PHARM 305 Experiential Education

COURSE OUTLINE and SYLLABUS

Spring/Summer, 2016

PHARM 305: Experiential Learning Part 2 – *Community Practice Placement*

*Course weight:* *4*

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**Online course access:** [https://eclass.srv.ualberta.ca/portal/](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*
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COURSE DESCRIPTION

This four-week placement has been designed to allow first-year students to practice and apply the knowledge and skills they have acquired to date to the care of patients in community practice sites. Using the Patient Care Process they have learned at the Faculty, this experience will provide opportunities for students to develop their patient interviewing skills, gather patient information, assess drug therapy by completing a pharmacotherapy work-up, and prepare basic care plans. Students will also be expected to communicate effectively, educate patients on topics learned in the curriculum thus far, answer drug information questions, participate in both health promotion activities and dispensing process and workflow, and begin to fulfill ethical, legal and professional obligations to the profession as well as be socialized to the practice environment and behaviours and attitudes of a pharmacist.

As an introductory placement, practicing various steps in the patient care process is a primary focus in addition to activities that support the pharmacist’s patient care role. By the end of first year, students have taken the Dermatology, Ear, Eye, Nose, and Throat Course and are taught the pharmacist’s role in providing patient care for related conditions. During their first year of study, students have been introduced to the Patient Care Process in both the classroom and practice lab, with a focus on communication skills required for community practice. Students will need guidance to develop the critical thinking and decision-making skills required of a pharmacist for all patients, and notably, for those with conditions not yet taught. Activities developed for the course are intended to allow students to practice what they have learned, apply their skills and knowledge to new situations, and acquire new knowledge and skills through structured activities. Accordingly, preceptor supervision and guidance needs to ensure patient safety is maintained while encouraging students to be self-directed, lifelong learners.

Course Prerequisite: Pharm 300

REQUIRED READING (to be completed prior to placement starting)

1. The Patient Care Process
3. CSHP’s webinar with presentation handout; “Goals and Objectives; What’s the Difference Anyways” Helpful resource for writing learning objectives, which are needed for the Learning Plan Assignment. Go to webinars, scroll down to the topic; May 21, 2014. It is suggested that the handout be printed and reviewed (listening to the webinar is optional). Focus on slides 11-39.
5. There are additional readings/website resources associated with select activities (to be completed during the course) to support discussion topics with the preceptor.

RECOMMENDED RESOURCES

These resources may be helpful for students to use when completing activities and assignments.

1. Standards of Practice for Pharmacists and Pharmacy Technicians: https://pharmacists.ab.ca/standards-practice
2. Standards for Operation of Licensed Pharmacies: https://pharmacists.ab.ca/standards-practice
COURSE OBJECTIVES

The objectives have been developed with consideration of the student’s current level of knowledge and skill and grouped under the professional roles and responsibilities they reflect.

1. Professionalism
Students will demonstrate professional behaviours throughout the placement, including pre-placement responsibilities.

Students will:

- Engage in continuous professional development through development of learning goals and objectives and the creation of a professional portfolio.
- Discuss application of code of ethics and standards of practice in a community practice setting; including the importance of confidentiality and ethical dilemmas within patient care (e.g. caregiver concerns, elderly living in the community, family tensions.)
- Act and dress professionally; e.g. demonstrate initiative.
- Display patient-centered approach to practice e.g. demonstration of patient accountability.
- Engage respectfully with patients and team members of various special populations and cultures.

2. Communicator
Students will:

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

3. Care Provider
Students will demonstrate an ability to provide direct patient care using the Patient Care Process.

Students will:

- Develop professional rapport with patients and other healthcare professionals.
- Perform patient interviews
  - Systematically gather patient information; including completing Best Possible Medication Histories and medication reconciliation. (This should be completed initially with direct preceptor supervision with progression to independence as appropriate.)
- Assess drug therapies by completing pharmacotherapy workups and care plans with preceptor guidance for a minimum of 3 patients using the elements of the Patient Care Process.
  - Work through care process (identifying drug related problems, planning care)
  - Develop decision-making skills required to determine next steps and plan care.
- Implement care plans with preceptor guidance.
- Schedule and complete follow-up (where possible) and evaluate patient outcomes, with preceptor supervision; determine next steps with preceptor.
- Document care provided to support continuity of care; review/revise under preceptor guidance.
- Educate patients regarding conditions already learned in the curriculum; complete initially with direct preceptor supervision with progression to independence as appropriate.
- Identify and discuss patient-focused pharmacy services that are opportunities to provide patient care. e.g. medication and adherence strategies; flavorings, blister packs, etc.
- Identify and discuss services eligible for reimbursement by Alberta Health and described under the Alberta Pharmacist’s Association Pharmacy Services Framework. http://www.rxa.ca/pharmacy-services-framework/for-the-pharmacist.aspx [Rx adaptation or renewal, emergency prescribing, Comprehensive Annual Care Plans (CACP) and Standard Medication Management Assessments (SMMA), administration of drugs by injection, prescribing at initial access.

NOTE: It is recognized that therapeutic knowledge is limited, therefore, for many of the objectives above, preceptor guidance and review are expected. Care plans that have a focus on dermatology and basic ear, eye, nose and throat (EENT) conditions should be completed independently by the student, with
If the student interviews a patient who has conditions/medications other than dermatology/EENT, the student will need more time to prepare a care plan, as the student will need to research more information. Preceptors can provide support as students work to apply their knowledge, skills and patient care process to new conditions or medication problems.

4. Collaborator
Students will:
- Develop a basic understanding of the importance of inter-professional practice.
- Collaborate with pharmacy team members and staff as well as patients, and other care professionals to optimize patient care.
- Recognize and respect the roles and responsibilities of pharmacy team members in a community pharmacy practice.

5. Advocacy and Leadership
Students will:
- Develop an understanding of advocacy and leadership roles (e.g. health promotion)
- Participate in health promotion activities.
- Promote patient self-care where appropriate.

6. Scholar
Students will apply knowledge and skills regarding their current and future role as medication experts such that they can:
- Use appropriate resources to answer questions posed by patients, the preceptor, team members or the student (i.e. evidence to support patient care decisions); may require preceptor guidance.
- Question and develop knowledge in new areas related to practice and patient care.

7. Practice Management
Students will:
- Prioritize activities in daily practice to optimize patient care.
- Identify and check for required components of prescriptions.
- Identify important components of patient computer profile, and participate in keeping these up-to-date.
- Describe and participate in distribution system processes with emphasis on the quality assurance procedures involved.
- Identify efforts required to ensure safe medication distribution and develop an understanding of the importance of each step.
- Participate in compounding topical and liquid preparations as opportunities arise.

GRADING
Pharm 305 is a Credit/No Credit course. Preceptors recommend a grade at the end of the placement based on the Student Performance Assessments completed at the midpoint and end of the placement. The Faculty Course Coordinator provides a final Course Grade (Pass: Credit or Fail: No Credit) following review of the assessments and submitted assignments.

ASSESSMENT INFORMATION
There are three types of course assessments: Summative, Formative, and Course Evaluation. Information regarding submission of assessments with RxPreceptor can be found in the BScPharm Experiential Education Policies and Procedures Manual; see Required Reading List; page 3.
1. Summative Assessment
The purpose of the summative assessment is to facilitate the final decision on the extent to which students have achieved the course learning objectives. There is one summative assessment at the end of Pharm 305; the Final Student Performance Assessment.

a. Final Student Performance Assessment
Preceptors assess student’s performance on 20 outcomes which are grouped in 6 major areas as follows:

1. Professionalism (5 outcomes)
2. Communication (2 outcomes)
3. Care Provider (7 outcomes)
4. Collaborator (1 outcome)
5. Scholar (3 outcome)
6. Manager (2 outcomes)

Preceptors indicate student’s level of achievement of the outcomes using the following scale:

<table>
<thead>
<tr>
<th>Not Meeting an Acceptable Level of Performance</th>
<th>Needs Improvement to Reach an Acceptable Level of Performance</th>
<th>Meets an Acceptable Level of Performance</th>
<th>Exceeds an Acceptable Level of Performance</th>
</tr>
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<tbody>
<tr>
<td>student has significant difficulty or deficits on the skills and behaviours associated with this outcome.</td>
<td>student needs improvement on the skills and behaviours associated with this outcome.</td>
<td>student is performing as expected on the skills and behaviours associated with the outcome.</td>
<td>student is performing better than expected on the skills and behaviours associated with the outcome.</td>
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***IMPORTANT***
To provide a recommendation of “PASS” the preceptor must indicate the student has achieved a “Meets an Acceptable Level of Performance” on ALL outcomes across ALL assessment areas.

- The skills and behaviours associated with each outcome define expectations for this placement. Preceptors base their overall rating for each outcome on how strongly they agree or disagree that the student has demonstrated a set of expected skills, behaviours and knowledge.
- As students have only completed one year in the program, performance expectations are in accordance with their level of knowledge and expected ability.
- The need for preceptor supervision is indicated for various skills to also reflect this. The individual behaviours for each of the 20 outcomes assessed in Pharm 305 are listed in Appendix 1.
- Preceptors may also provide comments to support their ratings for each of the 6 areas of assessment and must discuss their final recommendation with students prior to submitting.

2. Formative Assessments
The purposes of the formative assessments are to support the provision of specific feedback to students that can be used to improve learning and to provide specific feedback to preceptors that can be used help improve their ability to instruct and guide student learning.

a. Preceptor and Student Early Assessments
The purpose of this assessment is to identify and address concerns early in the hope that discussion will provide a resolution to any early identified concerns.

- These assessments are to be completed by the preceptor and student at the end of the first week. The preceptor completes the “Early Assessment of the Student” and the student completes the “Early Assessment of the Preceptor”.
- If there are concerns, the student and preceptor are offered the option to discuss the assessment and may indicate if they would like to be contacted by a Faculty member.
b. Student Self-Assessments
Student Self Assessments are completed at the midpoint and at the end of the placement. Students rate their perceived level of ability on the same 20 outcomes assessed on the Student Performance Assessment using the following scale:

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<tr>
<th>Needs Improvement</th>
<th>Meets an Acceptable Level of Performance</th>
<th>Exceeds an Acceptable Level of Performance</th>
</tr>
</thead>
</table>

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

ii. **Final Student Self-Assessment**
It is important that students reflect on their learning at the end of the placement and complete a second self-assessment. The final self-assessment does not need to be submitted in advance for preceptor review, but students must come prepared to discuss their perceived performance with their preceptor and discuss any discrepancies.

c. Midpoint Student Performance Assessment
At a time, determined by the preceptor, around the midpoint of the course the preceptor will complete the Midpoint Student Performance Assessment to assess how the placement is going so far. This assessment is important to ensure the student is aware of their progress, by indicating areas of strength and areas that require improvement. This assessment provides a good indication of what needs to be focused on as well as indicating areas of concern.

The format of the Midpoint Student Performance Assessment is the same as the final assessment.
- Preceptors rate students on each of the 20 outcomes using the same rating scale shown above under the Final Student Performance Assessment.
- Students may receive grades of “Needs Improvement” at midpoint with the understanding that with more time, effort and practice the skills will be achieved.
- A grade of “Not Meeting an Acceptable Level of Performance” at midpoint indicates that the preceptor has concerns about the ability of the student to pass and the Faculty should be contacted.
- These ratings in combination with the Midpoint Student Self-Assessment serve as a basis for the preceptor to identify goals and expectations for the remainder of the placement. The preceptor includes enters these goals and expectations at the end of the Midpoint Student Performance Assessment and discusses them with the student.

d. Student Midpoint Evaluation of Preceptor and Site
The Midpoint Evaluation of the Preceptor and Site is completed by the student and discussed with the preceptor at the midpoint of the placement. The evaluation is designed to generate discussion about important preceptor attributes, placement site qualities and opportunities for learning.

3. Course Evaluation Assessments
Course evaluation assessments are used to provide summative evaluation of different aspects of course effectiveness. They are also used to identify problems that might arise when students or preceptors are not meeting the expectations for participating in the course.

a. **Student Course Evaluation - Anonymous**
At the end of the course, students complete an on-line survey with questions pertaining to Faculty administration of the course, learning objectives and activities.
b. **Post-Course Evaluation of Preceptor and Site - Non-Anonymous**

This evaluation is completed on RxPreceptor within 72 hours after completing the course and the student has left the placement site. The purpose of this evaluation is to allow students to provide comments without any potential influences and serves as a final measure of quality assurance.

**COURSE SCHEDULE**

Individual student schedules are listed in RxPreceptor.

- **Block 1:** May 2 – 27, 2016
- **Block 2:** May 30 – June 24, 2016

*May 23 is a statutory holiday. It is up to the discretion of the preceptor to decide how to proceed. They may grant the stat day off, a day off in lieu of the stat, provide pre-readings to be done that day or include that day as a placement day.*

For further information, see BScPharm Experiential Education Policies and Procedures Manual; see Required Reading list; *page 3.*

**COURSE ACTIVITIES**

Additional information for some activities are in the appendices.

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<tr>
<th>COURSE ACTIVITIES</th>
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<tr>
<td>The following are either a discussion or an activity that students must complete during the placement to meet a course objective.</td>
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### PROFESSIONAL

*Students should have the following discussions with the preceptor in the context of the practice setting:*  
1. Discuss the strategies the preceptor uses to achieve the following professional behaviors. The student should include how they demonstrate this during the clinical placement. Sharing examples during the discussion is helpful. It is important for the student to see if their ideas and strategies align with their preceptor?
   - Act and dress professionally.
   - Display patient and dispensary team-centered approach to practice and patient care.
   - Engage respectfully with patients and team members of various special populations and cultures.
   - Demonstrate initiative within the practice setting.
2. Discuss application of the code of ethics and standards of practice related to community based patient care; include ethical judgment; for example:
   - Managing and prioritizing professional responsibilities.
   - Understanding the importance of patient accountability.
   - How is patient confidentiality maintained?
   - Are there scenarios where confidentiality may present challenges? e.g. Birth Control Pill Rx for young girls, Plan B use
   - How does the team deal with patient care challenges; e.g. medication abuse, patient adherence
   - When is it ethically and professionally appropriate to involve caregivers and/or family? Are there circumstances where they should not be involved?
3. Discuss how your preceptor maintains professional competency through self-directed learning. Examples to highlight include reading literature (how is this identified?), conferences (which ones?), professional advocacy groups, formal training (e.g. Geriatric OR Diabetic Certification), obtaining additional prescribing authorization or authorization to inject, self-directed learning plans. Discuss with your preceptor the strategies you are using during this course, and once you graduate?

### COMMUNICATOR

*Students should have the following discussions with the preceptor in the context of the practice setting:*

- Communication skills and strategies used to talk with patients.
- Modes of communication (written and verbal) used between pharmacy team members.
- How the pharmacy team communicates with external health care professionals.
- How the pharmacy team communicates patient care responsibilities to ensure continuity of care; i.e. between team members, documentation on patient profiles, etc.

**CARE PROVIDER: Appendix 2 contains Supplementary Information**

**ACTIVITY: Patient Medication and Medical History and Care Planning**

Conduct a patient interview to gather patient medical history; including a medication review. Students should interview 1-2 patients/week for a **minimum** of 4 patients in total. Primary Goal of Activity is to systematically gather patient information using the Patient Care Process as a guide. From the information gathered students develop a patient assessment (also called pharmacotherapy workup) and a care plan. Based on the care plan, students create documentation (i.e. DAP note) to put onto the patient’s computer profile. (Review with preceptor prior to posting on patient profile).

More Information: *Appendix 2a*

**ACTIVITY: Patient Counselling of Prescription Topical Preparations**

Provide counselling to patients receiving the following dosage forms with minimal preceptor guidance
- Eye drops and ointments; ear drops, nasal drops and sprays, topical preparations (ointments, creams, patches), rectal and vaginal preparations (suppositories and creams).
- If counseling opportunities for all dosage forms do not occur during the placement, students should role play with their preceptor.
- Students can counsel other RXs but it must be under the supervision of a pharmacist (students have covered only dermatological and EENT-related products).

Students should create a care plan worksheet based on a counseling experience and discuss it with the preceptor. The discussion should include the assessment: what information is known or asked; e.g. knowledge of the indication for the medication, efficacy, safety indicators and education about use of the product to promote adherence.

Care plans should include:
- DRP and/or medical condition,
- Goals of therapy,
- Counseling provided,
- Monitoring and follow-up if appropriate.

Students should also create a DAP (Data, Assessment, Plan) note to include on the patient’s computer file (review with preceptor prior to adding to file).

Students can create as many Patient Counselling of Topical Prescription Care Plans as needed for their own practice or as directed by the preceptor.

*It is not mandatory that Patient Counselling of Rx Topical Preparations care plans and DAP notes be posted. However it is suggested that students post the documentation they created in their MyCred Portfolio as a component of their Continuing Professional Portfolio.*

**ACTIVITY: Patient Counselling of an OTC Dermatological Preparation**

Provide counselling to at least 1 patient with a dermatological OTC request. Students are encouraged to practice counselling with additional patients if possible.

If counseling opportunities for an OTC dermatological preparation does not occur during the placement, students should role play with their preceptor.

Students should create a care plan worksheet based on a counseling experience and review it with the preceptor. Care plans should include:
- DRP and/or medical condition,
- Goals of therapy,
- Counseling provided,
- Options, monitoring and follow-up if appropriate.

Students should also create a DAP (Data, Assessment, Plan) note to include on the patient’s computer file (review with preceptor prior to adding to file).

Students can create as many Patient Counselling of OTC Dermatological Preparation Care Plans as needed for their own practice or as directed by the preceptor.

*It is not mandatory that Patient Counselling of an OTC Dermatological Preparation Care Plans and DAP notes be posted. However it is suggested that students post the documentation they created in their MyCred Portfolio as a component of their Continuing Professional Portfolio.*
**Discussion Activity:** Students should have the following discussions with the preceptor and other pharmacy team members:
- Rapport or relationship building skills used with patients and health care providers.
- Motivational strategies and skills to address patient concerns.
- The importance of administration and adherence strategies; compliance aids; flavorings, label font size, blister packs, patient follow-up via phone (call backs).

**Discussion Activity:** Students should have the following discussion about pharmacy services with the preceptor:
- The impact of funding policies on the provision of professional services.

**Discussion Activity:** Students should have the following discussions about schedule II and III drugs with the preceptor:
- What is the responsibility of the pharmacist?
- What are the responsibilities of other pharmacy team members?

**Collaborator**

**Activity:** Community Based Inter-Professional Collaboration
Identify healthcare practices in the community that are available to patients (e.g. well baby clinics, physiotherapists, chiropractors, acupuncturists, diabetic educators, dieticians, etc). Visit with the practitioner for about 15-20 minutes to discuss healthcare professional collaboration.


**Discussion Activity:** Discuss with the preceptor the role of the pharmacy technicians and assistants in the operations of the pharmacy; include scope of practice, evolving responsibilities, etc.

**Discussion Activity:** Discuss with the technician(s) and assistant(s) their role in pharmacy operations. If there are health care professionals, such as medical appliance fitters, include them in the discussions. Include scope of practice, sharing of patient information, etc.

**Discussion Activity:** Intra-professional Collaboration.
- Reflect on how the dispensary team functions. Identify what contributes to effective team functioning.
- Do you consider yourself as a “team member?” Would this be a challenge for you? Discuss this with the preceptor.
- Discuss with your preceptor which health care professionals they collaborate with.
- Discuss with your current preceptor how your inter-professional experiences in Pharm 300: Experiential Learning Part 1 Service Learning were similar or different to those during Pharm 305.

**Advocate and Leadership**

**Activity:** Prepare or participate in a health promotion initiative at the pharmacy OR in the community.
Examples include: creating a display about self-treatable conditions such as sun safety or first aid, having a diabetes or blood pressure screening day at the pharmacy, giving a presentation to a seniors group or a school (either students or teachers (e.g. regarding the use of Epi-pen).

**Discussion Activity:** The student should have the following discussions with the preceptor:
- Discuss health promotion opportunities with the preceptor and identify how a pharmacist fits into the role of health promoter in the community. e.g. Certified Diabetic Educator, Travel Certification.
- Discuss which health promotion or disease prevention programs are available at the pharmacy (e.g. smoking cessation, travel advice etc.)

**Scholar**

**Activity:** Drug Information Questions
Students must use a systematic process to answer a minimum of 3 drug information questions, provided by the preceptor, or posed by patients or yourself. (i.e. needed to complete a care plan). Students must retrieve information from more than 1 resource for each question.
All Drug Information questions must be documented using the Drug Information Inquiry Form (Appendix 4) or a site-specific form before they are reviewed by the preceptor.
For each question, students must:
- Obtain pertinent background information to clarify request.
- Identify appropriate search terms.
- Select appropriate, current and reliable references and resources.
- Critically analyze information from various sources.
- Discuss the process used as well as the drug information retrieved with the preceptor.
- Respond appropriately with accurate information in a timely manner and organized manner.
- Document the response and references.
- File response if required.

*It is not mandatory that Drug Information responses be posted. However it is suggested that students post these responses in their MyCred Portfolio as a component of their Continuing Professional Portfolio. Refer to eClass for further MyCred posting information.*

**DISCUSSION ACTIVITY:** Poison and Drug Information Service (PADIS). Access the information on the PADIS website ([www.PADIS.ca](http://www.PADIS.ca)) and review the 3 primary telephone services offered by PADIS; 1: Poison Advice line, 2. Medical Information for Healthcare Professionals, 3. Medication and Herbal Advice Line for the Public. Discuss with the preceptor their use of any of these services and the role they play in community pharmacy practice. If opportunities arises, promote their services to the public for poison information or medical/herbal advice. If needed, contact the healthcare professional line to assist with a drug or medical question that was posed.

**DISCUSSION ACTIVITY:** Login to Netcare. Discuss with the preceptor the benefits of having Netcare access and the implications for assessing and monitoring drug therapy in community practice. Discuss how pharmacists incorporate its use into their patient care activities and workflow.

**OPTIONAL ACTIVITY:** Provide preceptors with an overview of the library resources and at least 1 search strategy for the UofA Library Database(s) accessible to preceptors. (upon request).

The How-To-Guide: UofA Faculty of Pharmacy Library Resources is: [http://tinyurl.com/lgppqay](http://tinyurl.com/lgppqay).

The link to the UofA pharmacy library home page is [http://guides.library.ualberta.ca/pharmacy](http://guides.library.ualberta.ca/pharmacy).

**PRACTICE MANAGEMENT**

**ACTIVITY:** Patient Information Requirements

**ACTIVITY:** Identify and evaluate components of prescriptions using the ACP’s Standards of Practice.
Review 20 new prescriptions and 20 refills to ensure they are complete, current and legal. Ensure the following legal requirements are included in the review:
- Patient name, address and birth date.
- Drug name, strength, dosage form, and route of administration
- Quantity of drug to be dispensed.
- Directions for use.
- Number of refills authorized and interval between refills if applicable.
- Prescribers name, initial and address if applicable.
- Date of issue.
- Ensure prescription is legal; i.e. triplicate prescription requirements.

Preceptor Discussions:
- The importance of ensuring that all components of prescriptions are present.
- For cases when the prescription is not authentic or indicates a concern; how do pharmacists handle these situations when the prescription review indicates a concern?

**ACTIVITY:** Participate in the dispensing process for a minimum of 20 patients.
- Greet the patient and obtain appropriate information.
- Ensure completeness of the profile;
  - patient’s name, address, telephone number, date of birth, gender
  - drug allergies and intolerances, disease states
- Review prescription for completeness.
• Ensure the prescription is current and authentic.
• Discuss with the pharmacist the appropriateness of the prescription.
• Complete or observe the computer entry process.
• Fill the prescription.
• Observe or participate in quality assurance checks made during the entire process.
• Discuss the monitoring required.
• Determine the counselling, documentation and follow needs of the patient.

**ACTIVITY:** Prepare simple compounded topical preparations with minimal preceptor support.
Discuss with the preceptor any challenges involved.

**ACTIVITY: Medication and Patient Safety**
Print the completed assessment and discuss findings with the preceptor including documentation and reporting of errors processes at the site. (Characteristics 166-198; pages 28-32). Include:
• Documentation and reporting of medication errors or incidents (what to do if there is an error). Role play how to disclose a dispensing error to the patient.
• Quality assurance programs and processes used at the site to minimize medication errors

**ASSIGNMENTS**
Assignments are posted before the placement and by the last day of the placement. **All posted documents must have all identifiers removed to ensure patient confidentiality.** All assignments must be typewritten, use minimum 11-point font and be double-spaced.
If deemed necessary by the Faculty reviewer, assignments may require resubmission. Students will be advised by email if their assignment met the criteria or is a resubmission is required. As per course policy students must check UofA e-mail accounts for at least two weeks following course completion in case a resubmission of an assignment is required.
No grade is assigned to the posted assignments however comments are provided by the reviewer. If a resubmission is deemed necessary by the Faculty reviewer, students are provided with an explanation regarding the reason for the resubmission as well as instructions about how to better meet the assignment requirements.
To assist students and preceptors with planning across the 4 weeks, an “Activities, Assignments and Assessments Schedule” has been provided in Appendix 7.

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<th>COURSE ASSIGNMENTS</th>
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<tr>
<td><strong>Learning Plan Assignment</strong></td>
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<tr>
<td>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.</td>
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**Learning Plan**
Students are to develop 1 goal and corresponding objectives that describe a clinical skill they plan to focus on.
The Learning Plan should be:
1. Discussed with the preceptor during first week of the placement; make adjustments if necessary.
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 each learning goal.

Learning Plan Template: Appendix 6

<table>
<thead>
<tr>
<th>Posting Instructions (MyCred)</th>
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<tbody>
<tr>
<td>The Learning Plan must be posted in MyCred (student portfolio available through RxPreceptor) at least 1 week prior to the start of the placement to allow the preceptor to view. The assignment should be posted in the “GOALS” MODULE. The updated plans must be posted by the end of the <strong>1st week, at the midpoint and at the final.</strong> 4 TOTAL POSTINGS; 1 before the placement and 3 during the placement.</td>
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</table>
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.

<table>
<thead>
<tr>
<th>Pharmacy Care Plan Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on one of the Patient Medical and Medication History and Care Planning interviews conducted;</td>
</tr>
<tr>
<td>Part 1: Post ONE pharmacy care plan with ONE DRP for ONE patient. Relevant background data (maximum 100 words) should be submitted with the care plan.</td>
</tr>
<tr>
<td>Part 2: Post TWO questions based on the care plan that was posted in part 1;</td>
</tr>
<tr>
<td>Assignment Information: Appendix 2b</td>
</tr>
<tr>
<td>A blank Pharmacy Care Plan Worksheet is posted on RxPreceptor and Appendix 2f.</td>
</tr>
</tbody>
</table>

Posting Instructions (eClass)
Post one care plan (Part 1) and complete the posted corresponding questions (Part 2) in eClass by the last day of the placement.

<table>
<thead>
<tr>
<th>Inter-Professional Reflective Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on their Community Inter-Professional Experience or any interaction with a health care professional (not including technicians, assistants or pharmacists), students must write a reflective assignment. Word count maximum: 250. Assignment Information and Rubric; Appendix 3b.</td>
</tr>
</tbody>
</table>

Assignment must be posted in eClass by the last day of the placement.

<table>
<thead>
<tr>
<th>Medication and Patient Safety Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Following discussion of the Quality Processes and Risk Management section of the ISMP Medication Safety Self-Assessment with the preceptor, choose 1 characteristic that you found interesting or that could/did have the most impact on improving patient safety at the practice site. Word count maximum: 250. Assignment Information: Appendix 5b</td>
</tr>
</tbody>
</table>

Assignment must be posted in eClass by the last day of the placement.

POLICIES AND PROCEDURES

Attendance and Schedule Policies
These are the primary policies for attendance and scheduling. Further information is in the BScPharm Experiential Education Policies and Procedures Manual. Students must review the manual prior to the start of the placement to ensure that they are aware of all attendance policies (i.e. illness, bereavement)

- The course consists of a 4 week placement; requiring a minimum of 40 hours per week (5 x 8 hour days). The schedule is to be prepared by the preceptor at each site and may involve weekends or evenings if deemed appropriate. It may be necessary for the student to devote more than the allotted time to complete all the objectives and activities. Evenings or weekends would be appropriate times to research information thereby allowing for optimal patient contact time and preceptor discussion time during the day.
- Modification to the placement schedule outside of the stated course timelines must be approved by the course coordinator in advance of the change.
- Attendance is mandatory for credit to be received. An absence must be made up with the approval of the preceptor and course coordinator.

Additional course policies and procedures are included in the BScPharm Experiential Education Policies and Procedures Manual such as:
- Placement requirements (immunizations, etc.)
- Conflict of Interest Policy
- Student responsibilities (communication, professionalism, Netcare)
- Protection of Privacy
- Preceptor award procedures
- UofA Electronic Communication Policy for students

Additional Course Costs
Costs associated with the travel, accommodation or additional practice site requirements are the responsibility of the student. Students are encouraged to apply for travel funds available for placements.
**LATE ASSIGNMENT and ASSESSMENT POLICIES**

Late assignments, including requests for a resubmission, may result in a delay to posting the course grade (students will receive a grade of “incomplete” until all course requirements are satisfied). It is the student’s responsibility to submit all assignments, including resubmissions, in accordance with the stated deadlines. UofA email accounts must be monitored every 3 days for at least 2 weeks to ensure all assignments have been completed satisfactorily and assessments submitted.

**Activity, Assignment and Assessment Schedules**

To assist students and preceptors with planning across the 4 weeks, an “Activities, Assignments and Assessments Schedule” has been provided in Appendix 7.

**SUGGESTIONS and TIPS for SUCCESS**

Placements are different from classroom learning as most of the learning is from experiences. Students are asked to practice patient care skills in a community pharmacy setting rather than a skills lab. Professionalism and communication skills are key to these experiences and their overall success. Although preceptors will guide the learning, students are ultimately responsible to ensure completion of all activities, assignments and assessments.

Full participation in all course activities and opportunities offered by the practice site is the first step to passing. 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. This is considered to be an introductory placement so preceptor supervision is important for learning and assessment. It is expected that as the placement progresses the skill level of the student will improve.

An important student responsibility is contacting the Faculty with concerns if they arise. There are assessments built into the course that provide checks and balances about learning and the overall experience, however it is important that students contact the Faculty prior to or during the placement to discuss concerns or questions. These are dealt with in an individual and confidential manner. The article “Strategies Pharmacy Students Can Use to Ensure Success in an Experiential Placement” (see Required Reading List; pg. 3) provides helpful information including “obvious” and “not-so-obvious” strategies to ensure success in a placement.

**TECHNOLOGY REQUIREMENTS**

Course Information will be posted in eClass prior to the start of the first placement. Assignments will be posted in eClass, and the Learning Plan will be posted in MyCred (linked to RxPreceptor). To allow for preceptor access, the Learning Plan will be posted in MyCred under assignments. MyCred can be accessed on the RxPreceptor landing page; at the bottom of the grey column on left side of the page. Experiential program information and forms (e.g. Netcare) will be posted in the documents library of RxPreceptor. If assistance is required with eClass or RxPreceptor, contact phexed@ualberta.ca.

**Assessments**

All assessments are posted in and submitted using RxPreceptor. If students or preceptors require RxPreceptor assistance, contact PhExEd@ualberta.ca.

**Course Information**

Course information (summaries, forms and resources i.e. Netcare) can be found in the Documents Library of RxPreceptor.
Netcare

Student instructions to confirm Netcare access to community pharmacy site:

• Log into your Netcare account; you will need your token to do this. If you have more than one work site on your profile, you will be prompted to select the facility you are working from. If you see your placement site on the list, your access has been provisioned for use at that pharmacy site. (Select the facility you are working at and click ok) If you do not see the facility selection pop up box, please follow instructions below:
  - Once logged into your Alberta Netcare account, Click on the ‘My Details’ icon in the top left hand corner (looks like a gear icon, right beside the home (house) icon)
  - Scroll down the page to the ‘Facilities’ section. Once you see your pharmacy placement sitename listed then you are authorized to access Alberta Netcare for that pharmacy site.

Alberta Netcare access is only authorized for the timeframe requested for the student placement at the pharmacy placement site. For Privacy and Security information, please visit the Alberta Netcare Learning Centre: [http://www.albertanetcare.ca/LearningCentre/Privacy-Security.htm](http://www.albertanetcare.ca/LearningCentre/Privacy-Security.htm)
  - On the last day of the placement the student must give the site AA a completed eForm to delete access at that specific site. (Type of Request: Delete)

Remote Access Tokens

• A remote access token (fob) is required for all community placements: if your fob is lost or stolen, contact the AHS Remote Access team to advise and to request a replacement: 1-844-542-7876.
• Netcare tokens (fobs) will be mailed directly to the pharmacy address that was entered on your eForm. They can only be shipped to a business address and require signature upon delivery.

Further information regarding access, how to use and troubleshooting is posted in the Documents Library of RxPreceptor in the Netcare Resources folder and in the Policies and Procedures Manual; see Required Reading list; page 3.

Support and Information Sites

eHealth Support Contact Centre to inquire on status of request:
  Toll Free: 1-855-643-8649
  Edmonton: 780-409-5586    Calgary: 403-295-5975
  Email: ehealthsupport@cgi.com

Alberta Netcare Learning Centre - Contact Information:
[http://www.albertanetcare.ca/LearningCentre/Contact.htm](http://www.albertanetcare.ca/LearningCentre/Contact.htm)

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](http://www.governance.ualberta.ca)) and avoid any behaviour which could potentially result in suspicions of cheating, plagiarism, misrepresentation of facts and/or participation in an offence. Academic dishonesty is a serious offence and can result in suspension or expulsion from the University. See Academic Regulations.

Specialized Support and Disability Services (SSDS)

Students registered with Specialized Support and Disability Services (SSDS) who will be using accommodations are advised early in the year to contact the course coordinator (Marlene Gukert) early in the year to discuss possible accommodations.
APPENDIX 1: Student Performance Assessment

This table outlines the behaviours and outcomes that will be assessed by the preceptor.

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>BEHAVIOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional</strong></td>
<td></td>
</tr>
<tr>
<td>1. Practices in an ethical manner</td>
<td>• practices according to the Alberta College of Pharmacists Code of Ethics.</td>
</tr>
<tr>
<td>2. Demonstrates initiative within the practice setting</td>
<td>• takes initiative to learn, enhance skills and integrate knowledge. (e.g. maximizes learning opportunities)</td>
</tr>
<tr>
<td></td>
<td>• seeks feedback to identify limitations or strengths in competence/performance.</td>
</tr>
<tr>
<td>3. Practice in a manner demonstrating professional accountability</td>
<td>• fulfills their professional tasks, assignments and commitments in a diligent and timely manner.</td>
</tr>
<tr>
<td></td>
<td>• accepts responsibility for their recommendations.</td>
</tr>
<tr>
<td></td>
<td>• sets priorities to balance workload with preceptor guidance.</td>
</tr>
<tr>
<td>4. Displays professional behaviour</td>
<td>• is well groomed and wears clothing and attire that is professional in appearance.</td>
</tr>
<tr>
<td></td>
<td>• is punctual.</td>
</tr>
<tr>
<td></td>
<td>• respects patients/other team members and does not engage in distracting behavior.</td>
</tr>
<tr>
<td></td>
<td>• responds to and incorporates feedback on ways to improve.</td>
</tr>
<tr>
<td></td>
<td>• displays patient and team-centered approach to practice and patient care.</td>
</tr>
<tr>
<td>5. Engages in Continuous Professional Development</td>
<td>• develops learning goals and objectives for the placement and evaluates achievement of each throughout the placement.</td>
</tr>
<tr>
<td></td>
<td>• evaluates their practice and knowledge to identify areas for continuing professional development.</td>
</tr>
<tr>
<td><strong>Communicator</strong></td>
<td></td>
</tr>
<tr>
<td>1. Demonstrates effective non-verbal and verbal communication skills</td>
<td>• speaks clearly and effectively</td>
</tr>
<tr>
<td></td>
<td>• uses appropriate language</td>
</tr>
<tr>
<td></td>
<td>• uses appropriate non-verbal communication (i.e. open body language, use of facial expressions)</td>
</tr>
<tr>
<td></td>
<td>• engages in and manages 2-way conversations with patients/caregivers</td>
</tr>
<tr>
<td></td>
<td>• listens effectively</td>
</tr>
<tr>
<td></td>
<td>• demonstrates the appropriate level of confidence</td>
</tr>
<tr>
<td>2. Is able to communicate effectively in writing</td>
<td>• correctly applies the rules of syntax, grammar and punctuation</td>
</tr>
<tr>
<td></td>
<td>• adapts the content and tone of their writing to suit target audience(i.e. drug info questions, written assignments)</td>
</tr>
<tr>
<td></td>
<td>• provides appropriate level of detail</td>
</tr>
<tr>
<td><strong>Care Provider</strong></td>
<td></td>
</tr>
<tr>
<td>1. Develops and maintains professional relationships with patients/care givers</td>
<td>• engages patient; <em>may require some preceptor prompting and guidance.</em></td>
</tr>
<tr>
<td></td>
<td>• exhibits sensitivity, respect and empathy with patients and caregivers.</td>
</tr>
<tr>
<td></td>
<td>• identifies/responds to patient cues with preceptor guidance.</td>
</tr>
<tr>
<td>OUTCOME</td>
<td>BEHAVIOURS</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| 2. Gathers relevant medical and medication history | • utilizes multiple sources of patient information. (e.g. Netcare, patient/caregiver, patient profile/chart, other healthcare providers)  
• employs effective interviewing techniques. (e.g. appropriate open and closed ended questions)  
• employs a systematic process to gather data accurately based on the Patient Care Process document with preceptor guidance.  
• gathers an appropriate amount of information with preceptor guidance.  
• is improving timeliness and efficiency over the course of the placement.  
• attempts to clarify and manage conflicting data seeking support when necessary. |
| 3. Determine medical conditions and assess if the patient’s medication-related needs are being met | • considers patient perspective/priorities regarding meeting medication-related needs.  
• determines patient’s medical condition(s).  
• assesses drug therapy for indication, efficacy, adherence and safety to identify DRPs with minimal preceptor guidance for therapeutic areas already covered in the curriculum. (see Preceptor Guide for list).  
• attempts to assess drug therapy and identify DRPs for therapeutic areas not covered in the curriculum with preceptor guidance. |
| 4. Develops a care plan that addresses medication and health needs | • uses a systematic approach (i.e. Patient Care Plan worksheet) with preceptor guidance.  
• sets goals that are relevant, realistic and that include timelines if appropriate with preceptor guidance.  
• plans care for common DRPs for conditions covered in curriculum.  
• independently begins development of care plan for DRPs for conditions NOT covered in curriculum.  
• creates an acceptable plan that does not cause harm for conditions ALREADY covered in curriculum.  
• provides rationale for the chosen plan.  
• determines monitoring parameters (what, when & how it may change) for chosen plan with preceptor guidance  
• decides on specific actions for managing medication-specific needs (i.e.: dispense, adapt, prescribe, refer, etc.) with preceptor guidance. |
| 5. Implements the care plan when appropriate | • is able to communicate the agreed upon care plan and rationale to patients and/or other healthcare providers with direct supervision. |
| 6. Follow-up and evaluate as appropriate | • determines follow-up required including who is responsible.  
• provides follow-up with minimal supervision.  
• interprets follow-up information to evaluate effectiveness, safety, and adherence and modify plan if needed with preceptor guidance. |
| 7. Documents patient information gathered in an appropriate manner | • is written using an organized process (i.e. DAP [Data, Assessment and Plan]).  
• has focus/clear intent or purpose.  
• includes relevant information with preceptor guidance. |
<table>
<thead>
<tr>
<th>Collaborator</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Functions as a member of a team within the practice setting</td>
<td>• recognizes and respects the roles and responsibilities of other professionals.</td>
</tr>
<tr>
<td></td>
<td>• contributes to optimize team functioning.</td>
</tr>
<tr>
<td>Scholar</td>
<td></td>
</tr>
<tr>
<td>1. Demonstrates the fundamental knowledge required for pharmacists</td>
<td>• has minimal therapeutic gaps in knowledge for Ear, Eyes, Nose and Throat: EENT. (topics covered in Year 1)</td>
</tr>
<tr>
<td>2. Uses evidence based processes to provide drug information and</td>
<td>• determines appropriate search terms for a given question.</td>
</tr>
<tr>
<td>recommendations</td>
<td>• uses appropriate sources to gather information. (e.g. guidelines,</td>
</tr>
<tr>
<td></td>
<td>• documents and references recommendations where applicable.</td>
</tr>
<tr>
<td></td>
<td>• critically analyzes information.</td>
</tr>
<tr>
<td></td>
<td>• responds with an appropriate recommendation based on analysis of</td>
</tr>
<tr>
<td></td>
<td>evidence/information with preceptor guidance.</td>
</tr>
<tr>
<td>3. Integrates clinical judgment and critical thinking</td>
<td>• considers multiple perspectives in analyzing and solving a variety of problems with preceptor guidance.</td>
</tr>
<tr>
<td></td>
<td>• takes active role in discussions involving decision making</td>
</tr>
<tr>
<td>Practice Management</td>
<td></td>
</tr>
<tr>
<td>1. Identifies factors critical for safe and efficient medication distribution</td>
<td>• participates effectively in all aspects of the dispensing process,</td>
</tr>
<tr>
<td></td>
<td>from prescription intake to completion (either storing or awaiting</td>
</tr>
<tr>
<td></td>
<td>pick up) and counselling</td>
</tr>
<tr>
<td></td>
<td>• demonstrates ability to compound basic topical and liquid preparations.</td>
</tr>
<tr>
<td>2. Participates in quality assurance and improvement programs associated</td>
<td>• identifies the routine QA processes utilized by the practice site;</td>
</tr>
<tr>
<td>with the dispensing process</td>
<td>• checks, initials, physical viewing of medication by patient prior to</td>
</tr>
<tr>
<td></td>
<td>• describes and knows how to utilize the process of disclosing and</td>
</tr>
<tr>
<td></td>
<td>• understands the management of the various forms of incidents; e.g.</td>
</tr>
<tr>
<td></td>
<td>• understands the process of disclosing, managing and reporting</td>
</tr>
<tr>
<td></td>
<td>near misses, patient receiving incorrect med but not taking, patient</td>
</tr>
<tr>
<td></td>
<td>• understands the process of disclosing, managing and reporting</td>
</tr>
<tr>
<td></td>
<td>receiving incorrect medication and taking it.</td>
</tr>
<tr>
<td></td>
<td>• understands the process of disclosing, managing and reporting</td>
</tr>
<tr>
<td></td>
<td>adverse drug events.</td>
</tr>
</tbody>
</table>
APPENDIX 2: Patient Care Outcome

2a. Patient Medication/Medical History and Care Planning: Guidelines and Suggestions

For gathering patient information systematically using the Patient Care Process as a guide students should:

- prepare by reviewing the medication profile at the pharmacy as well as the Netcare PIN profile prior to the session to prepare. If possible, patients should be asked to bring in all medications from home (including OTCs and herbals)
- build a patient database (medical and medication history) using all resources available; patient, pharmacy team, patient profile, caregivers, Netcare;
- include patient goals and priorities,
- determine if the patient’s goals are being met and/or if their priorities are being addressed.

For assessing drug therapy (referred to as the Pharmacotherapy Workup in the Patient Care Process document), students should:

- assess if patient medication administration and adherence needs are being met;
- assess effectiveness and safety of each medication with the patient;
- discuss findings with the preceptor.

For developing and implementing a care plan students should:

- include ALL medical conditions,
- primarily include drug related problems related to adherence, effectiveness and/or safety,
- indicate if no DRPs were found (this is OK),
- include the goals that were negotiated through discussion with the patient,
- discuss other aspects of the care plan, such as alternatives, monitoring and follow-up with the preceptor.
- develop and implement a patient care plan worksheet in collaboration with the preceptor; develop clinical documentation to include on patient’s computer file to support continuity of care. All care plans and documentation must be reviewed by the preceptor.

After each interview the patient should be given a medication list. There are many resources available on the internet. Two suggested options:

1. Alberta Health Services: Medication Lists and Tools
   Writable PDF. Choose format; large print or wallet size choose format (e.g. wallet size or large print).

2. Knowledge is the Best Medicine Website; http://www.knowledgeisthebestmedicine.org/index.php/en/
   a. Create a medical record; Can choose format (e.g. wallet size or large print) and what to include (e.g. immunization and blood pressure records, etc.) http://www.knowledgeisthebestmedicine.org/index.php/en/medication_record
   b. Download the free app; http://www.knowledgeisthebestmedicine.org/index.php/en/app

Additional Suggestions

- Students have limited therapeutic knowledge (only dermatology, EENT in curriculum thus far) so preceptor consultation is important. Students are expected to review each interview with the preceptor. Preceptor assessment of the student will involve the student’s ability to gather patient information and assess drug therapy especially regarding adherence, effectiveness and/or safety.
• The Medication Review Tool (Appendix 2c) may be a helpful tool to use as a template for gathering patient information (also posted on RxPreceptor). Students are encouraged to tailor it to meet their own needs.
• Refer to the article Building a History Rather than Taking One (see Recommended Reading list, #4).
• At the start of the placement it is appropriate for students to ask for assistance with selecting appropriate patients for this activity. However, further into the placement, students are encouraged to invite and request a patient for an interview.
• As students require more assistance and feedback at the beginning of a placement it is important that preceptors directly observe the first session. For ongoing assessment purposes, the preceptor should observe another session prior to midpoint and near the end of the placement.
• See tools and resources in Appendices 2b- 2g to assist with care provider activities.

2b. Pharmacy Care Plan Assignment –Information and Rubric

Based on one of the Patient Medical and Medication History and Care Planning interviews conducted complete the following assignment;

Part 1: Post ONE pharmacy care plan with ONE DRP for ONE patient.
• Relevant background data should be submitted with the care plan.
  - Chief complaint/concern
  - HPI
  - PMHx (past medical history)
  - Medication history (include generic name, doses and sig)
  - Pertinent ROS (as appropriate)
  - Relevant labs/diagnostic information (if applicable)
• The pharmacy care plan worksheet is the preferred format. (must be typed no handwritten care plans will be accepted.) Free text, typed submissions with all of the care plan components (i.e. medical conditions and/or DRPs, goals of therapy, etc.) will also be accepted. No “site specific” forms such as CACPs will be accepted.
• All care plans and documentation must be reviewed with the preceptor.
• Care plans are expected to be relatively basic with a focus on the patient’s medication adherence and administration. Patients with “relatively simple” medication profiles; i.e. 3 or less medical conditions are appropriate (consult with the preceptor to determine appropriate patients). Three Medication Histories is a course requirement however students will hopefully complete more than 3 patient interviews for practice, as directed by the preceptor.

Part 2: Post the following TWO questions based on the care plan that was posted in part 1;
• What aspect of the patient care process do you think you need to focus on next year as a result of your patient interactions and why?
• What have you have learned through this experience in context to what you were taught about patient centered care in class?
Pharmacy Care Plan Assignment Rubric

The Pharmacy Care Plan Worksheet with Checklist and this rubric can be used for guidance regarding care plan development and expectations of the assignment.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Resubmission Required</th>
<th>Meets Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Medical Condition and/or DRP column on the pharmacy care plan should contain only appropriate information (i.e. medical conditions and DRPs only)</td>
<td>The Medical Condition and/or DRP column on the pharmacy care plan contained assessment information (i.e. clinical data; BPs, labs, etc.).</td>
<td>The Medical Condition and/or DRP column on the pharmacy care plan contained only Medical Condition(s) and/or DRP(s).</td>
</tr>
<tr>
<td>DRP statement is clearly stated and concise and also includes if DRP is real or potential. (e.g. patient is at risk of...)</td>
<td>DRP statement is not clear and/or concise and does not include if the DRP is real or potential.</td>
<td>DRP statement is clearly stated and concise and includes if the DRP is real or potential.</td>
</tr>
<tr>
<td>DRP statement is listed according to Pharmacotherapy Work-Up Categories: 1. Indication. 2. Effectiveness. 3. Safety 4. Adherence</td>
<td>The DRP statement does not include the category that it reflects.</td>
<td>The DRP statement includes the category that it reflects.</td>
</tr>
<tr>
<td>Observable effects of DRP/medical condition are clearly stated. (e.g. sign, symptom or disease) as well as the relationship to drug therapy (e.g. high blood pressure; dose too low).</td>
<td>Observable effects of DRP/medical condition are NOT clearly stated.</td>
<td>Observable effects of DRP/medical condition are clearly stated. The relationships of these effects to drug therapy, if applicable, are stated.</td>
</tr>
<tr>
<td>The goal of therapy is specific, relevant and realistic. (e.g. cure, prevent normalize, etc.)</td>
<td>The goal of therapy was NOT specific and/or realistic and/or not stated.</td>
<td>The goal of therapy was specific and realistic.</td>
</tr>
</tbody>
</table>
2c. Pharm 305/334 Medication Review Tool

**STEP ONE:** This template may assist with Medication Reviews; use if needed as a guide. NOT to be posted with the assignment. This form is also posted on RxPreceptor (document library) and eClass for copying purposes.

*(text in italics are sample questions to ask)*

Patient Name: ____________________ Date: ________________

Form Completed by: ____________________ Time for Interview: ______ Additional Time to Complete Form: ______

**Preparation: Possible Patient Medication References**

- Interviewed Patient
- Pharmacy Profile
- Electronic Health Record
- Patient Medication Vial
- Patient’s Self-Made Med List

Interviewed Caregiver Relationship: ________________ Other: ________________

**Engage:**

“Hi Mr/Mrs _____. My name is _________ and I am a pharmacy student. I would like to take some time to review your medications with you. This will help us ensure you have the best combination of medicines.

**Chat: Patient Centered** *(Invite → open-ended qs on symptoms/impact→ emotion-seeking → empathy NURS)*

**General Medical history:** “Please tell me all about your medical history.”

**General Medication history:** “Please tell me all about your medications.”

**Chat: Transition to Clinician Centered** *(Still invite, use open-ended skills, and empathy, but you guide topics)*

**Family History:** “What medical conditions are in your immediate family?” Ask about specific areas if known.

**Social History:** “The next questions may not apply to you, but we ask everyone so we can assess the safety of your medicines.”

Tell me a bit about your employment? Living situation?

**Do you use tobacco?**

Current Smoker: How many per day? ____Cigarettes

Quit → When did you quit? ________

Never Smoked

“How many glasses of alcohol do you use in a typical week?” ________ Glasses (estimate)
Chat: Medication Table (Copy pages as needed)

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Strength</th>
<th>Purpose Effective?</th>
<th>Prescriber Directions</th>
<th>How is medication used? Quantity?</th>
<th>Frequency?</th>
<th>Specific directions?</th>
<th>Side Effects Unwanted Effects</th>
<th>Start Date (mm/yyyy)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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</tbody>
</table>

Medication Identification Triggers:

1. OTC  
2. Creams/Ointments  
3. Vitamins/Minerals  
4. Herbals  
5. Eye and Ear Drops  
6. Inhalers  
7. Patches  
8. Injections  
9. Vaccinations  
10. Recent Changes  
11. Meds not currently taking  
12. Prescribed but not taking

Adapted from Integrated Medication Reconciliation Strategy – Form; Kristie Small; University Health Network, Toronto
Chat: Medication Taking – Ask questions as required. You are not expected to need all.

☐ Describe how medication fit in a typical day. When does your schedule change?

☐ How do you manage your meds at home? (vial / pillbox / blister / other: _______)

☐ Does anyone help you? Who? How?

☐ How do you remember to take your meds?

☐ What problems do you have taking your meds? ☐ Where do you keep your meds?

☐ How easy is it for you to take your medications every day?

Notes:

☐ Do you keep an updated list of your meds? Would you like one?

Closing

☐ Thank patient for their time ☐ Ask if patient has further questions ☐ Structured and friendly ending
2d. Pharmacy Care Plan Worksheet – STEP TWO

The information obtained from the Patient Medication and Medical History and Care Planning Activity will be used to develop a care plan on the Pharmacy Care Plan Worksheet.

Use the information gathered from the patient interview to develop a pharmacotherapy workup (patient assessment). This can be on a separate document. From the workup indicate the medical condition(s) and drug related problem(s) on the worksheet. DO NOT include pharmacotherapy workup data or information on the care plan worksheet. (i.e. blood pressures, lab values, allergies). The care plan is a “result” of the pharmacotherapy work-up.

NOTE: Include relevant background information: see care plan examples)

IF THERE ARE NO DRPs found, state that in the first column. But a care plan can still be developed in these cases as monitoring and follow as still required.
• For care plans completed on derm/EENT conditions/medications, it is expected that students can work through the full care plan process.
• For conditions/medications that are new for the student, the student will need to look up information in order to complete the pharmacotherapy work-up, determine if there are DRPs, and to plan care. As a learning opportunity, students are expected to work through the work-up and care plan process, discuss their findings with their preceptor and modify as needed.

### Pharmacy Care Plan Worksheet

<table>
<thead>
<tr>
<th>MEDICAL CONDITION AND/OR DRPs</th>
<th>GOALS OF THERAPY</th>
<th>ALTERNATIVES</th>
<th>RECOMMENDATIONS/PLAN</th>
<th>MONITORING PARAMETERS</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
</table>
| For each medical condition and/or DRP identified, create an integrated care plan. List each medical condition first, followed by any DRPs identified for that condition. **(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, 3. ineffective drug, 4. dose too low, 5. adverse drug reaction/interactions, 6. dose too high, 7. non-adherence  
- **Effectiveness:** 8. reduce/eliminate symptoms, normalize a lab value.  
- **Compliance:** 9. cure, prevent, slow/stop progression, reduce/eliminate symptoms, normalize a lab value.  
- **Proactivity:** 10. 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.  |
| 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.  
(Consider clinical and laboratory parameters, the degree of change and the time frame.)  |
| Determine who, how and when follow-up will occur.  |

Adapted with permission from the Division of Pharmacy Practice, Leslie Dan Faculty of Pharmacy, University of Toronto, 2011
### 2e. Pharmacy Care Plan Worksheet with Checklist for Assessment

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

<table>
<thead>
<tr>
<th>MEDICAL CONDITION AND/OR DRPs</th>
<th>GOALS OF THERAPY</th>
<th>ALTERNATIVES</th>
<th>RECOMMENDATIONS/PLAN</th>
<th>MONITORING PARAMETERS</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>For each medical condition and/or DRP identified, create an integrated care plan. List each medical condition first, followed by any DRPs identified for that condition. (Some medical conditions may not have a DRP, a care plan is still necessary for ongoing patient monitoring.) DRP Categories: <strong>Indication:</strong> 1. Unnecessary drug therapy, 2. additional drug required, <strong>Effectiveness:</strong> 3. ineffective drug, 4. Dose too low, <strong>Safety:</strong> 5. adverse drug reaction/interactions, 6. dose too high, <strong>Adherence:</strong> 7. Non-adherence.</td>
<td>For each medical condition and/or DRP state desired goals of therapy. <strong>Goals:</strong> cure, prevent, slow/stop progression, reduce/eliminate symptoms, normalize a lab value. (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.)</td>
<td>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).</td>
<td>In collaboration with the patient and other providers, select the best alternative and implement the plan. Provide a rationale for the chosen plan. Consider: <strong>Drugs:</strong> consider drug, formulation, route, dose, frequency, schedule, duration, medication management. <strong>Non-drug:</strong> non-drug measures, education, patient referral.</td>
<td>Determine the parameters for monitoring efficacy and safety for each therapy. (Consider clinical and laboratory parameters, the degree of change and the time frame).</td>
<td>Determine who, how and when follow-up will occur.</td>
</tr>
</tbody>
</table>

### ASSESSMENT CHECKLIST

- Are all DRPs identified (based on 4 prime areas of **indication, efficacy, safety, adherence**)?
- **If no, discuss** with student; probe to see if those missing can be determined.
- DRP statement(s) is/are not clear and/or concise.
- Is rationale provided or discussed for DRPs (based on either patient or provider data)?
- Does not contain inappropriate and/or incomplete information (i.e. clinical data; BPs, labs, etc.) – just includes medical condition and/or DRP statement.
- Therapeutic goal/outcome(s) stated?
- Patient goal incorporated (if appropriate)
- Goal of therapy is specific and realistic.
- Is an assessment of each DRP provided (factors considered to influence/determine a plan)?
- Are alternatives (with rationale for each) provided that would be considered acceptable for a first year students? (first year students will likely require assistance). Alternatives should be complete for therapeutic areas that have been covered. (i.e. derm/EENT).
- Plan/recommendations are outlined Includes:
  - Dosing considerations
  - Patient preferences
- ACTIONS TAKEN
  - Appropriate/acceptable action has been taken (first year students will likely require assistance). Plan should be complete for therapeutic areas that have been covered. (i.e. derm/EENT)
- Monitoring plan present Includes:
  - Safety
  - Efficacy
  - Frequency
  - Duration (if appropriate)
  - Which healthcare provider will follow-up (first year students will likely require assistance). Monitoring should be thorough for therapeutic areas that have been covered.
- Follow-up plan present
  - Includes:
    - Who
    - How
    - When
  - Includes outcome (if possible)

Adapted with permission from the Division of Pharmacy Practice, Leslie Dan Faculty of Pharmacy, University of Toronto, 2011
### 2f. Pharmacy Care Plan Worksheet – BLANK

<table>
<thead>
<tr>
<th>MEDICAL CONDITIONS AND/OR DRPs</th>
<th>GOALS OF THERAPY</th>
<th>ALTERNATIVES</th>
<th>RECOMMENDATIONS/PLAN</th>
<th>MONITORING PARAMETERS</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
</table>
| For each medical condition and/or DRP identified, create an integrated care plan. List each medical condition first, followed by any DRPs identified for that condition. (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, 3. ineffective drug, 4. Dose too low, **Safety:** 5. adverse drug reaction/interactions, 6. dose too high, **Adherence:** 7. Non-adherence | For each medical condition and/or DRP state desired goals of therapy/timeframe. **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 Adherence Safety Cost/coverage | In collaboration with the patient and other health care providers, select the best alternative and implement the plan. Provide a rationale for the chosen plan. **Consider:** Drugs: correct 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. **Consider:** Clinical and laboratory parameters The degree of change The time frame | Determine **who, how and when** follow-up will occur. |

Adapted with permission from the Division of Pharmacy Practice, Leslie Dan Faculty of Pharmacy, University of Toronto, 2011.
### 2g. Care Plan Examples

**EXAMPLE 1.**

**Relevant Background Data**

**Completed a Medical and Medication Review, male, aged 44.**

**CC:** some breathing difficulties in the winter

**HPI:** prescribed Advair® 250 (fluticasone/salmeterol) 5 months ago (1 puff daily, increase to 1 puff bid prn) for seasonal minor breathing difficulties. Last filled (120 doses) 3 months ago. Uses salbutamol prn. (usually 1-2 puffs every 4-5 days). Use of salbutamol is substantially increased in the winter (usually 3-4 puffs daily). Has been using increased salbutamol for last 8-9 months.

**Med Hx:** multivitamin daily, Echinacea daily in winter.

### No Known Allergies.

#### MEDICAL CONDITIONS AND/OR DRPs

<table>
<thead>
<tr>
<th>Medical Condition: Asthma</th>
<th>DRP: Experiencing asthma flare-up due to Non adherence with Advair (increased use of salbutamol).</th>
</tr>
</thead>
</table>

### GOALS OF THERAPY

- Prevent symptoms (as described by patient)
- Maintain pulmonary function.
- Prevent asthma exacerbations
- Assess patient for compliance.

### ALTERNATIVES

1. Discuss controller role of fluticasone/salmeterol.
   - **Pro:**
     - patient-centered approach
     - enables pharmacist to better understand dosing schedule & medical condition,
     - allows opportunity for patient education & motivational interviewing.
   - **Con:** none

2. **Other medication options**
   - a. ICS (inhaled corticosteroid)
     - fluticasone, beclomethasone
     - Pro: has only 1 drug (steroid)
     - **Con:** does not provide extra benefit of long acting beta agonist (LABA)
   - b. Combination LABA/ICS
     - budesonide and formoterol; bid (Symbicort Turbuhaler)
     - **Pro:** contains similar medications as Advair, control should be maintained. May be preferred dosage form
     - **Con:** patient used to using puffers. Different inhalation technique
     - - mometasone/formoterol: (bid) Zenhale MDI
     - **Pro:** can be used with aerochamber
     - **Con:** different inhalation device, doesn’t use aerochamber with SABA
     - - fluticasone/vilanterol; (daily) BreoElipta MDI
     - **Pro:** once daily, inhaled powder similar to diskus
     - **Con:** not covered by patient’s drug plan. Expensive ($120)

3. Assess patient for compliance and understanding of asthma and medications, action plan & use of peak flow meter.

### RECOMMENDATIONS/PLAN

- Patient was not clear about role of fluticasone/salmeterol.
- - Patient was not clear about role of fluticasone/salmeterol.
- - Reviewed alternatives
- - Doesn’t want to change medication or dosage form.
- - discussed preventative role of fluticasone/salmeterol and explained need for proper use of preventer
- - reviewed triggers and the need to be proactive in the weather; to increase dose to bid when the weather starts to get cold. It may take a few weeks for the patient to feel the full benefits.
- - non pharmacological strategies; wear a scarf over mouth or cover mouth to prevent breathing in cold air.
- - Provided more information to patient regarding triggers and how to adjust therapy according to changes of triggers.
- Discussed action plan; patient did not want to do today. He will discuss with MD at next visit

### MONITORING PARAMETERS

- Patient will continue to monitor and record salbutamol usage and asthma exacerbations.
- Needs to be more proactive once temperatures start to dip.

### FOLLOW-UP

- Student pharmacist will follow up with patient at the pharmacy during next refill or medication review.
- Under preceptor supervision, will also ensure inhaler/discuss technique is correct, including rinsing mouth after each use of fluticasone/salmeterol.
EXAMPLE 2
Relevant Background Information
Completed a Medical and Medication Review for a pleasant 30 year old woman.
CC: unresolved eye infection.
HPI: tried Polysporin ear/eye drops (as recommended by pharmacist) for 5 days 2 weeks ago for eye infection. After 5 days of proper use, the infection was getting worse. Pharmacist referred her to GP. GP prescribed Tobradex® (tobramycin/dexamethasone 0.1%) drops 2 weeks ago and it seemed to help. She used it for 10 days. Admitted to missing some doses as qid use was difficult. Stopped using. Now the infection seems to be coming back.
Med Hx: Alesse 28 qam x 5 years, multivitamin daily, Echinacea daily in winter. No Known Allergies.

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<tr>
<th>MEDICAL CONDITION AND/OR DRPs</th>
<th>GOALS OF THERAPY</th>
<th>ALTERNATIVES</th>
<th>RECOMMENDATIONS/PLAN</th>
<th>MONITORING PARAMETERS</th>
<th>FOLLOW-UP</th>
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<tr>
<td>Medical Condition: Bacterial conjunctivitis DRP: Effectiveness; Indication for treatment; Tobradex® ophthalmic suspension used previously, condition has returned.</td>
<td>Cure the infection Prevent reoccurrence</td>
<td>1. Tobradex ophthalmic ointment: Sig: can be applied to the eyes in addition to Tobradex eye drops qhs Con: temporary blurred vision after application, Pro: Increased contact time with the medication and safe. 2. Maxitrol ophthalmic suspension: Con: Frequent dosing, may be inconvenient Pro: Contains 2 antibiotics, neomycin and polymyxin B, may be more effective. 3. Fucithalmic Eye Drops: Con: Contains only an antibiotic, no corticosteroid to treat inflammation. Pro: Different antibiotic may be more effective. 4. Non-drug measures: - proper hand washing to prevent contamination and avoid hand-to-eye contact - apply warm compress in the morning if eyes are stuck together</td>
<td>Discussion with patient. Decided on Fucithalmic eye drops 1 drop in both eyes q12h Rationale: - inflammation is not a concern - adherence easier with bid dosing - different antibiotic Student and patient consulted Preceptor. Preceptor has APA; Agreed with plan; Fucithalmic Ophthalmic Drops prescribed; 1 drop into OU q12h x 7 days. Doctor notified by fax of new Rx and rationale. Rx filled and counselled patient on proper use of eye drops.</td>
<td>Patient to monitor for improvement daily. - decreased crusting around eyes in the morning - decreased discharge during the day -minimal redness but will monitor this for increase/decrease</td>
<td>Student to call patient in 48-72 hours to see how things are going. Will assess for further f/u at that time.</td>
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APPENDIX 3: Collaborator Outcome

3a. Community Based Inter-Professional Collaboration Activity Information
This activity involves students’ visiting/shadowing healthcare practices in the community. (e.g. well baby clinics, physiotherapists, chiropractors, acupuncturists, diabetic educators, dieticians, etc). Visit with the practitioner for about 15-20 minutes to discuss healthcare professional collaboration.
To assist with this activity it is suggested that students use the Inter-professional (IP) Student Shadowing cards; green cards developed by Health Sciences Council (UofA) for the interaction with the health care professional. These cards have been provided to students and they can also be printed by going to: http://issuu.com/hsrec/docs/student_s_guid_to_interprofessional_shadowing/2
This card may help as it provides suggestions to consider prior to an interaction. Such as;
- What is the professional’s role and scope of practice?
- What are their professional concerns?
- How does that professional communicate with other health care professionals?
- Do they collaborate with other healthcare professional?
- Do they experience any challenges or barriers to collaboration?
The card is perforated so half can be given to the healthcare professional for their suggestions regarding which questions may be the best or most appropriate for the interaction. The card provides goals of the interaction as well as suggested discussion points.
Prior to the IP experience students should must:
- Prepare an expectation of what they want to learn through the experience and review it with the preceptor.
During the IP experience students must:
- Demonstrate respect of the practice and knowledge of other health care professionals.
- Give the healthcare professional the “Practitioners Guide to IP Student Shadowing” (half of the green shadowing card) to provide topics for discussion.
Following the IP experience students must debrief their experience with their preceptor. Include:
- What was learned?
- Were there any skills used by that health care professional that were interesting or effective? (e.g. patient interviewing)
- What barriers affect collaborative relationships between other health care professionals and community pharmacists?
- Strategies to overcome common barriers.

3b. Inter-professional Assignment Information
Based on the Inter-Professional community based experience or any other inter-professional experience (not involving other pharmacists, technicians or assistants) students should consider what resonated or impacted them, why and how they can use that information in the future. Reflections are a personal form of writing; therefore preceptor review of this assignment is not required.
Word Count: Maximum 250 words. Posted assignment must be typewritten, using minimum 11-point font and double-spaced. (Assignment rubric on next page.)
Students should include:
- A brief description of who the experience was with.
- What impacted or resonated with them i.e. what skill or behavior used by the health care practitioner was found to be interesting.
- Why was it impactful? Why did it resonate with you?
- What did you learn from this activity; personally or professionally? How can what you have learned be used in your future practice? Be specific and provide an example of how you plan to do this.
Inter-Professional Reflective Assignment Rubric

Students should ensure this assignment is not just a description of what was experienced, but rather, an account of how the experience impacted them. This should include what experience or what skill demonstrated by another healthcare professional impacted with them, why it had an impact on them, what they have learned either professionally or personally and how they will use his learning in their future practice.

Assignment Rubric

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Excellent</th>
<th>Acceptable</th>
<th>Resubmission Required</th>
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<tr>
<td>Describe a specific action or experience (e.g. a skill or behaviour demonstrated by another healthcare professional)</td>
<td>Description of the skill, behaviour or experience is clear and includes important facts.</td>
<td>Description of skill, behaviour or experience is complete but basic.</td>
<td>Incomplete, unclear description.</td>
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<tr>
<td>Describe your response to action or experience mentioned above (e.g. I was surprised by the patience the doctor used with a slow/difficult patient)</td>
<td>Provides open and honest response.</td>
<td>Provides response that is reserved, superficial and/or defensive.</td>
<td>Incomplete or unclear response.</td>
</tr>
<tr>
<td>Explain how own factors influenced your response to this experience or action. (e.g. I know that I don’t have patience for people who are slow to understand what I tell them, frustrates me)</td>
<td>Clearly explains how your own factors influenced your response</td>
<td>Starts to explore how own factors influenced your response</td>
<td>Does not include own factors or not explain how own factors influence this response.</td>
</tr>
<tr>
<td>Explain other factors, viewpoints and evidence that could be considered when critically thinking about this experience (e.g. I have never had patience for patients in my current job, I have “lost my cool” a few times.</td>
<td>Clearly explains how other factors, viewpoints and evidence influenced the experience.</td>
<td>Starts to explore how other factors, viewpoints and evidence influenced the experience.</td>
<td>Does not include other factors or does not explain how other factors influence this experience.</td>
</tr>
<tr>
<td>Suggest relevant and specific ways to apply what you have learned to your future practice. Provide a specific example. (e.g. When I find that I am going to “lose my cool” I will take a deep breath. That will slow me down, allow me to refocus.)</td>
<td>Provides a future action plan and example that is relevant and specific.</td>
<td>Provides a future action plan with example. May not be relevant or specific.</td>
<td>Provides a future action plan or example that not relevant and not specific.</td>
</tr>
</tbody>
</table>
APPENDIX 4: Scholar Outcome

4a. Drug Information Inquiry Record
Photocopy as needed.
Property of the Regional Drug Information Centre (RDIC), Capital Health Regional Pharmacy Services.
Unauthorized distribution, copying, or disclosure prohibited. Contact RDIC (780-407-7404).

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>REQUESTOR:</td>
<td>PHONE/PAGER/FAX/E-MAIL:</td>
</tr>
<tr>
<td>CATEGORY OF REQUESTOR:</td>
<td>ANSWER REQUIRED:</td>
</tr>
<tr>
<td>Physician</td>
<td>Patient</td>
</tr>
<tr>
<td>Nurse</td>
<td>Pharmacist</td>
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<tr>
<td></td>
<td>Other</td>
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</tbody>
</table>

REQUEST (Including background information):

PATIENT SPECIFIC: ☑Yes ☐No Age: ___________ Wt: ___________ Sex: ___________

Medical Problems:

Major Organ Function:

Medications:

Allergies/ADRs:
<table>
<thead>
<tr>
<th>CLASSIFICATION OF REQUEST:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Administration (diagnosis/indication, route of administration)</td>
</tr>
<tr>
<td>☐ Availability (correct spelling, trade/generic/chemical name, country of origin, dosage form, manufacturer)</td>
</tr>
<tr>
<td>☐ Compatibility/Stability (concentration, diluents, other ingredients, how administered, i.e., for IV)</td>
</tr>
<tr>
<td>☐ Dosing (diagnosis/indication, route of administration)</td>
</tr>
<tr>
<td>☐ Formulary</td>
</tr>
<tr>
<td>☐ Identification (correct spelling, trade/generic/chemical name, therapeutic use, country of origin, dosage form, manufacturer)</td>
</tr>
<tr>
<td>☐ Interactions (specific drugs, doses, duration, time of administration, manifestation of interaction, time sequence of events, management)</td>
</tr>
<tr>
<td>☐ Natural Products/Alternative Medicines (common/Latin/other names, manufacturer, information source)</td>
</tr>
<tr>
<td>☐ Patient Information (route, indication)</td>
</tr>
<tr>
<td>☐ Pharmacokinetics (dose, route, frequency of administration, diagnosis, organism, timing of levels, levels)</td>
</tr>
<tr>
<td>☐ Pharmacy Practice</td>
</tr>
<tr>
<td>☐ Poisoning/Toxicology (substance, signs, and symptoms, time since OD, management)</td>
</tr>
<tr>
<td>☐ Pregnancy/Lactation (stage of pregnancy, dose/frequency of use, how long used, indication, length of breastfeeding, age of infant)</td>
</tr>
<tr>
<td>☐ Product Information (drug, brand, dosage form)</td>
</tr>
<tr>
<td>☐ Side Effects/Adverse Drug Reactions (ADR) (dose/frequency of use, time of onset, signs and symptoms, severity, time sequence of events, management)</td>
</tr>
<tr>
<td>☐ Therapeutic Use/Indication (other disease states)</td>
</tr>
<tr>
<td>☐ Other:</td>
</tr>
</tbody>
</table>

| RESPONSE (Information found/provided): |

| SEARCH STRATEGY (Outline the approach you took in finding the answer, from start to finish. Note all references/information sources checked during your search.): |

| REFERENCES (Document the source(s) of the answer. Use appropriate citation method.): |

| SIGNATURE: | DATE AND TIME: |
APPENDIX 5: Manager Outcome

5a. Patient Information Self-Assessment Activity

ACTIVITY INSTRUCTIONS
2. Select Self Assessments; Select Community/Ambulatory Pharmacy.
3. DO NOT COMPLETE THE DEMOGRAPHICS INFORMATION FORM. Only complete the “Patient Information” section.

The data does not need to be submitted to ISMP nor entered onto a web based survey as mentioned on page 4. The assessments are to be completed only for discussion with the preceptor.

- Go to page 4; and read the Instructions for Conducting the Self-Assessment.
- Proceed to page 8; Section 1: Patient Information.
- Print the Patient Information Self-Assessment Characteristics; 1-15 (pages 10 and 11).
- Assess characteristics 1-15 using the 5-point letter scale (A – E) on the assessment.
  A: No activity to implement.
  B: Discussed for possible implementation, but not implemented yet.
  C: Partially implemented for some or all patients, Rxs, drugs or staff.
  D: Fully implemented for some patients, Rxs, drugs or staff.
  E: Fully implemented for all patients, Rxs, drugs, or staff.

4. Discuss your findings with the preceptor. The purpose of discussing the findings from the assessment is to have a positive discussion regarding the requirements of practice, the importance of having complete and accurate patient profile information as well as some of the challenges involved with utilization and maintenance.

5b. Patient and Medication Safety Self-Assessment Activity and Assignment

ACTIVITY INSTRUCTIONS
1. Go to the ISMP Self-Assessment (same site as accessed in previous activity); http://www.ismp.org
2. Select Self Assessments; select Community/Ambulatory Pharmacy.

- Go to page 28; Section X: Quality Processes and Risk Management.
- Print the Quality Processes and Risk Management Self-Assessment Characteristics; 166-198 (pages 28-32).
- Assess characteristics 166-198 using the same 5-point letter scale (A – E) used in previous activity.

3. Discuss your findings with the preceptor.

ASSIGNMENT INSTRUCTIONS
After discussion of findings with the preceptor, choose 1 characteristic that you found interesting or that could/did have the most impact on improving patient safety at the practice site.

For the chosen characteristics include:
- An example that reflects or substantiates your comments,
- What factors may influence implementation of that characteristic

WORD COUNT: Maximum 250 (not including listing of characteristic title)
APPENDIX 6: Learning Plan

6a. Learning Plan Assignment Instructions
This assignment helps with preparation for the placement as well as assessment of learning during the placement. Self-directed learning is similar to the Continuing Professional Development model used by practicing pharmacists. Determining objectives to meet self-directed goals emphasizes the student’s’ responsibility for development during the placement. It also assists with development of skills needed for practice. As this is an advanced placement it is important that students are looking for areas in which they can improve in order to become excellent practitioners.

Steps to Learning Plan completion; students should:
• First reflect on his/her comfort with the skills and complete the Skills Inventory table within the Learning Plan Template (see below).
• Then, state 1 goal and corresponding objective(s) on the Learning Plan template using the SMART format. The goal and corresponding objective(s) should be a clinical skill on which he/she plans to focus. Each objective should be specific and linked to placement activities. The CSHP Webinar and handout listed in the Required Reading list will be helpful with development of this goal and objective(s). It is suggested to review the handout and focus on slides 11-39. Examples are included that will be helpful in development of a goal and corresponding objectives using a SMART format.
• Determine indicators that inform their progress for the chosen goal.
• Post Learning Plan in MyCred (GOALS module) at least 1 week prior to the start of the placement to allow the preceptor to review. The Skills Inventory and the Learning Goal.
• Review and finalize the goal and objective(s) with the preceptor during the first few days of the placement. When finalized, post the revised Learning Plan on MyCred.
• Discuss the progress achieved for the Learning Plan goal with the preceptor at the midpoint and final of the placement.
• Post the updated Learning Plan into MyCred both at midpoint and final of placement.
• The postings at the midpoint and the final will indicate the student’s progress towards their self-determined goal.
6b. Learning Plan Template

Student Name:
Preceptor Name (who reviewed this version of the Learning Plan):

Student Skills Inventory
Please rate your level of comfort in performing the following skills prior to starting the placement:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Needs Improvement</th>
<th>Meets Acceptable Level of Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gathering information to create a Patient Database (includes allergy/intolerance and adherence assessment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creating Basic Care Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Counseling: Rx Topical Preparations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Counseling: OTC Dermatological Preparations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicating with Patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification of the basic components involved in the Prescription Dispensing Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Information Retrieval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interacting with Other Healthcare Professionals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Learning Goal (to be completed by student):

Learning Objective(s)
Use SMART format (objectives must be measurable/observable by your preceptor).

Indicators of Progress
Student to include these here (when goals/objectives created)
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 2)
Summarize:
Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement

Progress at FINAL (end week 4)
Summarize:
Key accomplishments, important next steps, behaviours/skills/knowledge requiring further improvement

Student to type progress here.
APPENDIX 7: 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.

<table>
<thead>
<tr>
<th>Week</th>
<th>Student Activities</th>
</tr>
</thead>
</table>
| 1-4 weeks before placement starts | Review;  
  - Syllabus, course expectations, patient care process tools, activities and assignments.  
  - Review the Experiential Education Policy and Procedures Manual and all readings included in Required Readings (page 3)  
Students should:  
  - Ensure preceptor has received Netcare registration form.  
  - Ensure they have corresponded with the preceptor regarding start time, parking, etc.  
  - Start to develop the Learning Plan; post on My Cred at least 1 week prior to placement. (see Assignments table; page 13) |
| Daily throughout the placement |  
  - Participate as a member of the pharmacy team.  
  - Prepare care plans and other assignments/documentation.  
  - Complete drug information requests.  
  - Ensure activities and assignments are being completed (student is ultimately responsible for ensuring completion of all course requirements).  
  - Discuss course objectives with preceptor and members of the pharmacy team. |

**WEEK 1: Date: ________________________**

Orientation (Day ONE)  
  - Discuss the goal included in the Student Learning Plan.  
  - Discuss student/preceptor expectations and responsibilities.  
  - Review syllabus (objectives, activities and assignments).  
  - Discuss activities and assignments.  
  - Develop placement schedule; preliminary activity planning.  
  - Discuss assessment processes and timelines including informal/daily feedback and debriefing, as well as when discussion topics will occur.  
  - Tour of pharmacy and introduction to members of all staff.  
  - Log in to ensure Netcare access.  

Familiarization with Pharmacy and Processes  
  - Introduction to the dispensing process. (see Practice Management activities).  
  - Discuss potential Medical and Medication History Activity patients (see Care Provider activities).  

End of Week 1  
  - Finalize and submit the Learning Plan. (MyCred; RxPreceptor)  
  - Complete and submit **Student and Preceptor Early Assessments (RxPreceptor)**.  
  - Discuss potential ideas for the Pharmacy Health Promotion Activity (sun safety, first aid display, school presentation, etc.)  
  - Identify potential health care practices for the Inter-professional Activity.  

**WEEK 2: Date: ________________________**

Activities and Assignments  
  - Complete at least 1 Patient Medication History (for midpoint assessment). Should be supervised by preceptor for feedback purposes. Develop care plans for Patient Histories completed; review with preceptor.  
  - Provide responses to drug information requests.  
  - Continued involvement in dispensing process (see Manager Activities)  
  - Rx and OTC Counseling Care Provider Activities (complete as many as possible for...
<table>
<thead>
<tr>
<th>Date: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WEEK 3: Assignments and Activities</strong></td>
</tr>
<tr>
<td>Complete 1-2 more Patient Medical and Medication Histories (minimum 4) and discuss with preceptor.</td>
</tr>
<tr>
<td>Rx and OTC Counseling Activities (complete as many as possible for practice). Develop a care plan for at least 1 Rx and 1 OTC counseling experience. Discuss with preceptor.</td>
</tr>
<tr>
<td>Complete and discuss both ISMP Self Assessments; 1. Patient Information and 2. Quality Process and Risk Management.</td>
</tr>
<tr>
<td>Complete or have plan to complete the Medication Safety Assignment (Practice Management).</td>
</tr>
<tr>
<td>Complete or have plan to complete the Health Promotion Activity (Advocacy and Leadership).</td>
</tr>
<tr>
<td>Complete or have plan to complete Inter-Professional Activity and Assignment (Collaborator).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>WEEK 4: Date: __________________________</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By Day 3 of Week 4</strong></td>
</tr>
<tr>
<td>Ensure all activities (including preceptor/ dispensary team discussions) and assignments are completed and reviewed by preceptor.</td>
</tr>
</tbody>
</table>

| **End of week four (Final)** |
| Preceptor to complete: **Final Student Performance Assessment**. |
| Preceptor to provide: **Grade Recommendation for Placement; pass/fail.** |
| Student to complete: **Final Student Self Assessment (RxPreceptor)** |
| Student to ensure all assignments have been posted on eClass by the last day of the placement. |
| Update and submit the final Student Learning Plan (MyCred; RxPreceptor) |

| **After student has left placement site** |
| Student to complete Post Rotation Survey (RxPreceptor) |
| Student will be sent link to the Anonymous Course Survey |
| Consider nomination of preceptor for an award. (nomination survey will be emailed to students) |