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<tr>
<td>• Practice setting information regarding policies and procedures, including patient and staff safety</td>
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</tr>
<tr>
<td>• Information regarding professional and pharmacy activities</td>
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</tr>
<tr>
<td>• Discuss student-prepared Skills Inventory, prior feedback and Learning Plan</td>
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</tr>
<tr>
<td><strong>2. Course Discussions; review course syllabus</strong></td>
<td></td>
</tr>
<tr>
<td>• Objectives</td>
<td></td>
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<tr>
<td>• Activities; patient care, presentations, in-services, projects, etc.</td>
<td></td>
</tr>
<tr>
<td>• Assignments</td>
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</tr>
<tr>
<td>• Assessment process; review forms (Student Performance Assessment in syllabus) and timing</td>
<td></td>
</tr>
<tr>
<td>• Discuss student/preceptor responsibilities and expectations</td>
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</tr>
<tr>
<td>• Review preliminary student schedule; modifiable calendar available on <a href="#">website</a> under Pharm 536.</td>
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<tr>
<td><strong>3. Pharmacy Practice</strong></td>
<td></td>
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<tr>
<td>• Practice specialties and characteristics</td>
<td></td>
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<tr>
<td>• Site resources and learning opportunities</td>
<td></td>
</tr>
<tr>
<td>• How will the student be involved in patient care?</td>
<td></td>
</tr>
<tr>
<td>• Provide samples of forms used, documentation policies and procedures</td>
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</tr>
<tr>
<td><strong>4. Practice Environment</strong></td>
<td></td>
</tr>
<tr>
<td>• Guided tour of practice environment</td>
<td></td>
</tr>
<tr>
<td>• Introduction to staff; include roles and how they will be involved with student experience</td>
<td></td>
</tr>
<tr>
<td>• Library, drug information and other resources</td>
<td></td>
</tr>
<tr>
<td>• Student workspace</td>
<td></td>
</tr>
<tr>
<td>• Eating area, lockers, washrooms, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>5. Technology orientation</strong></td>
<td></td>
</tr>
<tr>
<td>• Computer order entry systems</td>
<td></td>
</tr>
<tr>
<td>• Phone, fax, internet</td>
<td></td>
</tr>
<tr>
<td><strong>6. Other</strong></td>
<td></td>
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</tbody>
</table>