



THE UNIVERSITY OF BRITISH COLUMBIA

Office of Experiential Education  
Faculty of Pharmaceutical Sciences



Entry-to-Practice PharmD Program

## INPATIENT PRACTICUMS HANDBOOK FOR STUDENTS AND PRACTICE EDUCATORS

### **Introductory and Advanced Pharmacy Practice Experiences (IPPE, APPE) - Inpatient**

#### **Course**

PHRM 272 (IPPE)  
PHRM 472 (APPE)

#### **Course Coordinator**

Kayla Fang  
Asal Taheri

Effective May 2019 – 2020

## Table of Contents

Acknowledgement .....	4
Introduction .....	5
SECTION 1 – INPATIENT PRACTICUMS OVERVIEW .....	6
1.1 Educational Outcomes .....	6
1.2 Direct Patient Care Practicum Goals and Learning Objectives .....	8
1.2.a Knowledge.....	8
1.2.b Skills (Provision of Pharmaceutical Care).....	9
1.2.c Attitudes and Behaviors (Professionalism) .....	11
1.3 Expected Level of Performance and Patient Complexity.....	13
1.4 Practice Educator Inpatient Practicum Activities Overview .....	15
1.4.a PHRM 272 .....	15
1.4.b PHRM 472 .....	16
1.5 Student Practicum Summary Checklists .....	17
1.5.a PHRM 272 Student Practicum Summary Checklist .....	17
1.5.b PHRM 472 Student Practicum Summary Checklist.....	18
1.6 E*Value Coursework for Inpatient Practicums .....	19
SECTION 2 – REQUIRED COURSE ACTIVITIES .....	20
2.1 Student Introduction Resume.....	21
2.2 Learning Contract.....	23
2.3 Inpatient Pharmacy Practice Reflection – PHRM 272.....	25
2.4 Orientation to Inpatient Pharmacy Medication Distribution System – PHRM 272 .....	27
2.5 Orientation to the Clinical Pharmacist’s Role – PHRM 272 .....	30
2.6 Orientation to the Patient Medical Record – PHRM 272.....	33
2.7 Medication Reconciliation – PHRM 272 .....	35
2.8 Counseling – PHRM 272.....	38
2.9 Interprofessional Education.....	40
2.10 Drug Information Response <sup>4</sup> .....	42
2.11 Full Patient Work Up and Care Plan.....	45
2.12 Clinical Documentation - PHRM 272.....	47
2.13 Clinical Reasoning Reflection <sup>16</sup> – PHRM 472.....	49

2.14 Presentation <sup>17</sup> – PHRM 472 .....	51
2.15 Service .....	53
2.16 Self-Assessment – PHRM 472 .....	55
2.17 Giving Feedback to the Practice Educator .....	57
SECTION 3 – ASSESSMENT PROCESSES .....	59
3.1 Assessment Processes.....	59
3.2 Grade Assignment.....	61
SECTION 4 – COURSE OVERVIEW & SAMPLE SCHEDULE .....	63
4.1 Overview of Inpatient Practicum Course Requirements .....	63
4.2 Course Schedule.....	64
4.2.a PHRM 272 Course Schedule.....	65
4.2.b PHRM 472 Course Schedule .....	66
SECTION 5 – ADDITIONAL INFORMATION .....	68
5.1 Office of Experiential Education Contact Information.....	68
5.2 Policies .....	71
REFERENCES.....	72
SECTION 6 – APPENDIX 1: REQUIRED FORM(S) / CHECKLIST(S) .....	73
6.1 72-Hour Checklist.....	73
6.2 Learning Contract Form .....	76
6.3 Requirements Checklist for BPMH Interview .....	78
6.4 Requirements Checklist for BPMDP Counseling .....	81
6.5 Requirements Checklist for Counseling .....	84
6.6 Requirements Checklist for Drug Information Responses.....	87
6.7 Requirements Checklist for Presentation of Patient Work-Up to Practice Educator .....	90
6.8 Requirements Checklist for Clinical Documentation .....	93
6.9 Assessment Guide for Clinical Reasoning Reflection .....	96
6.10 Presentation Evaluation Form .....	98

## Acknowledgement

UBC's Point Grey Campus is located on the traditional, ancestral, and unceded territory of the xwməθkwəyəm (Musqueam) people. The land it is situated on has always been a place of learning for the Musqueam people, who for millennia have passed on in their culture, history, and traditions from one generation to the next on this site.

The Office of Experiential Education would like to thank the many individuals who have generously permitted the adaptation of their materials in the revision of our learner handbooks and policies, with individual recognition to Ann Thompson, Andrea Cameron, Harriet Davies and Doreen Leong.

These handbooks would not have been possible without the hard work of students Alice Wang and Deanna Lo and their assistance with the compilation of materials. We would also like to recognize Marguerite Yee, Amin Bardai, Rosemin Kassam and Angela Kim-Sing for their past contributions to our program.

Thank you to the following groups for their collaboration and sharing of ideas:

College of Pharmacists of British Columbia

British Columbia Pharmacy Association

Canadian Society of Hospital Pharmacists

Drug and Poison Information Centre

Association of Faculties of Pharmacy of Canada

Pharmacy Experiential Programs of Canada

## Introduction

The mission of the Office of Experiential Education is to create and facilitate the structured learning opportunities necessary for students to develop the knowledge, skills and professional attributes required for direct-patient care roles and innovative pharmacy practice upon graduation. The Office of Experiential Education is responsible for the facilitation of over 1000 placements each year for our Entry-to-Practice PharmD Program, Flexible PharmD program and the Canadian Pharmacy Practice Program (CP3) for our international pharmacy graduates. Working closely with our experiential education sites and partners, we aim to provide students with valuable hands-on experience within a variety of pharmacy practice settings under the supervision and guidance of our qualified practice educators.

Experiential education is an integral component of student learning. Students are immersed within the pharmacy practice setting in the early years of their program with the introductory pharmacy practice experience (IPPE) practicums and continue to the advanced pharmacy practice experience (APPE) practicums in their fourth and final year. These practicums are progressive and structured to provide students with practice experience in a variety of care sectors, involving patients with a variety of healthcare service needs. These learning experiences are fundamental for students to develop and refine their ability to apply the necessary knowledge, skills and professional attributes to provide evidence-based patient-centered care within the real-world practice environment. By the completion of their program, we strive for our students to have the competence and confidence to serve as valued and collaborative members of the health care team.

The Faculty is grateful to the many dedicated practice educators that enthusiastically welcome our students to their practice sites each year. Without their unwavering commitment and dedication, our experiential education program would not be possible. We thank each of our practice educators for their ongoing collaboration with the Faculty and their valued contributions to the clinical education of our students.

Kind regards,



Dr. Janice Yeung, BSc.(Pharm), ACPR, Pharm D  
Director, Office of Experiential Education

## SECTION 1 – INPATIENT PRACTICUMS OVERVIEW

### 1.1 Educational Outcomes

The goal of the PharmD program is to graduate competent, caring pharmacists, ready to enter the rapidly evolving environment of pharmacy practice and to manage patient's medication therapy. The learning opportunities in the program are designed to help students meet the Educational Outcomes for First Professional Degree Programs in Pharmacy articulated by the Association of Faculties of Pharmacy of Canada (AFPC)<sup>1</sup> and the Competencies of Entry Level Pharmacists articulated by the National Association of Pharmacy Regulatory Authorities (NAPRA)<sup>2</sup>.

The Educational Outcomes for First Professional Degree Programs in Pharmacy are structured around seven key pharmacist roles<sup>1</sup>:

- 1) **Care Provider:** As Care Providers, pharmacy graduates provide patient-centered pharmacy care by using their knowledge, skills and professional judgement to facilitate management of a patient's medication and overall health needs across the care continuum. Care Provider is the core of the discipline of pharmacy.
- 2) **Communicator:** As Communicators, pharmacy graduates communicate effectively in lay and professional language, using a variety of strategies that take into account the situation, intended outcomes of the communication and diverse audiences.
- 3) **Collaborator:** As Collaborators, pharmacy graduates work collaboratively with patients and intra- and inter-professional teams to provide safe, effective, efficient health care, thus fulfilling the needs of the community and society at large.
- 4) **Leader-Manager:** As Leaders and Managers, pharmacy graduates engage with others to optimize the safety, effectiveness and efficiency of health care and contribute to a vision of a high-quality health care system.
- 5) **Health Advocate:** As Health Advocates, pharmacy graduates demonstrate care for individual patients, communities and populations by using pharmacy expertise to understand health needs and advance health and well-being of others.
- 6) **Scholar:** As Scholars, pharmacy graduates take responsibility for excellence by applying medication therapy expertise, learning continuously, creating new knowledge and disseminating knowledge when teaching others.
- 7) **Professional:** As Professionals, pharmacy graduates take responsibility and accountability for delivering pharmacy care to patients, communities and society through ethical practice and the high standards of behaviour that are expected of self-regulated professionals. The Professional role is the overarching ethos of the discipline of pharmacy.

Graduates should also recognize the four domains of the **Model of Practice for Canadian Pharmacists (MSOP)** developed by the National Association of Pharmacy Regulatory Authorities (NAPRA)<sup>2</sup>. These

domains encompass standards against which pharmacists' performance can be evaluated when the pharmacists are undertaking the activities imperative for safe and effective practice in their daily work.

The Four Domains of MSOP for Canadian Pharmacists are:

- 1) Expertise in medications and medication-use
- 2) Collaboration
- 3) Safety and Quality
- 4) Professionalism and Ethics

Students are also expected to review the **UBC E2P PharmD Program Learning Outcomes** as outlined on the E2P PharmD Program Hub on the learning management system Connect/Canvas.

For your reference:

<sup>1</sup>AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada 2017.  
Available at: [http://www.afpc.info/system/files/public/AFPC-Educational Outcomes 2017\\_final Jun2017.pdf](http://www.afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017_final_Jun2017.pdf)

<sup>2</sup>NAPRA Professional Competencies for Canadian Pharmacists at Entry to Practice.  
Available at: [http://napra.ca/sites/default/files/2017-08/Comp for Cdn PHARMACISTS at EntrytoPractice March2014 b.pdf](http://napra.ca/sites/default/files/2017-08/Comp_for_Cdn_PHARMACISTS_at_EntrytoPractice_March2014_b.pdf)

## 1.2 Direct Patient Care Practicum Goals and Learning Objectives

As outlined in the Association of Faculties of Pharmacy of Canada (AFPC) Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada, the provision of patient care and the role of care provider is at the heart of the discipline of pharmacy. The overarching goal of the direct patient care practicums across the four years of the UBC E2P PharmD program is to ensure that graduates have the **knowledge, skills** and **professional attributes** necessary to provide exemplary patient care.

Below are the overall goals and learning objectives for all direct patient care (DPC) practicums within the UBC E2P PharmD program.

### 1.2.a Knowledge

#### Goal

Develop, integrate and apply the knowledge necessary to provide patient-centered pharmacy care to facilitate management of a patient's medication and overall health needs across the care continuum.

#### Learning Objectives

By the end of this course, students will be able to:	AFPC Reference	NAPRA Reference
1) Apply knowledge of the following to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations: a) Pathophysiology, risk factors, etiology, and clinical presentation of medical conditions, including symptoms, physical assessment, relevant diagnostics, and laboratory findings b) Pharmacology, pharmacokinetics, pharmaceuticals, and evidence-based therapeutics	CP 1.1, SC1, SC2	
2) Apply knowledge of safe medication practices to optimize medication use for patients and health care delivery	CP3, LM1	
3) Apply knowledge of regulations and ethical principles through practice in accordance with the laws, ethical codes, and regulatory requirements (e.g. bylaws, professional standards, policies and/or guidelines) that govern pharmacy practice within their jurisdiction.	CP1, CP3.2	1.1, 1.2, 1.4, 1.5

## 1.2.b Skills (Provision of Pharmaceutical Care)

### Goal

Develop and demonstrate the clinical skills and professional judgement necessary to provide patient-centered pharmacy care to facilitate management of a patient's medication and overall health needs across the care continuum.

### Learning Objectives

By the end of this course, students will be able to:	AFPC Reference	NAPRA Reference
4) Prioritize assigned work, identifying patients who are most likely to experience drug therapy problems and setting priorities to manage and balance patient care, workflow and practice requirements	LM 2.2, LM 4.2, PR 3.1	
5) Establish and maintain a respectful, professional, and ethical relationship with the patient and/or their caregivers centered on the patient's needs, values, desired level of care and health goals	CL1, CM1, CM2	2.1
6) Gather, interpret and assess relevant history from the patient, his/her health records, caregivers, and other healthcare professionals including: <ul style="list-style-type: none"><li>a) Patient demographics</li><li>b) Chief complaint/reason for encounter</li><li>c) History of present illness</li><li>d) Past medical history</li><li>e) Family history</li><li>f) Functional history</li><li>g) Social history</li><li>h) Nutritional status, dietary restrictions/needs, and exercise</li><li>i) Review of systems utilizing a head-to-toe approach (e.g. signs/symptoms, physical exam, labs, diagnostics, imaging, microbiology)</li><li>j) Health care team members involved in the care of the patient</li></ul>	CP2.1, SC1	2.2, 2.3
7) Gather, interpret and assess a best possible medication history (BPMH), including: <ul style="list-style-type: none"><li>a) Allergy history</li><li>b) Adverse drug reactions</li><li>c) Current medications/medications prior to admission</li><li>d) Past medication history</li></ul>	CP 2.1, SC 1	2.2, 2.3

<ul style="list-style-type: none"> <li>e) Non-prescription medication history</li> <li>f) Immunization history</li> <li>g) Social drug history</li> <li>h) Medication experience and adherence</li> </ul>		
8) Develop a prioritized medical problem list, identifying both the patient's active and chronic issues	CP 2.2, SC1	2.3
9) Identify and justify a prioritized list of all actual and potential patient-specific drug therapy problems	CP2.2, HA1, SC1, SC2	2.3, 2.4
10) Determine the desired outcomes and patient-specific medication-related and non-pharmacological goals of therapy, specifying measurable endpoints, target values and associated timeframes	CL 1.1, CL 1.3, CM 1, CM 2.1, CM 2.4, CP 1.4, CP 2.3, HA1, SC1, SC2	2.5.1
11) Identify a prioritized list of all viable therapeutic alternatives through integration of relevant patient data, best available evidence and comparing and contrasting the pros and cons of each alternative, including assessment of efficacy, safety, patient factors, administration issues and cost	CP1.5, CP2.3, SC1, SC2	2.5.2, 2.5.3
12) Identify, justify and defend a list of appropriate, patient-specific recommendations for identified drug therapy problems	CP2.3, SC1, SC2	2.5.4, 6.1
13) Create and implement a care plan in collaboration with the patient and healthcare team members through communication means as appropriate, including, but not limited to: <ul style="list-style-type: none"> <li>a) Obtaining consent</li> <li>b) Making appropriate patient-specific therapeutic recommendations</li> <li>c) Making a referral and/or consulting others</li> <li>d) Adapting, initiating, discontinuing, dispensing or administering medication as authorized</li> <li>e) Engaging the patient or caregiver through education and counselling, empowerment and self-management</li> <li>f) Communicating the rationale for the care plan within the circle of care</li> </ul>	CL1, CL2, CM1, CM2, CP2.4, HA1, LM1.4, SC1, SC2, SC4	2.5, 2.6, 2.7, 3.1, 6.1, 7.1, 7.2, 8.1, 8.2, 8.3, 8.4
14) Develop an appropriate, patient-specific monitoring plan and/or plans for continuity of care, specifying efficacy and safety endpoints, target values, frequency and timeframes for monitoring	CL2, CP2.5	2.5.8

15) Provide follow up evaluation and assessment of effectiveness, safety and patient adherence and tolerance to drug therapy	CP 2.5, SC1, SC2	2.8
16) Proactively document patient-related healthcare issues, care plans and medication orders/clarifications in a clear, concise, and organized manner, fulfilling professional and legal requirements	CM1, CM2, CL2.3, LM 1.4	1.5
17) Effectively respond to medication- and practice-related questions and educate others in a timely manner, utilizing systematic literature search, critical appraisal skills, and appropriate means of communication (verbal or written, as appropriate)	CM1, CM2, SC1, SC2, SC4	6.1, 6.2, 7.1, 7.2.1, 7.2.3, 7.3
18) Advocate for the health and wellness of patients and the community, promoting disease prevention and facilitating patient access to the health care system and required services	LM 1.1, LM3.1, HA 1, HA2	5.1, 5.2

### 1.2.c Attitudes and Behaviors (Professionalism)

#### Goal

Demonstrate the attitudes and high standards of behavior expected of self-regulated professionals for delivering pharmacy care to patients, communities and society through ethical practice.

#### Learning Objectives

By the end of this course, the student will consistently:	AFPC Reference	NAPRA Reference
19) Demonstrate the attitudes, qualities, ethical principles, commitment, and characteristics of a professional as expected by patients, other pharmacists, regulatory bodies, and other healthcare professionals including demonstration of, but not limited to: a) Accountability b) Attire and appearance c) Confidentiality d) Honesty and integrity e) Punctuality	PR1, PR2	1.4
20) Demonstrate responsibility and commitment to their own learning and the ongoing refinement and advancement of critical thinking, scientific reasoning, problem-solving and decision-making skills through the demonstration of, but not limited to: a) Self-directed learning b) Self-evaluation	LM3, PR3	1.4

c) Personal reflection d) Receptiveness to feedback e) Adaptability and openness to change		
21) Demonstrate an understanding of the role of the pharmacist within the healthcare team, practicing within their scope of practice and all legal and ethical requirements	CP1, PR1, PR2	1.1, 1.2

### 1.3 Expected Level of Performance and Patient Complexity

For each direct patient care practicum, students will be expected to achieve these learning objectives at the corresponding expected performance level for their respective program year which is described in the below table.

The below provides guidance on patient complexity and characteristics commensurate with year level, however, the practice educator and or pharmacist designate will determine if the expectations on “Patient Complexity” for specific course activities are met. This may or may not be within the patient characteristic parameters that are suggested below, as a number of other factors may contribute to complexity: psychological (e.g. cognitive impairment), social (e.g. affordability of treatment), biological (e.g. organs affected, degree of dysfunction), health-care system related (e.g. number of involved health care providers), etc. These dimensions should also be taken into account when assessing the student's level of performance in the care of their patients.

Practicum Course	Expected Level of Performance	Student Characteristics <sup>18</sup>	Expected Patient Complexity	Patient Characteristics
<b>PHRM 171</b>	<b>Novice</b>	Has incomplete understanding and minimal or "textbook" knowledge without connecting it to practice. Approaches tasks mechanistically. Little or no conception of dealing with complexity. Needs close supervision or instruction.	<b>LOW</b>	Medical Conditions: 1-3  Number of medications: 3-5
<b>PHRM 271</b> <b>PHRM 272*</b>	<b>Advanced Beginner</b>	Has a working understanding and knowledge of key aspects. Tends to see actions as a series of steps. Appreciates complex situations, but only able to achieve partial resolution. Able to achieve some steps using own judgement, but supervision needed for overall task.	<b>LOW-MODERATE</b>	Medical Conditions: 3-5  Number of medications: 5-7
<b>PHRM 371</b>			<b>MODERATE</b>	Medical Conditions: 5-7  Number of medications: 7+
<b>PHRM 471</b> <b>PHRM 472</b> <b>PHRM 473</b>	<b>Competent</b>	Has good working and background understanding. Now sees actions at least partially in terms of longer-term goals. Copes with complex situations through deliberate analysis and planning. Able to work independently to a standard that is acceptable though may lack refinement. Able to achieve most tasks using own judgement.	<b>MODERATE</b>	Medical Conditions: 5-7  Number of medications: 7+

\* As second year students PHRM 272 students are expected to perform at the level outlined above. However, given the short duration and the observational nature of the practicum the assessment of the performance will be different compared to the other direct patient care practicums.

Please review the additional information in the **Assessment of Student Learning, A Guidebook for Practice Educators**.

## 1.4 Practice Educator Inpatient Practicum Activities Overview

The tables below describe the general activities for inpatient practicums and the role of the practice educator in each of these activities.

### 1.4.a PHRM 272

Practicum Requirements	Brief Description (Please see corresponding course handbook section for details)	Practice Educator (PE) Role
UBC Pharmacy Student Health and Safety Orientation (HSO)	Required, student-led WorkSafeBC orientation and documentation	Student to review with PE within the first 24 hours on site.
72-Hour Checklist	Orientation checklist to introduce the student to the site, practicum schedule, site policies/procedures, etc.	Student to review checklist with PE within the first 72 hours on site.
Student Introduction Resume	One week prior to the practicum, student to upload updated version of his/her resume to E*Value. Student to review resume with PE within the first 72-hours on site	Review student introduction resume uploaded on E*Value and discuss resume with student as part of orientation to site. <b>PE to verify completion on E*Value</b>
Learning Contract	Student to identify learning objectives and assess his/her progress towards attaining these objectives throughout the practicum using a learning contract	Student and PE to review within the first 72-hours of the practicum and revisit at midpoint and final weeks of practicum. <b>PE to verify completion on E*Value</b>
Inpatient Pharmacy Practice Reflection	Student to complete a minimum of 1 written reflection prior to the end of the practicum experience that is shared and discussed with the practice educator and other learners that are onsite	All practicum activities to be completed under the direct supervision of a pharmacist practice educator and/or designated pharmacist.  <b>PE to verify safe and satisfactory completion on E*Value</b>
Orientation to Inpatient Pharmacy Medication Distribution	Student to complete a tour of the dispensary and various other medication preparation areas and guided discussion specific to the inpatient medication distribution system	
Orientation to Clinical Pharmacist's role	Student to complete a minimum of one shadow experience with a clinical pharmacist which also includes attending a minimum of 1 patient care rounds session	
Orientation to the Patient Medical Record	Student to complete an orientation to the site's patient medical record system including a tour of the ward/nursing unit and a sample patient chart and associated discussion	
Counseling	Student will provide patient education and counseling	
Medication reconciliation	Student to perform medication reconciliation on admission OR on discharge for a minimum of 1 patient	
Drug Information Response	Student to answer drug information requests as they arise in day-to-day practice, but at a minimum to respond to 1 drug information request	
Full Patient Workup and Care Plan	Students are expected to work up and develop 1 care plan for a minimum of 1 patient (e.g. full patient work up and development of 1 care plan for 1 of the patient's medical conditions) and present to the practice educator for assessment and feedback. This patient must be different from the patient chosen for the Medication Reconciliation activity.	
Clinical Documentation	Student will document their full patient work up, recommendations and care plan in the form of a clinical note for the patient chart	
Interprofessional Education	Student to shadow a minimum of 1 other health care team member and to observe and reflect upon the importance and challenges of interprofessional teams in the provision of patient-centered care	
Service (Optional)	Student to provide service (e.g. medication reconciliation, medication counselling, mini-projects, etc.) as required by the PE and/or site needs if time permits	No E*Value verification required
Giving Feedback to the Practice Educator	Student to provide constructive feedback to PE throughout practicum and complete evaluation survey	PE to review feedback received from student. <b>PE to verify satisfactory completion on E*Value</b>
Direct Patient Care Practice Educator Assessment of Student	PE to observe and assess student performance over the course of the practicum and formally document and discuss this assessment with student at final	<b>PE to complete final assessment of student on E*Value</b>

## 1.4.b PHRM 472

Practicum Requirements	Brief Description (Please see corresponding course handbook section for details)	Practice Educator (PE) Role
UBC Pharmacy Student Health and Safety Orientation (HSO)	Required, student-led WorkSafeBC orientation and documentation	Student to review with PE within the first 24 hours on site.
72-Hour Checklist	Orientation checklist to introduce the student to the site, practicum schedule, site policies/procedures, etc.	Student to review checklist with PE within the first 72 hours on site.
Student Introduction Resume	One week prior to the practicum, student to upload updated version of his/her resume to E*Value. Student to review resume with PE within the first 72-hours on site	Review student introduction resume uploaded on E*Value and discuss resume with student as part of orientation to site. <b>PE to verify completion on E*Value</b>
Learning Contract	Student to identify learning objectives and assess his/her progress towards attaining these objectives throughout the practicum using a learning contract	Student and PE to review within the first 72-hours of the practicum and revisit at midpoint and final weeks of practicum. <b>PE to verify completion on E*Value</b>
Drug Information Response	Student to answer drug information requests as they arise in day-to-day practice, but at a minimum to respond to 2 drug information requests	All practicum activities to be completed under the direct supervision of a pharmacist practice educator and/or designated pharmacist.  <b>PE to verify safe and satisfactory completion on E*Value</b>
Full Patient Workup and Care Plan	Student to provide full pharmaceutical care by completing patient work-ups and developing and implementing care plans for a minimum of 16 patients	
Clinical Reasoning Reflection	At two week intervals (e.g. week 2, 4, & 6), student to reflect upon a real-life example of a clinical/therapeutic decision he/she made in his/her PHRM 472 practicum experience and submit reflection on E*Value for PE assessment. Student to complete a total of 3 reflections.	
Presentation	Student to prepare and deliver a minimum of 2 presentations to meet the learning needs of a specific audience. The type of presentation and audience to be presented to is determined by the PE	
Interprofessional Education	Student to shadow a minimum of 2 other health care team members and to observe and reflect upon the importance and challenges of interprofessional teams in the provision of patient-centered care	No E*Value verification required
Service	Student to provide service (e.g. medication reconciliation, medication counselling, mini-projects, etc.) as required by the PE and/or site needs for up to 30% of his/her practicum time	
Self-Assessment	Student to reflect upon his/her knowledge, skills, and professional attributes thus far on weeks 2 and 6 of practicum and devise an action plan going forward. Self-assessment and action plan to be discussed and agreed upon with the PE.	<b>PE to verify satisfactory completion on E*Value</b>
Giving Feedback to the Practice Educator	Student to provide constructive feedback to PE throughout practicum and complete evaluation survey	PE to review feedback received from student. <b>PE to verify satisfactory completion on E*Value</b>
Direct Patient Care Practice Educator Assessment of Student	PE to observe and assess student performance over the course of the practicum and formally document and discuss this assessment with student at midpoint and final	<b>PE to complete midpoint and final assessment of student on E*Value</b>

## 1.5 Student Practicum Summary Checklists

The following checklists are intended to be a resource for students to track completion of all practicum requirements in their course. Students are expected to review, understand, and complete all activity requirements as described in this course handbook pertaining to their respective practicum course.

### 1.5.a PHRM 272 Student Practicum Summary Checklist

Minimum Required	Practicum Requirements	Where to complete/submit for course completion	Student Submission Deadline
1	<input type="checkbox"/> UBC Pharmacy Student Health and Safety Orientation (HSO)	Canvas	72 hours after practicum begins
1	<input type="checkbox"/> 72-Hour Checklist (Appendix 1)	No submission to OEE	No submission
1	<input type="checkbox"/> Student Introduction Resume	<input type="checkbox"/> PDF upload of resume on E*Value <input type="checkbox"/> Review with PE and acknowledge completion on Practicum Activities E*Value Coursework	1) Upload: one week before practicum begins 2) Acknowledge: 11:55pm on the last scheduled OEE practicum block date
1	<input type="checkbox"/> Learning Contract (Complete PLAN-ACT-REFLECT sections)	Student to acknowledge completion on Practicum Activities E*Value Coursework (no submission to OEE)	11:55pm on the last scheduled practicum block date
1	<input type="checkbox"/> Inpatient Pharmacy Practice Reflection		
1	<input type="checkbox"/> Orientation to Inpatient Pharmacy Medication Distribution		
1	<input type="checkbox"/> Orientation to Clinical Pharmacist's Role		
1	<input type="checkbox"/> Orientation to the Patient Medical Record		
1	<input type="checkbox"/> Medication Reconciliation		
1	<input type="checkbox"/> Counseling		
1	<input type="checkbox"/> Interprofessional Education		
1	<input type="checkbox"/> Drug Information Response		
1	<input type="checkbox"/> Full Patient Work-up and Care Plan	Complete Student Evaluation of Practice Educator and Practice Site on E*Value. Review and discuss feedback. Acknowledge completion on Practicum Activities E*Value Coursework	11:55pm on the last scheduled practicum block date
1	<input type="checkbox"/> Clinical Documentation		
1	<input type="checkbox"/> Giving Feedback to the Practice Educator	Complete Student Evaluation of Practice Educator and Practice Site on E*Value. Review and discuss feedback. Acknowledge completion on Practicum Activities E*Value Coursework	11:55pm on the last scheduled practicum block date
1	<input type="checkbox"/> Student Evaluation of Practice Educator and Site	E*Value	11:55pm on the last scheduled practicum block date
1	<input type="checkbox"/> PHRM 272 Practice Educator Assessment of Student	E*Value - Practice educator to submit by end of week 2	Submitted by practice educator
1	<input type="checkbox"/> Student Evaluation of the Office of Experiential Education Course	E*Value	11:55pm on the last scheduled practicum block date

### 1.5.b PHRM 472 Student Practicum Summary Checklist

Minimum Required	Practicum Requirements	Where to complete/submit for course completion	Student Submission Deadline
1	<input type="checkbox"/> UBC Pharmacy Student Health and Safety Orientation (HSO)	Canvas	72 hours after practicum begins
1	<input type="checkbox"/> 72-Hour Checklist (Appendix 1)	No submission to OEE	No submission
1	<input type="checkbox"/> Student Introduction Resume	<input type="checkbox"/> PDF upload of resume on E*Value <input type="checkbox"/> Review with PE and acknowledge completion on Practicum Activities E*Value Coursework	1) Upload: one week before practicum begins 2) Acknowledge: 11:55pm on the last scheduled OEE practicum block date
1	<input type="checkbox"/> Learning Contract (Complete PLAN-ACT-REFLECT sections)	Student to acknowledge completion on Practicum Activities Coursework (no submission to OEE)	11:55pm on the last scheduled practicum block date
16	<input type="checkbox"/> Full Patient Work Up and Care Plan		
2	<input type="checkbox"/> Drug Information Response		
2	<input type="checkbox"/> Presentation		
2	<input type="checkbox"/> Interprofessional Education		
Completed daily (no minimum)	<input type="checkbox"/> Counseling <input type="checkbox"/> Medication Reconciliation/BPMH <input type="checkbox"/> Service		
1	<input type="checkbox"/> Giving Feedback to the Practice Educator	1) Complete Student Evaluation of Practice Educator and Practice Site on E*Value. Review and discuss feedback. 2) Acknowledge completion on Practicum Activities E*Value Coursework	11:55pm on the last scheduled practicum block date
1	<input type="checkbox"/> Student Evaluation of Practice Educator and Site	E*Value	11:55pm on the last scheduled practicum block date
3	<input type="checkbox"/> Clinical Reasoning Reflection	E*Value Coursework	Weeks 2, 4, and 6
2	<input type="checkbox"/> Self-Assessment	E*Value Coursework	Weeks 2 and 6
2 (Midpoint & Final)	<input type="checkbox"/> Direct Patient Care Practice Educator Assessment of Student	Practice educator to submit by end of week 2 (Midpoint) and end of week 4 (Final) on E*Value)	No student submission; Submitted by practice educator
1	<input type="checkbox"/> Student Evaluation of the Office of Experiential Education Course	E*Value	11:55pm on the last scheduled practicum block date

## 1.6 E\*Value Coursework for Inpatient Practicums

E\*Value Coursework is an online tool utilized to track student completion of all required practicum activities. Students are expected to participate in each course activity as outlined in this handbook and use the E\*Value Coursework tool to indicate completion for each activity. Practice educators are required to verify the completion of course activities on E\*Value by the last day of practicum.

Students are expected to be familiar with the use of E\*Value prior to the start of their practicums. Detailed instructions for using E\*Value are posted on Canvas for students and on the OEE Practice Educator Resource Center for practice educators.

Note: E\*Value can only be accessed at the following URL: <https://ca.e-value.net/>. Please note that searching E\*Value on the internet may result in finding the U.S. website for E\*Value, which is incorrect.

The below table describes the E\*Value Coursework to be completed by students, the required deadline for completion, and the practice educator role for each:

E*Value Coursework	Student Completion Deadline	Practice Educator Role
Practicum Activities	By 11:55 pm on the last scheduled OEE practicum block date	Practice educator verification required at the end of the practicum
Clinical Reasoning Reflection (PHRM 472 only)	At the end of weeks 2, 4, and 6 of the practicum. All three submissions must be completed by 11:55 pm on the Sunday of week 6.	Practice educator verification required
Self-Assessment (PHRM 472 only)	At the end of weeks 2 and 6 of the practicum	Practice educator verification required

**For PHRM 272:** student to include the dates the associated activities were completed and the name of the practice educator and or designated pharmacist that facilitated, observed, and assessed the activity.

In addition to documentation of activity completion on E\*Value, students will be required to complete additional specific documentation for some course activities. This will be described under each specific course activity section of the handbook (e.g. completed learning contract form, patient care plans, follow-up evaluations, written correspondence with health care providers, etc.). It is the student's responsibility to ensure all completed documentation is shared with their practice educator. Students are responsible for tracking these documents, which may be requested by the practice educator(s) on site and/or the OEE for review at any time. Students must ensure the confidentiality of all patient information in their documentation.

## SECTION 2 – REQUIRED COURSE ACTIVITIES

The following section describes the course activities, intended learning objectives and required evidence of learning to confirm the student's safe and satisfactory completion of these activities.

All practicum activities must be completed under the supervision of a practice educator and/or a designated pharmacist.

The presentation of information in this section of the handbook will follow the following format:

Section Heading	Definition
<i>Purpose and Learning Objectives</i>	Describes the intention of the activity and what it is trying to achieve and links the activity back to the Direct Patient Care Learning objectives of the course
<i>Required Form(s)/Checklist(s)</i>	Checklists and documentation forms that are required to complete the specific course activity. Please see Appendix 1
<i>Process</i>	How the student and the practice educator will engage in the activity and steps involved
<i>Resource(s) on Canvas</i>	Templates, guiding documents, and other resources available to support activity completion.  Please see relevant course Canvas site.
<i>Verification of Activity Completion</i>	Breakdown of minimum activity requirements that students must complete and how the practice educator will verify safe and successful completion of the activity by the student

**\*STUDENTS ARE EXPECTED TO REVIEW AND UNDERSTAND ALL ACTIVITY REQUIREMENTS SECTIONS APPLICABLE TO THEIR PRACTICUM COURSES.**

## 2.1 Student Introduction Resume

### Purpose

Constructing, organizing, and maintaining a strong resume is an important skill for pharmacists. Students will develop and maintain a comprehensive resume for each of their practicum experiences. Students will use their resume as an opportunity to introduce their accomplishments (e.g. academic achievements, awards), experiences (e.g. work experience, practicums, volunteering, teaching), community involvement (e.g. volunteer activities), and relevant skills, to the practice educator prior to the start of the practicum. In discussing their resume with their practice educator, students will have the opportunity to practice communicating their skills and experiences, in an informal manner, as part of their practice site orientation. (DPC Learning Objectives: 19-21; See Section 1.2)

Required Form(s)/Checklist(s) – None

### Process

- 1) Two to four weeks prior to the start of the practicum, the student is required to create, edit, and/or update their resume. The student should accurately and comprehensively identify their education, experiences, publications and posters, presentations, scholarships, certifications, awards, and/or professional associations. An OEE Resume Template is provided to students, however students can use any appropriate template of their preference.
- 2) One-week prior to the start of the practicum, the student must upload their resume in PDF format onto their E\*Value account and inform their practice educator that the resume is available for their review.
- 3) Within the first 72 hours of the practicum, the student and practice educator should meet to review the resume and discuss the student's skills and experiences to date.
- 4) Student to acknowledge the completion of this activity on his/her **Practicum Activities** E\*Value Coursework and submit for practice educator verification.

### Resource(s) on Canvas

- OEE Resume Template
- E\*Value Student Introduction Resume instructions for Uploading Resume
- UBC Student Services: <https://students.ubc.ca/career/career-resources/resumes-cover-letters-curricula-vitae>

## Verification of Activity Completion

Student	Practice Educator
PHRM 272	
<ul style="list-style-type: none"><li>Within the first 72 hours of the practicum, student to review updated Resume with practice educator and/or designated pharmacist</li></ul>	<ul style="list-style-type: none"><li>Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the <b>Practicum Activities</b> E*Value Coursework</li></ul>
<ul style="list-style-type: none"><li>Student is to acknowledge and confirm completion on the <b>Practicum Activities</b> E*Value Coursework</li></ul>	
PHRM 472	
<ul style="list-style-type: none"><li>Within the first 72 hours of the practicum, student to review updated Resume with practice educator and/or designated pharmacist</li></ul>	<ul style="list-style-type: none"><li>Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the <b>Practicum Activities</b> E*Value Coursework</li></ul>
<ul style="list-style-type: none"><li>Student is to acknowledge and confirm completion on the <b>Practicum Activities</b> E*Value Coursework</li></ul>	

## 2.2 Learning Contract

### Purpose

In addition to the learning objectives outlined for the course, a Learning Contract is developed by the student to identify their own personal learning objectives for the practicum. The Learning Contract is intended to enhance and guide the student's learning process throughout their required on-site activities as well as assist the student in assessing their own progress in attaining the learning objectives they've self-identified. The Learning Contract is also intended to support continuity in learning needs as students transition to their next practicum, or practice, as well as to reinforce the role of self-directed and life-long learning in pharmacy practice. (DPC Learning Objectives: 19-21; See Section 1.2)

### Required Form(s)/Checklist(s)

- **Learning Contract Form** (See Appendix 1)

### Process

- 1) During the first 72 hours of the practicum, the student must identify, at minimum, one (PHRM 272) or three (PHRM 472) personal practicum-specific learning objectives and document these objectives in the "PLAN" section of the **Learning Contract** form.
  - a) The learning objectives should follow the commonly used "SMART" approach to guide with the process: **S**pecific, **M**easurable, **A**ttainable, **R**elevant, **T**imely
  - b) The learning objectives must be realistic and attainable and take into consideration the context of the site, available resources, and duration of the practicum. Objectives may be knowledge or skill based in nature; knowledge-related learning objectives are generally centered on certain therapeutic topics, while skill-related learning objectives pertain to learning "how" to complete a task.
- 2) By the end of the first 72-hours on practicum, the student is to review the "PLAN" section of their **Learning Contract** form with their practice educator and/or designated pharmacist.
  - a) The practice educator may help to clarify and articulate these learning objectives, as well as assist in identifying activities or resources to support the attainment of these proposed learning objectives.
  - b) The practice educator may also suggest or make modifications to the learning objectives to ensure they are appropriate and attainable by the completion of the practicum.
- 3) Throughout the practicum, the student is to complete activities to achieve the identified learning objectives.
- 4) At the mid-point of the practicum, the student is to review their progress towards attaining their learning objectives with the practice educator to determine which learning objectives have been met, and which ones still need to be met.

- 5) During the last week of the practicum, the student must ensure they have completed the “ACT” and “REFLECT” components of the **Learning Contract**. Following which, the student will review and discuss with the practice educator the progress in achieving the stated learning objectives.
- 6) Student to acknowledge completion and review of all three components, PLAN-ACT-REFLECT, of the **Learning Contract** with their practice educator and/or designated pharmacist on his/her **Practicum Activities E\*Value Coursework**. Submit this for practice educator verification.

#### Resource(s) on Canvas

- REVISED Bloom’s Taxonomy Action Verbs - Anderson, L. W., & Krathwohl, D. R. (2001). A taxonomy for learning, teaching, and assessing, Abridged Edition. Boston, MA: Allyn and Bacon.

#### Verification of Activity Completion

Student	Practice Educator
PHRM 272	
<ul style="list-style-type: none"><li>Student to complete and review one Learning Contract for this practicum experience with their practice educator and/or designated pharmacist</li></ul>	<ul style="list-style-type: none"><li>Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the <b>Practicum Activities E*Value Coursework</b></li></ul>
<ul style="list-style-type: none"><li>Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li></ul>	
PHRM 472	
<ul style="list-style-type: none"><li>Student to complete and review one Learning Contract for this practicum experience with their practice educator and/or designated pharmacist</li></ul>	<ul style="list-style-type: none"><li>Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the <b>Practicum Activities E*Value Coursework</b></li></ul>
<ul style="list-style-type: none"><li>Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li></ul>	

## 2.3 Inpatient Pharmacy Practice Reflection – PHRM 272

### Purpose

Fostering reflective skills is an essential part of self-directed, lifelong learning and is key to enhancing overall professional growth and development. This activity will be an opportunity for students to practice these skills while reflecting upon their introductory inpatient pharmacy practice experience. (DPC Learning Objectives: 19-21; See Section 1.2)

Required Form(s)/Checklist(s) – None

### Process

- 1) **Prior to commencing the practicum**, student to review this activity description in full and the following questions:
  - a) What is your understanding or assumptions of pharmacy practice in the inpatient setting? What are the different pharmacy roles in inpatient setting?
  - b) How might your presence affect the clinical pharmacy team and patients?
  - c) How would you describe your attitude towards inpatient/hospital practice?
- 2) **Over the course of the 2-week practicum** student to discuss the questions outlined above with the practice educator and/or other hospital pharmacy staff members met on practicum.
- 3) **Prior to the end of the practicum student to complete a written reflection** based on the below listed questions. The completed reflection assignment should be a maximum of 750 words, typed, with a minimum size font of 11.
  - a) How has this experience impacted you and your understanding or assumptions of pharmacy practice in this setting?
  - b) How did this experience inform your learning and skills development as a pharmacy student?
  - c) Provide an example of a patient care or service activity you observed a clinical pharmacist provide and describe how it impacted you and your experience.
  - d) Consider your time spent during this course – when did you feel most engaged – when did you feel most challenged?
- 4) **At the end/on the last day of the practicum**, as a group and/or in pairs, students are to present and discuss the reflection with their practice educator for assessment and feedback and then document completion of activity on his/her **Practicum Activities E\*Value Coursework**. Student to include the date the activity was completed and the name of the practice educator that facilitated the activity.

Resource(s) on Canvas – None

## Verification of Activity Completion

Student	Practice Educator
<b>PHRM 272</b>	
<ul style="list-style-type: none"> <li>• Student to complete the Inpatient Pharmacy Practice Reflection activity with the practice educator and complete a minimum of one written reflection prior to the end of the practicum experience</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the <b>Practicum Activities E*Value</b> Coursework</li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value</b> Coursework</li> </ul>	

## 2.4 Orientation to Inpatient Pharmacy Medication Distribution System – PHRM 272

### Purpose

Pharmacists must have a good understanding of the medication distribution systems and processes used in their practice setting in order to efficiently and effectively provide care to patients. This activity provides students with an opportunity to explore the processes involved in drug distribution and medication order review in the inpatient practice setting and introduces students to the different roles within the intraprofessional pharmacy team. (DPC Learning Objectives: 2, 3, 19-21; See Section 1.2)

Required Form(s)/Checklist(s) – None

### Process

- 1) Prior to the introduction and tour of the medication distribution system at the practicum site, student to review the suggested Inpatient Medication Distribution Discussion Questions/Topics below and all the resources listed in the **Resources** section of this activity.
- 2) Students to complete a guided tour, as a group or in pairs, of the dispensary and observe various aspects of the drug distribution process. This includes but is not limited to the observation of the work completed in the following areas:
  - a) Dispensary – order entry, preparation/filling, and verification etc.
  - b) Distribution – wardstock/Omniceil<sup>®</sup>/narcotics/crash carts etc.
  - c) Compounding – IV's (antibiotics, narcotic infusions, chemotherapy, TPN, home IV etc.)
  - d) Satellites – dispensaries (long term care, chemo, etc.)
- 3) While on tour, students to discuss the importance of each area, how it contributes to the overall distribution of medications to patients, and how each of the different intraprofessional team members are responsible for the safe and effective distribution of medications in this setting.
- 4) Students to become familiar with the formulary and related formulary procedures and policies specific to the practice site. If time permits, and at the discretion of the practice educator, students are also to work through site-specific prescriber orders while completing the dispensary orientation and discuss the concept of “troubleshooting” orders.
- 5) Once guided tours have been completed, students are to discuss the various aspects of the inpatient medication distribution system and process as a group and with the practice educator and/or designated pharmacist using the suggested Inpatient Medication Distribution Discussion Questions/Topics below:

### **Inpatient Medication Distribution Discussion Questions/Topics**

- a) Which intraprofessional team members work in the various areas related to the drug distribution process? Discuss each one and their specific role.
- b) Consider the medication order process:
  - How and when is a medication order brought to the pharmacy?
  - How are medications delivered to the floors/units? What about narcotics and/or controlled drugs?
  - What are the steps in the medication order process (from the time the order is written to the time the patient receives the medication)?
  - Who can write the medication order? (e.g. who has prescribing authority? Who can take a verbal order? Do pharmacists at the practicum site have prescribing authority?)
  - Who reviews, enters, fills, prepares, and then checks the order? Who determines if the prescription is safe and appropriate for the patient?
  - What is the general turnaround time from the time the order is written to when the patient receives their medication?
- c) How are questions/issues with medication orders clarified (e.g. troubleshooting)?
  - Describe the different types of issues identified (e.g. errors in medication reconciliation orders, use patient's own medications, missing information, allergies etc.)
  - Discuss the various resources used to resolve the issues identified (e.g. hospital formulary, therapeutic interchange policies, Health Canada Drug Product Database, parenteral drug manuals etc.)
  - Describe what approaches could be taken to try to resolve the issues identified (e.g. page the physician to discuss if the order was intentional, write a prescription interpretation for the order, obtain a new verbal order from the physician for a new dose, frequency, route, duration, etc.) and if these would be applicable in real life practice.
  - For any medication errors identified, what would the impact have been on the patient if the errors had not been caught or if the orders had not been clarified?
- d) What are some examples of prescribing policies that are unique to the inpatient setting that you observed at the practicum site (e.g. dispensing patient's own medications, procurement and dispensing of a non-formulary drug, pre-printed order sets, pass medications, automatic stop orders, automatic/therapeutic substitutions, methadone etc.)?
- e) Describe some of the medication distribution systems used in the inpatient setting (e.g. Omnicell®, Pyxis®, etc.) and specifically at the practicum site.
- f) What are the hours of the hospital dispensary at the site? Is it a 24-hour site or is the dispensary only open during the day/early evening? If the dispensary closes overnight,

how are medication orders filled? Do pharmacists at the practicum site need to be on call? What does that entail?

- g) What types of products require aseptic technique to be used in their manufacturing process?
  - h) List some examples of medication safety processes/ procedures/ policies you encountered while completing your guided tour (e.g. where is concentrated KCL found/are abbreviations acceptable when writing orders/is TALLMAN lettering used in labelling medications/ does medication reconciliation occur on admission, transfer, and/or discharge on a regular basis at your site etc.)
- 6) Student to document completion of this activity on his/her **Practicum Activities E\*Value Coursework** and submit this form for practice educator verification.

#### Resource(s) on Canvas

- Assessment of Prescriber Orders – A Student Guide

#### Verification of Activity Completion

Student	Practice Educator
<b>PHRM 272</b>	
<ul style="list-style-type: none"> <li>Student to complete one Orientation to the Inpatient Pharmacy Medication Distribution System with the practice educator</li> </ul>	<ul style="list-style-type: none"> <li>Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the <b>Practicum Activities E*Value Coursework</b></li> </ul>
<ul style="list-style-type: none"> <li>Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li> </ul>	

## 2.5 Orientation to the Clinical Pharmacist's Role – PHRM 272

### Purpose

This activity will introduce students to the role of a clinical pharmacist in the inpatient setting and the various patient care and service activities clinical pharmacists provide to their patients and their practice site. (DPC Learning Objectives: 2, 3, 19-21; See Section 1.2)

Required Form(s)/Checklist(s) – None

### Process

- 1) As part of the orientation to the site (as a group or in pairs), student to complete an introductory session on inpatient clinical pharmacy practice with the practice educator and discuss the following topics:
  - a) What are the different roles pharmacists have in the inpatient setting? What is the clinical pharmacist's role?
  - b) What kind of training do pharmacists require to practice in this setting?
  - c) What is a pharmacist's scope of practice in the inpatient setting? How does it differ from a pharmacist's scope of practice in the outpatient/community setting in BC?
  - d) What does a clinical pharmacist do and what does a typical day look like? What are some examples of patient care and service activities that a clinical pharmacist may perform on a day-to-day basis?
  - e) How would you describe the role that a clinical pharmacist plays in the interprofessional health care team? What are the roles of other interprofessional team members that a clinical pharmacist may interact with when providing direct patient care?
- 2) During the practicum, students to complete a minimum of one shadow experience to observe a clinical pharmacist performing patient care and service activities and to be an active participant when called upon. Activities to observe can include but are not limited to the following:
  - Patient assessments and interviews, identification and resolution of DTPs, care plan development, follow up and monitoring, counseling, medication reconciliation, physical assessment, pharmacokinetic adjustments, adjustments for renal function, antibiotic stewardship reviews, IV to PO step down etc.
- 3) Students will be assigned and scheduled for these experiences by the practice educator at the practice site.
  - a) Discuss with the practice educator when these sessions will occur
  - b) Ensure the steps above have been completed prior to the session

- 4) Consider the following questions while completing the shadow experience:
- a) When interviewing a patient where would you stand? Would you sit on the bed? Would you take notes?
  - b) If a DTP is identified and an alternative/recommendation is selected how would you decide to follow through with your recommendations (e.g. when would you write a note vs. discussing with the team vs. paging or calling the physician etc.)?
  - c) How would you respond to questions from the patient and/or other health care team members to which you do not know the answers?
  - d) How often would you follow up on your patients in hospital?
  - e) Where would a pharmacist document his or her interactions and findings in the patient medical record at your practicum site?
  - f) Are hospital pharmacists involved in health promotion activities? How does a clinical pharmacist in the inpatient setting integrate disease prevention, risk factor reduction and/or harm minimization into his or her patient care and service type activities? What are some examples that you observed?
- 5) With the help of the practice educator, students to identify at least one patient care rounds session to attend as part this activity's shadow experience.
- a) Prior to and while attending patient care rounds, students to reflect on the following questions and then discuss them further with their practice educator:
    - How would you describe the role of the clinical pharmacist on the interprofessional health care team? How do they contribute to the team and to patient care rounds? What impact do they have on the patient care provided by the team as a whole?
- 6) If possible, students are encouraged to complete all the steps in this activity prior to working on any assignments involving direct patient care (e.g. medication reconciliation, counselling, provision of pharmaceutical care etc.)
- 7) Student to document completion of this activity on their **Practicum Activities E\*Value** Coursework and submit this form for practice educator verification. Student to include the date the activity was completed and the name of the practice educator that facilitated the activity.

Resource(s) on Canvas – None

## Verification of Activity Completion

Student	Practice Educator
<b>PHRM 272</b>	
<ul style="list-style-type: none"> <li>• Student to complete one Orientation to the Clinical Pharmacist's Role session with the practice educator, including attending a minimum of one patient care rounds session</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the <b>Practicum Activities</b> E*Value Coursework</li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities</b> E*Value Coursework</li> </ul>	

## 2.6 Orientation to the Patient Medical Record<sup>7</sup> – PHRM 272

### Purpose

Pharmacists in the inpatient setting must effectively navigate the patient's medical record in order to assess their patients appropriately and in a comprehensive way. This activity introduces students to the patient medical record (e.g. chart) at their practicum site and how the information from the chart is utilized in the patient care process. (DPC Learning Objectives: 6, 19-21; See Section 1.2)

### Required Form(s)/Checklist(s) – None

### Process

- 1) Review the Resources listed for this activity, which serve as a general guide. As approaches and resources may vary, students should always discuss their approach with the practice educator on site prior to completing these types of activities for the first time while on practicum.
- 2) As a group or in pairs, students to complete an introductory session on the patient medical record/chart/information system. Some of the questions and/or topics to cover and consider during this session include:
  - a) What kind of patient medical record/chart is used at the site?
  - b) Where are patient medical records/charts kept at the site and on the ward?
  - c) Discuss the purpose of the patient medical chart. How does it impact the provision of care to patients by the health care team?
  - d) What kind of information can be found in a patient's chart? Discuss the different sections/components of the chart and where you would find the specific information about a patient including but not limited to:
    - Laboratory data
    - Vital signs
    - Diagnostic reports (e.g. chest X-ray, ECG, echo etc.)
    - Dietary intake
    - Blood sugar readings
    - Daily nursing notes
    - MAR
    - Previous admission information
  - e) Who writes in the chart and where do they document their findings in the chart?
  - f) Who has prescribing authority at the practicum site? Who can write orders in the chart?
  - g) Where can pharmacists document their findings and interactions? Is there a specific documentation format that pharmacists at the practicum site must follow?
  - h) Discuss how a pharmacist can use the patient medical record in the provision of patient care and specifically how it can be used as part of the patient assessment process.

- i) What happens to the patient medical chart once the patient is discharged from the site?
- 3) Student to document completion of this activity on their **Practicum Activities E\*Value** Coursework and submit this form for practice educator verification. Student to include the date the activity was completed and the name of the practice educator that facilitated the activity.

#### Resource(s) on Canvas

- Working Up A Patient in the Inpatient Setting – A Student Guide
- Inpatient Patient Work Up Form
- Allergy Assessment – A Student Guide

#### Verification of Activity Completion

Student	Practice Educator
<b>PHRM 272</b>	
<ul style="list-style-type: none"> <li>• Student to complete one Orientation to the Patient Medical Record session with the practice educator.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the <b>Practicum Activities E*Value</b> Coursework</li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value</b> Coursework</li> </ul>	

## 2.7 Medication Reconciliation – PHRM 272

### Purpose

Medication reconciliation is part of providing comprehensive pharmaceutical care and pharmacists are uniquely positioned and trained to provide this service.<sup>8</sup> This activity allows students to perform medication reconciliation in the inpatient setting as patients transition through care (e.g. on admission to a hospital and/or on discharge from a hospital). Having pharmacy students participate in the verification of medication histories has also been shown to improve the accuracy of patient medication records in the inpatient setting.<sup>9</sup> (DPC Learning Objectives: 5-7, 16, 19-21; See Section 1.2)

### Required Form(s)/Checklist(s)

- For medication reconciliation on admission: **Requirements Checklist for BPMH Interview** (see Appendix 1)
- For medication reconciliation on discharge: **Requirements Checklist for BPMDP Counseling** (see Appendix 1)

### Process<sup>10,12</sup>

- 1) Student to review the Required Forms/Checklists and Resources noted within this activity description prior to engaging in any medication reconciliation activities. As approaches and resources may vary, student should discuss process/approach to medication reconciliation with the practice educator on site prior to completing this type of activity for the first time while on practicum.
- 2) Under the guidance and supervision of the practice educator student to perform medication reconciliation on admission OR discharge for a minimum of one patient as directed and assigned:

#### For Medication Reconciliation on Admission

- a) Review the **Medication Reconciliation in the Inpatient Setting – A Guide**, focusing on medication reconciliation on admission, and the **Requirements Checklist for BPMH Interview**.
- b) Using the guide and forms provided, or site-specific forms if available, create a BPMH by gathering the patient's medication information and identify questions or areas you want to focus on and/or clarify with the patient/caregiver during the BPMH interview.
- c) Prior to conducting the BPMH interview, present the patient and the information gathered above to the practice educator, using the **Requirements Checklist for Presentation of patient work-up to Practice Educator** as a guide if needed, and specifically discuss the questions or areas you want to focus on and/or clarify with the patient during the interview.

- d) Under the practice educator's guidance and supervision conduct a detailed BPMH medication reconciliation interview.
- e) Have the practice educator observe, assess, and provide feedback on the interview skills/process using the **Requirements Checklist for BPMH Interview** and document findings.
- f) Following the patient interview identify and discuss any discrepancies and the process for resolving any discrepancies identified/reconciling the medication orders.
- g) Observe and/or work with the practice educator to communicate and resolve any discrepancies identified with the most responsible prescriber.
- h) Under the guidance and supervision of the practice educator, draft a note to document patient's BPMH and the interaction as per the site's requirements and/or observe their practice educator document the patient's BPMH and the reconciliation activities performed (e.g. discrepancies, drug therapy problems, and recommendations).
- i) If deemed appropriate, under the guidance and supervision of the practice educator, relay any medication changes to the patient.

#### **For Medication Reconciliation on Discharge**

- a) Review the **Medication Reconciliation in the Inpatient Setting – A Guide**, focusing on medication reconciliation on discharge and the **Requirements Checklist for BPMDP Counseling**.
- b) Using the guide and forms provided, or site-specific forms if available, create a BPMDP by gathering the patient's medication information, assessing all the medications and identifying all discrepancies.
- c) Discuss with the practice educator any discrepancies identified and the process for resolving any discrepancies identified/reconciling the medication orders.
- d) Observe and/or work with the practice educator with to communicate and resolve any discrepancies identified with the most responsible prescriber, writing new prescriptions if needed.
- e) Draft a note to document the BPMDP as per the site's requirements, under the guidance and supervision of the practice educator, and/or observe the practice educator document the patient's BPMDP.
- f) Prepare to conduct the discharge counseling session and then present the patient and the information gathered above to the practice educator, using the **Requirements Checklist for Presentation of patient work-up to Practice Educator** as a guide if needed, and specifically discuss the areas you want to focus on with the patient during the discharge counseling session.
- g) Under the guidance and supervision of the practice educator communicate the BPMDP to the patient and/or caregiver by conducting a BPMDP counseling session.
- h) Have the practice educator observe, assess, and provide feedback on the discharge counseling skills/process using the **Requirements Checklist for BPMDP Counseling** and document findings.

- i) Work with and/or observe the practice educator communicate the BPMDP to the appropriate healthcare providers within the patient's circle of care (e.g. community pharmacy, primary care physician, etc.) as applicable and document the above activities as per the site's requirements.
- 3) Student to document completion of this activity on their **Practicum Activities E\*Value Coursework** and submit this form for practice educator verification. Student to include the date the activity was completed and the name of the practice educator that facilitated the activity.

**Note:** To meet the expected level of performance on this activity students must achieve an overall satisfactory assessment on the **Requirements Checklist for BPMH Interview or Requirements Checklist for BPMDP Counseling**, which must be completed and signed by the practice educator that facilitated and assessed the activity. Students must retain all supporting documentation for this activity for their records, including the completed and signed Requirements Checklist, which will be requested by the practice educator when conducting the final assessment of the student at the end of the practicum. These documents may also be requested by the OEE if needed.

#### Resource(s) on Canvas

- Inpatient Patient Work Up form
- Requirements Checklist for Presentation of patient work-up to Practice Educator (also available in Appendix 1)
- Medication Reconciliation in the Inpatient Setting – A Student Guide

#### Verification of Activity Completion

Student	Practice Educator
<b>PHRM 272</b>	
<ul style="list-style-type: none"> <li>• Student to perform medication reconciliation on admission OR on discharge for a minimum of one patient. <i>Note: the patient chosen for this activity must be different then the patient chosen for the provision of pharmaceutical care activity that is required for PHRM 272</i></li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities E*Value Coursework</b></li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li> </ul>	

## 2.8 Counseling – PHRM 272

### Purpose

This activity will allow students to prepare for and provide medication counseling to patients and/or caregivers in an inpatient setting. (DPC Learning Objectives: 1-3, 5, 13, 14, 16, 19-21; See Section 1.2)

### Required Form(s)/Checklist(s)

- **Requirements Checklist for Patient Education and Medication Counseling** (see Appendix 1)

### Process

- 1) Student to review the **General Medication Counseling Guide** and the **Requirements Checklist for Patient Education and Medication Counseling** in preparation for this activity.
- 2) Based on the medications to be counseled on and the resources listed above, student to prepare for the counseling session and review with the practice educator in advance.
- 3) Student to counsel patient, under the direct supervision of the practice educator.
- 4) Student to draft a note to document the interaction as per the site's requirements and/or observe the practice educator document the interaction.
- 5) Student to document completion of this activity on his/her **Practicum Activities E\*Value** Coursework and submit this form for practice educator verification. Student to include the date the activity was completed and the name of the practice educator that facilitated the activity.

**Note:** To meet the expected level of performance on this activity students must achieve an overall satisfactory assessment on the **Requirements Checklist for Patient Education and Medication Counseling**, which must be completed and signed by the practice educator that facilitated, observed, and assessed the activity. Students must retain all supporting documentation for this activity for their records, including the completed and signed Requirements Checklist, which will be requested by the practice educator conducting the final assessment of the student at the end of the practicum. These documents may also be requested by the OEE at any time.

### Resource(s) on Canvas

- General Medication Counseling - A Student Guide

## Verification of Activity Completion

Student	Practice Educator
<b>PHRM 272</b>	
<ul style="list-style-type: none"> <li>Student must counsel a minimum of one patient and/or caregiver on their medication therapy.</li> </ul>	<ul style="list-style-type: none"> <li>Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities</b> E*Value Coursework</li> </ul>
<ul style="list-style-type: none"> <li>Student is to acknowledge and confirm completion on the <b>Practicum Activities</b> E*Value Coursework</li> </ul>	

## 2.9 Interprofessional Education

### Purpose

Interprofessional education (IPE) occurs when students, healthcare workers, or health professionals from two or more disciplines work collaboratively to “learn about, from and with each other to enable effective collaboration and improve health outcomes.”<sup>13</sup> The knowledge, skills, behaviours and attitudes developed in IPE will enable students to become interprofessional collaborative ready in the delivery of patient centred care. Interprofessional collaboration is a partnership between a healthcare team and a patient using a participatory, collaborative, and coordinated approach to shared decision-making around health and social issues. In experiential education, students will work on this throughout direct patient-care activities.

This activity will allow students to focus on the healthcare team in the inpatient setting. Through shadow experiences and discussions, students will be able to observe and reflect upon the importance and opportunities of interprofessional collaboration in the provision of patient-centered care. (DPC Learning Objectives: 19-21; See Section 1.2)

Required Form(s)/Checklist(s) – None

### Process

- 1) With the help of the practice educator, student to identify at least one (PHRM 272) or two (PHRM 472) health care team member(s) to complete a shadow experience and discussion with during the practicum where the student will observe the health care team member in their role and discuss the below questions.

#### a) Shadow Experience

Shadowing experiences will vary depending on the availability at the site. Examples include, but are not limited to: one-on-one shadowing of another health care team member, participation in interprofessional rounds, and interprofessional team meetings.

#### b) Discussion

Following the shadow experience, student to discuss and reflect on what they observed with the practice educator. The following are suggested questions:

- What is the health care professional’s role on the health care team in the inpatient setting?
- What do their day-to-day responsibilities entail?
- When do they collaborate with clinical pharmacists?
- Did you observe healthy and effective working relationships?
- Was there an interprofessional conflict that arose during the shadow experience? How was it handled?

- 2) Student to document completion of this activity on his/her **Practicum Activities E\*Value Coursework** and submit for practice educator verification. Student to include the date the activity was completed and the name of the practice educator that facilitated the activity.

Resource(s) on Canvas – None

#### Verification of Activity Completion

Student	Practice Educator
PHRM 272	
<ul style="list-style-type: none"><li>Student to complete one Interprofessional Education session (e.g. shadow experience and discussion) as directed and scheduled by the practice educator and/or designated pharmacist. One session should take a minimum of one hour.</li></ul>	<ul style="list-style-type: none"><li>Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the <b>Practicum Activities E*Value Coursework</b></li></ul>
<ul style="list-style-type: none"><li>Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li></ul>	
PHRM 472	
<ul style="list-style-type: none"><li>Student to complete two Interprofessional Education sessions (e.g. shadow experiences and discussions) as directed and scheduled by the practice educator and/or designated pharmacist. Each session should take a minimum of one hour.</li></ul>	<ul style="list-style-type: none"><li>Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the <b>Practicum Activities E*Value Coursework</b></li></ul>
<ul style="list-style-type: none"><li>Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li></ul>	

## 2.10 Drug Information Response<sup>4</sup>

### Purpose

This activity allows students to respond to drug information questions or requests that pharmacists encounter on a daily basis. Drug information responses must be comprehensive, organized, accurate and timely. (DPC Learning Objectives: 1, 4, 6, 7, 10-12, 14-21; See Section 1.2)

### Required Form(s)/Checklist(s)

- **Requirements Checklist for Drug Information Responses** (see Appendix 1) – *required for PHRM 272 and resource for PHRM 472*

### Process

**Note:** PHRM 272 students are to complete the drug information request and response Orientation and Discussion section detailed below and then move onto the Process as outlined to complete the DIR assignment.

#### **PHRM 272 Only – Orientation and Discussion**

- 1) Complete a tour and/or orientation of the drug information resources available at the site and become familiar with the contents and focus of each.
- 2) As a group and/or in pairs, discuss hospital-specific drug information resources with the practice educator using the following questions as a guide:
  - a) What are some drug information resources available to pharmacists at the practicum site and what are two of the most commonly utilized resources?
  - b) How often are these resources updated?
  - c) In what cases would you use one over the other?
- 3) Review and become familiar with all the resources for this activity as listed under the Required Forms and the Accessory Resources sections prior to completing any assigned drug information requests.

#### **PHRM 272 and 472 – Process Continued**

- 4) Complete drug information responses, as they arise in day-to-day practice at the site and are assigned by the practice educator and/or designated pharmacist. For each assigned drug information request:
  - a) Clearly define the specific question being asked
  - b) Ensure you have discussed when the response is needed with your Practice Educator for their review
  - c) Use the **Drug Information Request and Response** form or an appropriate site-specific documentation tool to gather background information relating to the request. Use

additional support documents, such as the **Inpatient Work Up Form** to assist in gathering pertinent patient information if the DIR is patient specific.

- d) Literature search and critical-appraisal:
    - Review “**How to Perform a Literature Search**”<sup>15</sup> video on Canvas
    - Identify resources presented to you during your tour/orientation of the drug information resources available at the practice site
    - Perform a search of the resources, references, and evidence to respond to the question
  - e) Response: Compose an evidence-based written response to the drug information request, using appropriate referencing and scientific-writing skills
  - f) Review the **Requirements Checklist for Drug Information Responses** to ensure you have captured all requirements for this activity
  - g) Present and review response with your practice educator and/or designated pharmacist on site in a timely manner
  - h) Have the practice educator and/or designated pharmacist provide feedback on the DIR response using the **Requirements Checklist for Drug Information Responses**
- 5) If possible, under the direct supervision of your practice educator, provide the DIR response to the person requesting the drug information either verbally and/or in writing, as the situation requires.
  - 6) If new information arises that changes your drug information response, follow-up as required.
  - 7) Student to document completion of this activity on his/her **Practicum Activities E\*Value** Coursework and submit for practice educator verification.

**PHRM 272:** To meet the expected level of performance on this activity students must achieve an overall satisfactory assessment on the **Requirements Checklist for Drug Information Response**, which must be completed and signed by the practice educator that facilitated, observed and assessed the activity. Students must retain all supporting documentation for this activity for their records, including the completed and signed Requirements Checklist, which will be requested by the practice educator conducting the final assessment of the student at the end of the practicum and may be requested by OEE at any time.

#### Resource(s) on Canvas

- Drug Information Request and Response Form
- Inpatient Work Up Form
- How to Perform a Literature Search Video
- Pharmacy Literature Search Skills Tutorial - <http://guides.library.ubc.ca/pharmacysearchskills>

## Verification of Activity Completion

Student	Practice Educator
PHRM 272	
<ul style="list-style-type: none"><li>Student to complete the orientation to Drug Information Responses and a minimum of one Drug Information Response as outlined in this activity and present and discuss the response with the practice educator for assessment and feedback.</li></ul>	<ul style="list-style-type: none"><li>Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities</b> E*Value Coursework</li></ul>
<ul style="list-style-type: none"><li>Student is to acknowledge and confirm completion on the <b>Practicum Activities</b> E*Value Coursework</li></ul>	
PHRM 472	
<ul style="list-style-type: none"><li>Student to complete a minimum of two Drug Information Responses as outlined in this activity and present and discuss each response with their practice educator for assessment and feedback.</li></ul>	<ul style="list-style-type: none"><li>Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities</b> E*Value Coursework</li></ul>
<ul style="list-style-type: none"><li>Student is to acknowledge and confirm completion on the <b>Practicum Activities</b> E*Value Coursework</li></ul>	

## 2.11 Full Patient Work Up and Care Plan

### Purpose

Pharmaceutical care is the fundamental focus of all direct patient care practicum activities. In this activity, students will complete full patient work-ups and develop and implement care plans. (DPC Learning Objectives: 1-21; See Section 1.2)

### Required Form(s)/Checklist(s)

- **Requirements Checklist for Presentation of patient work-up to Practice Educator** - requirement for PHRM 272 but resource only for PHRM 472 (see Appendix 1)

### Process<sup>4</sup>

- 1) Students should review the **Requirements Checklist for Care Plans** (see Canvas) and additional relevant course materials regarding the patient care thought process from preceding courses in the program curriculum prior to beginning their practicum.
- 2) Under the guidance and supervision of their practice educator and/or designated pharmacist, students will complete a full patient work up for every patient to whom they are assigned.\* This includes:<sup>14</sup>
  - Conducting patient assessments (including, but not limited to, gathering patient specific information, performing medication reconciliations or BMPs, conducting patient interviews and allergy assessments etc.) to identify and prioritize drug therapy problems,
  - Developing and implementing care plans that address the desired patient specific outcomes,
  - Completing follow-up evaluations, where feasible
  - Providing education and counselling
  - Maintaining seamless care through any transitions in care providers (e.g. transferring wards/services, discharges, etc.)

**\*Please note:** For PHRM 272 please refer to the minimum requirements as described above.
- 3) Students must report their patient workup and all recommendations, including all documentation completed, with the practice educator prior to discussing with the patient/caregiver, physician, or other health care provider. Documentation requirements may vary between sites and will be determined by the practice educator and should be in compliance with all professional and legal requirements. Students are encouraged to use the documentation resources they are familiar with using at the faculty while on practicum, should this assist in their process and be preferred by practice educators.
- 4) Student to acknowledge the completion of this activity on his/her **Practicum Activities E\*Value Coursework** and submit for practice educator verification.

**PHRM 272 Note:** To meet the expected level of performance on this activity students must achieve an overall satisfactory assessment on the **Requirements Checklist for Presentation of patient work-up to Practice Educator**, which must be completed and signed by the practice educator that facilitated and assessed the activity. Students must retain all supporting documentation for this activity for their records, including the completed and signed Requirements Checklist, which will be requested by the practice educator when conducting the final assessment of the student at the end of the practicum and may be requested by OEE at any time.

### Resource(s) on Canvas

- Inpatient Patient Work-Up Form
- Allergy Assessment – A Student Guide
- Working Up a Patient in the Inpatient Setting – A Student Guide
- Counseling Activity (see activity description in course handbook)
- Requirements Checklist for Presentation of patient work-up to Practice Educator (see Appendix 1) – resource for PHRM 472 but required for PHRM 272

### Verification of Activity Completion

Student	Practice Educator
PHRM 272	
<ul style="list-style-type: none"><li>Students are expected to work up and develop one care plan for a minimum of one patient (e.g. full patient work up and development of one care plan for <u>one</u> of the patient's medical conditions) and <b>present to the practice educator for assessment and feedback.</b> <i>This patient must be different from the patient chosen for the Medication Reconciliation activity.</i> Note: Given the short duration of this practicum, following-up on patients is not required, however it is highly encouraged if possible and time permits.</li></ul>	<ul style="list-style-type: none"><li>Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities</b> E*Value Coursework</li></ul>
<ul style="list-style-type: none"><li>Student is to acknowledge and confirm completion on the <b>Practicum Activities</b> E*Value Coursework</li></ul>	
PHRM 472	
<ul style="list-style-type: none"><li>Students are to work up and develop care plans a minimum of 16 patients. They are to present and <b>discuss each patient work-up and care plan with their practice educator for assessment and feedback.</b></li></ul>	<ul style="list-style-type: none"><li>Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities</b> E*Value Coursework</li></ul>
<ul style="list-style-type: none"><li>Student is to acknowledge and confirm completion on the <b>Practicum Activities</b> E*Value Coursework</li></ul>	

## 2.12 Clinical Documentation - PHRM 272

### Purpose

Clinical notes serve to communicate the pharmacist's thought process and recommendations to other health care professionals or pharmacy colleagues to ensure continuity of care. Formal documentation also establishes the pharmacist's accountability and responsibility for the care they provide and aligns with professional standards and legal requirements for the documentation of patient care activities.<sup>18</sup> This activity provides students with an opportunity to write a clinical pharmacy note (e.g. SOAP format) to document the pharmaceutical care process and recommendations/plan. (DPC Learning Objectives: 3, 16, 19-21; See Section 1.2)

### Required Form(s)/Checklist(s)

- **Requirements Checklist for Clinical Documentation** (see Appendix 1)

### Process

- 1) After presenting their work up and care plan to PE from the "Full Patient Work-up and Care Plan" activity (2.11), students to draft a clinical pharmacy note to document the assessment of the patient and their recommendations/plan. Review this draft with the practice educator.
  - a) The documentation must meet professional, legal and site-specific standards
  - b) Students should discuss with practice educator the format and length of the note. Some examples may include SOAP, FARM, etc.
- 2) If able, student to document their clinical pharmacy note in the patient chart or medical record, under guidance and supervision of practice educator or designated pharmacist.

**PHRM 272 Note:** To meet the expected level of performance on this activity students must achieve an overall satisfactory assessment on the **Requirements Checklist for Clinical Documentation**, which must be completed and signed by the practice educator that facilitated and assessed the activity. Students must retain all supporting documentation for this activity for their records, including the completed and signed Requirements Checklist, which will be requested by the practice educator when conducting the final assessment of the student at the end of the practicum and may be requested by OEE at any time.

### Resource(s) on Canvas

- Clinical Documentation example

## Verification of Activity Completion

Student	Practice Educator
<b>PHRM 272</b>	
<ul style="list-style-type: none"> <li>Students are expected to document one clinical pharmacy note pertaining to the patient from the full patient work-up that they presented to their practice educator.</li> </ul>	<ul style="list-style-type: none"> <li>Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities E*Value Coursework</b></li> </ul>
<ul style="list-style-type: none"> <li>Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li> </ul>	

## 2.13 Clinical Reasoning Reflection<sup>16</sup> – PHRM 472

### Purpose

Clinical reasoning and therapeutic decision-making are key components of the pharmaceutical care process and are skills used by pharmacists in clinical practice on a daily basis.<sup>16</sup> In this activity, students will reflect upon their clinical reasoning and decision-making process using real-life examples encountered during their PHRM 472 practicum experience. (DPC Learning Objectives: 19-21; See Section 1.2)

### Required Form(s)/Checklist(s)

- **Assessment Guide for Clinical Reasoning Reflection** (see Appendix 1)

### Process<sup>14,16</sup>

At weeks 2, 4 and 6, students will:

- 1) Choose at least one example of a recommendation/therapeutic decision made in the two weeks prior during which they demonstrated clinical reasoning skills. Note that the submission must be based on a decision made in the two weeks prior.
  - a) Examples of recommendations that would require clinical reasoning include, but are not limited to:
    - Optimizing drug therapy (e.g. choosing a different drug, changing a dose or changing the route of administration, starting/stopping a drug)
    - Implementing a monitoring plan (e.g. laboratory, diagnostics, or other)
    - Recommending how to proceed with drug therapy after an allergy assessment
    - Assessing a drug level and the rationale for changing or not changing the drug dosage
- 2) Log on to **E\*Value Coursework**. Document and reflect on the recommendation/therapeutic decision that was made using the questions outlined in the **Clinical Reasoning Reflection** form as a guide. Students must ensure patient confidentiality and patient identifiers are all removed from all submissions.
- 3) Review the **Assessment Guide for Clinical Reasoning Reflection** in Appendix 1 to ensure that the submission meets the outlined satisfactory submission requirements.
- 4) Submit the **Clinical Reasoning Reflection E\*Value Coursework** form ideally by the Sunday of that week (e.g. Sunday of week 2, week 4, etc.) for review and approval by practice educator.

**Note:**

- All three reflections must be completed *prior to week 7* of the practicum in order to allow for the practice educator to assess and verify the submissions.
- In order to meet the requirements of this activity, students must meet the Satisfactory Submissions requirements outlined in the **Assessment Guide for Clinical Reasoning Reflection** for all three submissions.
- If the requirements are not met, the practice educator can ask the student to make revisions and resubmit their work directly to the practice educator (e.g. students will not be required to resubmit their revisions on E\*Value).

**Resource(s) on Canvas**

- Clinical Reasoning Examples

**Verification of Activity Completion**

Student	Practice Educator
<b>PHRM 472</b>	
<ul style="list-style-type: none"><li>• Student to complete and submit one Clinical Reasoning Reflection at the end of weeks 2, 4, and 6 on <b>E*Value Coursework</b> for practice educator assessment and feedback (Total: three submissions/8-week practicum).</li></ul>	<ul style="list-style-type: none"><li>• Prior to/on the last day of the practicum, practice educator to verify that the student has completed the minimum requirements for this activity and has met the Satisfactory Submission requirements for three of their submissions through verification of the student's <b>E*Value Coursework</b> entry.</li></ul>
<ul style="list-style-type: none"><li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li></ul>	

## 2.14 Presentation<sup>17</sup> – PHRM 472

### Purpose

Health care professionals commonly utilize presentations to consolidate their learning, share therapeutic knowledge and build on communication skills. Therefore, presentations enable individuals to develop their skills as scholars and communicators<sup>1</sup>. Students are provided with the opportunity to prepare and deliver presentations designed to meet the learning needs of a specific audience. (DPC Learning Objectives: 17-21; See section 1.2)

### Required Form(s)/Checklist(s)

- **Presentation Evaluation Form** (see Appendix 1)

### Process

For each presentation, under the direct supervision of the practice educator and/or designated pharmacist, the student must:

- 1) **Plan:** With the practice educator, select the specific topic for a presentation. The presentation may be:
  - a) Education, practice, or research-related
  - b) In any format (e.g. formal case presentation, journal club, in-service, research/project presentation, etc.)
  - c) Presented to any audience (e.g. health practitioners, patients, care provides, students), as determined by the practice educator(s)
  - d) Presented with another student and/or learner on site (maximum one of two presentations)
- 2) **Prepare:** Prepare for presentation on their own time outside of the onsite practicum hours. When preparing their presentation, students should remember to:
  - a) Structure presentation for allotted time and tailor content to learning needs of the intended audience
  - b) Prepare their presentation in advance to allow time for review and feedback by the practice educator and incorporation of the suggested edits as required
  - c) Develop clear and effective visual aids or presentation tools as required. Prepare handouts in advance of the presentation if applicable. All such materials must be reviewed by the practice educator and/or designated pharmacist before distribution.
  - d) Practice to ensure an organized and well-paced presentation
  - e) Anticipate and prepare for questions the audience may have in advance
  - f) Provide their practice educator with a **Presentation Evaluation** form

- 3) **Deliver:** Conduct the presentation with clear delivery, tailored to the audience.
  - a) Keep track of time and pacing of the presentation
  - b) Use appropriate verbal communication for the intended audience to articulate information with correct terminology
  - c) Use appropriate non-verbal communication to show confidence, enhance interest and audience comprehension
  - d) Listen carefully and effectively respond to audience questions; do not guess at an answer
  
- 4) **Assessment and feedback:** Following completion of each presentation, the student should request to receive feedback and comments from the practice educator and/or designated pharmacist, in order to implement any required changes prior to the next presentation.
  
- 5) Student to document completion of activity on his/her **Practicum Activities E\*Value Coursework**.

#### Resource(s) on Canvas

- Presentation Resources folder

#### Verification of Activity Completion

Student	Practice Educator
<b>PHRM 472</b>	
<ul style="list-style-type: none"> <li>Student to complete at minimum two presentations during their 8-week practicum</li> </ul> <p><b>Note:</b> One of the two presentations may be prepared and/or presented in collaboration with another student/learner on site as determined by the practice educator.</p>	<ul style="list-style-type: none"> <li>Prior to/on the last day of the practicum, practice educator to verify that the student has completed the minimum requirements for this activity and has met the Satisfactory Submission requirements for three of their submissions through verification of the student's <b>E*Value Coursework</b> entry.</li> </ul>
<ul style="list-style-type: none"> <li>Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li> </ul>	

## 2.15 Service

### Purpose

Pharmacists are often conducting service activities which are an essential part of the day-to-day operations of inpatient practice settings. Some of these may be in the context of conducting medication reviews, clarifying prescriber orders, applying for Special Authority Requests, submitting reports and/or arranging medication access on discharge. These services are often done in collaboration with an interdisciplinary team to ensure that patients receive the necessary care and services. This activity will allow pharmacy students to participate in the provision of service in the inpatient setting. (DPC Learning Objectives: 1-3, 14, 16, 18-21; See Section 1.2)

### Required Form(s)/Checklist(s) – None

### Process

- 1) During the first week of the practicum, the student will clarify and review with the practice educator, the site-specific policies and procedures required in order to engage in service activities. Students are encouraged to observe and ask questions to clarify the process for each service activity as needed. Service activities may include but are not limited to:
  - a) Conducting medication reconciliation on admission, transfer, or discharge
  - b) Providing medication counseling
  - c) Clarifying prescriber orders
  - d) Reporting adverse drug reactions
  - e) Conducting drug usage evaluations
  - f) Conducting chart reviews
  - g) Performing allergy assessments
  - h) Performing Patient Safety and Learning System (PSLS) reporting
- 2) Throughout the practicum, under the guidance and supervision of the practice educator and/or designated pharmacist, the student will participate in various workflow and service activities as they arise in daily practice. Students are encouraged to refer to the appendices in this handbook and resources on Canvas for guidance as needed.

### Resource(s) on Canvas

- a) See activity descriptions and appendices in this handbook and the Resources folder on Canvas for guiding documents specific to various service activities.

## Verification of Activity Completion

Student	Practice Educator
<b>PHRM 272</b>	
<ul style="list-style-type: none"><li>No minimum requirement; if time permits and the opportunity arises students are encouraged to participate in service activities as requested and/or suggested by their practice educators.</li></ul>	<ul style="list-style-type: none"><li>None</li></ul>
<b>PHRM 472</b>	
<ul style="list-style-type: none"><li>No minimum requirement; students are expected to seize the opportunity to partake in service activities as requested and/or suggested by their practice educators. Students may spend up to 30% of their practicum duration providing Service based activities in addition to their other activities.</li></ul>	<ul style="list-style-type: none"><li>None</li></ul>

## 2.16 Self-Assessment – PHRM 472

### Purpose

Students will be asked to self-assess their knowledge, skills, and professional attributes while on practicum. Students will reflect on progress made as well as develop actionable steps going forward for improvement. This activity will create an opportunity for continual self-evaluation, which is an important skill required of all pharmacists. This also serves to provide formal checkpoints for practice educators to provide students with timely and regular feedback to ensure students remain on track for their practicum. (DPC Learning Objectives: 19-21; See Section 1.2)

### Required Form(s)/Checklist(s)

- **Self-Assessment form** (on E\*Value)

### Process

- 1) The student will review the **Direct Patient Care (DPC) Practice Educator Assessment of Student** form and self-reflect on their performance thus far on practicum, comparing it to the expected level of performance and areas outlined on the assessment form. Students should consider each area of the assessment rubric and what they are doing well, what needs to improve, and what next steps might be needed:

- a) **Knowledge & Skills**

Within the three "Knowledge" and the twelve "Skill" domain categories on the **DPC Practice Educator Assessment of Student**, where do you believe your performance stands? Briefly provide examples of how you came to this assessment. What did you do well? What was most challenging?

What do you plan to work on during the remainder of your practicum? How are you going to make improvements (e.g. your specific action plan)? How will you know if your action plan was successful?

- b) **Professionalism**

Within the three "Professionalism" domain categories on the **DPC Practice Educator Assessment of Student**, in what ways did you demonstrate the attributes of professional behaviour? Briefly provide examples of this.

What is your specific action plan to ensure you continue to consistently demonstrate the attributes of professional behaviour?

- 2) The student will then login to E\*Value and document their reflection on their performance using the **Self-Assessment** E\*Value Coursework fields (questions as above) and submit for practice educator review. At the end of weeks 2 and 6, the student will review the completed

**Self-Assessment E\*Value Coursework** with their practice educator and/or designated pharmacist. The student will make any necessary revisions to their action plan based on the collaborative discussion and review of the self-assessment.

#### Resource(s) on Canvas

- Self-Assessment Examples

#### Verification of Activity Completion

Student	Practice Educator
<b>PHRM 472</b>	
<ul style="list-style-type: none"> <li>• At the end of weeks 2 and 6, the student is to submit the completed <b>Self-Assessment E*Value Coursework</b></li> </ul>	<ul style="list-style-type: none"> <li>• Practice educator to verify satisfactory completion at the end of Week 2 and Week 6 on the Self-Assessment E*Value Coursework.</li> </ul>

## 2.17 Giving Feedback to the Practice Educator

### Purpose

Providing feedback is a critical skill for pharmacists and is an essential element in any productive workplace environment. An effective student-practice educator partnership begins with an open dialogue, including respectful, professional, and constructive communication throughout the practicum. Students will assume an active role in the feedback process as timely and constructive feedback will assist the practice educator(s) in enhancing the student's learning experience on-site. (DPC Learning Objectives: 19-21; See Section 1.2)

### Required Form(s)/Checklist(s)

- **Student Evaluation of Practice Educator and Practice Site** (on E\*Value)

### Process

- 1) On your course Canvas site, review the video Giving Feedback-Part 1 as a guide.
- 2) On the first day of the practicum, establish a commitment to feedback conversations at regular intervals (e.g. five minute daily feedback sessions at the end of each day with your practice educator). During these feedback conversations, solicit feedback on what went well that day and what could be improved on. For this activity, seek permission from the practice educator to provide feedback to them as well. This establishes mutual respect at the outset of the practicum.
- 3) Throughout the practicum, reflect on what the practice educator is doing well and what they might be able to improve on, with respect to the student learning experience on-site. Incorporate any other areas that may be effective or ineffective for student learning and make consideration to the learning opportunities that are realistic and available at the practice site.
- 4) Share feedback with the practice educator at the agreed-upon times, maintaining tact and professionalism at all times.  
**Note:** We encourage these feedback conversations to be collaborative and bidirectional (e.g. student and practice educator both provide feedback to one another)
- 5) At the end of the practicum, as a summative evaluation for the practice educator, complete the Student Evaluation of the Practice Educator and Practice Site on E\*Value and discuss this with the practice educator and/or designated pharmacist.  
**Note:** This evaluation is not anonymous and responses are visible to the practice educator(s) and the OEE.

### Resource(s) on Canvas

- Giving Feedback Part 1 developed and presented by Ms. Salmeh Ossareh, Flex PharmD student, University of Toronto (on behalf of the Professional Communications Stream, led by Ms. Janice Moshenko)

### Verification of Activity Completion

Student	Practice Educator
PHRM 272	
<ul style="list-style-type: none"><li>Following review and discussion of feedback with the practice educator and/or designated pharmacist throughout the practicum, student to submit the <b>Student Evaluation of Practice Educator and Practice Site</b> on E*Value</li></ul>	<ul style="list-style-type: none"><li>Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities</b> E*Value Coursework</li></ul>
<ul style="list-style-type: none"><li>Student is to acknowledge and confirm completion on the <b>Practicum Activities</b> E*Value Coursework</li></ul>	
PHRM 472	
<ul style="list-style-type: none"><li>Following review and discussion of feedback with the practice educator and/or designated pharmacist throughout the practicum, student to submit the <b>Student Evaluation of Practice Educator and Practice Site</b> on E*Value</li></ul>	<ul style="list-style-type: none"><li>Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities</b> E*Value Coursework</li></ul>
<ul style="list-style-type: none"><li>Student is to acknowledge and confirm completion on the <b>Practicum Activities</b> E*Value Coursework</li></ul>	

## SECTION 3 – ASSESSMENT PROCESSES

### 3.1 Assessment Processes

All assessments are guided by the programmatic assessment model for the E2P PharmD Program under the leadership of the Director of Student Assessment. The course assignments and activities are based on the course objectives, AFPC educational outcomes, and are in accordance with the UBC E2P PharmD Program's Cognitive Model.

Feedback is a critical component of a student's growth and learning throughout their practicums. Practice educators are encouraged to provide verbal feedback and assessment of performance to the student on a daily basis.

A formal formative assessment using the online **Practice Educator Assessment of Student\*** form is completed by the practice educator at the midpoint of the practicum. This assessment reflects the practice educator's observation and assessment of the student's performance based on the criterion, and the rubrics and expectations of the University. The practice educator and student are expected to meet at the midpoint to formally discuss the student's progress and review the completed formative assessment form.

A formal summative assessment is completed at the end of the practicum using the same online **Practice Educator Assessment of Student\*** form. The practice educator should consider all sources of information to assess overall student performance throughout the course of the practicum including, but not limited to, completed presentations, care plans, education and counseling, collaboration with team members, etc. By the end of the practicum, the student's overall level of performance must be commensurate with their year level, as previously outlined. The practice educator and student are expected to meet on the last day of the practicum to formally discuss the student's progress and review the completed summative assessment form.

For two-week practicums such as PHRM 272, only one formal written summative assessment is completed at the end the practicum.

All assessment forms are to be completed online on E\*Value and are electronically submitted directly to the OEE upon completion.

The primary practice educator and/or designated pharmacist that is completing the assessment component of the course should have sufficient and multiple opportunities to interact with the student and observe their interactions to appropriately determine their level of performance in completing the course activities and learning objectives for the practicum. Depending on the practice environment and practicum itself, a student may regularly interact or be supervised by multiple pharmacists while onsite.

In this case, there may be a designated pharmacist who will complete the formal midpoint and/or final assessment of the student and provide feedback after reviewing the course work and consulting with other pharmacists who have observed or interacted with the student as necessary.

\*Note: The Practice Educator Assessment of Student form varies depending on course. The table below outlines the OEE Practice Educator Assessment of Student Forms used in each course and the frequency of formal assessment:

Course	Assessment Form	Frequency/Type
PHRM 171 PHRM 271 PHRM 371 PHRM 471 PHRM 472 PHRM 473 (DPC)	Direct Patient Care (DPC) Practice Educator Assessment of Student	Midpoint Final
PHRM 272	PHRM 272 Practice Educator Assessment of Student	Final
PHRM 473 (NDPC)	Non-Direct Patient Care Practice Educator Assessment of Student	Midpoint Final
PHRM 473 (NDPC) LEAP	Non-Direct Patient Care: LEAP - Practice Educator Assessment of Student	Midpoint Final

Practice educators are strongly encouraged to review the **Assessment of Student Learning – A Guidebook for Practice Educators** for further information on the assessment processes for the practicum courses.

**It is the responsibility of the student to immediately contact the course coordinator and alert them to any assessment scores below the expected level of performance at any point during the practicum to ensure appropriate support and guidance can be provided.**

## 3.2 Grade Assignment

The Pharmacy 272 and 472 practicums are Pass-Fail grading. Students must be successful in ALL the required course components in order to be successful in each course, respectively. The required course components for each course include:

1) **Completion of Required Practicum Hours**

Students must complete the practicum hours in full per the respective practicum course.

2) **Practice Educator Assessment of Student**

Students must meet the expected level of performance for **ALL** criteria as outlined and described in the **Practice Educator Assessment of Student\*** form and consistently exhibit **ALL** elements within the Professionalism domain to successfully complete the practicum.

3) **Evidence of Learning**

Students must ensure that all required course activities and assignments, as described in this handbook, are completed and verified by the practice educator as being completed satisfactorily and safely. The required submission to demonstrate evidence of learning and verification of activity completion for each of the required course activities for the practicum courses must be completed online in E\*Value by the specified deadline for submission, which is on the last OEE scheduled practicum block date at 11:55pm.

The University of British Columbia grants the degree and therefore assigns the final course grade. Although satisfactory academic performance is a prerequisite to advancement, it is not the sole criterion in the consideration of the suitability of a student for promotion or graduation. The Faculty reserves the right to require a student to withdraw from the Faculty if that student is considered to be unsuited to proceed with the study or practice of pharmacy.

UBC FOPS Academic Regulations:

<http://www.calendar.ubc.ca/vancouver/index.cfm?tree=12,213,397,392>

Students must be successful in both 1) the Practice Educator Assessment of Student and 2) all components of the course to receive a pass (P) grade. The assessment is non-compensatory. This means that the expected level of performance must be met for all criteria listed and as described in the **Practice Educator Assessment of Student\*** to be successful in this course component.

A fail (F) grade will be recommended to the Student Progress Committee, if one or more of the following instances occur. The student:

- Does not complete required number of practicum hours
- Does not meet expected level of performance for any element on the **Practice Educator Assessment of Student\***

- Does not consistently exhibit professional attributes and skills
- Does not submit required course submissions (evidence of learning) by the specified deadline
- Poses any risk to patient safety and is negligent in the provision of patient-centered care

The final grade for the practicum (e.g. pass/fail) will be determined by the Faculty's Student Progress Committee.

\*Note: The Practice Educator Assessment of Student form varies depending on course. The table in **Section 3.1 Assessment Processes** outlines the OEE Practice Educator Assessment of Student forms used in each course.

## SECTION 4 – COURSE OVERVIEW & SAMPLE SCHEDULE

### 4.1 Overview of Inpatient Practicum Course Requirements

Described below is the continuum of learning activities for the direct patient care practicums occurring in the inpatient practice setting in the E2P PharmD program. This table is intended to provide a high-level overview of each course, including minimum activity requirements, however further detail for each activity category and the associated expectations can be found in the applicable course handbook sections.

Please note: In circumstances where the minimum requirements of an activity cannot be met due to limited opportunities at the practicum site given the setting and/or patient population, the activity may be substituted with an alternative activity at the discretion of the practice educator and/or designated pharmacist if need.

	IPPE	APPE
Practicum Requirement	PHRM 272 Minimum Required (2 weeks, 80 hours)	PHRM 472 Minimum Required (8 weeks, 320 hours)
UBC Pharmacy Student Health and Safety Orientation	1	1
72-hour Checklist	1	1
Student Introduction Resume	1	1
Learning Contract	1	1
Orientation to Inpatient Pharmacy Medication Distribution System	1	n/a
Orientation to the Clinical Pharmacist's Role	1	n/a
Orientation to the Patient Medical Record	1	n/a
Inpatient Pharmacy Practice Reflection	1	n/a
Medication Reconciliation	1	As required
Counseling	1	As required
Interprofessional Education	1	2
Drug Information Response	1	2
Full Patient Work Up and Care Plan	1	16
Clinical documentation	1	As required
Presentation	n/a	2
Service	Optional	Up to 30 % of practicum time
Giving Feedback to the Practice Educator (Student Evaluation of Practice Educator and Practice Site)	1	1
Clinical Reasoning Reflection	n/a	3
Self-Assessment	n/a	2
Practice Educator Assessment of the Student	1	2
Student Evaluation of Office of Experiential Education Course	1	1

## 4.2 Course Schedule

The following are suggested scheduling guides to help plan out the required activities during PHRM 272 and PHRM 472. These schedules include all required practicum activities for each course. The timing of activities may vary due to site and practice educator-specific circumstances.

Once set by the practice educator, students must adhere to the daily schedule, daily activities, and practicum hours as required in the **Entry-to-Practice PharmD Program Practicum Policies, Procedures, and Guidelines**.

For all practicum activities, students must review all recommendations and documentation with the practice educator/designated pharmacist prior to interacting or discussing with the patient/caregiver, physician or other health care providers.

## 4.2.a PHRM 272 Course Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	<input type="checkbox"/> Complete and submit the <b>UBC Pharmacy Student Health and Safety Orientation</b> form <input type="checkbox"/> Orientation to pharmacy, staff & services <input type="checkbox"/> Review completed <b>Student Introduction Resume</b> and <b>72-hour Checklist</b> with practice educator <input type="checkbox"/> Establish schedule of activities, expectations and mechanism for reporting to and receiving feedback with practice educator <input type="checkbox"/> Orientation to DIR Resources and DIR Activity <input type="checkbox"/> <i>Orientation to the Patient Medical Record Activity</i> <input type="checkbox"/> Document and update completed activities on E*Value Coursework as needed		<input type="checkbox"/> Review completed <b>Learning Contract</b> with practice educator <input type="checkbox"/> <i>Inpatient Pharmacy Medication Distribution System Activity</i> <input type="checkbox"/> Document and update completion of activities on E*Value Coursework as needed	<input type="checkbox"/> <i>Orientation to the Clinical Pharmacist's Role Activity</i> <input type="checkbox"/> <i>Attend rounds</i> <input type="checkbox"/> Document and update completed activities on E*Value Coursework as needed	<input type="checkbox"/> Reflect on activities completed this week <input type="checkbox"/> Work on DIR assignment <input type="checkbox"/> <i>Counseling Activity</i> <input type="checkbox"/> Document and update completed activities on E*Value Coursework as needed
Week 2	<input type="checkbox"/> <i>Full Patient Work-up and Care Plan activity</i> <input type="checkbox"/> Document and update completed activities on E*Value Coursework as needed	<input type="checkbox"/> <i>Full Patient Work-up and Care Plan activity</i> continued <input type="checkbox"/> <i>Clinical documentation activity</i> <input type="checkbox"/> Work on <i>DIR</i> assignment <input type="checkbox"/> Document and update completed activities on E*Value Coursework as needed	<input type="checkbox"/> <i>Medication Reconciliation Activity</i> <input type="checkbox"/> <i>Interprofessional Education Session</i> <input type="checkbox"/> Document and update completed activities on E*Value Coursework as needed	<input type="checkbox"/> Engage in service activities (optional) <input type="checkbox"/> Complete <i>DIR</i> and reflection assignment and prepare for debrief & discussion sessions <input type="checkbox"/> Update and complete activity entries on E*Value Coursework in preparation for assessment	<input type="checkbox"/> <i>DIR</i> and Reflection discussion/debrief <input type="checkbox"/> Revisit <i>Learning Contract</i> <input type="checkbox"/> <b>ASSESSMENT</b> <input type="checkbox"/> Complete <b>Student Feedback Evaluation Surveys</b> on E*Value <input type="checkbox"/> Review <b>Student Evaluation of Practice Educator</b> with practice educator as part of the <i>Giving Feedback to Practice Educator</i> activity <input type="checkbox"/> Document and update completed activities on E*Value Coursework <input type="checkbox"/> Ensure all required course submissions (e.g. E*Value Coursework entries) and all other required course components are received by the OEE by specified deadline

## 4.2.b PHRM 472 Course Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	<input type="checkbox"/> Orientation to pharmacy, staff & services <input type="checkbox"/> Orientation to practicum specific ward & nursing unit <input type="checkbox"/> Review updated <b>Student Introduction Resume</b> with practice educator/facilitator <input type="checkbox"/> Review completed Plan section of the <b>Learning Contract</b> with practice educator by the first 72 hours <input type="checkbox"/> Complete and submit the <b>UBC Pharmacy Student Health and Safety</b> form by the first 72 hours <input type="checkbox"/> Complete <b>72-Hour Checklist</b> with practice educator/facilitator <input type="checkbox"/> Shadow practice educator in interactions with patients and healthcare providers <input type="checkbox"/> Identify two patients to work up and review patients with practice educator <input type="checkbox"/> Discuss presentation options with practice educator and develop plan for identifying presentation topics and scheduling details (date, time, audience and topic) <input type="checkbox"/> Discuss professional service activity opportunities with practice educator				<input type="checkbox"/> Reflect on activities completed this week <input type="checkbox"/> Document and update completed activities on E*Value Coursework <input type="checkbox"/> Plan for Week 2
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/> Identify two new patients to work-up and review patients with practice educator <input type="checkbox"/> Decide and work on 1 <i>Presentation</i> for a specified audience <input type="checkbox"/> Complete 1 written <i>Drug Information Response</i> activity, if the opportunity presents (minimum requirement for practicum: 2) <input type="checkbox"/> Provide <i>Service</i> (e.g. medication reconciliation, medication counselling, allergy assessment, etc.) as opportunities present and/or as requested by practice educator				<input type="checkbox"/> Complete <i>Self- Assessment Week 2</i> <input type="checkbox"/> Complete <i>Clinical Reasoning Reflection-Week 2</i> <input type="checkbox"/> Reflect on activities completed this week <input type="checkbox"/> Document and update completed activities on E*Value Coursework <input type="checkbox"/> Plan for Week 3
Week 3	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/> Identify two new patients to work up and review patients with practice educator <input type="checkbox"/> Work on and/or present 1 <i>Presentation</i> for a specified audience <input type="checkbox"/> Complete 1 written <i>Drug Information Response</i> activity, if the opportunity presents (minimum requirement for practicum: 2) <input type="checkbox"/> Provide <i>Service</i> (e.g. medication reconciliation, medication counselling, allergy assessment, etc.) as opportunities present and/or as requested by practice educator				<input type="checkbox"/> Reflect on activities completed this week <input type="checkbox"/> Document and update completed activities on E*Value Coursework <input type="checkbox"/> Plan for Week 4
Week 4	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/> Identify two new patients to work-up and review patients with practice educator <input type="checkbox"/> Identify and work on 2 <sup>nd</sup> <i>Presentation</i> for a specified audience <input type="checkbox"/> Complete 1 written <i>Drug Information Response</i> activity, if the opportunity presents (minimum requirement for practicum: 2) <input type="checkbox"/> Provide <i>Service</i> (e.g. medication reconciliation, medication counselling, allergy assessment, etc.) as opportunities present and/or as requested by practice educator				<input type="checkbox"/> Complete <i>Clinical Reasoning Reflection-Week 4</i> <input type="checkbox"/> <b>MIDPOINT ASSESSMENT</b> <input type="checkbox"/> Reflect on activities completed this week <input type="checkbox"/> Document and update completed activities on E*Value Coursework <input type="checkbox"/> Plan for Week 5

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 5	<input type="checkbox"/> Identify two new patients to work up and review patients with practice educator <input type="checkbox"/> Work on and/or present 2 <sup>nd</sup> <i>Presentation</i> for a specified audience <input type="checkbox"/> Complete 1 written <i>Drug Information Response</i> activity, if the opportunity presents (minimum requirement for practicum: 2) <input type="checkbox"/> Provide <i>Service</i> (e.g. medication reconciliation, medication counselling, allergy assessment, etc.) as opportunities present and/or as requested by practice educator				<input type="checkbox"/> Reflect on activities completed this week <input type="checkbox"/> Document and update completed activities on E*Value Coursework <input type="checkbox"/> Plan for Week 6
Week 6	<input type="checkbox"/> Identify two new patients to work up and review patients with practice educator <input type="checkbox"/> Work on and/or present 2 <sup>nd</sup> <i>Presentation</i> for a specified audience <input type="checkbox"/> Complete 1 written <i>Drug Information Response</i> activity, if the opportunity presents (minimum requirement for practicum: 2) <input type="checkbox"/> Complete <i>Service</i> (e.g. medication reconciliation, medication counselling, allergy assessment, etc.) as opportunities present and/or as requested by practice educator				<input type="checkbox"/> Complete <i>Self- Assessment- Week 6</i> <input type="checkbox"/> Complete <i>Clinical Reasoning Reflection- Week 6</i> <input type="checkbox"/> Reflect on activities completed this week <input type="checkbox"/> Document and update completed activities on E*Value Coursework <input type="checkbox"/> Plan for Week 7
Week 7	<input type="checkbox"/> Identify two new patients to work up and review patients with practice educator <input type="checkbox"/> Work on and/or present 2 <sup>nd</sup> <i>Presentation</i> for a specified audience <input type="checkbox"/> Complete 1 written <i>Drug Information Response</i> activity, if the opportunity presents (minimum requirement for practicum: 2) <input type="checkbox"/> Complete <i>Service</i> (e.g. medication reconciliation, medication counselling, allergy assessment, etc.) as opportunities present and/or as requested by practice educator				<input type="checkbox"/> Reflect on activities completed this week <input type="checkbox"/> Document and update completed activities on E*Value Coursework <input type="checkbox"/> Plan for Week 8
Week 8 (Final Week)	<input type="checkbox"/> Identify two new patients to work up (at minimum) <input type="checkbox"/> Complete 1 written <i>Drug Information Response</i> activity, if the opportunity presents (minimum requirement for practicum: 2) <input type="checkbox"/> Complete <i>Service</i> (e.g. medication reconciliation, medication counselling, allergy assessment, etc.) as opportunities present and/or as requested by practice educator <input type="checkbox"/> Complete <i>Learning Contract</i> – Act and Reflect section and review with practice educator				<input type="checkbox"/> Complete <b>Student Evaluation of Practice Educator</b> form and review with practice educator as part of the <i>Giving Feedback to Practice Educator</i> activity <input type="checkbox"/> Document and update completed activities E*Value Coursework <input type="checkbox"/> Ensure E*Value Coursework entries are fully completed <input type="checkbox"/> <b>FINAL ASSESSMENT</b>

## SECTION 5 – ADDITIONAL INFORMATION

### 5.1 Office of Experiential Education Contact Information

Dr. Janice Yeung  
Director  
(604) 827 4846  
[janice.yeung@ubc.ca](mailto:janice.yeung@ubc.ca)

Ms. Tricia Murray  
Program Administrative Manager  
(604) 827 0183  
[tricia.murray@ubc.ca](mailto:tricia.murray@ubc.ca)

#### Faculty Course Coordinator & Portfolio

Mr. Gilly Lau  
Structured Practical Training &  
Community Engagement (IPPE)  
(604) 827 4044  
[gilly.lau@ubc.ca](mailto:gilly.lau@ubc.ca)

Ms. Kayla Fang  
Service Learning,  
Community Engagement (Non-Rx),  
Student Transition (Inpatient) &  
Health Authority Engagement (IPPE)  
(604) 827 0041  
[kayla.fang@ubc.ca](mailto:kayla.fang@ubc.ca)

Mr. Alex Tang  
Non-Direct Patient Care  
(604) 827 2384  
[alex.tang@ubc.ca](mailto:alex.tang@ubc.ca)

Ms. Gabriella Wong (Maternity-Leave  
Replacement)  
Practice Educator Development & Community  
Engagement (Rural/Remote)  
(604) 827 4243  
[gabriella.wong@ubc.ca](mailto:gabriella.wong@ubc.ca)

Mr. Paulo Tchen  
Student Transition (Outpatient),  
Community Engagement (APPE) &  
Community Outreach

#### Course Number, Description

PHRM 171 Introductory Pharmacy Practice Experience  
(IPPE) – Outpatient I  
PHRM 473 Selected Advanced Pharmacy Practice  
Experience (APPE) – Outpatient Direct Patient Care  
Settings

PHRM 251 Institutional Practice Skills Course  
PHRM 270 Community Service Learning  
PHRM 272 Introductory Pharmacy Practice Experience  
(IPPE) – Inpatient

PHRM 271 Introductory Pharmacy Practice Experience  
(IPPE) – Outpatient II  
PHRM 473 Selected Advanced Pharmacy Practice  
Experience (APPE) – Non-Direct Patient Care Settings

PHRM 371 Introductory Pharmacy Practice Experience  
(IPPE) – Outpatient III

PHRM 471 Advanced Pharmacy Practice Experience  
(APPE) – Outpatient

(604) 827 0173  
[tchen6@mail.ubc.ca](mailto:tchen6@mail.ubc.ca)

Dr. Asal Taheri  
Inpatient Practice &  
Health Authority Engagement (APPE)  
(604) 822 6107  
[asal.taheri@ubc.ca](mailto:asal.taheri@ubc.ca)

PHRM 472 Advanced Pharmacy Practice Experience  
(APPE) – Inpatient  
PHRM 473 Selected Advanced Pharmacy Practice  
Experience (APPE) – Inpatient Direct Patient Care Settings

Mr. Larry Leung  
Interprofessional Education  
(604) 827 2482  
[larry.leung@ubc.ca](mailto:larry.leung@ubc.ca)

IPE Activities are embedded or are scheduled on the  
Program Enhanced Activity Day (PEAD)  
Longitudinal Learning

Mr. Jason Min  
Interprofessional Education  
(604) 827 2478  
[jason.min@ubc.ca](mailto:jason.min@ubc.ca)

IPE Activities are embedded or are scheduled on the  
Program Enhanced Activity Day (PEAD)  
Longitudinal Learning

Faculty members provide support to practicum sites, practice educators, and students for any issues related to:

- Course syllabi
- Practicum-associated assignments and activities
- Student assessment and evaluation
- Student performance
- Student absences
- Personal injury or major illness of students on practicum
- Any confidential issues related to the practicum

Should students have any questions or issues requiring discussion with a faculty member, please contact the front desk to schedule an appointment. Appointments are available Monday to Thursday, 8.30am to 3pm, Fridays 8.30am to 12 noon.

## Administrative Support Team

Mr. Flavio Mikami  
Senior Program Assistant  
(604) 822 0433  
[flavio.mikami@ubc.ca](mailto:flavio.mikami@ubc.ca)

Ms. Jane Lee  
Senior Program Assistant  
(604) 822 3216  
[j.lee@ubc.ca](mailto:j.lee@ubc.ca)

Ms. Vicky Lai  
Front Desk  
(604) 822 8077  
[phar.oe@ubc.ca](mailto:phar.oe@ubc.ca)

The administrative staff provides support to practicum sites, practice educators and students for:

- General enquiries
- Practicum scheduling and placements
- Practice educator or student contact information
- E\*Value access
- Tracking
- Mailings, forms etc.
- UBC Cards

## Off-Hours Issues

If you have immediate safety concerns for yourself or others, please call 911.

### Crisis and After-Hours Contacts

- Vancouver Crisis Line | 1 800 SUICIDE (784 2433)
- Vancouver General Hospital | 604 875 4111
- Campus Security | 604 822 2222
- Crisis Centre BC | <http://crisiscentre.bc.ca/>
- Victim Link | 1 800 563 0808 (services in 110 languages)
- Empower Me | 24/7 accessible counselling services for students with AMS health care
  - Call 1 (844) 741 6389 (toll-free) from anywhere in North America to be directly connected to the Empower Me Clinical Response Center
  - Log in to Empower Me ([https://ear.powerflexweb.com/1545/login\\_SC.html](https://ear.powerflexweb.com/1545/login_SC.html)) using "Studentcare" as the password or
  - Download additional Empower Me student assistance tools through the iAspiria mobile app (<http://aspiria.ca/students/?stu-link=map>) by entering "Studentcare" as the Login ID and selecting "Student" in the dropdown menu
- UBC Counselling Services | 604 822 3811
  - On campus support Monday to Friday, 8.30am-4.30pm
  - <https://students.ubc.ca/health-wellness/mental-health-support-counselling-services>

## 5.2 Policies

Please refer to the **Entry-to-Practice PharmD Program Practicum Policies, Procedures & Guidelines**.

Students are also expected to review the **UBC E2P PharmD Program Policies and Procedures** as outlined on the E2P PharmD Program Hub on Canvas.

## REFERENCES

- 1) AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada 2017. Available at: [http://www.afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017\\_final%20Jun2017.pdf](http://www.afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017_final%20Jun2017.pdf)
- 2) NAPRA Professional Competencies for Canadian Pharmacists at Entry to Practice. Available at: [http://napra.ca/sites/default/files/2017-08/Comp\\_for\\_Cdn\\_PHARMACISTS\\_at\\_EntrytoPractice\\_March2014\\_b.pdf](http://napra.ca/sites/default/files/2017-08/Comp_for_Cdn_PHARMACISTS_at_EntrytoPractice_March2014_b.pdf)
- 3) Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://www.sld.demon.co.uk/dreyfus.pdf>
- 4) Adapted with permission from: 2011-2012 Structured Practical Experience Program, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, Ontario.
- 5) Adapted with permission: Faculty of Medicine 2003 University of Manitoba, Winnipeg, Manitoba.
- 6) Adapted with Permission: College of Pharmacists BC, Professional Development and Assessment Program 2012.
- 7) Adapted with permission from the College of Pharmacy, Faculty of Health Professions, Dalhousie University Jan 2017.
- 8) Adapted with permission: College of Pharmacists of British Columbia – Framework of Professional Practice: 2006.
- 9) Fernandes, OA. (2009). Medication Reconciliation. Pharmacy Practice; 24-32.
- 10) Mersfelder TL, Bickel RJ. Inpatient medication history verifications by pharmacy students. Am J Health-Syst Pharm. 2008; 65: 2273-5.
- 11) Canadian Patient Safety Institute and ISMP Canada (2017). Medication Reconciliation in Acute Care Getting Started Kit, version 4. Retrieved March 15, 2017 from: <https://www.ismp-canada.org/medrec/>
- 12) ISMP Canada (2015). Hospital To Home – Facilitating Medication Safety at Transitions: A Toolkit for Healthcare Providers.
- 13) World Health Organization 2010. [http://www.who.int/hrh/resources/framework\\_action/en/](http://www.who.int/hrh/resources/framework_action/en/)
- 14) Cipolle RJ, Strand L, Morely PR. Pharmaceutical Care Practice: The Patient Centered Approach To Medication Management, McGrawHill, 2012.
- 15) Pelletier, Tila. How to Perform a Literature Search [Internet]. Vancouver, BC. 2017 [cited 27 February 2018]. Video: 31mins.
- 16) Adapted with permission from the Experiential Education Program, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, 2016.
- 17) Adapted with permission from the University of Toronto, Leslie Dan Faculty of Pharmacy, for use in the academic pharmacy program at the University of British Columbia.
- 18) Kennie N, Farrell B, Dolovich L. Demonstrating value, documenting care: Lessons learned about writing comprehensive patient medication assessments in the IMPACT project. Canadian Pharmacists Journal. 2008;141(2):114-119.

## SECTION 6 – APPENDIX 1: REQUIRED FORM(S) / CHECKLIST(S)

### 6.1 72-Hour Checklist

The practice educator or designated pharmacist should complete this checklist with the student within the first 72-Hours of the practicum.

Student Introduction
Review with the practice educator or designated pharmacist: <input type="checkbox"/> Student Introduction Resume <input type="checkbox"/> Learning Contract <input type="checkbox"/> College of Pharmacists of BC Confidentiality Agreement ( <i>must be kept on site for CPBC inspection</i> ) <input type="checkbox"/> UBC Pharmacy Learner Health and Safety Orientation
Site Introduction and Contact Information
<input type="checkbox"/> Introduction to pharmacy staff/ front store/ other health care providers <input type="checkbox"/> Introduction to practicum site and/or ward <input type="checkbox"/> Overview of site workflow <input type="checkbox"/> Pharmacy phone number: _____ <input type="checkbox"/> Pharmacy fax number (if applicable): _____ <input type="checkbox"/> Practice educator(s) contact information: _____ <input type="checkbox"/> Facilitator contact information (if applicable): _____ <input type="checkbox"/> Other important numbers student should know: _____
Tour of Practice Site
<input type="checkbox"/> Fridge for food <input type="checkbox"/> Coat and bag storage/locker (if available) <input type="checkbox"/> Personal area to work on assignments, store books, and other materials <input type="checkbox"/> Private area for patient counseling and discussions <input type="checkbox"/> Computers/workspace suitable for use on site/ward <input type="checkbox"/> Lunch/staff room, microwave for food, or cafeteria location <input type="checkbox"/> Washrooms <input type="checkbox"/> Pharmacy department layout/Pharmacy workflow <input type="checkbox"/> Academic resources and references <input type="checkbox"/> Site specific orientation program (if applicable)
Practicum Scheduling and Planning
<input type="checkbox"/> Pharmacy operation and/or pharmacist service hours <input type="checkbox"/> Determine with practice educator if any access permitted beyond shift hours or not <input type="checkbox"/> Daily schedule reviewed (e.g. student schedule including lunch break, practice educator shift, suitable times to review assignments with practice educator) <input type="checkbox"/> Tentative 4-week or 8-week plan for the practicum <input type="checkbox"/> Time management strategies and assignment deadlines <input type="checkbox"/> Tentative date for mid-point assessment: _____ <input type="checkbox"/> Tentative date for the final review and verification of completion of activities on Practicum

<p>Activities Log with practice educator (note: this must be done prior to/on the last day of the practicum) _____</p> <p><input type="checkbox"/> Tentative date for final assessment: _____</p> <p><input type="checkbox"/> Expectations for meeting deadlines and preparedness for patient activities (e.g. for patient interviews, organizing a clinic, assignments and projects etc.)</p> <p><input type="checkbox"/> Discuss expectations for documentation, including available tools, resources/forms, and site-specific policies (which forms/documentation methods are required to be used by student on site per site policies)</p> <p><input type="checkbox"/> Verify practice educator requirement for online copy or hardcopy/printed patient care activity assignments</p> <p><input type="checkbox"/> Upcoming CE events or other education related events (if applicable)</p>
<b>Technology</b>
<p><input type="checkbox"/> Software used for patient health information, prescription processing etc.</p> <p><input type="checkbox"/> PharmaNet Access</p> <p><input type="checkbox"/> Computers student can use for looking up patient information (in the pharmacy/clinical room/ward), checking references, working on documents, etc.</p> <p><input type="checkbox"/> Student password access and login</p> <p><input type="checkbox"/> Other relevant technologies onsite (e.g. Scriptpro, Omnicell etc.)</p>
<b>Site Policies and Procedures</b>
<p><input type="checkbox"/> Patient Confidentiality</p> <p><input type="checkbox"/> Site-specific policies, procedures, and guidelines (e.g. hand washing, etc.)</p> <p><input type="checkbox"/> Appropriate phone/fax/photocopier use</p> <p><input type="checkbox"/> Appropriate use of hand held electronic devices (e.g. smartphones, tablets, etc.)</p> <p><input type="checkbox"/> Procedure to follow for sharps injury (contact OEE - UBC incident form to be completed)</p> <p><input type="checkbox"/> Procedure to follow if sick or student has a personal emergency</p> <p><input type="checkbox"/> Procedure to follow if the student will be late arriving to the site</p> <p><input type="checkbox"/> Procedure to follow in the event of a pharmacy robbery (if applicable)</p> <p><input type="checkbox"/> Emergency evacuation plan/designated safe area to meet</p> <p><input type="checkbox"/> Dress code (including footwear)</p> <p><input type="checkbox"/> Lab Coat requirement</p> <p><input type="checkbox"/> Fragrance policy (e.g. perfume and cologne)</p> <p><input type="checkbox"/> "UBC Student Pharmacist" nametag to be worn at all times (CPBC Bylaw)</p> <p><input type="checkbox"/> Site ID badge (if applicable)</p> <p><input type="checkbox"/> Other (as determined by the practice educator)</p>

Patient Safety	
<input type="checkbox"/>	Describe site-specific policies/procedures for preventing medication errors (e.g. scanning drug products)
<input type="checkbox"/>	Describe pharmacy department's/site medication incident documentation procedures and reporting system
<input type="checkbox"/>	Review practice educator expectations and level of practice educator supervision required for patient care activities
<input type="checkbox"/>	Review process for student to follow if the student is asked a question and is unsure of the advice to provide to the patient or other health care provider
<input type="checkbox"/>	Other (as determined by the practice educator)
Student Learning and Safety	
<input type="checkbox"/>	Parking
<input type="checkbox"/>	Public transit locations
<input type="checkbox"/>	Neighborhood safety (e.g. walking in pairs if late shift)
<input type="checkbox"/>	Any other information that may impact student learning that the practice educator should be aware of
Outpatient Practice (including Non-Direct Patient Care) Specifics	
<input type="checkbox"/>	Patient care services (e.g. methadone dispensing, delivery services, blister-packing, long term care services, specialty compounding etc.)
<input type="checkbox"/>	Patient products (e.g. ostomy supplies, wound care, assistive devices, home and healthcare products etc.)
<input type="checkbox"/>	Certified personnel on-site (e.g. Certified Diabetes Educator, travel medicine, immunizations)
<input type="checkbox"/>	Interprofessional and intraprofessional collaboration
<input type="checkbox"/>	Specific physician approved protocols (e.g. warfarin dosing, pain management etc.)
<input type="checkbox"/>	Other (as determined by the practice educator)
Inpatient/ Health Authority Clinic Practice (including Non-Direct Patient Care) Specifics	
<input type="checkbox"/>	Patient care services (e.g. obtaining special authority approval, medication/device counselling, etc.)
<input type="checkbox"/>	Patient products (e.g. ostomy supplies, wound care, assistive devices, home healthcare products etc.) if applicable
<input type="checkbox"/>	Inter- and intra- professional collaboration
<input type="checkbox"/>	Hospital overhead paging codes (e.g. code blue, code yellow etc.)
<input type="checkbox"/>	Other (as determined by the practice educator)

## 6.2 Learning Contract Form

Note: The learning objectives should follow the commonly used “SMART” approach to guide with the process: **S**pecific, **M**easurable, **A**ttainable, **R**elevant, **T**imely. For examples, please refer to the Resources section of your course Canvas site.

PLAN
<ul style="list-style-type: none"><li>• <i>What are my learning objectives and why did I choose this?</i></li><li>• <i>What is my primary motivation in choosing these learning objectives?</i></li><li>• <i>What is my action plan? Consider the learning activities and resources available to help you meet your goals.</i></li></ul>
1)
2)
3)

<b>ACT</b>
<ul style="list-style-type: none"> <li>• <i>What were some learning activities that I completed to meet my learning objective(s)?</i></li> <li>• <i>What resources were available that assisted me in achieving these objectives? (e.g. lectures, patient care rounds, seminars, online programs, health-related journals)</i></li> </ul>
1)
2)
3)
<b>REFLECT</b>
<ul style="list-style-type: none"> <li>• <i>What did I learn in relation to my objective(s)?</i></li> <li>• <i>Have I used this learning? How will I use this learning in the future?</i></li> <li>• <i>What future learning goal(s) did this activity trigger, if any?</i></li> <li>• <i>Will this document be useful for maintaining continuity in learning needs as I transition to the next practicum or out into practice?</i></li> </ul>
1)
2)
3)

## 6.3 Requirements Checklist for BPMH Interview

### Requirements Checklist for BPMH Interview<sup>1</sup>

*Note: Student expectations for this activity to commensurate with expected year level performance characteristics*

FOR PHRM 272 - To achieve overall satisfactory the student should demonstrate attributes of an “Advanced Beginner” in satisfying criteria listed in the requirements checklist. See below for guidance.

**NA = Not Applicable; U = Unsatisfactory; S = Satisfactory**

**Student Name:** \_\_\_\_\_

Introduction			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determines identity of patient/patient's caregiver (e.g. name + at least 1 identifier)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Introduces self and practice educator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains purpose and duration of interview
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks permission to proceed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicates information will be kept confidential & establishes privacy
Information Gathering			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior to seeing patient: review available information (e.g. chart, Pharmanet, nursing notes, consults, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains all contact & demographic info (e.g. name, address, phone, physician, specialist)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains reason for encounter/hospital admission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains all medication experience info (e.g. expectations, concerns, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains information on adherence (e.g. swallowing, affordability, adherence aids utilized, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains immunization status
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains all social drug use info (e.g. tobacco, caffeine, alcohol, recreational drugs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains allergy, ADR & alerts/preferences/special needs info
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains all current & past medical history
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains medication list or pill bottles (vials)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains all current & past medication information, such as: <ul style="list-style-type: none"><li>• Prescriptions</li><li>• OTCs</li><li>• Vitamins/Minerals/Supplements</li><li>• Complementary alternative medications</li><li>• Doctor samples</li><li>• Dosage forms other than oral (e.g. patches/inhalers/creams/injectables etc.)</li><li>• Asked if there has been any antibiotics used in the past 3 months</li></ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks detailed questions about indication, dose, duration, route and frequency for each drug
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks if there's been any medications recently stopped or changed and the reason
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains the name and location of patient's regular community pharmacy and asks for permission to contact them, if needed

<sup>1</sup> Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Integrations Activity Team. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2016. All rights reserved.

Closing			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Briefly summarizes/clarifies information obtained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Offers to answer questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Says "Thank you", "Goodbye" (or similar closing)
Communication Skills			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sounds professional, assertive, respectful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well organized, speaks clearly, confidently
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shows genuine interest, engaged not distracted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate questioning (open-ended, one question at a time, no interrupting)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks personal questions sensitively; uses preamble or lead-in statements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate language, correct terms/pronunciation, no misinformation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information provided is accurate (e.g. no misinformation given to the patient)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Listens, responds with appropriate empathy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-verbal communication appropriate (posture, eye contact, body language, gestures)
Comments			
Overall Assessment			
<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> Satisfactory	

Practice Educator Initials/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Overall satisfactory (demonstrates attributes of Advanced Beginner)<sup>2,3,4</sup>**

To achieve overall satisfactory the student should demonstrate attributes of an “Advanced Beginner” in satisfying criteria listed in the requirements checklist.

- Can achieve some progress using own judgement, but requires some guidance/prompting/coaching for completion of overall task
- Tends to see actions as a series of steps
- Has working knowledge of key aspects of practice and likely able to complete relatively straightforward tasks to an acceptable standard
- Can complete simpler tasks without supervision
- Appreciates complex situations, but only able to achieve partial resolutions

#### **Examples**

- Requires some guidance to achieve all the requirements of this checklist
- When completing a patient work up, with some guidance will assess medications for appropriateness, but may not be able to incorporate all aspects of the specific patient into the assessment
- Recognizes importance of counseling components, but needs some guidance in ensuring all necessary and relevant information has been provided
- Information gathered is at times incomplete or irrelevant
- Information provided is sometimes irrelevant
- Able to identify connection between characteristics of medication and medical condition
- Designs basic monitoring plan with some guidance
- Does not consistently recognize verbal/non-verbal cues
- Is not consistently organized
- Does not consistently utilize language appropriate to the audience

---

<sup>2</sup> Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Complexity Guidelines for Preceptors, Educators and Standard-Setting Faculty. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2017. All rights reserved.

<sup>3</sup> Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://www.sld.demon.co.uk/dreyfus.pdf>

<sup>4</sup> Adapted from University of British Columbia Faculty of Pharmaceutical Sciences Assessment of Student Learning: A guidebook for practice educators. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2018. All rights reserved.

## 6.4 Requirements Checklist for BPMDP Counseling

### Requirements Checklist for BPMDP Counseling<sup>5,67</sup>

*Note: Student expectations for this activity to commensurate with expected year level performance characteristics*

FOR PHRM 272 - To achieve overall satisfactory the student should demonstrate attributes of an “Advanced Beginner” in satisfying criteria listed in the requirements checklist. See below for guidance.

**NA = Not Applicable; U = Unsatisfactory; S = Satisfactory**

**Student Name:** \_\_\_\_\_

Introduction			
NA	U	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determines identity of patient/patient's caregiver (e.g. name + at least 1 identifier)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Introduces self and practice educator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains purpose and duration of counseling session
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks permission to proceed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicates information will be kept confidential & establishes privacy
Discharge Counselling Session			
NA	U	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides the patient with an accurate and comprehensive medication schedule
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviews and counsels on all discharge medications +/- devices and assesses patient's understanding of each e.g. the purpose of each medication, how it works, dose, timing, potential side effects (with emphasis on any new medications intended duration) and potential interactions etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For each medication identifies and communicates the following if applicable: <ul style="list-style-type: none"><li>• Medications that have CHANGED while in hospital</li><li>• Medications that are NO LONGER REQUIRED on discharge</li><li>• Medications that are TO CONTINUE on discharge</li><li>• Medications that are NEW and the patient is to take on discharge</li></ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counsels patient on when to seek medical care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure counseling on all other miscellaneous points have been completed (e.g. non-drug measures)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify any barriers to non-adherence and offer solutions (e.g. discuss blister packages/dosettes) with patient and if this is something they want, document this on prescriptions that are being sent to community pharmacy; assess if special authority applications are in place/required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensures outpatient lab requisition is prepared and forwarded to patient (if applicable and not already done by others)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discusses future steps patient must take (e.g. follow-up with physician in a timely manner, which tests will be needed, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ask patient to return all discontinued medications to his/her own pharmacy to minimize any risk of confusion

<sup>5</sup> Adapted with permission from the LMPS (SPH, SMH, VGH) EEF's Mutually Beneficial Activity Checklists (with contributions from Dr. M. Leung and her directed studies students March 2016).

<sup>6</sup> Adapted with permission: Canadian Patient Safety Institute and ISMP Canada (2017). Medication Reconciliation in Acute Care Getting Started Kit, version 4. Retrieved March 15, 2017 from: <https://www.ismp-canada.org/medrec/>

<sup>7</sup> ISMP Canada (2015). Hospital To Home – Facilitating Medication Safety at Transitions: A Toolkit for Healthcare Providers.

Closing			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Summarizes main points and offers to answer questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checks for patient understanding (e.g. asks the patient and/or caregiver to summarize)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise patient/caregiver to keep the medication list on him/her at all times and share with his/her family physician, specialist(s) or dentist at every appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ask the patient about his/her preferred pharmacy and have the discharge prescription faxed there <ul style="list-style-type: none"> <li>• Advise patient to use ONE community pharmacy to fill all prescriptions</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Says "Thank you", "Goodbye" (or similar closing)
Communication Skills			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sounds professional, assertive, respectful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well organized, speaks clearly, confidently
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shows genuine interest, engaged not distracted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate questioning (open-ended, one question at a time, no interrupting)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks personal questions sensitively; uses preamble or lead-in statements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate language, correct terms/pronunciation, no misinformation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information provided is accurate (e.g. no misinformation given to the patient)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Listens, responds with appropriate empathy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-verbal communication appropriate (posture, eye contact, body language, gestures)
Patient Safety			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not create a situation where patient safety is impacted (e.g. no misinformation provided)
Comments			
Overall Assessment			
<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory			

Practice Educator Initials/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Overall satisfactory (demonstrates attributes of Advanced Beginner)<sup>8,9,10</sup>**

To achieve overall satisfactory the student should demonstrate attributes of an “Advanced Beginner” in satisfying criteria listed in the requirements checklist.

- Can achieve some progress using own judgement, but requires some guidance/prompting/coaching for completion of overall task
- Tends to see actions as a series of steps
- Has working knowledge of key aspects of practice and likely able to complete relatively straightforward tasks to an acceptable standard
- Can complete simpler tasks without supervision
- Appreciates complex situations, but only able to achieve partial resolutions

#### **Examples**

- Requires some guidance to achieve all the requirements of this checklist
- When completing a patient work up, with some guidance will assess medications for appropriateness, but may not be able to incorporate all aspects of the specific patient into the assessment
- Recognizes importance of counseling components, but needs some guidance in ensuring all necessary and relevant information has been provided
- Information gathered is at times incomplete or irrelevant
- Information provided is sometimes irrelevant
- Able to identify connection between characteristics of medication and medical condition
- Designs basic monitoring plan with some guidance
- Does not consistently recognize verbal/non-verbal cues
- Is not consistently organized
- Does not consistently utilize language appropriate to the audience

---

<sup>8</sup> Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Complexity Guidelines for Preceptors, Educators and Standard-Setting Faculty. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2017. All rights reserved.

<sup>9</sup> Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://www.sld.demon.co.uk/dreyfus.pdf>

<sup>10</sup> Adapted from University of British Columbia Faculty of Pharmaceutical Sciences Assessment of Student Learning: A guidebook for practice educators. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2018. All rights reserved.

## 6.5 Requirements Checklist for Counseling

### Requirements Checklist for Patient Education and Medication Counseling<sup>11,12</sup>

*Note: Student expectations for this activity to commensurate with expected year level performance characteristics*

FOR PHRM 272 - To achieve overall satisfactory the student should demonstrate attributes of an “Advanced Beginner” in satisfying criteria listed in the requirements checklist. See below for guidance.

**NA = Not Applicable; U = Unsatisfactory; S = Satisfactory**

**Student Name:** \_\_\_\_\_

Introduction			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determines identity of patient/patient's caregiver (e.g. name + at least 1 identifier)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Introduces self and practice educator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks permission to proceed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicates information will be kept confidential & establishes privacy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains purpose and duration of counseling session
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks other relevant questions (e.g. symptoms, other Rx, or non-Rx meds, allergies, lab etc.) and/or confirms information found in the chart if necessary
Information Gathering and Drug Information			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gives name of medication(s) prescribed (brand and generic)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks what the patient knows about the medication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains what it is being used for and describes how it works
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicates dose, directions, frequency and route of administration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains any special directions and/or device instructions if applicable. Able to demonstrate proper technique if needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	States how long to use the medication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains what the patient should do if they miss any doses
Side Effects			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identifies important and common side effects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains how to manage side effects and expected time frame (e.g. will fade with time)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains what to do if side effects do not go away or are intolerable (e.g. red flags)
Interactions			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identifies important drug, food, and/or natural health product interactions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains interactions and how to manage them; states “no interactions present” if applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advises patient to always check with his/her doctor and/or pharmacist before starting a new or over the counter product
Monitoring			

<sup>11</sup> Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Integrations Activity Team. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2016. All rights reserved.

<sup>12</sup> Adapted with permission from the LMPS (SPH, SMH, VGH) EEF's counselling checklists (with contributions from Dr. M. Leung and her directed studies students March 2016) © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2016. All rights reserved.

<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains the need for lab work if applicable including what the lab test is, how often the patient requires testing, and what target values are expected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains what to expect, when to expect it, and how to monitor the response of therapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitoring plan is patient-specific
<b>Storage</b>			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains storage requirements, shelf life, if applicable
<b>Closing</b>			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Summarizes the main points and offers to answer questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains what the patient should do if no relief obtained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Offers suggestions to improve medication adherence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains what to do if questions or concerns arise; differentiating before and/or after discharge, and when to seek medical attention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checks for patient's understanding (e.g. asks patient and/or caregiver to summarize)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides written information if available/applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Says "Thank you", "Goodbye" (or similar closing)
<b>Communication Skills (Verbal / Non-Verbal)</b>			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sounds professional, assertive, respectful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well organized, speaks clearly, confidently
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shows genuine interest, engaged not distracted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate questioning (open-ended, one question at a time, no interrupting)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks personal questions sensitively; uses preamble or lead-in statements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate language, correct terms/pronunciation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information provided is accurate (e.g. no misinformation given to the patient)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Listens, responds with appropriate empathy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-verbal communication appropriate (posture, eye contact, body language, gestures)
<b>Patient Safety</b>			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not create a situation where patient safety is impacted (e.g. no misinformation provided)
<b>Feedback Comments</b>			
<b>Overall Assessment</b>			
<input type="checkbox"/> <b>Unsatisfactory</b> <input type="checkbox"/> <b>Satisfactory</b>			

Practice Educator Initials/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Overall satisfactory (demonstrates attributes of Advanced Beginner)<sup>13,14,15</sup>**

To achieve overall satisfactory the student should demonstrate attributes of an “Advanced Beginner” in satisfying criteria listed in the requirements checklist.

- Can achieve some progress using own judgement, but requires some guidance/prompting/coaching for completion of overall task
- Tends to see actions as a series of steps
- Has working knowledge of key aspects of practice and likely able to complete relatively straightforward tasks to an acceptable standard
- Can complete simpler tasks without supervision
- Appreciates complex situations, but only able to achieve partial resolutions

#### **Examples**

- Requires some guidance to achieve all the requirements of this checklist
- When completing a patient work up, with some guidance will assess medications for appropriateness, but may not be able to incorporate all aspects of the specific patient into the assessment
- Recognizes importance of counseling components, but needs some guidance in ensuring all necessary and relevant information has been provided
- Information gathered is at times incomplete or irrelevant
- Information provided is sometimes irrelevant
- Able to identify connection between characteristics of medication and medical condition
- Designs basic monitoring plan with some guidance
- Does not consistently recognize verbal/non-verbal cues
- Is not consistently organized
- Does not consistently utilize language appropriate to the audience

---

<sup>13</sup> Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Complexity Guidelines for Preceptors, Educators and Standard-Setting Faculty. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2017. All rights reserved.

<sup>14</sup> Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://www.sld.demon.co.uk/dreyfus.pdf>

<sup>15</sup> Adapted from University of British Columbia Faculty of Pharmaceutical Sciences Assessment of Student Learning: A guidebook for practice educators. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2018. All rights reserved.

## 6.6 Requirements Checklist for Drug Information Responses

### Requirements Checklist for Drug Information Responses (DIR)<sup>16</sup>

*Note: Student expectations for this activity to commensurate with expected year level performance characteristics*

FOR PHRM 272 - To achieve overall satisfactory the student should demonstrate attributes of an “Advanced Beginner” in satisfying criteria listed in the requirements checklist. See below for guidance.

**NA = Not Applicable; U = Unsatisfactory; S = Satisfactory**

**Student Name:** \_\_\_\_\_

Question		
<b>NA</b>	<b>U</b>	<b>S</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearly documents and articulates the drug information question		
Background Information and Patient Assessment		
<b>NA</b>	<b>U</b>	<b>S</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides the general context from which the question arises and provides the background information necessary to understand the question being asked		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides the background information necessary to understand the patient, as appropriate: <ul style="list-style-type: none"><li>• Pertinent patient information (e.g. age, gender, weight, allergy assessment, body mass index, current diet and exercise, etc.)</li><li>• Subjective and objective data, including relevant laboratory values, physical signs and symptoms</li><li>• Family and social history</li><li>• Patient’s beliefs/concerns and goals for health and wellness</li><li>• Lists complete past and current medical condition/associated conditions</li><li>• Lists complete past and current medication therapies (prescription, non-prescription), including generic name, indication, doses, frequency and duration etc.</li></ul>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses supporting information (laboratory data, physical signs and symptoms, test results, etc.) to support assessment of patient		
Research and Response		
<b>NA</b>	<b>U</b>	<b>S</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides a comprehensive, organized, timely response to the DIR [usual length is two to four pages (not including references list), depending on complexity of the question]		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presents information in an organized and logical manner. Answer is concise and does not unnecessarily repeat information		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes the search strategy (primary or tertiary literature, databases used, search terms used, etc.) and resources (online tertiary references, guidelines, etc.) used to find information to answer the question		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answers the specific question and fully discusses the thought process (N,E,S,A) relevant to the drug(s) and medical condition involved (e.g. Necessary – include pathophysiology, signs/symptoms, causes, drug and nondrug risk factors etc.) unless otherwise directed		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducts critical appraisal and evaluation of the evidence <ul style="list-style-type: none"><li>• Accesses and evaluates the full publication of any evidence if possible (does not use only the abstract to draw conclusions)</li></ul>		

<sup>16</sup> Adapted with permission: Drug Information Form, BC Drug and Poison Information Centre, Vancouver British Columbia 2012.



### **Overall satisfactory (demonstrates attributes of Advanced Beginner)<sup>17,18,19</sup>**

To achieve overall satisfactory the student should demonstrate attributes of an “Advanced Beginner” in satisfying criteria listed in the requirements checklist.

- Can achieve some progress using own judgement, but requires some guidance/prompting/coaching for completion of overall task
- Tends to see actions as a series of steps
- Has working knowledge of key aspects of practice and likely able to complete relatively straightforward tasks to an acceptable standard
- Can complete simpler tasks without supervision
- Appreciates complex situations, but only able to achieve partial resolutions

#### **Examples**

- Requires some guidance to achieve all the requirements of this checklist
- When completing a patient work up, with some guidance will assess medications for appropriateness, but may not be able to incorporate all aspects of the specific patient into the assessment
- Recognizes importance of counseling components, but needs some guidance in ensuring all necessary and relevant information has been provided
- Information gathered is at times incomplete or irrelevant
- Information provided is sometimes irrelevant
- Able to identify connection between characteristics of medication and medical condition
- Designs basic monitoring plan with some guidance
- Does not consistently recognize verbal/non-verbal cues
- Is not consistently organized
- Does not consistently utilize language appropriate to the audience

---

<sup>17</sup> Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Complexity Guidelines for Preceptors, Educators and Standard-Setting Faculty. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2017. All rights reserved.

<sup>18</sup> Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://www.sld.demon.co.uk/dreyfus.pdf>

<sup>19</sup> Adapted from University of British Columbia Faculty of Pharmaceutical Sciences Assessment of Student Learning: A guidebook for practice educators. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2018. All rights reserved.

## 6.7 Requirements Checklist for Presentation of Patient Work-Up to Practice Educator

### Requirements Checklist for Presentation of Patient Work-up to Practice Educator<sup>20</sup>

*Note: Student expectations for this activity to commensurate with expected year level performance characteristics*

FOR PHRM 272 - To achieve overall satisfactory the student should demonstrate attributes of an “Advanced Beginner” in satisfying criteria listed in the requirements checklist. See below for guidance.

**NA = Not Applicable; U = Unsatisfactory; S = Satisfactory**

**Student Name:** \_\_\_\_\_

Information Gathering			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertinent patient information is given (e.g. age, gender, weight, allergy assessment, body mass index, current diet and exercise, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides the reason for encounter (chief complaint) and background information necessary to understand the concern (e.g. history of present illness)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subjective and objective data are stated, including review of systems/physical exam and relevant laboratory values. Attempts to interpret vital signs, findings of physical assessments and uncomplicated lab values (e.g. INR, serum creatinine, lipids, liver function, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family and social history is provided
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient's beliefs/concerns and goals for health and wellness are considered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lists complete past and current medical condition(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lists complete past and current medication therapies (prescription and non-prescription), including generic name, indication, doses, frequency, duration, etc. Provide detail for PRN dosing, adherence, and other relevant information
Pharmaceutical Care Plan <small>Error! Bookmark not defined.</small>			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification and prioritization of appropriate Medical Issues/Problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Justification for prioritization of medical Issues/problems provided
<b>For each medical issue:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports signs and symptoms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	States appropriate goals of therapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goals of therapy are patient centered and realistic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goals of therapy are specific, measurable and the timeframe set is realistic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification of all Drug Therapy Problem(s) (DTPs) associated with the medical condition being presented, prioritized appropriately (may use NESA to help with this)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All therapeutic alternatives are assessed appropriately for the patient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rationale included in assessment of therapeutic alternatives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chooses the best option, provides justification and makes reasonable medication recommendations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacological interventions include: dose, route, frequency, and duration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient preferences have been taken into account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Both pharmacological and non-pharmacological options are explored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides an appropriate monitoring plan with efficacy and safety endpoints

<sup>20</sup> Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Hospital Transition Modules. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2016. All rights reserved.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each parameter for monitoring is clear: frequency, expected change, timeframe, who is to monitor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Summarizes clear action plan (e.g. "Order repeat blood work in 1 week", "Follow up with patient" etc.)
<b>Communication Skills (Verbal / Non-Verbal)</b>			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaks clearly with appropriate tone and pace
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate eye contact, body language, and posture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confident and relaxed when reporting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information is delivered <u>effectively</u> and <u>efficiently</u> (e.g. not excessively wordy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information is well-organized and flowed smoothly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate professional language
<b>Patient Safety</b>			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not create a situation where patient safety is impacted (e.g. no misinformation provided)
<b>Feedback Comments</b>			
<b>Overall Assessment</b>			
<input type="checkbox"/> <b>Unsatisfactory</b> <input type="checkbox"/> <b>Satisfactory</b>			

Practice Educator Initials/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Overall satisfactory (demonstrates attributes of Advanced Beginner)<sup>21,22,23</sup>**

To achieve overall satisfactory the student should demonstrate attributes of an “Advanced Beginner” in satisfying criteria listed in the requirements checklist.

- Can achieve some progress using own judgement, but requires some guidance/prompting/coaching for completion of overall task
- Tends to see actions as a series of steps
- Has working knowledge of key aspects of practice and likely able to complete relatively straightforward tasks to an acceptable standard
- Can complete simpler tasks without supervision
- Appreciates complex situations, but only able to achieve partial resolutions

#### **Examples**

- Requires some guidance to achieve all the requirements of this checklist
- When completing a patient work up, with some guidance will assess medications for appropriateness, but may not be able to incorporate all aspects of the specific patient into the assessment
- Recognizes importance of counseling components, but needs some guidance in ensuring all necessary and relevant information has been provided
- Information gathered is at times incomplete or irrelevant
- Information provided is sometimes irrelevant
- Able to identify connection between characteristics of medication and medical condition
- Designs basic monitoring plan with some guidance
- Does not consistently recognize verbal/non-verbal cues
- Is not consistently organized
- Does not consistently utilize language appropriate to the audience

---

<sup>21</sup> Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Complexity Guidelines for Preceptors, Educators and Standard-Setting Faculty. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2017. All rights reserved.

<sup>22</sup> Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://www.sld.demon.co.uk/dreyfus.pdf>

<sup>23</sup> Adapted from University of British Columbia Faculty of Pharmaceutical Sciences Assessment of Student Learning: A guidebook for practice educators. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2018. All rights reserved.

## 6.8 Requirements Checklist for Clinical Documentation

### Requirements Checklist for Clinical Pharmacy Note<sup>24</sup>

*Note: Student expectations for this activity to commensurate with expected year level performance characteristics*

FOR PHRM 272 - To achieve overall satisfactory the student should demonstrate attributes of an “Advanced Beginner” in satisfying criteria listed in the requirements checklist. See below for guidance.

**NA = Not Applicable; U = Unsatisfactory; S = Satisfactory**

**Student Name:** \_\_\_\_\_

Introduction			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date and time of note documented
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title of note documented
Body of Note: Subjective			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chief complaint
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of presenting illness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lists complete past and current medical history
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lists complete past and current medication history (prescription and non-prescription), including generic name, indication, doses, frequency, duration, etc.). Provide detail for PRN dosing, adherence, and other relevant information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lists relevant social history
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lists relevant allergy history
Body of Note: Objective			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review of systems (e.g. vital signs, physical exam findings)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relevant lab values
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relevant microbiological data
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relevant diagnostic tests
Assessment			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification and prioritization of appropriate medical issues/problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consideration of desired goals of therapy specific to the patient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification of Drug Therapy Problem(s) (DTPs) associated with the medical condition being addressed, prioritized appropriately
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feasible therapeutic alternatives discussed with relevant considerations described including relevant considerations (e.g. efficacy, safety, patient specific factors, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Makes reasonable recommendations with clear articulation of rationale
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rationale communicates critical thinking and clinical judgement of why recommendation was made
Plan			

<sup>24</sup> Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Hospital Transition Modules. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2016. All rights reserved.

<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific actions listed for each recommendation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacological interventions include: dose, route, frequency, and duration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides an appropriate monitoring plan with efficacy and safety endpoints
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each parameter for monitoring is clear: frequency, expected change, timeframe, who is to monitor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow up recommendation for when patient should be re-evaluated, if needed
<b>Closing</b>			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature and printed name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designation documented
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicates discussed with practice educator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Practice educator name included and designation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact information provided
<b>Communication</b>			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well-organized, clear and concise
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper procedure followed if error in documentation (e.g. Single line through error, initialed, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note was easy to follow with logical flow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free of grammar or spelling errors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate professional and diplomatic language used
<b>Patient Safety</b>			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not create a situation where patient safety is impacted (e.g. No misinformation provided)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No use of unauthorized abbreviations
<b>Feedback Comments</b>			
<b>Overall Assessment</b>			
<input type="checkbox"/> <b>Unsatisfactory</b> <input type="checkbox"/> <b>Satisfactory</b>			

Practice Educator Initials/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Overall satisfactory (demonstrates attributes of Advanced Beginner)<sup>25,26,27</sup>**

To achieve overall satisfactory the student should demonstrate attributes of an “Advanced Beginner” in satisfying criteria listed in the requirements checklist.

- Can achieve some progress using own judgement, but requires some guidance/prompting/coaching for completion of overall task
- Tends to see actions as a series of steps
- Has working knowledge of key aspects of practice and likely able to complete relatively straightforward tasks to an acceptable standard
- Can complete simpler tasks without supervision
- Appreciates complex situations, but only able to achieve partial resolutions

#### **Examples**

- Requires some guidance to achieve all the requirements of this checklist
- When completing a patient work up, with some guidance will assess medications for appropriateness, but may not be able to incorporate all aspects of the specific patient into the assessment
- Recognizes importance of counseling components, but needs some guidance in ensuring all necessary and relevant information has been provided
- Information gathered is at times incomplete or irrelevant
- Information provided is sometimes irrelevant
- Able to identify connection between characteristics of medication and medical condition
- Designs basic monitoring plan with some guidance
- Does not consistently recognize verbal/non-verbal cues
- Is not consistently organized
- Does not consistently utilize language appropriate to the audience

---

<sup>25</sup> Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Complexity Guidelines for Preceptors, Educators and Standard-Setting Faculty. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2017. All rights reserved.

<sup>26</sup> Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://www.sld.demon.co.uk/dreyfus.pdf>

<sup>27</sup> Adapted from University of British Columbia Faculty of Pharmaceutical Sciences Assessment of Student Learning: A guidebook for practice educators. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2018. All rights reserved.

## 6.9 Assessment Guide for Clinical Reasoning Reflection

	<b>Requires Resubmission</b>  (If the criteria outlined in any of the following four categories below are met)	<b>Satisfactory Submission</b>
<b>1) Summary of Patient Encounter</b>  A short summary of encounter and the clinical issue/drug therapy problem that required clinical reasoning skills.	Summary does not clearly establish reason for encounter and need for clinical reasoning and/or does not provide an adequate recap of the recommendation provided.	Summary is complete and provides description of the reason for encounter and need for clinical reasoning. May be lacking some minor details. The recommendation is clearly stated.
<b>2) Analysis of Patient Assessment</b>  a) What information was required and explored to assess the necessary, effectiveness, safety, adherence, and patient specific factors of your decision? b) What clinical evidence or lab data was used to make the assessment and how was it retrieved? (if applicable) c) What questions were asked of the patient/caregivers and/or other healthcare professionals?	Analysis of Patient Assessment section omits greater than one of the following points or does not thoroughly represent and effectively communicate: <ul style="list-style-type: none"> <li>• Information required and/or explored to assess the necessary, effectiveness, safety, adherence, and patient specific factors of the decision</li> <li>• Clinical evidence or lab data used to make the assessment (if applicable) and how it was retrieved</li> <li>• Questions asked of the patient/caregivers and/or other healthcare professionals</li> </ul>	Analysis of Patient Assessment section clearly addresses the following points: <ul style="list-style-type: none"> <li>• Information required and/or explored to assess the necessary, effectiveness, safety, adherence, and patient specific factors of the decision</li> <li>• Clinical evidence or lab data used to make the assessment (if applicable) and how it was retrieved. Acknowledgment of non-retrievable data made</li> <li>• Questions asked of the patient/caregivers and/or other healthcare professionals</li> </ul>

<p><b>3) Patient Outcomes</b></p> <p>a) What was your recommendation?</p> <p>b) How was your recommendation and rationale documented at your practice site? (if applicable)</p> <p>c) Did the physician and/or team accept it? Why or why not?</p> <p>d) What was the outcome for the patient?</p>	<p>Patient Outcomes section omits greater than one of the following points or does not thoroughly represent and effectively communicate:</p> <ul style="list-style-type: none"> <li>• What recommendation was provided</li> <li>• How the recommendation was implemented and how it was documented at the practice site (if applicable)</li> <li>• Acceptance/rejection of recommendation by health care team and reason why</li> <li>• Patient outcomes</li> </ul>	<p>Patient Outcomes section clearly addresses the following points:</p> <ul style="list-style-type: none"> <li>• What recommendation was provided</li> <li>• How the recommendation was implemented and how it was documented at the practice site (if applicable)</li> <li>• Acceptance/rejection of recommendation by health care team and reason why</li> <li>• Patient outcome</li> </ul>
<p><b>4) Reflection</b></p> <p>a) What specific skills (e.g. communication, problem solving, pharmacokinetics, physical assessment, therapeutic thought process, collaboration, documentation, cultural/health literacy sensitivity, health promotions, etc.) were required for this process? Which were most useful? Which were most challenging?</p> <p>b) How will you use your learning from this experience in your practice moving forward?</p>	<p>Reflection omits greater than one of the following points or does not thoroughly represent and effectively communicate:</p> <ul style="list-style-type: none"> <li>• Skills applied in clinical decision-making process</li> <li>• Reaction to what was observed and/or learned</li> <li>• Impact the experience has had on the student's future (career decisions, attitude, etc.)</li> </ul>	<p>Reflection clearly addresses the following points:</p> <ul style="list-style-type: none"> <li>• Skills applied in clinical decision-making process</li> <li>• Reaction to what was observed and/or learned</li> <li>• Impact the experience has had on the student's future (career decisions, attitude, etc.)</li> </ul>

## 6.10 Presentation Evaluation Form

Student Name \_\_\_\_\_

Date: \_\_\_\_\_

Presentation Title \_\_\_\_\_

Communication				
	Needs Improvement	Meets Expectation	Exceeds Expectation	N/A
Developed presentation at an appropriate level for audience				
Used appropriate terminology and is articulate				
Used appropriate non-verbal communication to demonstrate confidence and enhance the interest and comprehension of audience				
Used clear, legible and effective slides and handouts				
Presented information in a logical sequence and effectively communicated the key messages				
Spoke in a strong voice and at an appropriate pace throughout the presentation				
Actively engaged the audience in the learning activity				
Organization and Content				
	Needs Improvement	Meets Expectation	Exceeds Expectation	N/A
Developed measurable learning objectives				
Summarized relevant literature				
Effectively appraised and critiqued the important strengths and weaknesses of the evidence presented and the impact and applicability				
Presented clear and appropriate personal interpretation of outcomes of the evidence versus investigators conclusions				
Presented a clear final summation and recommendation based on the topic of the presentation				
Effectively responded to questions, demonstrating appropriate understanding and reasoning. Able to justify recommendations appropriately				
What was the most positive aspect of the student's presentation:				
What areas need of improvement:				