UNIVERSITY OF ALBERTA
FACULTY OF PHARMACY AND PHARMACEUTICAL SCIENCES

PHARM 536

Experiential Education

COURSE OUTLINE and SYLLABUS

Winter, 2018

PHARM 536: Experiential Learning Part 5 - *Selective Placement; Direct Patient Care*
Course weight: *8

Instructor: Marlene Gukert
Office: ECHA 3-169, Phone: 403-254-6449
E-mail: mgukert@ualberta.ca

Online course access: https://eclass.srv.ualberta.ca/portal/
Office Hours: M-F; based in Calgary, E-mail/phone preferred

Policy about course outlines can be found in
Course Requirements, Evaluation Procedures and Grading of the University Calendar

TABLE OF CONTENTS

COURSE DESCRIPTION 3
COURSE PREREQUISITE 3
REQUIRED READING 3
RECOMMENDED RESOURCES 4
COURSE OBJECTIVES 4
GRADING 5
ASSESSMENT INFORMATION 5
1. SUMMATIVE ASSESSMENT 5
2. FORMATIVE ASSESSMENTS 6
3. COURSE EVALUATION ASSESSMENTS 7
COURSE SCHEDULE 7
ACTIVITIES 8
ASSIGNMENTS 11
POLICIES AND PROCEDURES 12
LATE SUBMISSION POLICY 13
SUGGESTIONS and TIPS FOR SUCCESS 13
TECHNOLOGY REQUIREMENTS 14
APPENDIX 1: STUDENT PERFORMANCE ASSESSMENT 15
APPENDIX 2: PATIENT CARE OUTCOME 18
2a. Care plan information 18
2b. Pharmacy Care Plan Worksheet Assessment Form for preceptors and students 19
APPENDIX 3: RESOURCES FOR PROFESSIONAL PRACTICE ASSIGNMENTS 20
3a. Patient Care Project Information 20
3b. Journal Club Information 20
3c. Journal Club/information Session Evaluation 21
3d. Patient Care Presentation Evaluation 22
3e. Teaching Session Feedback 23
APPENDIX 4: LEARNING PLAN 24
4a. Learning Plan Assignment Instructions 24
4b. Learning Plan Template 25
APPENDIX 5: ACTIVITY, ASSIGNMENT and ASSESSMENT SCHEDULE 26

COURSE DESCRIPTION

This course enables students, by engaging in the professional roles of a pharmacist in a structured practice environment, to acquire, strengthen and integrate skills, knowledge and clinical judgment required to provide quality patient care for a variety of acute and chronic conditions with an emphasis on working collaboratively with patients and/or their agents and/or team members to optimize patient care.

Building on previous experiential and on-campus courses, students are expected to demonstrate professional competencies in the provision of direct patient care including patient assessment to identify and prioritize medication concerns and wellness needs, develop and implement care plans; including monitoring, follow-up, documentation and education. The full scope of pharmacist practice should be performed as appropriate. Students will communicate and collaborate effectively with patients, care givers and other health care professionals to optimize patient care outcomes. Students will also contribute to the education of patients, other health care professionals and other student learners at their practice site where possible.

It is important that students engage in reflective and self-directed practice. The student is expected to fulfill the role of a pharmacist, accepting professional responsibilities with preceptor guidance. The preceptor is expected to guide the student to enhance patient care skills, develop knowledge and navigate the practice setting.

This course gives students a third direct patient care opportunity outside of the required acute institutional (Pharm 428) and community practice (Pharm 426) placements to expand their skills and knowledge in various practice settings.

Examples of patient care settings include specialty pharmacies offering clinics or specialty services, long-term care facilities, Primary Care Networks/Family Care Clinics, home care, ambulatory clinics, and rehabilitation services. The practice setting may also include community pharmacies and managed care practices that service group homes or supportive care or long-term care facilities. These practice sites are generally inter-professional in nature and allow students to develop the skills necessary for collaborative and/or advanced clinical practice. Learning activities will differ depending on the practice site; therefore tailoring of activities is encouraged through discussion with the preceptor taking into consideration the primary goals of maximized patient care and inter-professional collaboration.

COURSE PREREQUISITE: Pharm 316, Restricted to PharmD for BScPharm students.

REQUIRED READING

1. The Patient Care Process (https://www.ualberta.ca/pharmacy/preceptors/preceptors/training-and-resources/patient-care-process-module)
2. Undergraduate Experiential Education Policies and Procedures Manual (https://www.ualberta.ca/pharmacy/programs/undergraduate-bsc-in-pharmacy/current-student/experiential-education)
3. CSHP's webinar with presentation handout; "Goals and Objectives – What's the Difference Anyways?" (Scroll down to May 21, 2014). This is a helpful resource for writing learning goals and objectives, components of the Learning Plan Assignment. It is suggested that the handout be printed and reviewed (listening to the webinar is optional). Focus on slides 11-39.
4. Jorgensen D, Dalton D, Farrell B et al. Guidelines for pharmacists integrating into primary care teams. Can Pharm J 2013; 146(6); 342: 52. http://cph.sagepub.com/content/146/6/342.full
5. Jackson LD. Strategies Pharmacy Students Can Use to Ensure Success in an Experiential Placement. Can Pharm J 2015; 148: 308-13.
6. There are additional readings/website resources associated with select activities (to be completed during the course) to support discussion topics with the preceptor.

RECOMMENDED RESOURCES

Prior to the placement students should ask their preceptor about references and resources that should be brought to the placement or pre-readings that should be completed prior to the placement. These resources may be helpful for students to use these when completing activities and assignments.

1. Standards of Practice for Pharmacists and Pharmacy Technicians https://pharmacists.ab.ca/standards-practice
2. Standards for Operation of Licensed Pharmacies, https://pharmacists.ab.ca/standards-practice
3. Clinical Resources: Bugs and Drugs, RxFiles, Dipiro's Pharmacotherapy: A Pathophysiologic Approach (Textbook), Lexicomp, Dynamed and RxTx (all located at: http://guides.library.ualberta.ca/pharmacy)
4. Patient Case Presentation: Chapter 6 in Clinical Skills for Pharmacists
5. Barry, AR, Pammett RT. Applying the guidelines for pharmacists integrating into primary care teams. Can Pharm J 2016; 149: 219-25. http://cph.sagepub.com/content/149/4/219.full.pdf+html

COURSE OBJECTIVES

The course is designed to develop the following ***knowledge, skills and attitudes***. During the course, students will:

Knowledge:

1. Apply fundamental knowledge in daily practice.

Skills:

2. Provide patient care and manage patients' medication and health needs.
3. Exercise critical thinking and clinical judgment and inter-professional collaboration (when possible) to make informed decisions and solve problems.
4. Communicate effectively with patients, family members, caregivers and team members both verbally and in writing.
5. Promote the health of communities and populations (e.g. cultural groups, the vulnerable, disease awareness and prevention) and integrates health promotion into patient care (e.g. encourage vaccinations, lifestyle changes, etc.)
6. Work collaboratively with the patient, family, caregivers and other healthcare professionals to facilitate the management of the patient's health needs.
7. Respond appropriately using best evidence, to drug information requests and proactively seek answers to self-identified questions to care for patients.
8. Develop personal and professional leadership skills.

Attitudes:

9. Demonstrate professionalism to patients and others, and practice in a manner demonstrating professional accountability.
10. Demonstrate a commitment to learning by evaluating their practice and knowledge/skills to identify areas for development.

GRADING

Pharm 536 is a Credit/No Credit course. At the end of the placement, preceptors recommend a grade on the final Student Performance Assessment.

To pass the course, students must receive a "pass" on their final Student Performance Assessment *(see Appendix 1)* from their preceptor, complete all required assignments including resubmissions requested by the course coordinator (or designate reviewer) in a satisfactory manner (*see Course Assignments)* and complete all required assessments (*see information below).* The Faculty course coordinator provides a final course grade (Pass: Credit or Fail: No Credit) following review of the submitted assessments and assignments.

Students at Risk

If at any time, the preceptor or student has a concern about the student's performance or ability to pass the course, they should contact the Course Coordinator. This facilitates the ability to tailor the course to meet the needs of the student consistent with course expectations. The Course Coordinator must be contacted if any outcomes are rated as **Not Meeting an Acceptable Level of Performance** or more than 3 outcomes are rated **Needs Improvement to Reach an Acceptable Level of Performance** on the Midpoint Assessment of Student Performance.

ASSESSMENT INFORMATION

- There are three types of assessments in the course: **Summative**, **Formative**, and **Course Evaluation**.
- All assessments are completed and submitted using RxPreceptor. Information regarding submission of assessments can be found in the Undergraduate Experiential Education Policies and Procedures Manual; *see required reading*. There is also information about placement mark, course grade, students at risk and placement failure.
- Preceptors are encouraged to provide comments to support their assessment ratings and must discuss their final recommendation with students prior to submitting the assessment.
- All assessments are posted in RxPreceptor prior to the start of the placement. Students are encouraged to review so they know what they will be assessed on and what they will be assessing.
-

1. SUMMATIVE ASSESSMENT

Purpose: facilitate the final decision on the extent to which students have achieved the course learning objectives for the course. There is one summative assessment in the course, called the Final Student Performance Assessment at the end of the placement.

A. Final Student Performance Assessment
Completed at the end of placement by preceptor

Preceptor assesses student's performance on 16 outcomes (grouped in 6 major areas):

- Professionalism (3 outcomes)
- Communication (1 outcome)
- Care Provider (7 outcomes)
- Collaborator (1 outcome)
- Scholar (3 outcomes)
- Advocacy and Leadership (1 outcome)

The skills and behaviours associated with each outcome define expectations for Pharm 536.
The individual behaviours for each of the 16 outcomes assessed in Pharm 536 are listed in *Appendix 1*.

Preceptors indicate student's level of achievement of the 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.*

2. FORMATIVE ASSESSMENTS

Purpose: Supports the provision of specific feedback to students that can be used to improve learning and to provide specific feedback to preceptors that can be used help improve their ability to instruct and guide student learning.

A. Preceptor and Student Early Assessments

Completed by the preceptor and student at the end of the first week. (Preceptor completes the "Early Assessment of the Student"; student completes the "Early Assessment of the Preceptor".)

- Identifies and addresses concerns early in the hope that discussion will provide a resolution to any early identified concerns.
- If there are concerns, the student and preceptor are offered the option to discuss the assessment and may indicate if they would like to be contacted by a Faculty member.

B. Student Self-Assessments; Midpoint and Final

Completed by student at the midpoint and at the end of the placement.

Students rate their perceived level of ability on the same 16 outcomes assessed on the Student Performance Assessment using the following 3 point scale:

Needs Improvement	*Meets an Acceptable Level of Performance*	*Exceeds an Acceptable Level of Performance*

i. Midpoint Student Self-Assessment

- Provides opportunity for students to identify the behavior, skills and knowledge that need to be focused on for the balance of the placement. Students must also provide written comments to support their ratings.
- Students must complete and submit the Midpoint Student Self-Assessment at least 1 day prior to the Midpoint Student Performance Assessment discussion allowing the preceptor to pre-review and compare ratings. Students should print and bring a copy to the assessment discussion.

ii. Final Student Self-Assessment

- It is important that students reflect on their learning at the end of the placement.
- This assessment does not need to be submitted in advance for preceptor review, but students must come prepared to discuss their perceived performance with their preceptor and discuss any discrepancies.

C. Midpoint Student Performance Assessment

At a time determined by the preceptor, around the midpoint of the course, the preceptor will complete the Midpoint Student Performance Assessment.

This assessment:

- Is important as it ensures the student is aware of their progress, by indicating areas of strength and areas that require improvement. Preceptors should review the student's self-assessment before meeting with the student to discuss their assessment, so they are aware of how the student perceives their ability to achieve the course objectives at this point in the placement.
- Provides a good indication of what needs to be focused on as well as indicating areas of concern.
- Has the same format as the final assessment.
- Requires preceptors to rate students on each of the 16 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.

D. Student Midpoint Evaluation of Preceptor and Site

Completed by the student and discussed with the preceptor at the midpoint of the placement.

Purpose: to generate discussion and provide feedback regarding important placement criteria; preceptor attributes, placement site qualities and opportunities for learning.

3. COURSE EVALUATION ASSESSMENTS

Purpose: 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 on-line survey with questions pertaining to Faculty administration of the course, learning objectives and activities.

B. Post Course Evaluation of Preceptor and Site: Non-Anonymous

- Completed on RxPreceptor within 48 hours after completing the course and the student has left the placement site.
- Purpose of this evaluation is to allow students to provide comments without any potential influences and serves as a final measure of quality assurance.

COURSE SCHEDULE

Course dates are listed by the term. Individual student schedules are listed in RxPreceptor.

Winter Term:

- Block 3: January 8 – March 2, 2018
- Block 4: March 5 - April 27, 2018

Students enrolled in PHARM 538/539 Integrating Seminars are expected to be away from the placement site to attend PHARM 538/539 Seminars. Please refer to PHARM 538/539 syllabi for exact dates.

ACTIVITIES

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. Throughout the placement, restricted activities, such as final checking of prescriptions and injections, must be supervised.

Additional information for some activities is in the appendices.

COURSE ACTIVITIES **The following are activities that students must complete during the placement to meet course objectives.**	✓
1. Patient Care For all patient care encounters students should provide patient care as deemed appropriate by the preceptor(s). • Develop & maintain a professional, collaborative relationship with the patient or agent/caregiver. • Interview the patient or agent or other relevant healthcare providers to obtain necessary information. • Gather and organize the information required to determine the patient's medication related & other relevant health-related needs. • Assess if the patient's medication needs are being met. (complete a medication reconciliation and 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 medication therapy problems and wellness needs (care plan to include pharmacist responsibilities, specific monitoring parameters and follow-up schedule). • Engage patients in shared decision making regarding their medication therapy (as appropriate). • Provide accurate and appropriate patient education, including patient self-management. • Conduct follow-up and modify care plans as needed. • Communicate and document patient care activities. (HCP correspondence, computer documentation) • Provide continuity of care. • Assist in patients' self-care (as appropriate) ***1a. Provide 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. *ALL* care plans must be reviewed by the preceptor. More information; *Appendix 2a* *Corresponding Assignment; Care plan assignment*	
2. Pharmacy Services Participate in the scope of professional practice as appropriate to optimize patient care under the supervision of the preceptor(s). This may include: • Adapting prescriptions. • Prescribing (pharmacist preceptor must have additional prescribing authorization from ACP). • Ordering (with pharmacists who have a PracID). • Administration of Drugs by Injection: Students in the Class of 2018 had the option to complete the training as required by ACP to administer drugs by injection. Students, who successfully completed the training and also have completed CPR Level C + First Aid, should practice administering drugs by injection. Students must only administer injections under the direct supervision of a pharmacist authorized by ACP to administer drugs by injection.	
3. 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. • Involve and refer to other team members when outside the scope of pharmacists. • Proactively communicate identified drug therapy issues, appropriate recommendations for care and monitoring plans to appropriate team members.	

4. Professional Practice and Education
• Provide patient education. i.e. provide counselling and teaching to patients and caregivers regarding medications and disease states.
• Students must discuss with the preceptor and complete at least TWO Professional Practice and Educational Activities.
  • Examples are: providing an educational session on a therapeutic topic or controversy, providing a patient case presentation or in-service. These can be for the pharmacy and/or interdisciplinary audiences. Other options include participation in a health promotion clinic (i.e. BP screening) or developing and implementing a patient care project (i.e. assessment tool or algorithm for disease management).
  o The chosen activities should be of importance to the team.
  o The preceptor and student should negotiate the activity details.
  o The student is responsible for completing the activity to the expectations set with the preceptor. If not completed in a satisfactory manner, the activity will be re-done to a satisfactory level during the placement.
  o The activity may be assessed using an evaluation form. The forms are posted in eClass and in *Appendix 3*.
Corresponding assignment information in assignment section and Appendix 3.	

5. *Drug Information Requests* 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. (Drug Information Inquiry Record form is posted on RxPreceptor and eClass). Students are expected to use appropriate resources and various levels of evidence; primary, secondary and tertiary references. Student should also use more than 1 resource for each question and discuss all answers with the preceptor.	
6. Models of Teaching and Learning Participate in peer-assisted and near peer teaching and learning with other health care professional students including pharmacy students as applicable.	
7. OPTIONAL: Preceptor Library Resources Provide preceptors with an overview of the library resources and search strategies for the UofA Library Database(s) now accessible to preceptors. The How-To-Guide: UofA Faculty of Pharmacy Library Resources is: http://tinyurl.com/lgppqay. The link to the UofA pharmacy library home page is http://guides.library.ualberta.ca/pharmacy	
8. *OPTIONAL: Practice-Based Research* Students may be involved with practice-based research developed by Pharmacy Faculty during their placement. Students will be provided with information regarding research possibilities prior to the start of the placement. Student participation in these research activities is voluntary. Research resources and information are posted on eClass.	
COURSE DISCUSSIONS **The following are discussions that students must complete during the placement to meet course objectives.**	
1. Responsibilities as a Professional Discuss ACPs Code of Ethics (https://pharmacists.ab.ca/code-ethics) • Include strategies the preceptor uses to practice in an ethical manner. When applicable include discussions about patient Goals of Care (e.g. M1, C1, etc.) as well as power of attorney, guardianship or trusteeship. • The student should include how they demonstrate ethical practice during the placement. Sharing examples during the discussion is helpful (e.g. patient confidentiality, patient care challenges). It is important for the student to see if their ideas and strategies align with their preceptor. • The role of the pharmacist in the practice setting and how they independently and collaboratively contribute to improving patient outcomes.	

2. Professional Accountability Students should prioritize patient care and other placement activities. Students should discuss and be aware of deadlines and proactively complete course requirements. Discuss how the preceptor addresses time management and achieves accountability to the patients, colleagues and other team members. Include the strategies the student will utilize to ensure accountability to the preceptor and the patients.	
3. Maintaining Professional Competency and Lifelong Learning • Discuss how the preceptor has optimized their patient care practice. Did they receive formal training or specialization (e.g. Geriatric or Diabetic Certification)? Did they obtain additional prescribing authorization (APA)? What is their professional experience with APA both in obtaining and using it? If they don't have APA; are they planning to obtain it? How do they anticipate using it? • Discuss how they keep up-to-date with therapeutic issues and maintain professional competence through self-directed learning. What resources are commonly used? Examples include reading literature (how is this identified?), conferences, formal training or specialization (e.g. Geriatric or Diabetic Certification). • ACP's Continuing Competence Program. Review and discuss the preceptor's previous or current learning and implementation records for their CCP portfolio. The student should reflect on this and compare/contrast it to their Learning Plan for the placement. • At the end of the placement the student will summarize the activities completed that would comply with ACPs Continuing Competence Program for learning and implementation and review these with the preceptor.	
4. Communication Strategies • Discuss the patient and team rapport building strategies in the practice setting. Include motivational interviewing techniques and shared decision-making skills with patients if applicable. • What strategies does the preceptor use to document on a consistent basis? What format and level of detail is needed? How does documentation differ depending on the audience?	
5. Inter-Professional Practice For this discussion students must refer to "Guidelines for pharmacists integrating into primary care team." See citation in the *Required Reading list.* This article provides principles and recommendations regarding integration of pharmacists into primary care practice settings and promotion of the role of pharmacists with other healthcare professionals. Although this article is written from the context of integrating into a primary care team, many of the recommendations would apply to any pharmacist practice setting. Discuss: • Steps taken to successfully develop the pharmacist's patient care practice at the site. • Which of the stated recommendations in the article would be applicable to the placement practice site. • How collaboration with other healthcare professionals occurs in their practice and how this influences providing patient care To read about how a pharmacist actioned the recommendations, see the following article; "Applying the guidelines for pharmacists integrating into primary teams." (see citation in *Recommended Reading list)*	
6. *Practice-Based Research* Students will discuss the challenges and benefits of participating in Practice-Based Research with the preceptor. Regardless of participation in the research study (as outlined in Activity 8), what are the challenges and benefits of participating in practice based research. Students should include; • If they participated, why did they and what did they learn? OR • If they did not participate, why not? What would have encouraged participation?	

ASSIGNMENTS

- Assignments are posted before, during the placement on various weeks and by the last day of the placement.
- Suggested formats, evaluation forms, rubrics and guidelines are included in *Appendix 3*.
- **All posted documents must have all identifiers removed to ensure patient confidentiality**.
- All assignments must be typewritten; using minimum 11-point font and double-spaced.
- Assignments posted during the placement will be reviewed for completion only to ensure course requirements are being met.
- As per course policy students must check UofA email accounts every 3 days for at least 2 weeks following course completion in case a resubmission of an assignment is required.
- To assist students and preceptors with planning across the 8 weeks, an "Activities, Assignments and Assessments Schedule" has been provided in *Appendix 5*.

Learning Plan Assignment ***The Learning Plan needs to be initiated before the start of the placement. First posting is 1 week prior to the start of the placement***	**Posting Instructions (MyCred)**
Students are to develop 3 goals and corresponding objectives; 1 goal should involve clinical skills development, 1 goal should have an inter-professional focus and 1 goal should involve leadership development. The Learning Plan should be: 1. Discussed with the preceptor during first week of the placement; make adjustments if necessary based on preceptor feedback. 2. Finalized by the end of the first week. 3. Reviewed with the preceptor and updated at the midpoint and final points of the placement to indicate progress made with the learning goals. 4. At midpoint, add learning goals and objectives as needed to address knowledge/skill deficiencies as identified by the midpoint Student Performance assessment. Learning Plan Template: *Appendix 4b*.	The Learning Plan must be posted in the "GOALS MODULE" of MyCred (student portfolio available through RxPreceptor) at least 1 week prior to the start of the placement to allow the preceptor to review. The updated plans must be posted by the end of 1st week, midpoint and at the final following review with the preceptor. 4 TOTAL POSTINGS; 1 before the placement and 3 during the placement. Title each upload to reflect the posting date (i.e. include the posting date within your document title).
Other Course Assignments ***These assignments are completed during the placement and posted at various times during the placement as well as at the end of the placement***	**Posting Instructions (eClass)**
Patient Care Plan Assignment Student must post 2 care plans. 1. First care plan should involve a patient with at least 2 co-morbidities and also reflect the patient population of the practice site; e.g. emerg, ambulatory clinics, long term or managed care facilities. 2. Second Care plan should focus on a care plan that was optimized through inter-professional collaboration. i.e. The assessment and recommended plan was influenced by IP team input, which enhanced patient care overall. Include in the narrative which elements of the patient database were obtained from team members. *More information: see Appendix 2*	• First care plan must be posted by **9:00 PM on the** 3rd **Thursday** of the placement. • Second care plan must be posted by **9:00 PM on the** 6th **Thursday** of the placement
Professional Practice and 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	• Assignments are posted on eClass by the last day of the placement.

• 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 and *Appendix 3*. Students should ensure the preceptor is aware of and uses the appropriate activity resources.	

POLICIES AND PROCEDURES

All course policies and procedures are included in the Undergraduate Experiential Education Policies & Procedures Manual. Students must review this manual prior to the placement, as there are policies specific to this placement. These include:

- Attendance policies (illness, bereavement, etc.) and participation in professional opportunities such as conferences, UofA flu clinics, PDW, Pharm D interviews, etc.
- Human Blood and Bodily Fluid Exposure (HBBFE) Procedures (Needlestick Injury)
- Requirements (N95-fit testing, first aid, etc.)
- Netcare access, deletion and troubleshooting information
- Procedure for Failed Clinical Placements
- Protection of Privacy Policy
- Preceptor Award procedures

Additional Course Costs

Costs associated with the travel, accommodation or additional practice site requirements are the responsibility of the student.

Plagiarism and Cheating

The University of Alberta is committed to the highest standards of academic integrity and honesty. Students are expected to be familiar with these standards regarding academic honesty and to uphold the policies of the University in this respect. Students are particularly urged to familiarize themselves with the provisions of the Code of Student Behaviour (online at www.governance.ualberta.ca) and avoid any behaviour, which could potentially result in suspicions of cheating, plagiarism, misrepresentation of facts and/or participation in an offence. Academic dishonesty is a serious offence and can result in suspension or expulsion from the University. See Academic Regulations.

Student Accessibility Services (SAS)

Students registered with Student Accessibility Services (SAS) who require accommodations are advised to contact the course coordinator early in the year to discuss. Given placements occur off-campus, time is needed to assess appropriateness and ability to meet any recommended accommodations.

LATE SUBMISSION POLICY

It is the student's responsibility to submit all assignments in accordance with the stated deadlines. UofA email accounts must be monitored daily during the placement and every 3 days after the placement is completed for at least 2 weeks to ensure all assignments and assessments have been submitted satisfactorily. All assignments must be completed to the satisfaction of the preceptor during the placement.

Assignments that are posted late on eClass will require completion and submission of a Professional Behaviours Form. This form is placed on the student's file.

Activity, Assignment and Assessment Schedules

To assist students and preceptors with planning across the 8 weeks, an "Activities, Assignments and Assessments Schedule" has been provided in *Appendix 5*.

SUGGESTIONS and TIPS FOR SUCCESS

Pharm 536 students will be provided with an additional opportunity to provide patient care in addition to the experiences in Pharm 426 and 428. Practices will be diverse and often specialized. Students will be expected to prepare for the placement ensuring they have reviewed pre-readings provided by the preceptor so that they can be engaged in patient care immediately. Therefore, p*rofessionalism, and self-directed learning* are crucial components to these placements. Although preceptors will guide the learning, *students are ultimately responsible* to ensure completion of all activities, assignments and assessments and to direct their learning.

This is considered to be an advanced placement; therefore preceptors expect motivation and patient accountability to be demonstrated by the students. Engagement and full participation is the first step to passing the placement. The course activities listed are minimums; maximizing learning opportunities is a professional responsibility. Students that succeed go beyond these minimums and participate as a pharmacy team member. Due to the variability of practice sites, experiences will differ and students are expected to take initiative and identify learning opportunities. Students are expected to identify knowledge gaps through self-assessment and seek feedback and information as needed. Students are also expected to improving with timeliness and efficiency over the course of the placement.

Another important student responsibility is contacting the Faculty with concerns if they arise. There are assessments built into the course that provide checks and balances regarding learning and the overall experience, however it is important that students contact the Faculty prior to or during the placement to discuss concerns or questions. These are dealt with in an individual and confidential manner.

The article "Strategies Pharmacy Students Can Use to Ensure Success in an Experiential Placement" *(see Required Reading List*) provides helpful information including "obvious" and "not-so-obvious" strategies to ensure success in a placement.

TECHNOLOGY REQUIREMENTS

Course Information

Course information, resources and links to online resources will be posted in eClass prior to the start of the first placement. Students should review eClass prior to the start of the placement to see what is available to them. If assistance is required with eClass or RxPreceptor, contact phexed@ualberta.ca

Assignments

Assignments will be posted in eClass.
To allow for preceptor access, the Learning Plan will be posted in MyCred (linked to RxPreceptor) under the GOALS module. MyCred can be accessed on the RxPreceptor landing page; at the bottom of the grey column on left side of the page. Learning Plan templates are posted on eClass.

Assessments

All assessments are submitted using RxPreceptor.

Netcare

Netcare access procedures will differ depending on the site. Non AHS sites will follow community practice procedures where the pharmacy student is responsible for initiating their Netcare access. Further information regarding registration, how to confirm access, troubleshooting and contact information is in the Undergraduate Experiential Education Policies & Procedures Manual.
Students should contact phexed@ualberta.ca if they have questions regarding Netcare.

APPENDIX 1: STUDENT PERFORMANCE ASSESSMENT

This table outlines the behaviours and outcomes that students will be assessed on by the preceptor at the midpoint and final points of the placement.

OUTCOME	BEHAVIOURS
Professional	
1. Displays professional behaviour	• Displays honesty, integrity, and commitment. • Respects patients/other team members and does not engage in distracting behavior. • Is well groomed and wears clothing and attire that is appropriate for the practice setting.
2. Demonstrates professional responsibility and accountability	• Fulfills their professional commitments and assignments in a diligent and timely manner. • Accepts responsibility for his/her recommendations. • Prioritizes activities to fulfill all responsibilities in a timely manner. • Is punctual. • Responds to and incorporates feedback on ways to improve.
3. Demonstrates initiative and self-directed learning	• Takes initiative to learn, enhance skills and integrate knowledge and skills (i.e. maximizes learning opportunities). • Evaluates their skills and knowledge to identify areas for continuing professional development. (i.e. development of Learning Plan, with progress updates and addition of new goal(s) as appropriate). • Seeks and interprets feedback to identify deficits or strengths in competence/performance.
Communicator	
1. Demonstrates effective non-verbal and verbal communication skills	• Speaks clearly and effectively. • Uses appropriate language, tone and pace. • Uses appropriate non-verbal communication. (e.g. open body language, use of facial expressions) • Engages in and manages 2-way conversations with patients/caregivers. • Listens effectively. • Demonstrates the appropriate level of confidence.
Care Provider	
1. Develops and maintains professional relationships with patients/care givers	• Engages patient independently. (when appropriate) • Exhibits sensitivity, respect and empathy with patients and care givers. • Identifies/responds to patient cues. • Establishes goals in collaboration with the patient. (when appropriate) • Determines when it is ethically and professionally appropriate to involve caregivers and/or family members.
2. Gathers relevant medical and medication history	• Appropriately utilizes multiple sources of patient information (e.g. Netcare, patient/caregiver, patient profile/chart, and other healthcare providers). • 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 relevant data; e.g. past medical and medications history, lab tests and diagnostic assessments. • Completes appropriate physical exam when applicable (e.g. blood pressure assessment). • Synthesizes data to complete a patient history. • Clarifies and manages conflicting data *seeking support when necessary.*

OUTCOME	BEHAVIOURS
3. Determine medical conditions and assess if the patient's medication-related needs are being met	• Evaluates patient's medications for indication, efficacy, adherence and safety. • Determines whether a patient's medications are achieving the desired goals. • Prioritizes medication-related needs based on urgency and patient preferences. • Identifies all medical conditions and determines those where medication needs are not currently being addressed.
4. Develops a care plan that addresses medication and health needs	• Establishes relevant and realistic goals. • Uses a systematic approach to develop care plans including for patients with multiple co-morbidities. • Seeks guidance for complex problems or areas with poorly defined evidence. • Generates a realistic set of alternatives and assesses the pros and cons before making a decision. • Develops a safe and effective plan (recommendations, monitoring and follow-up), including decisions regarding specific actions for managing patient needs. (e.g. dispense, adapt, prescribe, refer, etc.) • Provides rationale for the chosen plan.
5. Implements the care plan when appropriate	• Implements and adapts plan (if needed) with team and patient/caregivers. *Preceptor support may be required depending on complexity of patient.* • Undertakes the actions specified. • Educates the patient on both non-pharmacological. (e.g. lifestyle) and pharmacological recommendations. • Initiates and completes seamless care activities when appropriate.
6. Follow-up and evaluate as appropriate	• Determines follow-up process and timelines required including who is responsible. • Provides follow up if possible. • Interprets follow-up information and modifies plan if needed.
7. Documents patient information gathered in an appropriate manner	Documentation: • Is written using an organized process. (i.e. DAP [Data, Assessment and Plan]) • Has focus/clear intent or purpose. • Includes relevant information and appropriate level of detail
Collaborator	
1. Works effectively with members of the team including patients and their families, pharmacy colleagues and individuals from other professions.	• Establishes and maintains positive relationships • Recognizes and respects the roles and responsibilities of team members. • Join with others in respectful, effective shared decision-making. • Contributes to optimize team functioning.
Scholar	
1. Demonstrates the fundamental knowledge required for pharmacists	• Has minimal gaps in therapeutic knowledge required to provide patient care. • Uses experience(s) and knowledge gained in the placement to better manage patients.
2. Uses evidence based processes to provide drug information and recommendations	• Determines appropriate search terms for a given question. • Uses multiple and appropriate sources to gather information (e.g. guidelines, primary, secondary and tertiary sources). • Documents and references recommendations where applicable. • Critically analyzes information and demonstrates clinical judgment. • Responds with an appropriate recommendation based on analysis of

OUTCOME	BEHAVIOURS
	evidence/information.
3. Integrates clinical judgment and critical thinking	• Completes learning to address new clinical situations. • Under conditions of uncertainty, weighs the pros and cons of alternatives to make decisions; *may require preceptor support.* • Logically defends recommendation(s). • Anticipates the outcome of decisions and actions.
Advocacy and Leadership	
1. Promotes the health of individual patients, communities and populations	• Facilitates patient's interaction with the health care system through advice, education and/or guidance *with minimal preceptor guidance*. • Integrates health promotion into patient care (e.g. encourages vaccinations, smoking cessation, lifestyle changes, self-monitoring of medical conditions*)* • Student promotes the role of the pharmacist in patient care

APPENDIX 2: PATIENT CARE OUTCOME

2a. Care Plan Information

Students should;

- Be able to complete patient assessments independently by week 4.
- Initiate as many care plans and corresponding documentation as reasonable for the practice setting, by midpoint to ensure the preceptor can adequately assess the student's skills and abilities prior to midpoint assessment. Care plan implementation and documentation practices will be dependent on the practice site.
- Discuss and review all care plans and documentation with the preceptor; discuss the rationale for decisions and modify as needed. Ensure preceptor is aware of the care plan worksheet assessment checklist. (*Appendix 2b*)
- Ensure continuity of care for patients is arranged or communicated to the preceptor near placement completion.
- Integrate assessment of patient readiness (state of change) into the care plan.

Care Plan Formats

- The Pharmacy Care Plan Worksheet is the format students use at the Faculty and can be used. Alternatively, site-specific patient care plan forms may be used. It is suggested that preceptors and students discuss which format is appropriate and most comfortable for the student to use for developing care plans. In some cases students may start with the worksheet first and change in time to site specific forms.
- It is important that the care plans demonstrate a patient care process and include the elements of a care plan; medical conditions and/or DRPs, goals of therapy, alternatives (as appropriate), plan and monitoring, follow-up (as appropriate).
- If the site uses only hand written documentation processes these can be posted as is.
- All patient identifiers **MUST** be removed.
- Each posted care plan assignment must include relevant background data with the following components.
  - Chief complaint/concern
  - HPI (history of present illness)
  - PMHx (past medical history)
  - Medication history (include generic name, doses and sig)
  - Pertinent ROS (review of systems; if applicable)
  - Relevant labs/diagnostic information (if applicable)
  - Elements of the patient database were obtained from team members (applies to the inter-professional care plan)

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

MEDICAL CONDITION AND/OR MED-RELATED NEEDS	GOALS OF THERAPY	ALTERNATIVES	RECOMMENDATIONS/ PLAN	MONITORING PLAN	
				MONITORING PARAMETERS	FOLLOW-UP
For each medical condition and/or DRP identified, create an integrated pharmacy care plan. List and prioritize each medical condition first, followed by any DRPs identified for a given condition. Although some medical conditions may not have a DRP, a care plan is still necessary for ongoing patient monitoring. **DRP Categories: *Indication***: 1. Unnecessary drug therapy, 2. additional drug required, ***Effectiveness:*** 3. ineffective drug, 4. Dose too low, ***Safety:*** 5. adverse drug reaction/interactions, 6. dose too high, ***Compliance:*** 7.Non-adherence	For each medical condition and/or DRP state desired goals of therapy. **Goals: cure, prevent, slow/stop progression, reduce/eliminate symptoms, normalize a lab value.** *(Consider realistic goals determined through patient discussion. Goals of therapy are measurable or observable parameters that are used to evaluate the efficacy and safety of therapy).*	Compare relevant drug and non-drug therapies that will produce desired goals. List the *pros* and *cons* of each therapy. *(Consider indication, efficacy, safety, adherence and cost/coverage).*	In collaboration with the patient and other providers, select the best alternative and implement the plan. Provide a rationale for the chosen plan. *Consider:* *Drugs: consider drug, formulation, route, dose, frequency, schedule, duration, medication management.* *Non-drug: non-drug measures, education, patient referral.*	Determine the parameters for monitoring efficacy and safety for each therapy. ***Provide rationale for including this and how you expect the parameter to change.*** *(Consider clinical and laboratory parameters, the degree of change and the time frame).*	Determine *who, how and when* follow-up will occur.
ASSESSMENT CHECKLIST ☐ Are all medical conditions and/or medication needs identified? (For DRPs, consider drug therapy assessment of indication, efficacy, safety, medication organization / adherence)? ☐If no, discuss with student and probe to see if those missing can be determined. ☐ Are medical conditions/DRPs prioritized in an acceptable manner? ☐ Is rationale provided or discussed (based on either patient or provider data)?	☐ Therapeutic goal/outcome(s) stated? ☐ Patient goal incorporated (if appropriate)	☐ Is an assessment of each medical condition/DRP provided (factors considered to influence/determine a plan)? ☐ Are alternatives (with rationale for each) provided?	☐ Plan/recommendations are outlined Includes: ☐ dosing considerations ☐ patient preferences ACTIONS TAKEN ☐ Appropriate/acceptable action has been taken ☐ Inappropriate or suboptimal action has been taken – need to discuss next steps	☐ Monitoring plan present Includes: ☐ safety ☐ efficacy ☐ frequency ☐ duration (if appropriate) ☐ which healthcare provider will follow-up	☐ Follow-up plan present Includes: ☐ who ☐ how ☐ when ☐ includes outcome (if possible)

APPENDIX 3: RESOURCES for PROFESSIONAL PRACTICE ASSIGNMENT

3a. Patient Care Project Information

In collaboration with the preceptor, students can design and implement a project that can be used by the practice site to enhance patient care. Examples include processes to facilitate inter-professional collaboration, developing tools and resources to provide enhanced patient care such as assessments or algorithims for disease management or patient education information.

Project Criteria:
- The goal is focused on a professional or clinical area of practice.
- Outcomes can be integrated into practice.

Project Outline:
The outline should be completed by the end of the second week to allow for discussion & implementation. Include:
- Topic
- Learning goal
- Stimulus/Trigger: the most influential factor involved in selecting the goal.
- Proposed resources: potential resources or activities needed to complete the project.

Suggested timeframe:
- Week 1/2: set project goals, develop project outline.
- Week 3/4: mid-point progress review. Discuss project outline with the preceptor. (see outline below). Provide summary of the project; timelines, resources needed & proposed outcomes.
- Final week: Review project outcomes.

Assignment: Summary that that includes the following:
- Outline: topic, learning goals, stimulus/trigger, activities completed.
- Outcomes; potential & real for the practice site; include what was learned through completion of the project

3b. Journal Club Information

Recommended reading: Improving journal club presentations, or, I can present that paper in under 10 minutes (http://ebm.bmj.com/content/12/3/66.2.full.pdf+html)

Suggestioned Format
1. Describe the patient case or problem that attracted you to this paper
2. Explain how you came across the study
3. Describe the study (i.e. methods, location, unique features)
4. Describe the research question (PICO)
5. Describe the importance/relevance/context of the study
6. Describe the methods by giving more detail on the question components
7. State your answers to the critical appraisal questions on validity
8. Summarize the results
9. Describe why the results can or cannot be applied to your patient, scenario or context
10. Conclude with your own decision about the utility of the study in your practice by resolving the case or question you began with
11. Prepare a 1 page summary of the outline as a handout

3c. Journal Club/ Information Session Evaluation Form

Student's Name: _____ **Assessor's Name**: _____

Presentation Title: _____

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

1 – Unable to Rate Could not evaluate or missing.	**2 – Needs Improvement** Outcome measure *partially* achieved. Some important information or skills incomplete or missing or suboptimal depth and/or breadth.	**3 – Acceptable** Outcome measure *generally* achieved. Includes important information, but depth and/or breadth may be suboptimal for some aspects.	**4 – Exceeds Expectations** Outcome measure achieved in *exemplary fashion.* Exceptionally complete and succinct presentation at an appropriate depth & breadth

Criterion	**Scale**
Background • Clearly describes the case or problem in a focused clinical question & the reason for selecting the article (study hypothesis, gap in literature) • Topic is relevant to pharmacy practice and the audience • Defines relevant, action-orientated learning objectives	1 2 3 4
Description of Article/Study • States specific research question (PICO) • Clearly describes the study's methodology (including type of study, relevant statistics & outstanding/limiting features) • Summarizes the primary results & relevant secondary findings (includes relevant parameters, i.e. CI, p-values)	1 2 3 4
Critical Appraisal • Skillfully applies critical appraisal questions & appropriate tools • Insightfully identifies the strengths & limitations of the study • Correctly interprets impact of critical appraisal on the results	1 2 3 4
Conclusion • Presents the authors' conclusions • Formulates & rationalizes individual conclusion based on appraisal • Applies the study to problem or patient case; considers patient factors/values	1 2 3 4
Presentation Skills • Speaks clearly; uses appropriate pace & tone • Uses language that is appropriate for the audience • Consistently maintains eye contact with the audience • Gestures & body language enhance the presentation • Confident, poised & maintains focus throughout • AV materials & handouts enhance the presentation • Adheres to time limits (____min)	1 2 3 4
Questions • Quickly grasps the intent of questions • Answers are concise & complete	1 2 3 4
Overall Impression Comments:	1 2 3 4

3d. Patient Care Presentation Evaluation Form

Adapted from PharmD Experiential Learning Presentation Rubric and FMC Clinical Presentation Guidelines
To be used by the preceptor, and other observers. Student to bring copies to the presentation.

Student's Name: _____ **Assessor's Name**: _____

Presentation Title: _____

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

1 – Unable to rate Could not evaluate or missing.	**2 – Needs Improvement** Outcome measure partially achieved.	**3 – Meets Expectations** Outcome measure generally achieved.	**4 – Exceeds Expectations** Outcome measure achieved in exemplary manner.			
Criterion						
Introduction and Overview of Patient Data • Includes information that explains why case was chosen • Identifies the main focus of the presentation • Provides brief outline of major presentation components and learning objectives			1	2	3	4
Patient Data • Presents a concise summary of patient's history presenting symptoms and progress • Accurately interprets physical assessment, laboratory and diagnostic data • Describes the patient's drug therapy in relation to the presentation focus • Attempts to be concise and presents only relevant data			1	2	3	4
DRPs • Identifies and prioritizes all DRPs accurately • Identifies the primary DRP that is the focus of the presentation			1	2	3	4
Goals of Therapy • Describe individualized goals of drug therapy for the focus DRP; include patient perspective where appropriate Therapeutic Alternatives • Identifies drug and non-drug alternatives for the main DRP and to achieve goals of therapy; considers the pros and cons of each			1	2	3	4
Focused Clinical Question • States the question using the PICO format • Outlines the search strategy used and reviews the evidence that was selected to answer the question • Summarizes the evidence and includes relevance to the patient			1	2	3	4
Therapeutic Recommendation • Outlines recommendations made to achieve therapeutic goals for the focus DRP; include rationale Monitoring Plan and Resolution of Case • Describe monitoring parameters and interventions that were/would be done to achieve the outcome of any recommendations make for the focus DRP • If possible include follow-up monitoring			1	2	3	4
Presentation and Organization Skills • Speaks clearly; uses appropriate pace and tone • Poised and maintains focus • Adheres to time limits (___+ questions) • Key points are presented in a logical, coherent way; uses transitions well			1	2	3	4
Questions • Understands question(s) and provides (or attempts to provide) reasonable response			1	2	3	4
Overall Impression and Comments						

3e. Teaching Session - Feedback Form

Presenter	**Evaluator**
Topic	
Content – was the subject matter relevant & appropriately tailored to the audience? Please comment if the learning objectives, scope, content and complexity were appropriate for the audience. How could the presenter improve?	
Style – was the information communicated effectively? Please describe how the format of the presentation facilitated audience learning? How could the presenter improve?	
Interaction- was effective interaction established with the members of the audience? Were learners adequately engaged? (either via the teaching methods, question/ answer portions, etc.) How could the presenter improve?	
Other Strengths & Weaknesses Please describe any highlights and/or areas of improvement for the student.	

APPENDIX 4: Learning Plan

4a. Learning Plan Assignment Instructions

This assignment helps with preparation for the placement as well as assessment of learning during the placement. Self-directed learning is similar to the Continuing Professional Development model used by practicing pharmacists. Completion of Learning Plans during placements will provide students with practice so they can confidently complete them when they are practicing pharmacists.
Determining objectives to meet self-directed goals emphasizes the student's responsibility for development during the placement and assists with development of skills needed for practice. As this is an advanced placement it is important that students are looking for areas where they can improve in order to become excellent practitioners

There are blank templates and examples posted in eClass as well as instructions regarding use of MyCred. (linked to RxPreceptor)

Steps to Learning Plan completion; students should:

- First provide summaries of Previous Preceptor Feedback provided by Pharm 426 and 428 preceptors.
- **Then, state 3 goals and corresponding objective(s) on the Learning Plan template using the SMART format. One goal should involve *clinical skill development*, 1 should have an *inter-professional focus* and 1 goal should involve *leadership development.*** For each Learning Plan that is posted, students should title the posting to reflect the goal as well as the date of the posting.
- Include previous preceptor feedback on areas needing improvement (if applicable) should be incorporated into this Learning Plan. This allows preceptor(s) to better support the student to achieve ongoing skill/knowledge/attitude development across placements.
- Review the CSHP Webinar and handout listed in the Required Reading list as it will help with development of goals and objective(s). It is suggested to review the handout and focus on slides 11-39.
- Determine indicators that will indicate progress or achievement of each goal.
- **Post the initial Learning Plan on MyCred in the GOALS module at least 1 week prior to the start of the placement to allow the preceptor to review.**
- Review and finalize the goals and objectives with the preceptor during the first few days of the placement. When finalized, post the *revised* Learning Plan on MyCred.
- Discuss the progress achieved for each Learning Plan goal with the preceptor at the midpoint and final of the placement and post the updated Learning Plans.
- **MIDPOINT:** Discuss the progress achieved for each Learning Plan goal with the preceptor at the midpoint. Outcomes and areas identified as "needing improvement" on the Midpoint Student Performance Assessment should be included in the Midpoint Learning Plan so they can be addressed during the second half of the placement. Post the updated Learning Plan into MyCred.
- **END OF PLACEMENT:** Discuss the progress regarding all goals at the end of the placement with the preceptor. Post the updated Learning Plans into MyCred at the end of the placement.

  If Applicable: Preceptor feedback from the previously completed Final Student Performance assessment should be incorporated into the learning objectives on the initial Learning Plan for the next placement. This allows future preceptors to better support the student to achieve ongoing skill/knowledge/attitude development across placements. *This applies to students who are proceeding to another placement.*

4b. Learning Plan Template (templates are posted on eClass)

Previous Preceptor Feedback: students should summarize feedback provided from their Pharm 426 and 428 preceptors regarding strengths and areas for improvement. These should be discussed along with the Learning Plans at the start of the placement.
Strengths:
Areas for Improvement:

1. CLINICAL SKILL DEVELOPMENT Learning Goal: *to be developed by student*	
Learning Objective(s): *use SMART format (objectives must be measurable/observable by the preceptor).*	***Indicators of Progress:*** *Describe the indicators that will inform you of your progress or achievement. Examples include debriefing with preceptor, receiving feedback from team members, self-reflection or evaluation, etc.*
Progress at MIDPOINT (end week 4) *Summarize: Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement*	*Student to type progress here*
Progress at FINAL (end week 8) *Summarize: Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement*	*Student to type progress here.*
2. INTER-PROFESSIONAL Learning Goal: *to be developed by student*	
Learning Objective(s): *Use SMART format (objectives must be measurable/observable by your preceptor).*	***Indicators of Progress:*** *Describe the indicators that will inform you of your progress or achievement. Examples include debriefing with preceptor, receiving feedback from team members, self-reflection or evaluation, etc.*
Progress at MIDPOINT (end week 4) *Summarize: Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement*	*Student to type progress here.*
Progress at FINAL (end week 8) *Summarize: Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement*	*Student to type progress here.*
3. LEADERSHIP DEVELOPMENT Learning Goal: *to be developed by student*	
Learning Objective(s): *Use SMART format (objectives must be measurable/observable by your preceptor).*	***Indicators of Progress:*** *Describe the indicators that will inform you of your progress or achievement. Examples include debriefing with preceptor, receiving feedback from team members, self-reflection or evaluation, etc.*
Progress at MIDPOINT (end week 4) *Summarize: Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement*	*Student to type progress here*
Progress at FINAL (end week 8) *Summarize: Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement*	*Student to type progress here.*

APPENDIX 5: Activity, Assignment and Assessment Schedule

Students are required to thoroughly read the syllabus to ensure they are meeting all course objectives. This outline should be used as a guideline.

Week	Student Activities
1-4 weeks before placement starts	Review: ☐ Therapeutics as instructed by preceptor or relevant to the practice area. ☐ Syllabus: Required Reading List, objectives, assessment information, course activities and assignments. Students should ensure they have: ☐ Corresponded with preceptor regarding: start time, dress code, parking, etc. ☐ Provided their preceptor with their Netcare registration form (if applicable) ☐ Started to develop the Learning Plans; post on MyCred at least 1 week prior to placement.
Week 1: Orientation, Create Placement Schedule, Learning Plans, Early Assessments **Date: _____**	
Orientation	☐ Review and discuss the Preceptor Feedback and the 3 Learning Plans. ☐ Review course objectives and activities. ☐ Develop preliminary schedule: plan activities and assignments. ☐ Discuss student/preceptor expectations and responsibilities. ☐ Discuss assessment processes and timelines; including informal feedback and debriefing. ☐ Tour of pharmacy/facility. ☐ Log-in to ensure Netcare access, as well as access to other on-site systems.
Patient Care	☐ Discuss care plans, clinical documentation; format and process
Assessments and Learning Plan	☐ **END of Week 1**: Complete, submit and discuss Student and Preceptor EARLY ASSESSMENTS (RxPreceptor) ☐ Post revised Learning Plans on MyCred
Weeks 2: and 3 Date: _____	
Patient Care	☐ Continue to provide care to patients. Develop and discuss care plans and documentation Minimum 20 patients/8 weeks.
eClass Posting Due: 9:00PM, 3rd Thursday	☐ ASSIGNMENT: First care plan must be posted by **9:00 PM on the 3rd Thursday** of the placement. Ensure preceptor review prior to posting. ☐ Discuss activities and assignments; e.g. presentation, in-service, etc.
Week 4: Date: _____	
Patient Care	☐ Continue Patient Medication and Medical Reviews; care plans and corresponding documentation.
Mid-Point Assessments	☐ MID-POINT Assessments (RxPreceptor): Complete the midpoint Self-Assessment in preparation for the Student Performance Assessment discussion. ☐ Student Performance Assessment: midpoint; completed by preceptor; review with student. ☐ Student Evaluation of Preceptor; midpoint; and Student Self-Assessment (midpoint); discuss both with preceptor.
Learning Plan	☐ Update and post the 3 Learning Plans (MyCred). Outcomes and skills that are identified by the preceptor as needing improvement should be included.

Week 5 and 6: Date: _____	
Patient Care	☐ Continue with Patient Reviews; care plans and documentation. Review with preceptor. ☐ Continue planning/completion of activities and corresponding assignments
eClass Postings Due: 9PM, 6th Thursday	☐ Post second care plan by **9:00 PM on the 6th Thursday** of the placement. Ensure preceptor review prior to posting.
Week 7: Date: _____	
Patient Care/Actitivites and Assignments	☐ Continue with patient reviews; should be close to or exceed the minimum of 20 patients. ☐ Ensure activities are completed. To allow for "redos" if required.
Week 8: Date: _____	
Finalize activities and assignments	☐ Review activities and assignments to ensure all have been completed and posted. (Professional Practice and Education Assignments). ☐ Update and submit the final Learning Plans on MyCred. ☐ Ensure continuity of care is communicated to patient pharmacy team.
FINAL Assessments (RxPreceptor)	☐ Final Student Performance Assessment and Placement Grade; completed by preceptor; reviewed with student. ☐ Student Self-Assessment (final): discuss with preceptor.
Posting of Assignments Surveys	☐ All assignments are to be posted by last day of placement on eClass ☐ Post the finalized Learning Plans on MyCred ☐ Submit Preceptor Awards form; form emailed to students ☐ Post Rotation Survey (RxPreceptor); submit AFTER leaving site; due 48 hours after placement completion ☐ Anonymous Student Survey (survey link emailed to student)