UNIVERSITY OF ALBERTA
FACULTY OF PHARMACY AND PHARMACEUTICAL SCIENCES

PHARM 513 & 514
COURSE OUTLINE and SYLLABUS

Winter, Spring/Summer 2016/17

Pharm 513: PharmD Experiential Learning Part 3 – Community/Ambulatory Practice
Pharm 514: PharmD Elective (when in a Community/Ambulatory setting)

Course weight: *6

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

Revision approved at Curriculum Committee September 23, 2015
Revised: May 25, 2016

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Course Prerequisites

- Students must achieve satisfactory standing in PHARM 501, PHARM 502, PHARM 503, and PHARM 504 or with Faculty consent.
- Students must be licensed by the Alberta College of Pharmacists as a clinical pharmacist and authorized to give injections.
- Placements may be cancelled or rescheduled if course prerequisites are not met by the deadlines specified in the **PharmD for Practicing Pharmacists Experiential Education Manual**.
- Courses are restricted to PharmD students

Other Course Requirements

For further information, refer to the **PharmD for Practicing Pharmacists Experiential Education Manual** or the University Calendar. Requirements are monitored by the Faculty & must be provided to Student Services (MSB 2-55). All requirements must be provided at least 30 days before the start of the first placement. Students who fail to provide the documentation outlined in the course requirements, will not be able to begin their placements as scheduled. The requirements include:

- Police Information Check with Vulnerable Sector Check
- Proof of licensure
- Proof of authorization to give injections
- Proof of minimum of $2 million in personal liability insurance.
- Up-to-date immunization record
- Up-to-date N95 certification
- Standard or Emergency First-Aid and Level C CPR
- AHS Information & Privacy and IT Security & Compliance Training Module Certificate
- AHS Informed Consent for Disclosure of Personal Information form
- AHS Student Orientation Modules

Required Textbooks

There are no required textbooks for this course.

Suggested Readings

- The Patient Care Process, Faculty of Pharmacy & Pharmaceutical Sciences and Pharmacy Services, Alberta Health Services, Version 1.3, August 2013
  - http://pharm.ualberta.ca/-/media/pharm/preceptors/documents/training-and-resources/pcp-whole-document-updated-august-2013.pdf
- Clinical Skills for Pharmacists (3rd edition) 2012, Chapter 6, The Patient Case Presentation
  - http://www.sciencedirect.com/science/article/pii/B9780323077385100067
- Institute for Innovation and Improvement, Safer Care, SBAR
  - http://www.institute.nhs.uk/safer_care/safer_care/situation_background_assessment_recommendation.html
- Schwartz m, et al. Improving journal club presentations, or, I can present that paper in under 10 minutes. *EMB* 2007; 12:66-68.
- Please refer to the Site descriptions to obtain suggested readings for the placement sites.

Suggested Readings for Learning Plan Development:

- Writing SMART implementation objectives Alberta College of Pharmacist's website (requires login)
  - https://pharmacists.ab.ca/sites/default/files/SMART_Objectives.pdf
- ACPE Information for Pharmacists: Continuing Professional Development (CPD) https://www.acpe-accredit.org/pharmacists/CPD.asp
  - CPD 101
  - Inventory of Learning Styles
  - Using Reflection to Create a Learning Plan
- Epstein RM, Siegel DJ and Silberman J. Self-Monitoring in Clinical Practice: A Challenge for Medical Educators. *JOURNAL OF CONTINUING EDUCATION IN THE HEALTH PROFESSIONS*. 2008; 28(1):5–13

Other Required Materials

Students are required to wear their Faculty identification at all times while they are in the practice environment. Students are required to have a lab coat and should be prepared to wear it while on placement. Students may be requested to bring their personal laptops to the practice site for non-direct patient care activities. Additional requirements will be described in the site description

Additional Course Fees

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

Course Schedule

These courses are offered in variable terms. Students will be placed based on placement availability and course requirements with consideration of student preferences. For additional information on scheduling policies and procedures, please refer to the PharmD for Practicing Pharmacist Experiential Education Manual Section 4. Students enrolled in this program are expected to travel within the province to complete their experiential education course requirements. Travel and accommodation expenses are the responsibility of the student. Students must register for the course in the term that the placement is scheduled to occur in accordance with University Policies outlined in the Calendar. NOTE: PHARM 513 may be repeated as PHARM 514 and will follow the course outline & syllabus for PHARM 513

Block 1 January 9-February 17, 2017
Block 2 February 20-March 31, 2017
Block 3 April 10-May 19, 2017
Block 4 May 22-June 30, 2017
Block 5 July 3-August 11, 2017
Block 6 August 14-September 22, 2017

Please Note: students enrolled in PHARM 505 are expected to be away from the placement site to attend PHARM 505 Seminars.

Note. *The above schedule and procedures in this course are subject to change in the event of extenuating circumstances.*

Conflict of Interest Disclosure

Students must have an awareness of possible conflicts of interest when participating in the experiential education matching process. Major conflicts of interest include a relationship that could negatively impact an ability to learn, cause bias, or hinder meaningful and/or constructive feedback. In the event that a student identifies a placement opportunity in RxPreceptor to which a major conflict of interest exists, the student must notify the course coordinator of the conflict of interest prior to scheduling placements. The Director of Experiential Education (or designate) will review the disclosures.

Course Description:
The PharmD student will be expected to demonstrate professional competencies in the provision of patient care. Direct patient care activities will include health assessment, therapeutic drug monitoring, provision of drug information, and contributing to patient care in an ambulatory or community setting. An ambulatory or community setting is defined as a practice setting where patients seek care while residing in their primary residence such as a retail pharmacy, a primary care network, or an ambulatory practice. The student is expected to fulfill the role of a pharmacist, accepting professional responsibility and accountability under the preceptor's guidance. The preceptor is expected to guide the student to enhance patient care skills, develop knowledge and navigate the practice setting.

Course Objectives
The course objectives and activities describe the competencies required for patient care. The course is designed to develop the following ***knowledge, skills and attitudes***:

Knowledge

1. Integrate evidence with patient values, goals and data to resolve medication related issues and plan care.
2. Demonstrate development of knowledge required to practice as a pharmacist in the specific clinical context as described in the site description.

Skills

3. Effectively communicate non-verbally & verbally with a variety of audiences.
4. Provide pharmaceutical care and mange patients' medication and health needs as part of an interprofessional team.
5. Exercise critical thinking, clinical judgment, and interprofessional collaboration to make informed decisions and solve problems.
6. Demonstrate the interprofessional competencies of communication, collaboration, role clarification and reflection to achieve common goals.
7. Participate in the education of patients, other healthcare workers, and pharmacy and allied health care students, interns and residents.
8. Manage time and resources effectively.

Attitudes

9. Establish a collaborative, respectful, ethical relationship with the patient.
10. Demonstrate professional responsibility and accountability to the patient and team.
11. Advocate for patients and the profession in the clinical context.
12. Engage in a reflective and self-directed practice.

Placement Activities and Assignments

Placement Activities

1. Provide patient care
    a. Develop & maintain a professional, collaborative relationship with the patient
    b. Interview the patient or agent or other relevant healthcare providers to obtain necessary information
    c. Gather and organize the information required to determine the patient's medication related & other relevant health related needs
    d. Assess if the patient's medication needs are being met
    e. List and prioritize the patient's medical conditions and drug related problems
    f. Develop a care plan that prioritizes and addresses the patient's medication-therapy problems & wellness needs
    g. Advocate for the patient's health related needs
    h. Implement, evaluate and modify patient specific care plans
    i. Communicate and document patient care activities
    j. Provide continuity of care
2. Work collaboratively with the patient, family, care givers and other healthcare professionals to facilitate the management of the patient's health needs
3. Provide patient education
4. Participate in meetings or rounds as appropriate
5. Attend relevant educational opportunities at the site
6. Respond to drug information requests
7. Participate in the site's process for reporting and managing medication errors and adverse drug reactions
8. Contribute to experiential learning for junior pharmacy students in collaboration with the preceptor when applicable (see Near Peer Teaching Activities)
9. Prioritize patient care activities and other placement responsibilities
10. Debrief and discuss placement activities with the preceptor

Near Peer Teaching Activities

PharmD students are expected to temporarily assume the role of the coach or instructor different points throughout the placement when they are at the same site or on the same services as B.Sc. Pharmacy students. PharmD students will receive feedback and be evaluated on their precepting skills. The preceptor and student will collaborate to define the role based on the student's previous experience, stage in program and the clinical area. Please refer to the Near Peer Teaching Guide for additional information. The role should include:

1. Assist with orientation and clarifying expectations
2. Oversee daily junior learner activities
3. Model, observe, coach & debrief patient care activities with junior learners
4. Review & provide feedback on junior learner care plans, documentation and assignments
5. Provide feedback to junior learners on knowledge & skills
6. Develop and/or lead therapeutic or patient discussions, as determined

Placement Assignments

1. Learning Plans – The student must complete a Learning Plan for each placement (Appendix 1). The Learning Plan helps prepare the student for learning and assists in reflection and self-assessment. Through the process, the student is expected to develop objectives that describe the skills and

knowledge they plan to focus on. These learning objectives should be written using SMART format. The placement Learning Plan should be:

a. Provided to the preceptor, in draft form, one week before the placement begins by adding it to the MyCred portfolio under Goals.
b. Refined and finalized during the Early Placement Assessment discussion. By the end of this discussion, each objective should be well defined and linked to relevant placement activities. The student should also determine markers of achieving or making progress towards their objectives.
c. Reviewed and updated at subsequent assessment points to indicate progress.
d. Uploaded into RXPreceptor at the end of the placement as a Field Encounter.

2. Clinical assignments – Students should complete 2 assignments per placement. The assignments may include presentations or writing assignments and should be of importance to the team. The preceptor and the student should negotiate the assignment details. The student is responsible for completing the assignment to the expectations set with the preceptor. The assignment may be assessed using a rubric provided by the Faculty. The assignment quality will be factored into the overall placement mark. Students may be required to repeat or redo assignments that are not satisfactorily completed. The assignment should be added to MyCred Portfolio.
    a. Examples include: Presenting a case, developing an education session or tool (interdisciplinary or patient audience), delivering a journal club. Suggested formats for presentations are found in Appendix 2.

<u>Evaluation of Assignments</u>
Rubrics have been developed to assess the students' presentation skills and may be found in Appendix 3. The student must upload a copy of the preceptor's (or designate) assessment to RxPreceptor as a field encounter.

Assessment
Students will be assessed on their ability to demonstrate the placement outcomes. Preceptors will complete the Pharm 512/513 student assessments in Rx Preceptor using the rubric developed by the Experiential Education team (Appendix 4). For each outcome, the preceptor will provide a rating from the following scale:

- Exceeds an Acceptable Level of Performance
- Meets an Acceptable Level of Performance
- Needs Improvement to Reach an Acceptable Level of Performance
- Not Meeting an Acceptable Level of Performance

Preceptors will base their assessments on observation of the student, discussion and debriefing with the student, feedback from patients and other healthcare professionals as well as quality of placement assignments. If the student is involved in Near Peer Teaching, the preceptor and the student must complete the Near Peer Teaching Evaluation in the relevant assessments.

Objectives to address any areas rated below expected at the midpoint should be added to the learning plan for the second half of the placement. Any area rated below expected (either Needs Improvement or Not Meeting an Acceptable Level of Performance) on a final evaluation must be incorporated into the objectives of the learning plans for subsequent placements. It is recommended that students carry forward items where previous preceptors have given constructive feedback. This process allows the student to track

growth across all placements and gives new preceptors information to better support continuity of skill development.

Activity/Assessment/Responsibility	Weight	Placement Point (Due Date)
Learning Plans Assignment: Student responsibility: Upload to MyCred Goals	Required for course credit	1 week prior to placement
Early Assessment: *Preceptor responsibility:* • PharmD Early Assessment of Student in RxPreceptor (preceptor to complete and discuss with student) *Student responsibility:* • PharmD Early Assessment of Preceptor in RxPreceptor (student to complete and discuss with preceptor) **Learning Plan Assignment** • Finalize learning objectives, related activities & evidence of progress sections (student to complete & discuss with preceptor)	Required for course credit	End of 40 hours (week 1) of the placement
Midpoint Assessments *Preceptor responsibility:* • PHARM 512/13 Student Performance Assessment– Midpoint in RxPreceptor (preceptor to complete and discuss with student) *Student responsibility:* • PHARM 512/13 Student Self Assessment in RxPreceptor (student to complete and provide to preceptor) • Student Evaluation of Preceptor and Site – Midpoint in RxPreceptor (student to complete and discuss with the preceptor) **Learning Plan Assignment** *Student responsibility:* • Update Learning Plan - complete the "Progress at Midpoint" column incorporate new goals or update/refine existing ones as appropriate. Share with preceptor.	Required for course credit	End of 120 hours (week 3)
Final Assessment: *Preceptor Responsibility* • PHARM 512/13 Student Performance Assessment– Final in RxPreceptor (preceptor to complete and discuss with student) *Student responsibility:* • Student Evaluation of Preceptor and Site – Final in RxPreceptor (student to complete and discuss with the preceptor) • Post Course Evaluation of Preceptor and Practice Setting (does not need to be shared with the preceptor) **Learning Plan Assignment** *Student Responsibility* • Complete the "Progress at Final" column of the learning plan. • Upload learning plan into RxPreceptor as a field encounter.	Required for course credit	End of 240 hours (week 6) (Post Course: Within 5 calendar days of the end of the placement)
Activity/Assessment/Responsibility	**Weight**	**Placement Point (Due Date)**
Preceptor Nomination *Student Responsibility (optional):*	optional	After the end of the placement

• Consider preceptor nomination for Preceptor of the Year award or Preceptor Recognition Program. If fitting, complete the appropriate survey in RxPreceptor.		

Grading
Course is credit/no credit. Preceptors will assign a placement grade and the Course Coordinator will assign a final course grade based on the preceptor assessments and the completion of all other course requirements.

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. 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.

Failed Experiential Education Placements
Students receive a grade of no credit, placed on Academic Warning and considered to be in Conditional Standing. The student must retake the course involved the next time it is offered. The student must meet with the Course Coordinator to discuss the failed placement, and opportunities to retake the course. Failure of a placement will extend the duration of a student's program and may result in changes to the student's placement schedule and convocation date. Failure to pass the course on the second attempt will result in withdrawal of the student from the program.

Instructor Assumptions
Experiential education is most successful when learners and practice sites are engaged in learning with and from each other. In the placement environment, the students are expected to drive the learning process. They should take an active role in their learning by setting goals, seeking out learning opportunities and being self directed. Students should expect to spend time outside of the placement hours preparing for patient care activities and completing non direct patient care assignments. See Section 2 of the Experiential Education Manual for additional student responsibilities.

Preceptors
Preceptors in this program are selected based on their practice experience and enthusiasm for teaching. The majority of the preceptors are Clinical Preceptors or Clinical Academic Colleagues who demonstrate excellence in their practice. Students must be respectful of the preceptor and the work environment. (Student Code of Behaviour).

Students are invited to participate in the nomination process for the Preceptor of the Year award and Preceptor Recognition Program. Information regarding these awards can be found in the Experiential Education Manual.

Experiential Education Policies
Please refer to the PharmD for Practicing Pharmacists Experiential Education Manual for experiential educations policies.

Technology Requirements

eClass

Students must routinely access eClass (powered by Moodle) to obtain course information. The Experiential Education Manual will be posted on eClass. Supplementary material includes assignment descriptions, checklists or other resources

RxPreceptor

Students must access RxPreceptor to view placement availability and site descriptions. They must adhere to the matching deadlines in this document to ensure that their preferences are accounted for. Failure to adhere to these procedures and deadlines will impact the student's selection of placements. Student must also complete all relevent placement and course evaluations in RxPreceptor.

MyCred

Students should be contributing to and updating their e-portfolios as they complete their experiential educaiton courses.

Personal Computers

Student may be asked to bring personal lap tops to placement sites to use for non-patient care activities due to space limitations at the practice site.

U of A Communications Policy

The University has approved an Electronic Communications Policy for Students and Applicants. When appropriate, the University, including course instructors, will send you important information through e-mail. As a result, you will receive this information in a timely way and can follow-up promptly. Please keep in mind these key points regarding electronic communications relating to this course:

- Check your e-mail at least once a week.
- All students and applicants are assigned a University of Alberta Campus Computing ID (CCID) with e-mail privileges. The 'CCID@ualberta.ca' e-mail address originally assigned by the University is the e-mail address to which communications will be sent relating to this course.
- You must advise Academic Information and Communication Technologies (AICT) immediately of any problems encountered with University e-mail accounts by contacting the Help Desk at www.ualberta.ca/HELP or by calling 780.492.9400.
- It is recommended that you do not forward your University directed e-mail to other non-University e-mail addresses such as those provided by Hotmail, Yahoo, Shaw, TELUS, etc. You could miss important communications that may affect your University career.
- When emailing a course instructor, include 513 or 514 in the subject line to ensure the screening process does not delete your email. Please use your U of A email address.

Failure to receive or read University communications sent to the University e-mail address in a timely manner does not absolve students and applicants from knowing, responding to or complying with the content of that communication.

See the full policy at http://www.registrar.ualberta.ca/ecommunications

Specialized Support and Disability Services (SSDS)

Students registered with Specialized Support and Disability Services (SSDS) who will be requiring accommodations in the practice environment, are required to provide a *"Letter of Introduction*"

Equality, Equity and Respect

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

Appendix 1: Placement Learning Plan Template

Learning Plan – Pharm 511-14
PharmD for Practicing Pharmacists

Name:	Placement Site:	Block:	Course #

Learning Goal • indicate what knowledge or skill(s) you would like to obtain and elaborate on relevance or applicability to the placement as appropriate. • SMART format preferred (if applicable).	**Related Activities** • specify the activities, tasks, or deliverables you will do, participate in or complete in order to achieve your learning goal.	**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 (Completed by student at 120 hr)** **Summary** • key accomplishments • important next steps • behaviours/skills/knowledge requiring further improvement	**Progress at FINAL (Completed by student at 240 hrs)** **Summary** • key accomplishments • important next steps • behaviours/skills/knowledge requiring further improvement
1.				
2.				
3.				
4.				

Previous Feedback: Strengths	Previous Feedback: Areas for improvement

Appendix 1: Placement Learning Plan Example

Learning Plan – Pharm 511-14
Post Professional Doctor of Pharmacy Program

Learning Objective	**Related Activities** • specify the activities, tasks, or deliverables you will do, participate in or complete in order to achieve your learning goal.	**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 (Completed by student at 120 hr)** **Summary** • key accomplishments • important next steps • behaviours/skills/knowledge requiring further improvement	**Progress at FINAL (Completed by student at 240 hrs)** **Summary** • key accomplishments • important next steps • behaviours/skills/knowledge requiring further improvement
1. Demonstrate a consistent process for conducting and documenting a thorough initial assessment at patient admission by the midpoint of the rotation. Continue to refine these skills until the end of the rotation.	• Timely medication reconciliation • Conducting physical assessment as appropriate • Developing/utilizing a care plan monitoring sheet or documentation system Completing timely, specific, and concise documentation in patient chart	• Self evaluate whether or not I have established a process and how comfortable I am with using this process • Review my assessment chart notes with my preceptor and seek feedback from them Ask my preceptor to evaluation to evaluate my physical assessment techniques	• With self-reflection, I feel I have established my process and time management to complete these tasks for each new admission. Improvements include more consistent use of the pharmacy monitoring sheets (sometimes I run out of time to update them at the end of the day, and rely on my memory the next day – this would be challenging with a full roster!) • I would like to further review some of my chart notes with my preceptor. My notes are quite comprehensive, but can lengthy. I would like to improve on efficiency & making my notes more succinct.	My preceptor and I reviewed some of my chart notes and I received feedback on my documentation style. In particular, my preceptor commented that she thinks that it is useful for me to include more detail in the "Data" portion of my notes, but that my "Assessment" and "Plan" portions can be briefer so that it is clear to other team members. I was also given the feedback to avoid using pharmacy jargon. I improved my efficiency in documenting and found that my process and workflow was well managed in the second half of the rotation.

NOTE – This is an example of 1 goal only. Learning Plans will typically have several goals.

Appendix 2: Suggest Format For Clinical Assignment's

Journal Club (http://ebm.bmj.com/content/12/3/66.2.full.pdf+html)

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

Case Presentation

(Adapted with permission from APPRC Education Manual, Pharmacy Services, Alberta Health Services**)**
The purpose of the case presentation is to demonstrate an integrated pharmaceutical care approach that reflects the student's evidence-based pharmacotherapy knowledge, literature evaluation skills and respect for unique patient factors that demand individualization of therapy. Students should select a patient case where their direct interaction allowed them to assess the patient's drug-related problems (DRPs) and where the intervention significantly affected, or potentially will affect, outcomes.

Every case presentation should include:

- **a.** Introduction/outline
- **b.** Presentation of patient case and data
- **c.** Listing of all DRPs and selection of main DRP
- **d.** Disease state background
- **e.** Goals of therapy
- **f.** Therapeutic alternatives
- **g.** Focused clinical question (PICO format) or Disease State Review
- **h.** Therapeutic recommendation
- **i.** Monitoring plan (efficacy/toxicity) and resolution of patient case

a. Introduction

Introduce the case briefly with remarks that explain why the case was chosen and what the main focus of the presentation will be. Provide a brief outline of the major components of the presentation. and learning objectives for the audience. If the case presentation components will be presented in a non-standard order, explain why that approach was chosen.

b. Patient Data

Present concise summary of the patient's history based on the Patient Care Process & How to Present a Patient (Suggested Readings). summarizing and/or providing additional details where appropriate to establish the focus topic:

- summarize relevant medical and drug therapy history, prior to the events which are the focus of the case presentation
- summarize presenting symptoms, physical assessment, labs tests, diagnostic exams (e.g. chest x-ray's etc.) pertaining to the focus of the presentation
- describe the patient's drug therapy relating to the case presentation focus, including:
- indications for drug therapy
- specifics of the drug therapy regimen (e.g. dose, route, duration)
- describe the patient's progress related to the case presentation focus

c. Listing of all DRPs and Selection of Main DRP
List ALL DRPs related to that patient and highlight the DRP that will be the focus of the presentation. The DRP selected does not need to be the most important DRP; it will simply be the focus of your presentation. Please note that you should be familiar with all aspects of this patient's case and prepared to answer any questions related to any of the DRPs, regardless of whether it was the main focus of your presentation.

d. Disease State Background
Briefly review the disease state relevant to your main DRP. Your review should include pathophysiology, therapeutic alternatives and any therapeutic controversies relevant to your patient case.

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

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

g. Focused Clinical Question Or Disease state review

Focused Clinical question

- State the focused clinical question using the PICO format:

P – Patient, population or problem *(How would I describe a group of patients similar to mine?)*
I – Intervention, prognostic factor or exposure *(Which main intervention, prognostic factor or exposure am I considering?)*
C – Comparator or alternative intervention (if appropriate) *(What is the main alternative to compare with the intervention?)*
O – Outcome you would like to measure or achieve *(What can I hope to accomplish, measure, improve or affect?)*

Example:

Patient	**I**ntervention	**C**omparator	**O**utcome
In a mechanically ventilated ICU patient…	…would administering IV ranitidine…	…compared to sucralfate given via NG tube…	…reduce clinically important bleeding?

- Describe the search strategy

Outline what search strategy was employed to answer your focused clinical question. You should include databases searched, key words used, any limits or mesh terminology applied and results of your search. The expectation is that a search of primary literature is performed.

- Review and summarize the evidence

Review each of the meta-analyses, studies or case reports you have selected as being relevant to answer your clinical question. Each review should include the patient population (number of patients, characteristics, inclusion/exclusion criteria), the intervention, results, and your interpretation of the validity of the study. Summarize the evidence you have reviewed and explain the relevance to your patient where applicable.

Disease State Review

- Relate the patient case to the disease state by describing the following aspects of the disease:
    - Definition
    - Incidence
    - Prevalence
    - Etiology

    - Pathology
    - Major symptoms/Clinical presentation
    - Diagnostic laboratory tests
    - Prognosis: treated and untreated
- Describe recommended pharmacological and non-pharmacological management (Mechanism of action, pharmacokinetics, clinical indications, drug interactions, adverse drug reactions, dosing, monitoring parameters and patient information)

h. Therapeutic Recommendation

Outline the recommendation(s) you made for the patient to achieve the individualized therapeutic goals for the patient's main DRP. Explain why this was chosen as the best solution(s) for the patient incorporating best evidence principles and patient-specific factors.

i. Monitoring Plan and Resolution of Case

Describe monitoring parameters and activities that were/would be done to determine the outcome of any drug therapy recommendations made for the main DRP. Where possible, present the results of follow-up monitoring to illustrate the patient outcome.

Appendix 3: Placement Activity Evaluation Forms

Journal Club Rubric: PharmD Experiential Learning

Pharm 505: Seminar Informative Seminar Assessment Rubric

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

Criterion (Ideal Exemplar)	**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 the problem or patient case considering 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	1	2	3	4

Comments:

Case Presentation Rubric: PharmD Experiential Learning (Adapted from Pharm 505 Comprehensive Seminar Rubric)

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. Some important information or skills incomplete, missing, or suboptimal depth and/or breadth.	**3 – Meets Expectations** 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 information at an appropriate depth & breadth

Criterion (Ideal Exemplar)	**Scale**			
Patient Data • Presents a concise summary of the patient's history • Presents only relevant data • Accurately interprets physical assessment, laboratory & diagnostic data	1	2	3	4
Care Plan I • Accurately identifies primary drug related problems • Identifies and prioritizes other relevant DRPs/medical conditions with consideration to patient factors • Develops realistic, patient-centered goals of therapy	1	2	3	4
Evidence Presentation (Focused Clinical Question Format) • States the focused clinical question • Review the most relevant supporting evidence & applies principles of EBM • Formulates an accurate summary based on a balance of the evidence & the context of the problem Disease State Presentation (Disease State Review Format) • Presents thorough summary of relevant facets of the disease • Summarizes the pharmacological & non pharmacological management • Adapts assessment and management strategies to the case	1	2	3	4
Care Plan II (for the primary DRP) • Weighs the risks and benefits of treatment choices • Recommends a course of action for the main drug related problem that is based on evidence & patient specific factors • Develops comprehensive monitoring plans	1	2	3	4
Presentation Skills • Speaks clearly; uses appropriate pace & tone • Uses language that is appropriate for the audience • Gestures & body language enhance the presentation • Poised & maintains focus • AV materials & handouts enhance the presentation • Adheres to time limits (____min)	1	2	3	4
Development & Organization • Topic is relevant to the audience • Defines relevant, action-orientated learning objectives • Key points link to the objectives with minimal or no irrelevant information • Key points are presented in a logical, coherent way; uses transitions well • Content is appropriate for the audience	1	2	3	4

Questions • Quickly grasps the intent of questions • Answers are concise & complete • Appropriately addresses questions beyond their scope of knowledge	1	2	3	4
Overall Impression	1	2	3	4
Comments				

Presentation Evaluation Rubric
Adapted from Pharm 505: Long Seminar Assessment Rubric

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.

1 – Unacceptable	**2 – Needs Improvement**	**3 – Acceptable**	**4 – Remarkable**
Outcome measure clearly not achieved. Information substantially incomplete, missing, or at an inappropriate depth and/or breadth.	Outcome measure partially achieved. Some important information incomplete, missing, or suboptimal depth and/or breadth.	Outcome measure generally achieved. All important information included, but depth and/or breadth may be suboptimal for some aspects.	Outcome measure achieved in exemplary fashion. Exceptionally complete and succinct presentation at an appropriate depth & breadth.

Criterion (Ideal Exemplar)	**Scale**			
Development & Organization				
• Topic is relevant to the audience • Defines relevant, action-orientated learning objectives • Selects the most relevant supporting evidence • Key points link to the objectives with minimal or no irrelevant information • Key points are presented in a logical, coherent way; uses transitions well • Content is appropriate for the audience	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 • Poised and maintains focus • AV materials & handouts enhance the presentation • Adheres to time limits	1	2	3	4
Questions				
• Quickly grasps the intent of questions • Answers are concise & completes • Effectively answers questions to enhance presentation	1	2	3	4
Total				**/16**

Comments (constructive criticism of presentation content or skills with thoughtful suggestions of how to improve and/or exemplar(s) of content or skills that were particularly well done)

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 we 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: Assessment Outcomes

Outcome	Expected Behaviour
Professional	
Practices in an ethical manner and displays professional behaviour.	• practices according to the Alberta College of Pharmacists Code of Ethics • practices with honesty and integrity • responds to and incorporates feedback on ways to improve. • respects patients/other team members and does not engage in distracting behavior
Practices in manner demonstrating professional 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.
Demonstrates initiative within the practice setting.	• takes initiative to learn, enhance skills and integrate knowledge (i.e. maximizes learning opportunities). • evaluates their practice and knowledge to identify areas for continuing professional development. • Seeks and interprets multiple sources of feedback to identify limitations or strengths in competence / performance
Communicator	
Demonstrates effective non-verbal and verbal communication skills.	• speaks clearly and effectively. • uses appropriate language. • uses appropriate non-verbal communication (i.e. open body language, use of facial expressions) and responds to non-verbal cues • listens and responds to verbal cues. • manages the flow of encounters. • demonstrates the appropriate level of confidence.
Effectively communicates in writing.	• correctly applies the rules of syntax, grammar and punctuation. • adapts the content of their writing to suit target audience. • uses appropriate tone for intended audience (i.e. drug info questions, written assignments etc) • provides appropriate level of detail and complexity.
Care Provider	
Develops and maintains professional relationships with patients/care givers.	• engages patients independently. • exhibits sensitivity, respect and empathy with patients and care givers. • establishes goals in collaboration with the patient • determines when it is ethically and professionally appropriate to involve (or not involve) caregivers and/or family members.
Gathers relevant medical and medication history. **(Pharm 512 & Pharm 513)**	• employs effective interviewing techniques (i.e. appropriate open and closed ended questions, uses motivational interviewing where appropriate). • employs a systematic process to gather data accurately based on the Patient Care Process document. • gathers and interprets relevant lab tests and diagnostic assessments • completes a physical exam when applicable (e.g. blood pressure assessment) and interprets appropriately to assess need for or monitoring of drug therapy. • clarifies and manages conflicting data • synthesizes data to complete a history in a timely fashion

Outcome	Expected Behaviour
Assesses if the patient's medication-related needs are being met. **(Pharm 512 & Pharm 513)**	• evaluates patient's medications for indication, efficacy, safety, and adherence • determines whether a patient's medications are achieving the desired goals • identifies medical conditions where medication related needs are not currently being addressed • Prioritizes medication related needs based on urgency, patient preference and available resources.
Assesses if the patient's medication-related needs are being met in collaboration with the patient care team. **(Pharm 511)**	• contributes to obtaining an accurate and comprehensive patient history • gathers and interprets appropriate patient information and investigations to identify drug related problems • evaluates patient's medications for indication, efficacy, safety, and adherence • determines whether a patient's medications are achieving the desired goals • identifies medical conditions where medication related needs are not currently being addressed • prioritizes medication-related needs based on urgency, patient preference and available resources.
Develops a care plan that addresses medication and health needs.	• establishes relevant & realistic goals • addresses the breadth of issues in the case • considers a realistic set of alternatives and assesses the pros & cons before making a recommendation • develops safe and effective recommendations (recommendations, monitoring, follow-up), including specific actions for managing patients needs (i.e. dispense, adapt, prescribe, refer, order a laboratory test) • Anticipates treatment failures and complications • Identifies patient needs outside of pharmacist's scope that require referral or further collaboration with the team. • Develop a care plan that considers the complexity, uncertainty and ambiguity in the scenario.
Implement the care plan when appropriate.	• implements and adapts plan (if needed) with team and patient/caregivers**.** • undertakes the specific actions specified in the care plan • educates patient about pharmacological and non**-pharmacological** recommendations and verifies understanding. • effectively transfers care to another healthcare professional (when applicable)
Documents patient information and patient care activities in an appropriate manner.	• Writes clearly and with focus, using an organized processes in keeping with the guidelines of the clinical context (i.e. DAP) • Includes content of an appropriate depth and breadth. • Conveys clinical reasoning and rationale for decision making • Completes documentation in a timely • Facilitates continuity of care
Scholar	
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.
Uses evidence based processes to provide drug information and recommendations.	• uses appropriate sources to gather information (e.g. guidelines, primary, secondary and tertiary sources). • documents and references recommendations where applicable. • critically analyzes information. • responds with an appropriate recommendation based on analysis of evidence/information.

Outcome	Expected Behaviour
Integrates clinical judgment and critical thinking.	• Identifies missing knowledge or information when approaching a scenario. • under conditions of uncertainty, weighs the pros and cons of alternatives to makes decisions. • Integrates previous knowledge and experience into decision-making. • logically defends recommendation(s). • anticipates the outcome of decisions and actions.
Collaborator	
Functions as a member of a team within the practice setting **(Pharm 512 & 513)**	• recognizes and respects the roles, responsibilities, and competence of other professionals. • contributes to optimize team functioning. • negotiates overlapping and shared responsibilities. • respectfully shares expertise and points of view. • listens to the opinions of others. • Manages disagreements or conflict in a way that supports collaborative culture.
Understands and respects the role of themselves, the team, and its members (**Pharm 511)**	• takes initiative to identify team members and recognizes the of the roles and responsibilities of others • respects the expertise and competence of others. • contributes to team discussion and performance. • negotiates overlapping & shared responsibilities. • accepts leadership roles where appropriate.
Supports and contributes to team based patient care (**Pharm 511)**	• plans and contributes to the provision of care with other health care team members appropriately and in a coordinated fashion. • provides services and care as agreed upon with the patient and team • participates in team initiatives such as educational or health promotional programs
Demonstrates relational competence required for interprofessional teams (**Pharm 511)**	• Respectfully shares expertise and points of view using appropriate language • Actively makes themselves available • Listens to the opinions of others • Utilizes self reflection as appropriate prior to action • Manages disagreements or conflict in a way that supports collaborative culture • Follows the rules established by the group
Advocate	
Advocates for patients within and beyond the clinical environment. **(Pharm 512 & 513)**	• Identify agencies or resources that address patient needs. • Facilitates timely access to services or resources through advice, education and/or guidance. • Promotes the impact of the pharmacist on patient outcomes and the healthcare team
Near Peer Teaching (Pharm 511 & 512 if Student in a Senior Learner Role)	
Demonstrates a commitment to precepting	• Engages in learning with and from junior learners • Applies effective precepting skills/techniques (i.e. modeling, coaching, clinical questioning) • Encourages the student to engage in self reflection
Provide feedback to enhance the junior student's learning & performance.	• Provides feedback that is specific and provides guidance on how to improve • Feedback is focused on the behaviour and not the individual • Delivers feedback in a timely manner

Outcome	Expected Behaviour
Clearly sets expectations with the junior learner	• Acts a role model for clinical expectations • Define objectives or expectations for a teaching/learning activity • Adapts expectations of learners when required • Consistently accountable for meeting expectations