



THE UNIVERSITY OF BRITISH COLUMBIA

Office of Experiential Education  
Faculty of Pharmaceutical Sciences



# ASSESSMENT OF STUDENT LEARNING

A Guidebook for Practice Educators

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UBC's Point Grey Campus is located on the traditional, ancestral, and unceded territory of the 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.

This guidebook is a collaborative effort by the Office of Experiential Education, Faculty of Pharmaceutical Sciences, University of British Columbia:

**Ebru Ozturk**, BA, MA (Graduate Academic Assistant in 2017-18)

**Janice Yeung**, BSc (Pharm), ACPR, Pharm D, Lecturer & Director

**Neelam Dhaliwal**, BSc (Pharm), Pharm D, Lecturer & Coordinator

**Kayla Fang**, BSc (Pharm), ACPR, Lecturer & Coordinator

**Gilly Lau**, BSc (Pharm), Lecturer & Coordinator

**Aileen Mira**, BSc., BSc (Pharm), ACPR, Lecturer & Coordinator

**Asal Taheri**, BSc (Pharm), ACPR, Lecturer & Coordinator

**Paulo Tchen**, BSc (Pharm), MBA, Lecturer & Coordinator

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If you have any feedback, please provide it to:

**Janice Yeung**

Lecturer & Director, Office of Experiential Education

Faculty of Pharmaceutical Sciences

University of British Columbia

janice.yeung@ubc.ca

## Introduction

The assessment of student learning is an important aspect of any educational program. Many will agree that assessment drives learning and students will learn and retain largely what they are assessed on. Therefore, what and how we assess students must be closely linked to what we want them to learn.

Through the experiential education program in the Entry-to-Practice Doctor of Pharmacy (E2P PharmD) program in the Faculty of Pharmaceutical Sciences at the University of British Columbia (UBC), we strive to support our students in achieving the key competencies outlined by the Association of Faculties of Pharmacy of Canada (AFPC) Educational Outcomes<sup>1</sup>. Practice educators play an imperative role in supporting student learning and providing students, as well as the Faculty, with accurate assessments of the skills and knowledge demonstrated by students within the pharmacy practice environment. To assist students in achieving these outcomes and to map out the expected milestones of student learning longitudinally across our program, our practicum courses and assessment processes have been framed around the Dreyfus Model of Skill Acquisition<sup>2</sup> and the UBC E2P PharmD program's Cognitive Model.

This guide is intended to familiarize practice educators with the assessments of student learning utilized in the E2P PharmD program. A general overview of assessment is provided, followed by a review of the specific assessment processes utilized within the various practicum courses across the four years of the entry-to-practice program.

## SECTION 1 – ASSESSMENT OVERVIEW

Students often think of assessment as separate from learning (e.g. a mark received in a course). However, assessment is part of the learning process as it not only guides learning (i.e. provides information to the student about what is important to learn) but, if conducted properly, can provide students with feedback during the learning experience to help direct and focus their learning. Providing a supportive learning environment along with regular constructive feedback is critical to student learning.

There are two types of assessment:

- **Formative** assessment is ongoing and progressive in nature and conducted throughout the learning process. It is intended to inform both the student and practice educator on the student's progress in achieving the learning objectives of the course or practicum. Formative assessment can be provided as verbal or written feedback and identifies what the student is doing well, what they have learned, and what they still need to learn. It creates opportunities for action to assist the student in closing gaps between their current performance and the performance level expected by the completion of the course or practicum. With frequent and regular practice educator feedback, the student is expected to self-reflect, make corrections and develop a strategy or learning plan, utilizing the feedback provided to improve in the specified areas.
- **Summative** assessment is conducted at the end of a course or practicum and is intended to evaluate student learning and achievement of the intended learning objectives. It involves making a judgment about a student's performance by comparing the observations of student performance to a specified rubric. A rubric is an assessment tool that provides a defined set of criteria and descriptions of levels of student performance.<sup>3</sup> Summative assessments are utilized to ensure students achieve program-level outcomes, are able to meet established professional requirements and expectations upon graduation<sup>4</sup> and inform the Faculty in making decisions about student advancement and promotion.

### Formative Assessment

- Ongoing throughout the course/practicum
- Feedback for improvement, enhancing teaching and learning
- Assessment FOR learning

### Summative Assessment

- At the end of course/practicum
- Measure of competency and what learning has occurred
- Assessment OF learning

## 1.1 The Challenges of Performance Assessment

Performance or “authentic” assessment requires students to demonstrate that they have acquired specific skills or competencies by performing a task or producing something (e.g. a care plan for a patient) within the real world practice setting.<sup>5</sup> These assessments measure the student’s ability to utilize their higher order thinking skills to apply the knowledge and skills gained in the classroom within the workplace.<sup>6</sup> However, assessment reliability and maintenance of objectivity can be a challenge. Assessment of student performance through traditional assessment methods such as multiple-choice questions are considered ‘reliable’ with regards to assessor objectivity. In experiential education settings, assessment of student performance is prone to assessor subjectivity, as individual practice educators may have differing judgements or opinions on expected student performance levels. Utilization of an assessment rubric, with a clearly defined standard set of criteria for each performance level, can help minimize subjectivity and improve consistency between assessors in evaluating student performance.

## 1.2 Best practices: How do I assess student learning?

The assessment process is composed of 5 basic steps:

Step 1. Clearly state learning goals and objectives and define expectations from the outset

Step 2. Collect information about the student’s performance

- **Observe student activities/interactions multiple times:** Accurate and reliable assessment requires multiple observations of the student by the practice educator and regular, ongoing interactions between the practice educator and the student.
- **Gain input from others:** It is important for the assessor to seek input from others – pharmacists and other health care team members (e.g. interpersonal and communication skills, team work, professionalism, clinical management and teaching abilities), technicians/assistants (e.g. honesty, reliable, and working well with others), patients (e.g. empathy, compassion, ability to convey new knowledge).

Step 3. Compare the collected information to the course learning objectives and expectations for student performance

- **Utilize an assessment rubric:** Refer to the relevant course assessment rubric to identify the similarities and differences between the student’s observed performance and the performance criteria defined in the rubric.
- **Encourage student self-reflection:** By critically evaluating their own work, students are encouraged to be proactive and self-directed in incorporating the ongoing feedback provided and creating a strategy or learning plan to improve their performance.

Step 4. Use the collected information to provide formative feedback to the student and to assess performance for the summative assessment.

- **Provide specific, regular feedback:** One of the best ways to ensure students learn is to provide constructive and timely feedback. Set aside time to meet with the student at the end of each day for a 5-minute feedback discussion on what went well and what could be improved on. Feedback should be bidirectional and the student should be encouraged to provide feedback to the practice educator as well.

Step 5. Document your observations and formally convey this information to the student

- **Complete a written assessment** at the midpoint (formative) assessment and a final (summative) assessment at the conclusion of the practicum

#### Quick Tip

Keep cue cards in your top pocket to quickly jot down your observations. This will help jog your memory when it comes to providing feedback and it can be used to inform the mid-point and final assessment of the student. Alternatively, keep a daily journal to note down the areas the student did well and the ones the student needs improvement in. This will provide you with a timeline of the student progress.

## SECTION 2 – DIRECT PATIENT CARE PRACTICUMS – OVERALL GOALS AND OBJECTIVES

As outlined in the 2017 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.

As the first step in the assessment process, below are the overall goals and learning objectives for all direct patient care (DPC) practicums within the UBC E2P PharmD program. These objectives describe what the student is expected to be able to do/demonstrate by the completion of their entry-to-practice pharmacy degree program. These objectives are divided into 3 broad domains, **knowledge**, **skills** and **professionalism**, with individual elements within each.

These learning goals and objectives are aligned with the UBC E2P PharmD Cognitive Model (see Appendix 1), the Dreyfus Model of Skill Acquisition and the patient care process expected of our students in practice. Each learning objective is mapped to the corresponding AFPC Educational Outcome<sup>1</sup> and NAPRA Professional Competencies for Canadian Pharmacists at Entry to Practice<sup>7</sup>.

The expected progression and performance levels that students are required to achieve within each year of their program (i.e. year 1, year 2, etc.) is described within the assessment rubric for each practicum course and will be addressed within this guidebook.

### 2.1 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

The student will be able to:

- 1) Apply knowledge of the following to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations: (AFPC CP1.1, SC1, SC2)
  - 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.
- 2) Apply knowledge of safe medication practices to optimize medication use for patients and health care delivery. (AFPC CP3, LM1)
- 3) Apply knowledge of regulations and ethical principles through practice in accordance with the laws, ethical codes, and regulatory requirements (i.e.: bylaws, professional standards, policies and/or guidelines) that govern pharmacy practice within their jurisdiction. (AFPC CP1, CP3.2, NAPRA 1.1, 1.2, 1.4, 1.5)

## 2.2 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

The student will be able to:

- 1) 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. (AFPC LM2.2, LM4.2, PR3.1)
- 2) 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. (AFPC CL1, CM1, CM2, NAPRA 2.1)
- 3) Gather, interpret and assess relevant history from the patient, his/her health records, caregivers, and other healthcare professionals including: (AFPC CP2.1, SC1, NAPRA 2.2, 2.3)
  - a) Patient demographics
  - b) Chief complaint/reason for encounter
  - c) History of present illness
  - d) Past medical history
  - e) Family history
  - f) Functional history
  - g) Social history
  - h) Nutritional status, dietary restrictions/needs, and exercise
  - i) Review of systems utilizing a head-to-toe approach (i.e. signs/symptoms, physical exam, labs, diagnostics, imaging, microbiology)
  - j) Health care team members involved in the care of the patient

- 4) Gather, interpret and assess a best possible medication history (BPMH), including: (AFPC CP2.1, SC1, NAPRA 2.2, 2.3)
  - a. Allergy history
  - b. Adverse drug reactions
  - c. Current medications/medications prior to admission
  - d. Past medication history
  - e. Non-prescription medication history
  - f. Immunization history
  - g. Social drug history
  - h. Medication experience and adherence
- 5) Develop a prioritized medical problem list, identifying both the patient's active and chronic issues. (AFPC CP2.2, SC1, NAPRA 2.3)
- 6) Identify and justify a prioritized list of all actual and potential patient-specific drug therapy problems. (AFPC CP2.2, HA1, SC1, SC2, NAPRA 2.3, 2.4)
- 7) Determine the desired outcomes and patient-specific medication-related and non-pharmacological goals of therapy, specifying measurable endpoints, target values and associated timeframes. (AFPC CL1.1, CL1.3, CM1, CM2.1, 2.4, CP1.4, CP2.3, HA1, SC1, SC2, NAPRA 2.5.1)
- 8) 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. (AFPC CP1.5, CP2.3, SC1, SC2, NAPRA 2.5.2, 2.5.3)
- 9) Identify, justify and defend a list of appropriate, patient-specific recommendations for identified drug therapy problems (AFPC CP2.3, SC1, SC2, NAPRA 2.5.4, 6.1)
- 10) 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: (AFPC CL1, CL2, CM1, CM2, CP2.4, HA1, LM1.4, SC1, SC2, SC4, NAPRA 2.5, 2.6, 2.7, 3.1, 6.1, 7.1, 7.2, 8.1, 8.2, 8.3, 8.4)
  - a) Obtaining consent
  - b) Making appropriate patient-specific therapeutic recommendations
  - c) Making a referral and/or consulting others
  - d) Adapting, initiating, discontinuing, dispensing or administering medication as authorized
  - e) Engaging the patient or caregiver through education and counselling, empowerment and self-management
  - f) Communicating the rationale for the care plan within the circle of care
- 11) 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. (AFPC CL2, CP2.5, NAPRA 2.5.8)
- 12) Provide follow up evaluation and assessment of effectiveness, safety and patient adherence and tolerance to drug therapy. (AFPC CP2.5, SC1, SC2, NAPRA 2.8)

- 13) Proactively document patient-related healthcare issues, care plans and medication orders/clarifications in a clear, concise, and organized manner, fulfilling professional and legal requirements. (AFPC CM1, CM2, CL2.3, LM1.4, NAPRA 1.5)
- 14) 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). (AFPC CM1, CM2, SC1, SC2, SC4, NAPRA 6.1, 6.2, 7.1, 7.3)
- 15) 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. (AFPC LM1.1, LM3.1, HA1, HA2, NAPRA 5.1, 5.2)

## 2.3 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

The student will consistently:

- 1) 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:  
(AFPC PR1, PR2, NAPRA 1.4)
  - a. Accountability
  - b. Attire and appearance
  - c. Confidentiality
  - d. Honesty and integrity
  - e. Punctuality
- 2) 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: (AFPC LM3, PR3, NAPRA 1.4)
  - a. Self-directed learning
  - b. Self-evaluation
  - c. Personal reflection
  - d. Receptiveness to feedback
  - e. Adaptability and openness to change

- 3) 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 (AFPC CP1, PR1, PR2, NAPRA 1.1, 1.2)

## SECTION 3 – DIRECT PATIENT CARE PRACTICUMS - ASSESSMENT

For the direct patient care (DPC) practicums, two assessment forms are utilized, both of which are mapped to the overall goals and learning objectives for all DPC practicums within the E2P PharmD program. The expected progression and performance levels that students are required to achieve within each year of their program (i.e. year 1, year 2, etc.) is described within the assessment rubric for each practicum course.

### 1) PHRM 171, 271, 371, 471, 472, 473 - DPC Practice Educator Assessment of Student

- Each of the above DPC practicums is either four or eight weeks in length
- One assessment form is utilized across these practicum courses, with the expected student level of performance progressing from year to year
- Both the practice educator and the student are involved in the assessment process

### 2) PHRM 272 - Practice Educator Assessment of Student

- The above is a two-week introductory inpatient practicum in the second year of the program
- Being only two weeks in duration, the PHRM 272 assessment form differs from that utilized in the four or eight-week DPC practicums and course grading is based on the completion of activities

## 3.1 Assessment Processes - PHRM 171, 271, 371, 471, 472, 473-DPC

### 3.1.a The Dreyfus Model of Skill Acquisition

Within each role statement of the AFPC Educational Outcomes, key competencies define what graduates need to achieve by the completion of their program. These competencies are measurable behaviors or skills that are the end product of the program.<sup>1</sup> The challenge of meaningful assessment of learner competency has led many educators to adopt the assessment rubric of the Dreyfus Model of Skill Acquisition.<sup>8</sup>

Named after its developers Stuart and Hubert L. Dreyfus, the Dreyfus model describes skill acquisition in five developmental stages beginning with novice and progressing through **advanced beginner**, **competent**, **proficient** and **expert**.<sup>2</sup> According to Dreyfus, simply being instructed on how to do something does not immediately translate into the acquisition of the skill. Each student must progress through an experiential learning process, in which support from the practice educator gradually disappears and the student is able to demonstrate greater autonomy in completing the task or skill at hand.

Utilizing the Dreyfus framework, the UBC E2P PharmD program’s Cognitive Model maps out the expected skill development and the expected level of performance across the four years of the E2P Pharm D program (see Appendix 1). The practicum courses and assessment processes have subsequently utilized this same framework. Given the program’s timeframe, it is not anticipated that students will achieve the expert stage of the Dreyfus framework.

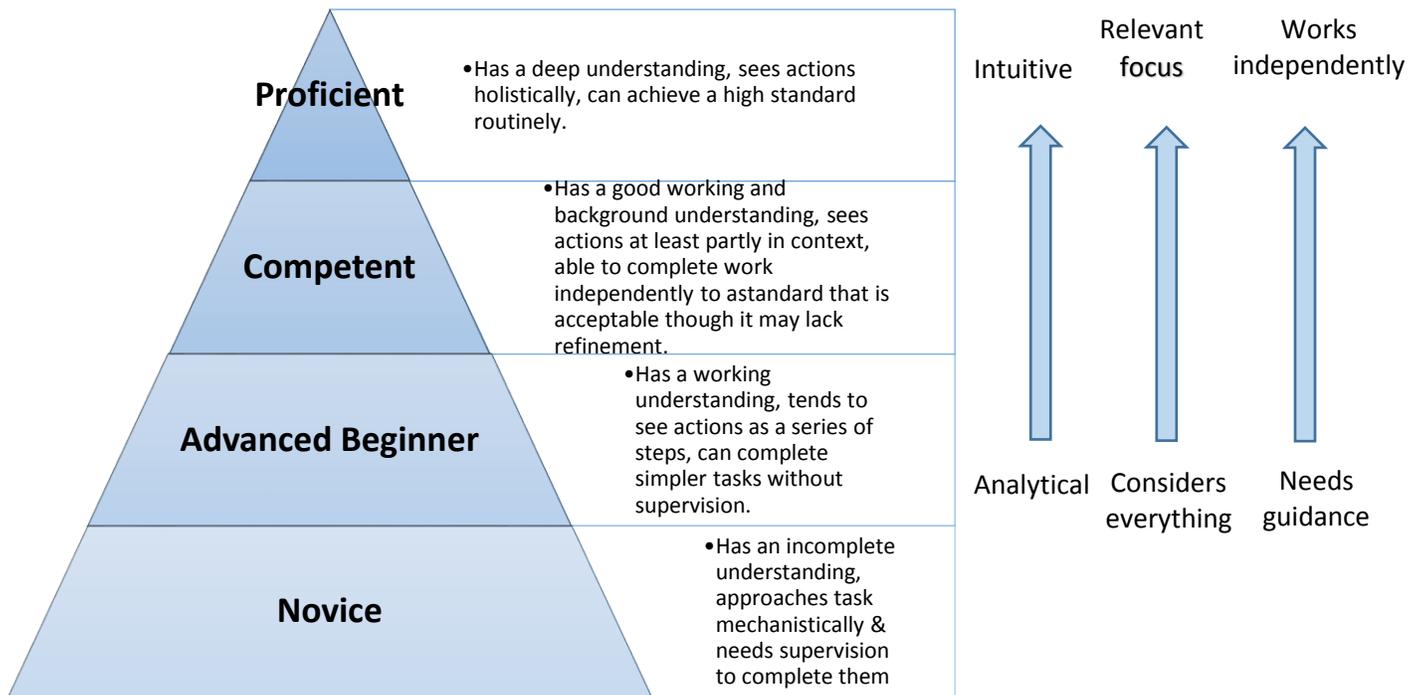


Figure 1 – The Dreyfus Model of Skill Acquisition<sup>9</sup>

### 3.1.b. Direct Patient Care Practicums Overview

When assessing a student’s competence in any one area, it is important to consider the student’s stage of learning and how they are expected to progress longitudinally across their program.

#### **PHRM 171: 1<sup>st</sup> year- novice learners**

This is the students’ first practicum opportunity to apply their knowledge and clinical problem-solving skills in an outpatient practice setting. They will likely require a fair amount of assistance to be successful in effectively caring for low-complexity patients and may take longer than usual to complete tasks. They may also have difficulty being patient-focused in their interactions and may focus more on their own performance in an attempt to practice these skills.

**PHRM 271: 2<sup>nd</sup> year- advanced beginner learners**

As their second practicum, these students will have some previous experience in an outpatient practice setting. With some assistance, these students should be able to complete tasks in caring for low-moderate complexity patients. They will likely need additional time to complete more complex tasks. These students will likely be partially patient-focused and partially self-focused in their dealings with patients.

**PHRM 272: 2<sup>nd</sup> year – novice to advanced beginner learners**

This 2-week introductory practicum is the student's first exposure to the inpatient practice setting. This practicum focuses on enhancing student familiarity with the specific practice environment, workflow, setting-specific roles of the pharmacist and health care team, and the practice activities unique to the inpatient setting. Students will likely require a fair amount of assistance to be successful in effectively caring for low-moderate complexity patients and may take longer than usual to complete tasks as this is a new practice setting for many. Along with the PHRM 251 Institutional Practice Skills course, PHRM 272 is intended to introduce and develop the basis for the knowledge and skills necessary for students to be able to focus on providing direct patient care during their 8-week inpatient practicums during 4<sup>th</sup> year rather than learning about and how to navigate the specifics of the inpatient practice setting.

**PHRM 371: 3<sup>rd</sup> year – advanced beginner learners**

As the third outpatient practicum opportunity and final introductory pharmacy practice experience, students are expected to have the increased knowledge and skills to complete tasks in caring for moderately complex patients. Some guidance is needed and students at this level will still need prompting and/or coaching to effectively complete required tasks.

**PHRM 471/472/473: 4<sup>th</sup> year – competent learners**

These students have completed the majority of their didactic courses in the E2P Pharm D program and are preparing to enter practice. The ability to integrate and apply their knowledge and clinical problem-solving skills within the practice setting should be well developed. By the completion of their practicums, students should require minimal guidance to complete tasks in caring for moderately complex patients. Students should require very little additional time to comprehensively complete tasks and should be patient-focused in their interactions and in leading most practicum activities.

### 3.1.c. Expected Level of Student Performance

Practice educators are expected to assess students across 3 broad domains and the individual elements within each. The 3 broad domains include **knowledge** (e.g. medical conditions, pharmacotherapeutics, etc.), **skills** (e.g. provision of pharmaceutical care, communication, etc.) and **professionalism** (e.g. attitudes, self-direction, etc.).

In the **Direct Patient Care (DPC) Practice Educator Assessment of Student** form (see Appendix 2), five levels of performance are defined in the assessment rubric: unsatisfactory, novice, advanced beginner, competent and proficient. The addition of 'unsatisfactory' performance refers to a lack of basic knowledge, skills and professionalism in the observed student performance.

The level of performance expected to be achieved by the student by the end of each practicum is dependent on the practicum course and the program year. Students are expected to perform **at least** at the novice level by the completion of their first-year practicums, advanced beginner by the end of their second & third year practicums and at the competent level by the end of their fourth year. Although some students may attain proficiency, demonstration of competency in all domains within the experiential setting is the minimum expected performance level for all successful graduates of the E2P Pharm D program.

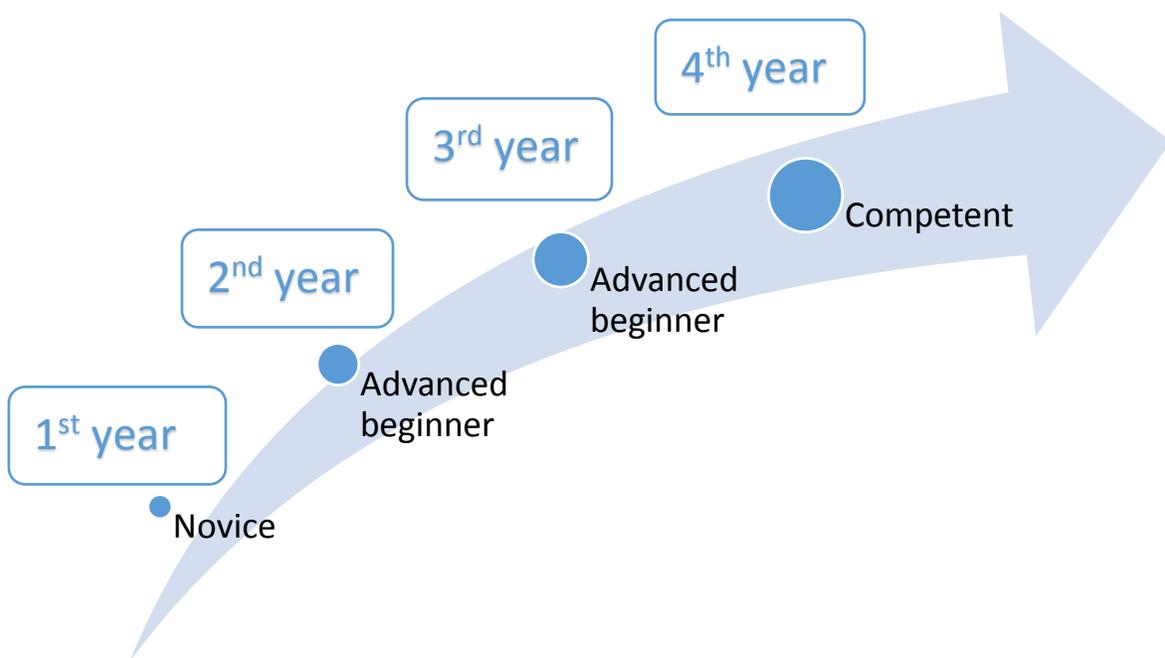


Figure 2 - Minimum expected level of student performance commensurate with program year

### 3.1.d. Grade Assignment

All practicum courses 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 satisfactorily and safely. The required submission components to demonstrate evidence of learning and verification of activity completion for each of the required course activities for the practicum courses must be submitted online in E\*Value in a professional and organized manner by the specified deadline for submission, which is on the last OEE scheduled practicum block date at 11:59pm.

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>

Once all required course submissions and assessments of student performance are received, the University will determine whether the expected performance on course outcomes was achieved by the student. The final grade for the practicum (i.e. pass/fail) will be determined by the Faculty's Student Progress Committee.

Students must be successful in both 1) the Practice Educator Assessment of the 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

\*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)	<b>Direct Patient Care (DPC) Practice Educator Assessment of Student</b>	Midpoint Final
PHRM 272	<b>PHRM 272 Practice Educator Assessment of Student</b>	Final
PHRM 473 (NDPC)	<b>Non-Direct Patient Care Practice Educator Assessment of Student</b>	Midpoint Final
PHRM 473 (NDPC) LEAP	<b>Non-Direct Patient Care: LEAP - Practice Educator Assessment of Student</b>	Midpoint Final

### 3.1.e. Patient Complexity

Once the expected level of performance for the student is identified, the next step is to identify the appropriate level of patient care complexity the student is expected to effectively manage. Patient care complexity refers to the patient characteristics and factors that may inherently make a patient case more difficult to work-up.

The attempt to quantify the complexity dimensions aims to assist:

- Practice educators in their assessment of students
- Educational resources developers in constructing the optimal conditions for learning, and
- Faculty in their work on setting the standards for the program’s various measures and tests

The below table provides guidance on patient complexity and characteristics commensurate with year level. However, the practice educator and/or pharmacist designate can best determine if the “Expected Patient Complexity” for course activities are met with consideration of their own practice setting. This may or may not be within the patient characteristic parameters suggested below as a number of other factors may contribute to patient care complexity such as 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 factors should also be considered when assessing the student's level of performance and determining if the complexity of the patients within the student’s care is appropriate for their year level.

Table 1 - Dreyfus-Based Performance Assessment at a Glance

Practicum Course	Expected Level of Performance	Student Characteristics <sup>9</sup>	Expected Patient Complexity	Patient Characteristics
PHRM 171	Novice	<p>Has incomplete understanding and minimal or "textbook" knowledge without connecting it to practice.</p> <p>Approaches tasks mechanistically.</p> <p>Little or no conception of dealing with complexity.</p> <p>Needs close supervision or instruction.</p>	LOW	<p>Medical Conditions: 1-3</p> <p>Number of medications: 3-5</p>
PHRM 271 PHRM 272*	Advanced Beginner	<p>Has a working understanding and knowledge of key aspects.</p> <p>Tends to see actions as a series of steps.</p> <p>Appreciates complex situations, but only able to achieve partial resolution.</p> <p>Able to achieve some steps using own judgement, but supervision need for overall task.</p>	LOW-MODERATE	<p>Medical Conditions: 3-5</p> <p>Number of medications: 5-7</p>
PHRM 371			MODERATE	<p>Medical Conditions: 5-7</p> <p>Number of medications: 7+</p>
PHRM 471 PHRM 472 PHRM 473	Competent	<p>Has good working and background understanding.</p> <p>Now sees actions at least partially in terms of longer-term goals.</p> <p>Copes with complex situations through deliberate analysis and planning.</p> <p>Able to work independently to a standard that is acceptable though may lack refinement.</p> <p>Able to achieve most tasks using own judgement.</p>	MODERATE	<p>Medical Conditions: 5-7</p> <p>Number of medications: 7+</p>
	Proficient	<p>Has a deeper understanding.</p> <p>Sees overall "picture" and how individual actions fit within it. Sees what is most important in a situation.</p> <p>Deals with complex situations holistically.</p> <p>Decision making is more confident.</p> <p>Can achieve a high standard routinely and independently.</p> <p>Able to take full responsibility of own work.</p>		

\* 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.

Domain

Knowledge

Expected level of performance

Individual element

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
<b>CARE PROVIDER SCHOLAR</b>	<b>1) Knowledge of Medical Conditions -</b> Pathophysiology, risk factors, etiology and clinical presentation, including symptoms, physical assessment, relevant diagnostics and laboratory findings (AFPC CP1.1, SC1, SC2)	Lacks basic knowledge of pathophysiology and common signs and symptoms of conditions covered in the program so far.	Lists basic facts of pathophysiology and common signs and symptoms	Compares and contrasts most aspects of pathophysiology, risk factors, etiology, and clinical presentation. Identifies connections between signs & symptoms to specific systems (e.g. coughing, rhinitis, pharyngitis to the respiratory system; weakness, tiredness, and pallor to hematologic system).	Applies knowledge of pathophysiology, risk factors, etiology, and clinical presentation to the care of their patients. Identifies connections between groups of signs and symptoms to specific conditions (e.g. increased WBC count, fever, productive cough, consolidation on chest x-ray may suggest pneumonia).	Relates medical condition knowledge to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations (e.g. distinguishes and considers the overlap in presentation of CHF and pneumonia when making and justifying drug therapy recommendations for a specific patient).

Figure 3 – Components of the **Direct Patient Care (DPC) Practice Educator Assessment of Student**

### 3.1.f. Levels of Practice Educator Guidance

As suggested in the Dreyfus Model of Skill Acquisition, the guidance required by the student is expected to gradually decrease as the student’s performance level increases. In the first year of their program, novice students will need close supervision and instruction whereas by the end of their fourth-year

practicums, competent students are expected to take full responsibility for their work and will have greater autonomy in their practice judgement and clinical decision making.

Below describes the expected level of practice educator guidance at the individual performance levels:

- At the **novice** level, students need **significant guidance** from the practice educator to complete assigned tasks. They will need close supervision and frequent prompting and support from the practice educator.
- At the **advanced beginner** level, students need **some guidance** from the practice educator. Students are able to achieve some steps using their own judgement, but practice educator guidance and supervision is still needed for the student to complete the overall task.
- At the **competent** level, students need **minimal guidance** from the practice educator. Students are able to complete most tasks using their own judgement but may lack refinement at times.
- At the **proficient** level, students are able to work independently. Students are able to take full responsibility for their work and are proactive and self-directed in the completion of their assigned tasks.

When assessing the level of guidance required by the student, practice educators should also consider the extent to which the students exhibit the below:<sup>10</sup>

- 1) **Takes initiative** – Is the student readily engaged in practice or do they require prompting?
- 2) **Requires direction from the practice educator in thought process and decision-making** – Does the student have logical thought processes and uses professional judgment appropriately or is there uncertainty in their decision making?
- 3) **Requires assistance from practice educator to help fill in the gaps** – Does the student require help filling in the gaps or do they have all of the necessary knowledge, skills and abilities to engage in practice?

Using these descriptors, the spectrum between significant and minimal guidance is depicted below:

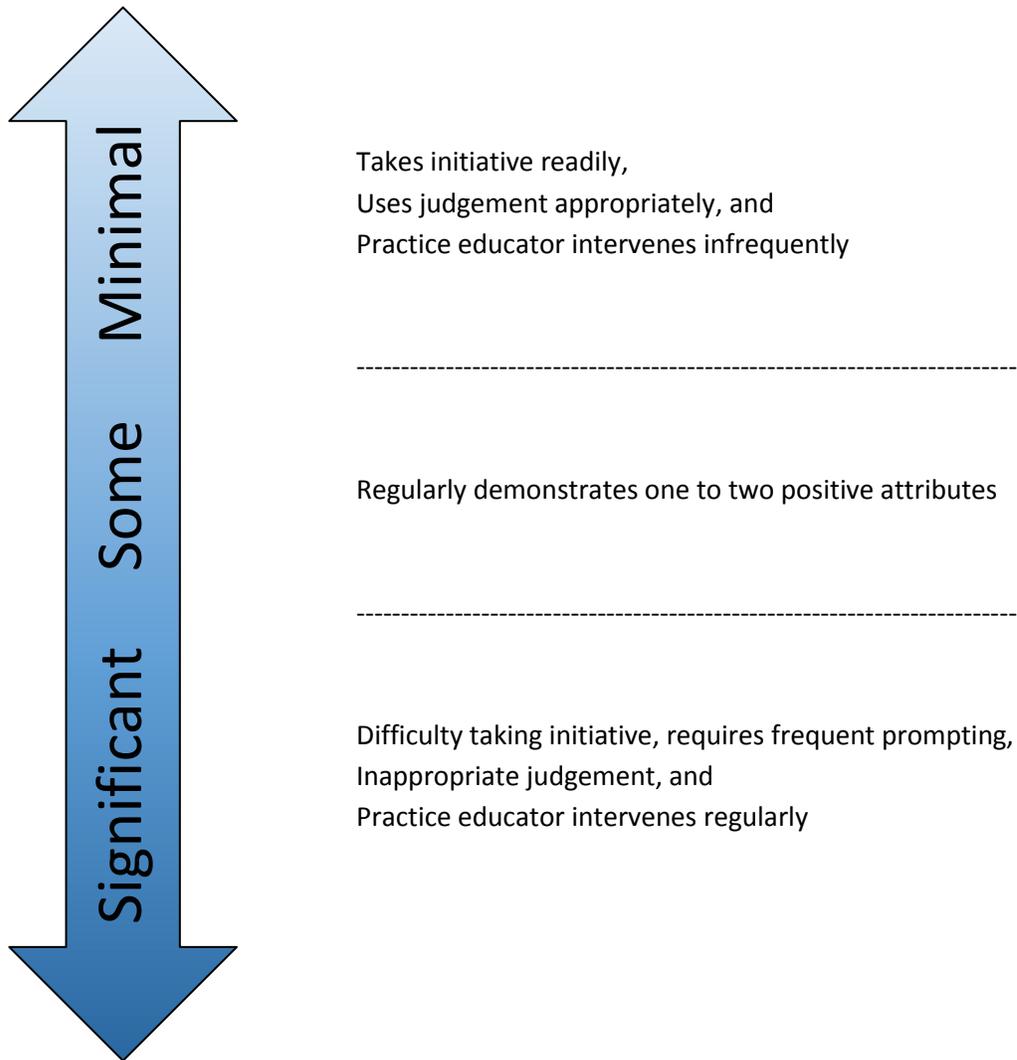


Figure 4 – Levels of Practice Educator Guidance<sup>9</sup>

### 3.1.g. Student Self-Assessment

According to Fenwich and Parsons, involvement and cooperation of both the student and practice educator are important elements of good assessment.<sup>11</sup> Students are involved in the assessment process by having the opportunity to self-assess their knowledge, skills and professional attributes throughout the course of the practicum. Every two weeks during their practicum experiences, students will reflect on progress made as well as develop actionable steps going forward for improvement.

#### **Reflection**

Students are expected to review the Practice Educator Assessment of Student form and ensure understanding of the expected level of performance and level of patient complexity for their practicum course. Students will then reflect on their performance over the previous two weeks of the practicum and how it compares to the expected performance criteria described on the assessment rubric.

#### **Development of an Action Plan**

Students will develop an action plan for the subsequent two weeks. Lower than expected level of performance and/or a discrepancy with the practice educator's assessment create opportunities for gaps to be identified and corrected. The action plan is intended to help address any deficiencies noted in the knowledge and/or skills of the student. For self-assessments completed in the last week of the practicum, students will develop an action plan targeted towards their next practicum experience and/or transition into practice.

#### **Submission and Discussion**

Students will submit and review their self-assessment and action plan with their practice educator for guidance and input and make revisions to the action plan, if necessary, based on their discussion.

Please refer to the corresponding practicum handbook for further details on the expected process for each practicum.

#### **Quick Tip**

Practice educator guidance and feedback will assist students in self-assessing their performance more realistically. If the student is off-the-mark on their assessment, take the opportunity to reiterate your feedback to ensure that the student is aware of their current performance level. Modeling and coaching students on what excellent performance looks like will assist students in increasing self-awareness and refining their learning goals and action plans.

### 3.1.h. Practice Educator Assessment of Student

A formal formative assessment using the **DPC 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 **DPC 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 counselling, 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.

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

The primary practice educator and/or designate 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.

#### Quick Tip

Ensure detailed evidence to support your performance rating is documented on the assessment form for each individual element. After your daily interactions, keep notes and examples of the student's patient care activities in a Word file. You can then cut and paste these details into your formal formative and summative assessment forms.

A common question is how do I know what performance level to assign?

- Review the assessment rubric and descriptions for the performance levels for each element. In your multiple observations of the student and their work, which description most accurately reflects the performance you've most consistently observed? Ensure the student-patient interactions you are basing your assessments on are of the appropriate level of patient complexity expected for the student's practicum course.

A fail 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 **DPC 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

### 3.2. Tips for Using the Assessment Rubric Effectively

#### Recognize the different action verbs used to describe different performance levels

Prior to utilizing the assessment, understanding the rubric itself will assist practice educators in using it more effectively. Similar to the gradual skill acquisition model that the E2P PharmD program is built on, the assessment rubric also consists of progressive performance levels that go from those that require lower order thinking skills to those that require higher order thinking skills. Notice that for the novice band in the knowledge domain, students are expected to 'list' what they know, which is considered a lower order thinking skill in the "hierarchy of thinking skills" in Bloom's taxonomy.<sup>11</sup>

As the performance level increases from advanced beginner to competent and proficient, the expected skill from the student gets more complex. The verb 'list' gets replaced by verbs that require higher order thinking skills such as 'compares and contrasts', 'applies knowledge', 'relates knowledge to...'. Therefore, students move from basic retention of information to developing a conceptual understanding which allows them to compare, contrast, transfer, analyze or synthesize their knowledge and apply it to similar contexts. Noticing the use of different verbs for describing different performance levels in the rubric can help you develop a sense of the practicing student's performance level and a better feel for which band the observed performance belongs.

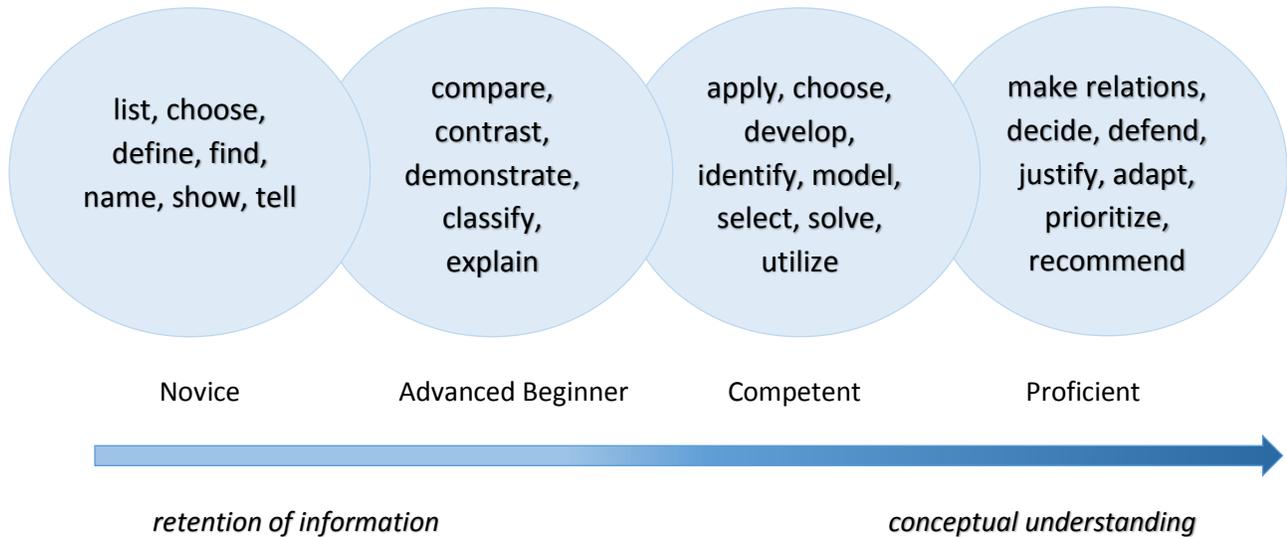


Figure 5 - Bloom's Taxonomy Hierarchy of Thinking Skills<sup>11</sup>

## Provide evidence for the observed performance level

Another important aspect of providing an effective assessment is providing written evidence for each performance band selected. It is important that you provide specific examples of what you have observed to support your assessment. This documentation will assist both the practice educator and student in their assessments of performance as well as provide justification for the noted performance level.

## 3.3 Assessment Processes - PHRM 272

### 3.3.a. Expected Level of Performance

As a two-week introductory inpatient practicum, students are expected to:

- Complete all required practicum hours
- Meet the expected level of performance as described in the **PHRM 272 Practice Educator Assessment of the Student** form (see Appendix 3) for all criteria listed including:
  - Completing a series of general activities such as writing a resume, shadowing another healthcare professional, writing an inpatient pharmacy reflection, etc.
  - Completing the required number of patient care assignments and activities such as provision of pharmaceutical care, medication reconciliation, medication counseling etc. at the expected level as described in the **Inpatient Practicums Handbook** and **PHRM 272 Practice Educator Assessment of the Student** form
- Consistently exhibit professional attributes and skills
- Submit required course submissions (evidence of learning) by the specified deadline
- To not pose any risk to patient safety and/or be negligent in the provision of patient-centered care

### 3.3.b Student Assessment by Practice Educator

For the two-week PHRM 272 practicum, only a formal summative assessment is completed at the end of the practicum using the online **PHRM 272 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, drug information response, medication reconciliation, education and counselling, collaboration with team members, etc.

Practice educators will assess student performance in the areas of:

- **General Activities** (e.g. orientations, discussions, reflections)

- **Patient Care Activities and Assignments** (e.g. medication reconciliation, medication counseling etc.)
- **Professionalism** (e.g. attitudes, self-direction, etc.).

PHRM 272 is pass/fail grading. Students must successfully complete **ALL** required course requirements and activities/assignments as per the Requirements Checklist (see Appendix 4) and consistently exhibit **ALL** elements within the Professionalism domain to successfully complete the practicum.

A fail 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 as outlined on the **PHRM 272 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

## SECTION 4 – NON-DIRECT PATIENT CARE PRACTICUMS ASSESSMENT

The non-direct patient care (NDPC) practicums refer to pharmacy care practices and experiences that extend beyond clinical settings. The E2P PharmD program in the Faculty of Pharmaceutical Sciences at UBC aims to prepare students for the diverse work environments of the profession including non-clinical pharmacy practice through the non-direct patient care practicum opportunities.

For the non-direct patient care (NDPC) practicums, one assessment form is utilized, which is mapped to the overall goals and learning objectives for all NDPC practicums within the E2P PharmD program. By the end of the NDPC Practicum, students will have had the opportunity to practice their skills towards the attainment of multiple roles of a pharmacist including, but not limited to, communicator, collaborator, leader-manager, and scholar in accordance with the AFPC educational outcomes<sup>7</sup>.

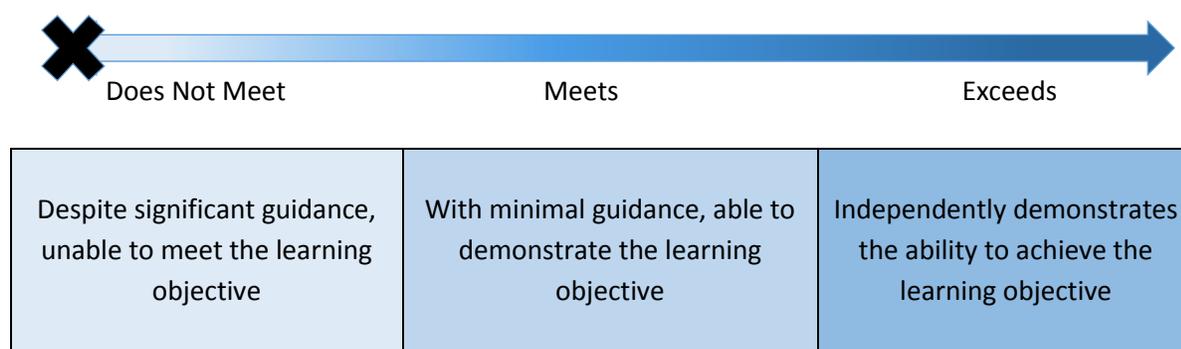
### PHRM 473 NDPC – Practice Educator Assessment of Student

- The NDPC practicums are either four or eight weeks in length
- Both the practice educator and the student are involved in the assessment process

#### 4.1 Assessment Processes - PHRM 473-NDPC

##### 4.1.a Expected Level of Performance

In the PHRM 473 NDPC practicums, students are expected to meet the requirements of all the individual elements described under the Skills domain and Overall Assessment section with minimal guidance from the practice educator and consistently exhibit professional attributes defined in **NDPC Practice Educator Assessment of Student** form (see Appendix 5). For the description of different levels of practice educator guidance, please refer to Section 3.1.f Levels of Practice Educator Guidance.



All NDPC practicum courses are pass/fail grading. Students must successfully complete **ALL** required course requirements and activities, meet the expected level of performance for **ALL** elements within the

Skills domain and Overall Assessment section, and consistently exhibit ALL elements within the Professionalism domain to successfully complete the practicum.

A fail 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 **NDPC 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

#### 4.2.b Student Assessment by Practice Educator

For PHRM 473 NDPC practicums, a formal formative assessment is completed at midpoint and a formal summative assessment is completed at the end of the practicum using the **NDPC 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, students' collaboration with various stakeholders, leadership and management, professionalism, accountability, etc.

Practice educators will assess student performance in the areas of:

- **Skills** (e.g. problem-solving skills, ability to collaborate, communication, etc.)
- **Professional Attributes** (e.g. self-awareness, reliability, accountability, etc.)
- **Overall Assessment** (e.g. ability to meet/achieve all practicum objectives, etc.)

PHRM 473 is pass/fail grading. Students must meet the expected level of performance for ALL elements as described in the **NDPC Practice Educator Assessment of the Student** form including the ability to consistently exhibit ALL elements within the Professional Attributes domain to successfully complete the practicum.

#### Quick Tip

1. Ensure that students who do not meet the expected performance at the midpoint assessment receive detailed feedback before the summative assessment to allow them enough time for improvement.
2. Award "Exceeds the expected performance" rating ONLY in exceptional circumstances.

#### 4.2.c Student Self-Assessment

Similar to DPC Practicums, students in the NDPC practicums are required to assess their own performance and draft a learning plan every two weeks by using the questions outlined in **NDPC Student Self-Assessment** form. Students are expected to justify their self-assessment by providing specific examples for each individual element listed in the NDPC Practice Educator Assessment of the Student form and as outlined in the NDPC Student Self-Assessment form. If the practice educator observes that the student is off-the-mark on their assessment, they should take it as an opportunity to reiterate their feedback to ensure that the student is aware of their performance.

## SECTION 5 - FEEDBACK CONVERSATIONS

For all practicums, it is imperative that students receive feedback from the practice educator on a daily, ongoing basis throughout the course of the practicum. Below is a list of important points to consider for effective feedback:

- On the first day of the practicum, establish a commitment to 5-minute feedback sessions at the end of each day. Ask the student for permission to provide feedback to them and ask that the student also provide feedback to you. Establish mutual respect at the outset.
- Encourage students to self-assess and reflect on their progress prior to meeting with you each day. This will allow you to start the conversation by asking them “What have you identified as your strengths and areas for improvement?” Often students will identify the same concerns you have with their performance.
- It is sometimes a challenge for students to articulate what they have done well so ensure to highlight their achievements and what they are doing well in addition to those areas that need improvement.
- When students are able to self-identify and reflect on their challenges, it serves as a great starting point for assisting them to proactive identifying strategies for achieving their desired learning goals and objectives.
- Effective feedback is:
  - **Specific:** Be specific and clear as to what you have observed with the student. For example, “John, you were really effective in explaining to the patient how her medication works. You used appropriate language and paused at appropriate moments to provide her the opportunity to ask questions and assess her understanding of the information” is more effective than “John, you did a great job today”.
  - **Regular and timely:** Commit to meeting with the student at the end of each day to discuss what went well and what are the areas for improvement. Formal midpoint and final assessments should never be a surprise to the student and it is important to clearly communicate and discuss their progress with them on a daily basis.
  - **Uses “I” statements:** It is easier for the student to hear constructive feedback that uses the word “I” instead of “you”. When receiving feedback, it is easier for the student to hear “I was confused when you were explaining...” as opposed to “You confused me when you were explaining...”. When the practice educator takes ownership of the observation, students will hopefully be more receptive to the feedback provided.
  - **Focuses on things that can be changed:** Effective feedback should be focused on behaviors, not personality traits or things about the person that cannot be changed (e.g. a person’s accent).

Students spend much time in the very painful “consciously incompetent” stage of learning. They make frequent errors and come to realize how much they do not know. Students may feel hesitant, secretive or engage in negative self-talk. Some may react defensively to constructive feedback with hostility, passive-aggressiveness or deflect the feedback provided.

Some tips to assist the student include:

- Ensure the activities and tasks assigned to the student and the expected level of performance are appropriate for the student’s level of training (i.e. Is the assigned patient the appropriate level of complexity expected for this practicum course? Are my expectations of performance aligned with that expected of this course level – am I expecting competency/proficiency when a first-year student is only expected to be performing at an advanced beginner level?)
- Allow the student to build from success. Start with manageable tasks/activities and expand the scope of responsibility as the practicum progresses.
- Before providing constructive or difficult feedback, ensure you are in a private/quiet location away from others and preface the conversation by again asking the student for permission to share your observations/feedback. This again establishes mutual respect and will help prepare the student for the conversation ahead.

## SECTION 6 – PRACTICE SCENARIOS

### Practice makes it perfect

Now that you have an idea about the assessment processes and the components of the rubric, you can try practicing assessment through the sample scenario provided below. Read the scenario about Sam, a second-year outpatient practicum student. By referring to the Assessment Form, try assessing the performance level of Sam and provide your reasons for your assessment. The first one is done for you as an example.

#### Sample Assessment Exercise

Background of student:

Sam is on his Year 2 outpatient practicum. In preparation for the Practice Educator Assessment of Student, you reflect on the previous 2 weeks in terms of his knowledge, skills and behavior domains.

Sam's knowledge with respect to medical conditions and pharmacology meet expectations so far. As shown during his work up of patients, some counseling and response to basic medical and drug questions. Sam is generally able to describe the mechanism of action for different medication classes and how they work in the body when asked. However, Sam could use some work in catering his response depending on the audience to whom he is addressing (Physician vs patient).

He is aware of what is required to properly fill and dispense prescriptions, follows store policies accordingly, is familiar with college policies and bylaws, OEE policies, and he fulfills tasks in a logical manner that ensures errors are minimized. However, he seems to get overwhelmed when multitasking and needs significant guidance when prioritizing clinical situations that require urgent intervention.

During patient interviews, Sam requires significant guidance and coaching from the pharmacist in order to gather the appropriate information especially for medical conditions he is less familiar with or when encountering a more complex patient with multiple medical conditions or who are on multiple medications. Sam has difficulty adjusting to additional relevant information presented to him by the patient and may struggle to respond appropriately to new information. (eg. During a patient encounter, the patient disclosed that she was not taking her statin as prescribed - Sam did not know how to respond and did not solicit further information in order to address the problem.)

Sam does a good job in prioritizing medical issues with some guidance typically for more straight-forward patient encounters. For example, Sam received a new prescription for doxycycline for community acquire pneumonia (CAP) and in discussion with the patient discovered that they also wanted to quit smoking. Sam prioritized and determined that CAP was more urgent to address at the

time, but then set aside additional time to have a conversation with the patient regarding smoking cessation.

It is clear that Sam cares about helping his patients and wants to develop a rapport with them. Patients are generally receptive to Sam. He does initiate conversations with patients and is not afraid to engage in uncomfortable conversations, but he is still developing his confidence during patient interactions and clearly needs a pharmacist to be close by. For example, Sam hesitates when counseling and does not consistently display confidence in conveying his message. Sam is frequently reminded to cater his responses to the audience (i.e. talking with a patient vs physician). Sam sometimes seems unsure of his response (even when he has the right answer) and disrupts the flow of communication with awkward pauses by looking at the pharmacist for approval during his interaction with a patient.

When receiving new prescriptions, he does not consistently and systematically assess for appropriateness and safety (eg. Dose correct? Allergies? Correct indication?)

When doing medication reviews, sometimes will miss DTPs and requires more oversight and coaching by PE (Eg. Patient is inquiring about the use of ibuprofen for pain arising from a recent biking injury and is also currently taking medications for GERD. Sam did not independently identify this DTP until the practice educator spent considerable time prompting him with specific leading questions.

Sam is generally able to identify some goals of therapy, but there may be a gap in relating them to the patient. Requires some coaching from time to time to keep the patient as the main focal point.

When a physician asked for a recommendation for anticoagulation therapy for a patient with newly diagnosed atrial fibrillation, Sam was able to identify some basic options (eg. Warfarin and some DOACs) but required significant prompting to provide a comprehensive list. Sam was not able to readily recognize patient specific factors relevant to the situation (eg. Patient has chronic kidney disease therefore has reduced renal function and DOACs are not appropriate) or able to elaborate on which medication would be the most suitable for the patient based on the pros and cons.

Sam was asked by a patient who was pregnant and experiencing allergic rhinitis for help in choosing an appropriate OTC product. Sam was able to make an appropriate recommendation after significant prompting and coaching from the pharmacist. Sam is familiar with where to obtain information from typical resources, but sometimes has difficulty in extracting and appraising relevant evidence pertaining to the patient specific situation and making a sound recommendation on his own. He initially did not take into account all patient specific factors such as the patient's stage of pregnancy, cost concerns and preferences.

Sam followed up with a patient after she was prescribed doxycycline for community-acquired pneumonia. Sam noted that the patient's symptoms had improved (sputum improved, cough improved) and that the patient did not have any safety concerns (no rash/sun sensitivity, no GI upset) by reviewing the monitoring plan that he had created during the initial workup. He identified that this patient specifically required more follow up and education around sun protection particularly while finishing her course of doxycycline as she was travelling to Hawaii the following day. As such Sam reviewed sun care products and non-pharm measures with the pharmacist before discussing available options with the patient to minimize any disruption in care.

In general, Sam's work ups and documentation is acceptable when provided with a structured format to guide him. Sam is able to capture an abundance of information as part of a best possible medication history. However, the information that is documented may not always be relevant or focused enough. Sam requires guidance in being more concise especially when his document may be shared or reviewed by another pharmacist or healthcare provider.

Attitudes and behaviors – Sam is punctual and prepared and eager to provide care to patients. He is always dressed appropriately. He appears very receptive to feedback and consistently asks for feedback on a daily basis, always seeking opportunities for self-improvement and learning opportunities. Sam also understands his scope of practice as a student pharmacist on practicum.

KNOWLEDGE	Circle the performance level	WHY?
DPC #1 Knowledge of Medical Conditions	U N <b>A</b> C P	Can describe the mechanism of action for different medication classes and how they work in the body when asked. Needs refinement.
DPC #2 Knowledge of Pharmacotherapeutics	U N A C P	
DPC # 3 Knowledge of Medication Practices	U N A C P	
<b>SKILLS</b>		
DPC #4 Patient and Workflow Prioritization	U N A C P	
DPC #5 Relationship with Patient	U N A C P	
DPC #6 Patient Information Gathering and Best Possible Medication History	U N A C P	
DPC #7 Medical Problem List	U N A C P	
DPC #8 Drug Therapy Problems	U N A C P	
DPC #9. Desired Outcomes & Goals of Therapy	U N A C P	

DPC # 10. Therapeutic Alternatives	U	N	A	C	P	
DPC # 11. Therapeutic Recommendations	U	N	A	C	P	
DPC # 12. Monitoring Plan, Follow-up & Continuity of Care	U	N	A	C	P	
DPC # 13. Documentation	U	N	A	C	P	
DPC # 14. Communication	U	N	A	C	P	
DPC # 15. Medication and Practice Related Education	U	N	A	C	P	
PROFESSIONALISM	Tick the ones that the student consistently exhibits					
Attitudes and Behaviours:	Accountability Attire and appearance Confidentiality Honesty and integrity Punctuality Self-directed learning Self-evaluation Personal reflection Receptiveness to feedback Adaptability and openness to change Meeting legal and ethical requirements					

ANSWER KEY:

Sam's knowledge with respect to medical conditions and pharmacology meet expectations so far. As shown during his work up of patients, some counseling and response to basic medical and drug questions. Sam is generally able to describe the mechanism of action for different medication classes and how they work in the body when asked. However, Sam could use some work in catering his response depending on the audience to whom he is addressing (Physician vs patient).

DPC #1 & 2  
Advanced  
beginner

He is aware of what is required to properly fill and dispense prescriptions, follows store policies accordingly, is familiar with college policies and bylaws, OEE policies, and he fulfills tasks in a logical manner that ensures errors are minimized. However, he seems to get overwhelmed when multitasking and needs **significant guidance** when prioritizing clinical situations that require urgent intervention.

DPC #3  
Advanced  
beginner

DPC #4  
Novice

During patient interviews, Sam requires **significant guidance** and coaching from the pharmacist in order to gather the appropriate information especially for medical conditions he is less familiar with or when encountering a more complex patient with multiple medical conditions or who are on multiple medications. Sam has difficulty adjusting to additional relevant information presented to him by the patient and may struggle to respond appropriately to new information. (eg. During a patient encounter, the patient disclosed that she was not taking her statin as prescribed - Sam did not know how to respond and did not solicit further information in order to address the problem.)

DPC #6  
Novice

DPC #6  
Novice

Sam does a good job in prioritizing medical issues with **some guidance** typically for more straightforward patient encounters. For example, Sam received a new prescription for doxycycline for community acquire pneumonia (CAP) and in discussion with the patient discovered that they also wanted to quit smoking. Sam prioritized and determined that CAP was more urgent to address at the time, but then set aside additional time to have a conversation with the patient regarding smoking cessation.

DPC #7  
Advanced Beginner

It is clear that Sam cares about helping his patients and wants to develop a rapport with them. Patients are generally receptive to Sam. He does initiate conversations with patients and is not afraid to engage in uncomfortable conversations, but he is still developing his confidence during patient interactions and clearly needs a pharmacist to be close by. For example, Sam hesitates when counseling and does not consistently display confidence in conveying his message. Sam is frequently reminded to cater his responses to the audience (i.e. talking with a patient vs physician). Sam sometimes seems unsure of his response (even when he has the right answer) and disrupts the flow of communication with awkward pauses by looking at the pharmacist for approval during his interaction with a patient.

DPC #5  
Novice

DPC #14  
Novice

When receiving new prescriptions, does not consistently and systematically assess for appropriateness and safety (eg. Dose correct? Allergies? Correct indication?)

DPC #8  
Novice

When doing medication reviews, sometimes will miss DTPs and requires more oversight and coaching by PE (Eg. Patient is inquiring about the use of ibuprofen for pain arising from a recent biking injury and is also currently taking medications for GERD. Sam did not independently identify this DTP until the practice educator spent considerable time prompting him with specific leading questions.

Sam is generally able to identify some goals of therapy, but there may be a gap in relating them to the patient. Requires **some coaching** from time to time to keep the patient as the main focal point.

DPC #9  
Advanced Beginner

When a physician asked for a recommendation for anticoagulation therapy for a patient with newly diagnosed atrial fibrillation, Sam was able to identify some basic options (eg. Warfarin and some DOACs) but required significant prompting to provide a comprehensive list. Sam was not able to readily recognize patient specific factors relevant to the situation (eg. Patient has chronic kidney disease therefore has reduced renal function and DOACs are not appropriate) or able to elaborate on which medication would be the most suitable for the patient based on the pros and cons.

DPC #10  
Novice

Sam was asked by a patient who was pregnant and experiencing allergic rhinitis for help in choosing an appropriate OTC product. Sam was able to make an appropriate recommendation after significant prompting and coaching from the pharmacist. Sam is familiar with where to obtain information from typical resources, but sometimes has difficulty in extracting and appraising relevant evidence pertaining

to the patient specific situation and making a sound recommendation on his own. He initially did not take into account all patient specific factors such as the patient's stage of pregnancy, cost concerns and preferences.

DPC #11  
Novice

Sam followed up with a patient after she was prescribed doxycycline for community-acquired pneumonia. Sam noted that the patient's symptoms had improved (sputum improved, cough improved) and that the patient did not have any safety concerns (no rash/sun sensitivity, no GI upset) by reviewing the monitoring plan that he had created during the initial workup. He identified that this patient specifically required more follow up and education around sun protection particularly while finishing her course of doxycycline as she was travelling to Hawaii the following day. As such Sam reviewed sun care products and non-pharm measures with the pharmacist before discussing available options with the patient to minimize any disruption in care.

DPC #12  
Advanced  
Beginner

In general, Sam's work ups and documentation is acceptable when provided with a structured format to guide him. Sam is able to capture an abundance of information as part of a best possible medication history. However, the information that is documented may not always be relevant or focused enough. Sam requires guidance in being more concise especially when his document may be shared or reviewed by another pharmacist or healthcare provider.

DPC #13  
Novice

Attitudes and behaviors – Sam is punctual and prepared and eager to provide care to patients. He is always dressed appropriately. He appears very receptive to feedback and consistently asks for feedback on a daily basis, always seeking opportunities for self-improvement and learning opportunities. Sam also understands his scope of practice as a student pharmacist on practicum.

Professionalism

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# APPENDIX 1: UBC E2P PharmD Cognitive Model



THE UNIVERSITY OF BRITISH COLUMBIA  
Faculty of Pharmaceutical Sciences

Entry-To-Practice Doctor of Pharmacy Program

## Cognitive Model

### SKILL OUTCOMES

reflects MINIMUM required level of performance

	Care Provider	Communicator	Collaborator	Leader-Manager	Health Advocate	Scholar	Professional
PY4	PROFICIENT-level performance on MODERATE-complexity tasks.	PROFICIENT-level performance on MODERATE-complexity tasks.	COMPETENT-level performance on MODERATE-complexity tasks.	COMPETENT-level performance on MODERATE-complexity tasks.	COMPETENT-level performance on MODERATE-complexity tasks.	COMPETENT-level performance on MODERATE-complexity tasks.	COMPETENT-level performance on MODERATE-HIGH complexity tasks.
PY3	COMPETENT-level performance on MODERATE-complexity tasks.	COMPETENT-level performance on MODERATE-complexity tasks.	ADVANCED BEGINNER-level performance on LOW-MODERATE-complexity tasks.	ADVANCED-BEGINNER-level performance on MODERATE-complexity tasks.	ADVANCED BEGINNER-level performance on MODERATE-complexity tasks.	ADVANCED BEGINNER-level performance on MODERATE-complexity tasks.	COMPETENT-level performance on MODERATE-complexity tasks.
PY2	ADVANCED BEGINNER-level performance on LOW-MODERATE-complexity tasks.	ADVANCED BEGINNER-level performance on MODERATE-complexity tasks.	NOVICE-level performance on LOW-complexity tasks.	NOVICE-level performance on LOW-complexity tasks.	NOVICE-level performance on LOW-complexity tasks.	NOVICE-level performance on LOW-MODERATE-complexity tasks.	COMPETENT-level performance on LOW-MODERATE complexity tasks.
PY1	NOVICE-level performance on LOW-complexity tasks.	NOVICE-level performance on LOW-complexity tasks.	NOVICE-level performance on LOW-complexity tasks.	NOVICE-level performance on LOW-complexity tasks.	NOVICE-level performance on LOW-complexity tasks.	NOVICE-level performance on LOW-complexity tasks.	COMPETENT-level performance on LOW-complexity tasks.

**COMPLEXITY**  
High  
Moderate  
Low-Moderate  
Low

**LEVEL**  
Expert  
Proficient  
Competent  
Advanced Beginner  
Novice

Version: December 2017

## APPENDIX 2: Direct Patient Care (DPC) Practice Educator Assessment of Student

### Practice Educator Assessment of Student

#### Expectations of Student Performance

Students must meet the expected level of performance for all elements within the Knowledge and Skills domains and consistently exhibit all elements within the Professionalism domain to successfully complete the practicum.

The below table describes the expected level of performance the student must consistently demonstrate for each element in the care and management of patients with the corresponding level of complexity.

(e.g. In PHRM 171, students are expected to consistently demonstrate NOVICE level of performance in caring for LOW-complexity patients by the end of their practicum)

Course	Patient Complexity	Expected Level of Performance
PHRM 171	Low	Novice
PHRM 271	Low-to-moderate	Advanced Beginner
PHRM 371	Moderate	Advanced Beginner
PHRM 471	Moderate	Competent
PHRM 472	Moderate	Competent
PHRM 473	Moderate	Competent

The below table describes the general characteristics for each level of performance. These general characteristics should be considered in addition to the specific descriptors provided for each element when assessing the student's level of performance.

Level of Performance	Student Characteristics
Novice	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.
Advanced Beginner	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 need for overall task.
Competent	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.
Proficient	Has a deeper understanding. Sees overall "picture" and how individual actions fit within it. Sees what is most important in a situation. Deals with complex situations holistically. Decision making is more confident. Can achieve a high standard routinely and independently. Able to take full responsibility of own work.

#### Patient Complexity

The below table 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 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.

Course	Patient Complexity	Patient Characteristics
PHRM 171	Low	Medical conditions - 1 to 3 Number of medications - 3 to 5
PHRM 271, PHRM 272	Low-moderate	Medical conditions - 3 to 5 Number of medications - 5 to 7
PHRM 371	Moderate	
PHRM 471	Moderate	Medical conditions - 5 to 7 Number of medications - 7+
PHRM 472	Moderate	
PHRM 473	Moderate	

## Knowledge

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
CARE PROVIDER SCHOLAR	1) Knowledge of Medical Conditions - Pathophysiology, risk factors, etiology and clinical presentation, including symptoms, physical assessment, relevant diagnostics and laboratory findings (AFPC CP1.1, SC1, SC2)	Lacks basic knowledge of pathophysiology and common signs and symptoms of conditions covered in the program so far.	Lists basic facts of pathophysiology and common signs and symptoms	Compares and contrasts most aspects of pathophysiology, risk factors, etiology, and clinical presentation. Identifies connections between signs & symptoms to specific systems (e.g. coughing, rhinitis, pharyngitis to the respiratory system; weakness, tiredness, and pallor to hematologic system).	Applies knowledge of pathophysiology, risk factors, etiology, and clinical presentation to the care of their patients. Identifies connections between groups of signs and symptoms to specific conditions (e.g. increased WBC count, fever, productive cough, consolidation on chest x-ray may suggest pneumonia).	Relates medical condition knowledge to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations (e.g. distinguishes and considers the overlap in presentation of CHF and pneumonia when making and justifying drug therapy recommendations for a specific patient).
	Midpoint					
	Final					
	Please provide evidence to support your rating					
CARE PROVIDER SCHOLAR	2) Knowledge of Pharmaco-therapeutics - Pharmacology, pharmacokinetics, pharmaceuticals, evidence-based therapeutics (AFPC CP1.1, SC1, SC2)	Unable to list basic characteristics of common medication classes covered in the program so far.	Lists basic characteristics of common medication classes.	Identifies connections between characteristics of the medication and the medical condition(s) it is intended to treat (e.g. able to explain how an ACE inhibitor lowers blood pressure in a patient).	Identifies connections between patient-specific clinical findings and medication knowledge (e.g. vancomycin dosing in an older patient with decreased renal function).	Relates pharmacotherapeutic knowledge to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations (e.g. initial dosing of antibiotics in a patient with sepsis and unstable renal function).
	Midpoint					
	Final					
	Please provide evidence to support your rating:					
CARE PROVIDER LEADER-MANAGER	3) Knowledge of Safe Medication Practices and Requirements - Safe and appropriate medication prescribing and administration; legal, ethical and regulatory requirements of pharmacy practice (AFPC CP1, CP3 LM1, NAPRA 1.1, 1.2, 1.4, 1.5)	Unable to list basic components and legal/ethical requirements of pharmacy practice that ensure safe and appropriate medication administration and patient safety.	Lists basic components and legal/ethical requirements of pharmacy practice that ensure safe and appropriate medication administration and patient safety (e.g. able to list the types of information found in the parenteral drug therapy manual)	Explains the purpose of the components and legal/ethical requirements of pharmacy practice that ensure safe and appropriate medication administration and patient safety (e.g. a secondary check is in place to ensure the patient receives the correct product).	Identifies common areas where errors may occur in the distribution or administration of medications. Describes the processes in place to prevent their occurrence and ensure patient safety (e.g. a DIN check is in place to prevent errors from sound-a-like or look-a-like drugs).	Relates knowledge of efficient and safe pharmacy practice to evaluate and identify systems and processes to increase efficiency and reduce the potential for pharmacy error and patient harm from medication use.
	Midpoint					
	Final					
	Please provide evidence to support your rating:					

## Skills (Provision of Pharmaceutical Care)

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
LEADER-MANAGER PROFESSIONAL	4) Patient and Workflow Prioritization - Ability to place high priority on, and be accountable for, selecting and providing care to assigned patients who are most likely to experience drug therapy problems; ability to set priorities to manage and balance patient care, workflow and practice requirements. (AFPC LM2.2, LM4.2, PR3.1)	Unable to prioritize patient care activities despite significant guidance.	Requires significant guidance in prioritizing patient care to ensure that patients with, or at risk of more significant drug therapy problems receive optimal care in a reasonable time frame.	Requires some guidance in prioritizing patient care to ensure that patients with, or at risk of more significant drug therapy problems receive optimal care in a reasonable time frame.	Requires minimal guidance in selecting and prioritizing patient care to ensure patients with, or at risk of more significant drug therapy problems receive optimal care in a reasonable time frame.	Independently selects and prioritizes patient care to ensure patients with, or at risk of more significant drug therapy problems receive optimal care in a reasonable time. Proactively prepares for and effectively manages and accommodates changing situations.
	Midpoint					
	Final					
Please provide evidence to support your rating:						

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
COLLABORATOR COMMUNICATOR	5) Relationship with Patient - Ability to establish and maintain a respectful, professional, ethical relationship with the patient and/or caregiver(s) (AFPC CL1, CM1, CM2, NAPRA 2.1)	Avoids patient interaction or practices uncaring, disrespectful, or unethical roles with patients.	With significant guidance, begins to apply appropriate communication, interview skills, and respectful listening in practice. Requires considerable coaching and supervision during patient interactions.	With some guidance, initiates patient interactions. Focuses on information collection and unable to consistently recognize verbal or non-verbal cues.	With minimal guidance, establishes a rapport and caring relationship with the patient. May have difficulty guiding the conversation in some interactions. Able to recognize verbal and non-verbal cues.	Proactively and independently establishes a strong rapport and caring relationship. Adapts to situational differences and patient preferences to enhance the interaction.
	Midpoint					
	Final					
Please provide evidence to support your rating:						

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
CARE PROVIDER SCHOLAR	6) Patient Information Gathering and Best Possible Medication History - Ability to gather relevant patient information from all appropriate sources including patient demographics, chief complaint, history of present illness, past medical history, family history, social and functional history, nutritional status, dietary restrictions/needs and exercises, and review of systems (sign/symptoms, physical exam, labs, diagnostics, imaging, microbiology)  Ability to conduct a BPMH, including allergies, ADRs, current and past medications, non-prescription medication history, immunizations, social drug history, medication experience and adherence.  Ability to provide all pertinent findings and explain their significance. (AFPC CP2.1, SC1, NAPRA 2.2, 2.3)	Unable to gather required patient information despite significant guidance.	Requires significant guidance in gathering required patient information. Very task oriented and struggles to adapt to new clinical scenarios. Requires considerable coaching to gather patient information from a variety of sources.	Requires some guidance in gathering required patient information. Information gathered is sometimes incomplete and/or irrelevant. With prompting/coaching, is able to justify the significance of information gathered in relation to the specific patient.	Requires minimal guidance in gathering relevant patient information from a variety of sources that is comprehensive and accurate. Can usually justify the significance of information gathered in relation to the specific patient.	Independently gathers patient information in a systematic and thorough manner and differentiates between relevant and irrelevant data. Presents pertinent information and proactively justifies the significance of information gathered in relation to the specific patient.
	Midpoint					
	Final					
Please provide evidence to support your rating:						

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
<b>CARE PROVIDER SCHOLAR</b>	7) Medical Problem List - Ability to develop a prioritized medical problem list, identifying both the patient's active and chronic issues. Ability to describe current active issues that are responsible for the patient's reason for encounter or admission. (AFPC CP2.2, SC1, NAPRA 2.3)	Unable to identify and prioritize medical problems despite significant guidance.	With significant guidance, identifies the chief medical problem(s) and other issues. Requires considerable coaching to prioritize medical problems based on acuity.	With some guidance identifies the chief medical problem(s) and other issues, but this still may be incomplete. Sometimes has difficulty prioritizing issues, providing only superficial justification.	With minimal guidance identifies the chief medical problem(s) and most other issues. Accurately prioritizes based on level of acuity, providing appropriate justification.	Independently identifies a thorough and comprehensive list of all medical problems, accurately prioritized with appropriate justification. Proactively articulates how medical problems may affect coexisting conditions.
	Midpoint					
	Final					
	Please provide evidence to support your rating:					

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
<b>CARE PROVIDER HEALTH ADVOCATE SCHOLAR</b>	8) Drug Therapy Problems - Ability to identify, justify, and prioritize actual and potential patient-specific drug therapy problems. (AFPC CP2.2, HA1, SC1, SC2, NAPRA 2.3, 2.4)	Unable to utilize relevant data or a systematic approach to identify major drug therapy problems despite significant guidance.	With significant guidance, is able to identify some actual and potential drug therapy problems. Does not consistently assess medications for appropriateness and requires considerable coaching.	With some guidance, utilizes relevant data and is developing a systematic approach, but is unable to consistently identify major actual and potential drug therapy problems. Assesses medications for appropriateness, but may miss patient-specific factors at times.	With minimal guidance, utilizes a systematic approach to identify, justify, and prioritize drug therapy problems. With minimal coaching, identifies most major drug therapy problems by integrating relevant patient data and therapeutic knowledge. Able to prioritize problems based on level of acuity, but may lack refinement at times.	Independently utilizes a systematic approach to identify and prioritize all actual and potential drug therapy problems by integrating relevant patient data and therapeutic knowledge. Able to consistently prioritize based on level of acuity and provide appropriate justification.
	Midpoint					
	Final					
	Please provide evidence to support your rating:					

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
<b>CARE PROVIDER COLLABORATOR COMMUNICATOR HEALTH ADVOCATE SCHOLAR</b>	9) Desired Outcomes & Goals of Therapy - Ability to determine the desired outcomes and patient-specific medication-related and non-pharmacological goals of therapy, specifying measurable endpoints, target values and associated timeframes. (AFPC CL1.1, CL1.3, CM1, CM2.1, 2.4, CP1.4, CP2.3, HA1, SC1, SC2, NAPRA 2.5.1)	Unable to identify basic desired goals of therapy despite significant guidance.	With significant guidance, identifies some basic/obvious goals of therapy, but requires considerable coaching to identify disease-specific goals.	With some guidance, identifies and justifies most basic/obvious goals of therapy, but requires coaching to make them patient-specific.	With minimal guidance, identifies and justifies goals of therapy that are specific and measurable, incorporating the patient's personal values and preferences most of the time.	Independently and proactively identifies goals of therapy that are specific and measurable, consistently incorporating the patient's personal values and preferences. Adapts the goals of therapy as the patient's preferences change over time.
	Midpoint					
	Final					
	Please provide evidence to support your rating:					

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
<b>CARE PROVIDER SCHOLAR</b>	10) Therapeutic Alternatives - Ability to 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. (AFPC CP1.5, CP2.3, SC1, SC2, NAPRA 2.5.2, 2.5.3)	Unable to identify basic therapeutic alternatives despite significant guidance.	With significant guidance, able to identify some basic therapeutic alternatives. Requires considerable coaching to integrate relevant patient data and therapeutic knowledge.	With some guidance, able to integrate relevant patient data and therapeutic knowledge to identify some therapeutic alternatives, but requires coaching/prompting to develop a comprehensive list.	With minimal guidance, identifies most viable therapeutic alternatives, integrating relevant patient data and therapeutic knowledge. Justification and anticipation of consequences of each alternative may lack refinement at times.	Independently identifies a comprehensive list of all viable therapeutic alternatives. Proactively integrates relevant patient data, therapeutic knowledge and a critical appraisal of best available evidence to articulate rationale and justification for each alternative. Anticipates consequences of each alternative and addresses questions or concerns.
	Midpoint					
	Final					
	Please provide evidence to support your rating:					

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
<b>CARE PROVIDER COLLABORATOR COMMUNICATOR HEALTH ADVOCATE LEADER-MANAGER SCHOLAR</b>	11) Therapeutic Recommendations - Ability to identify, justify, and defend a list of appropriate, patient-specific therapeutic recommendations and create and implement a care plan for the identified drug therapy problems. (AFPC CL1, CL2, CM1, CM2, CP2.3, CP2.4, HA1, LM1.4, SC1, SC2, SC4, NAPRA 2.5, 2.6, 2.7, 3.1, 6.1, 7.1, 7.2, 8.1, 8.2, 8.3, 8.4)	Unable to make appropriate, patient-specific therapeutic recommendations for identified drug therapy problems despite significant guidance.	With significant guidance, makes therapeutic recommendations for some drug therapy problems. Requires considerable coaching/prompting to incorporate patient data and explain/justify recommendations.	With some guidance, makes therapeutic recommendations, drawing on superficial therapeutic knowledge and some patient data. Requires coaching to communicate recommendations to the health care team.	With minimal guidance, makes therapeutic recommendations utilizing relevant patient data and therapeutic knowledge. Communicates recommendation and rationale to the health care team, but may lack refinement at times.	Independently makes comprehensive, patient-specific therapeutic recommendations and prioritizes recommendations in the context of the patient. Proactively integrates relevant patient data, therapeutic knowledge and a critical appraisal of best available evidence to provide rationale and justification. Defends recommendations to the health care team and proactively addresses their questions and concerns.
	Midpoint					
	Final					
	Please provide evidence to support your rating:					

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
<b>CARE PROVIDER COLLABORATOR SCHOLAR</b>	12) Monitoring Plan, Follow Up & Continuity of Care - Ability to recognize implications of recommendations and develop an appropriate, patient-specific plan for monitoring, follow-up evaluation and continuity of care. Specifies efficacy and safety endpoints, target values, frequency and timeframes for monitoring and proactively engages the patient through education and counselling, empowerment and self-management. (AFPC CL2, CP2.5, SC1, SC2, NAPRA 2.5.8, 2.8)	Unable to design a monitoring plan addressing general efficacy and safety endpoints despite significant guidance.	With significant guidance and considerable coaching, designs a basic monitoring plan. Does not recognize educational needs of the patient or opportunities for continuity of care.	With some guidance, designs a basic monitoring plan, but unable to consistently incorporate patient-specific factors or make sound clinical judgements. Provides basic patient education on the main medication change and sometimes recognizes opportunities for continuity of care.	With minimal guidance, designs an appropriate, patient-specific monitoring plan that captures most relevant endpoints and provides rational justification for these decisions. Usually provides thorough patient education and recognizes opportunities for continuity of care.	Independently designs an appropriate and comprehensive patient-specific monitoring plan and provides justification for these decisions. Anticipates possible outcomes and proactively modifies care plans with new or changing information. Proactively provides seamless continuity of care and patient education.	
	Final						
	Please provide evidence to support your rating:						

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
COLLABORATOR COMMUNICATOR LEADER-MANAGER	13) Documentation - Ability to document patient-related health care issues, care plans and medication orders/clarifications in a clear, concise, and organized manner, fulfilling professional and legal requirements. (AFPC CM1, CM2, CL2.3, LM1.4, NAPRA 1.5)	Documents in an incomplete, unclear, or inaccurate manner despite significant guidance.	Requires significant guidance to document appropriately within a structured format. Considerable coaching required to document in an accurate and organized manner.	Documents when provided with a structured format, but may miss some key information. Requires some guidance to keep documentation organized, relevant and concise.	Documents appropriately in an accepted structured format. Requires minimal guidance in incorporating pertinent information in an organized, accurate and complete manner, but articulation of therapeutic issues may lack refinement.	Independently, proactively and appropriately documents in an organized, relevant and concise manner. Identifies patients for whom documentation is a priority.
	Midpoint					
	Final					
Please provide evidence to support your rating:						

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
COMMUNICATOR	14) Communication - Ability to communicate appropriately verbally, non-verbally, in writing, or via communication technology with patients and the health care team. (AFPC CM1, CM2)	Communicates in an unstructured or inappropriate manner, resulting in potentially ineffective interventions despite significant guidance.	With significant guidance, coaching and supervision, communicates with patients and the health care team. Does not always address the needs of or use appropriate language for the specific audience.	With some guidance, communicates with patients and the health care team in a professional manner, but does not consistently do so in an organized fashion or utilizing language appropriate for the audience. Requires prompting to be timely with communication.	With minimal guidance, communicates with patients and the health care team in an organized and professional manner. Uses appropriate language and adequately addresses the needs of the specific audience. Occasionally, could be more proactive and timelier in the communication of plans.	Independently and proactively communicates with patients and the health care team in a clear, concise, organized and audience-appropriate manner. Adapts communication strategies to facilitate effective clinical encounters, responding easily when engaged in crucial or difficult conversations.
	Midpoint					
	Final					
Please provide evidence to support your rating:						

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
COMMUNICATOR SCHOLAR	15) Medication- and Practice-Related Education - Ability to effectively respond to medication- and practice-related questions and educate others in a timely manner, utilizing systematic literature search, critical appraisal skills, and formulate and communicate appropriate responses. (AFPC CM1, CM2, SC1, SC2, SC4, NAPRA 6.1, 6.2, 7.1, 7.3)	Lacks basic awareness of typical references to use and is unable to respond to most medication- and practice-related questions despite significant guidance.	With significant guidance, is able to respond to simple questions, but requires time. Considerable coaching required to identify typical references to use and to respond to most medication- and practice-related questions.	With some guidance, is able to respond to simple questions. Has awareness of typical references to use and demonstrates basic literature search skills, but is unable to critically appraise findings.	With minimal guidance, effectively responds to most questions. Demonstrates an appropriate literature search strategy and sometimes applies critical appraisal skills.	Independently and efficiently triages and responds to all questions utilizing a sophisticated, thorough and directed search strategy. Routinely applies critical thinking skills.
	Midpoint					
	Final					
Please provide evidence to support your rating:						

## Professionalism (Attitudes and Behaviors)

<b>PROFESSIONAL</b>	16) 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: (AFPC PR1, PR2, NAPRA 1.4)  a. Accountability b. Attire and appearance c. Confidentiality d. Honesty and integrity e. Punctuality	Does NOT Consistently Exhibit	Consistently Exhibits
	Midpoint		
	Final		
<b>LEADER-MANAGER PROFESSIONAL</b>	17) 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: (AFPC LM3, PR3, NAPRA 1.4)  a. Self-directed learning b. Self-evaluation c. Personal reflection d. Receptiveness to feedback e. Adaptability and openness to change	Does NOT Consistently Exhibit	Consistently Exhibits
	Midpoint		
	Final		
<b>CARE PROVIDER PROFESSIONAL</b>	18) 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 (AFPC CP1, PR1, PR2, NAPRA 1.1, 1.2)	Does NOT Consistently Exhibit	Consistently Exhibits
	Midpoint		
	Final		
Please provide evidence to support your ratings under Professionalism:			

# APPENDIX 3: PHRM 272 Practice Educator Assessment of Student

## PHRM 272 Practice Educator Assessment of Student

Expectations of Student Performance
To be completed by the practice educator, experiential education facilitator, or delegate at the end of the 2 week practicum and reviewed and discussed with the student.
To successfully complete this practicum students must: 1. complete all activities listed in Section A, 2. meet the expected level of performance in a minimum of 3 out of the 4 activities listed in Section B, AND 3. consistently exhibit all elements within the Professionalism domain as described in Section C.
If a student is unable to successfully complete the required practicum activities in Section A, meet the expected level of performance for a minimum of 3 of the 4 activities listed in Section B despite significant guidance and multiple attempts (e.g. >=2) at the discretion of the practice educator, and/or fails to consistently act in a professional manner as described in Section C, the practice educator and the student must notify the PHRM 272 Practicum Coordinator at phar.oe@ubc.ca immediately.

Section A: General Activities - Orientations, Discussions and Reflection		
To be successful in this section of the assessment, students must complete all activities listed below. If a student is unable to complete an activity, the activity is considered incomplete and the practice educator and the student must notify the PHRM 272 Practicum Coordinator at phar.oe@ubc.ca.		
ACTIVITY	Does not meet expected level of performance	Meets expected level of performance
Student Introduction Resume	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
Learning Contract	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
Orientation to Inpatient Medication Distribution System	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
Orientation to the Clinical Pharmacist's Role - Orientation and Shadow	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
Orientation to the Clinical Pharmacist's Role - Attend Rounds	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
Orientation to the Patient Medical Record	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
Interprofessional Collaboration	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
Inpatient Pharmacy Practice Reflection	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Complete
Please provide evidence to support your rating:		

Section B: Patient Care - Activities and Assignments		
To be successful in this section of the assessment, students must achieve an overall satisfactory assessment, as outlined in the specific activities' Requirements Checklist, for a minimum of 3 of the 4 activities listed below. If a student is unable to successfully meet the overall satisfactory assessment of an activity, as outlined in the specific activities' Requirements Checklist, despite significant guidance and multiple attempts (e.g. >=2) at the discretion of the practice educator, the activity is considered unsatisfactory. If the student does not meet the expected level of performance for 2 or more of these activities, the practice educator and the student must notify the PHRM 272 Practicum Coordinator at phar.oe@ubc.ca immediately.		
ACTIVITY	Does Not Meet Expected Level of Performance	Meets Expected Level of Performance
Provision of Pharmaceutical Care	Completed - Overall Assessment on Requirements Checklist Unsatisfactory	Completed - Overall Assessment on Requirements Checklist Satisfactory
Drug Information Response	Completed - Overall Assessment on Requirements Checklist Unsatisfactory	Completed - Overall Assessment on Requirements Checklist Satisfactory
Medication Reconciliation	Completed - Overall Assessment on Requirements Checklist Unsatisfactory	Completed - Overall Assessment on Requirements Checklist Satisfactory
Counseling	Completed - Overall Assessment on Requirements Checklist Unsatisfactory	Completed - Overall Assessment on Requirements Checklist Satisfactory
Please provide evidence to support your rating:		

## Section C: Professionalism - Attitudes and Behaviours

To be successful in this component of the PHRM 272 Practice Educator Assessment of Student, students must consistently demonstrate professional attributes and behaviours as outlined below.

		Does NOT Consistently Exhibit	Consistently Exhibits
PROFESSIONAL	<p>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: (AFPC PR1, PR2, NAPRA 1.4)</p> <ul style="list-style-type: none"> <li>a. Accountability</li> <li>b. Attire and appearance</li> <li>c. Confidentiality</li> <li>d. Honesty and integrity</li> <li>e. Punctuality</li> </ul>		
LEADER-MANAGER PROFESSIONAL	<p>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: (AFPC LM3, PR3, NAPRA 1.4)</p> <ul style="list-style-type: none"> <li>a. Self-directed learning</li> <li>b. Self-evaluation</li> <li>c. Personal reflection</li> <li>d. Receptiveness to feedback</li> <li>e. Adaptability and openness to change</li> </ul>		
CARE PROVIDER PROFESSIONAL	<p>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 (AFPC CP1, PR1, PR2, NAPRA 1.1, 1.2)</p>		

Please provide evidence to support your rating:

Thank you for participating as a Practice Educator in the UBC Entry-to-Practice PharmD Program and for contributing to the student's learning and success.

## APPENDIX 4: PHRM 272 Requirements Checklist

### Requirements Checklist for Best Possible Medication History (BPMH) Interview<sup>1</sup>

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

**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Introduces self, practice educator, purpose and duration of interview
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks permission to ask questions/proceed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicates information will be kept confidential and establishes privacy
INFORMATION GATHERING:			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains all contact and demographic info (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 (expectations, concerns, compliance aids, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains immunization status (childhood & adult)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains all social drug use info (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 and 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 and past medication information <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 (i.e. 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
CLOSING:			

<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.

NA	U	S	
<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)
<b>COMMUNICATION SKILLS:</b>			
NA	U	S	
<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"/>	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>COMMENTS:</b>			
<b>OVERALL ASSESSMENT<sup>2</sup>:</b>			
<input type="checkbox"/> <b>Unsatisfactory</b>		<input type="checkbox"/> <b>Satisfactory</b>	

<sup>2</sup> For PHRM 272 -To achieve an overall satisfactory assessment all criteria listed in all sections of this Requirements Checklist must be "satisfactory", if applicable.

## Requirements Checklist for Best Possible Medication Discharge Plan (BPMDP) Counseling<sup>3,4,5</sup>

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

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Introduces self, practice educator, purpose and duration of 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 and establishes privacy
DISCHARGE COUNSELLING SESSION:			
<b>NA</b>	<b>U</b>	<b>S</b>	
<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 i.e. 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 counselling 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
CLOSING:			
<b>NA</b>	<b>U</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks the patient and/or caregiver to summarize the discharge medication instructions
<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"/>	Advise patient/caregiver to keep the medication list on him/her at all times and share with his/her

<sup>3</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>4</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>5</sup> ISMP Canada (2015). Hospital To Home – Facilitating Medication Safety at Transitions: A Toolkit for Healthcare Providers.

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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)
<b>COMMUNICATION SKILLS:</b>
<b>NA U 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"/> 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 U S</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Information provided is accurate i.e. no misinformation given to the patient
<b>COMMENTS:</b>
<b>OVERALL ASSESSMENT<sup>6</sup>:</b>
<input type="checkbox"/> <b>Unsatisfactory</b> <input type="checkbox"/> <b>Satisfactory</b>

<sup>6</sup> For PHRM 272 -To achieve an overall satisfactory assessment all criteria listed in all sections of this Requirements Checklist must be "satisfactory", if applicable.

## Requirements Checklist for Counseling<sup>7,8</sup>

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

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"/>	Identifies self and practice educator, offers to counsel, and confirms patient identity (name + at least one identifier)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains purpose of counselling session
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	States approximate time needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establishes privacy and confidentiality
<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 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"/>	Explains what the patient should do if they miss any doses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	States how long to use the medication
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 don't go away or are intolerable
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
LABORATORY MONITORING:			
<b>NA</b>	<b>U</b>	<b>S</b>	

<sup>7</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>8</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.

<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
<b>STORAGE:</b>			
<b>NA U S</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains storage requirements, shelf life
<b>CLOSING:</b>			
<b>NA U S</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Summarizes the main points
<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"/>	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"/>	Checks for patient's understanding
<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"/>	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 U S</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is 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 i.e. 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 U S</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information provided is accurate i.e. no misinformation given to the patient
<b>FEEDBACK COMMENTS:</b>			
<b>OVERALL ASSESSMENT<sup>9</sup>:</b>			
<input type="checkbox"/> <b>Unsatisfactory</b>		<input type="checkbox"/> <b>Satisfactory</b>	

<sup>9</sup> **FOR PHRM 272 ONLY** -To achieve an overall satisfactory assessment all criteria listed in all sections of this Requirements Checklist must be "satisfactory", if applicable.

## Requirements Checklist for Drug Information Responses (DIR)<sup>10</sup>

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

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

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

<b>QUESTION:</b>		
<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		
<b>BACKGROUND INFORMATION AND PATIENT ASSESSMENT:</b>		
<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 evidence (laboratory data, physical signs and symptoms, test results, etc.) to support assessment of patient		
<b>RESEARCH AND RESPONSE:</b>		
<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> <li>• Considers the purpose, intervention, methodology of any clinical trials used to answer the question</li> <li>• Clearly represents the results of any evidence found</li> <li>• Considers the strengths and weaknesses of the trial / evidence</li> </ul>		

<sup>10</sup> Adapted with permission: Drug Information Form, BC Drug and Poison Information Centre, Vancouver British Columbia 2012.

<ul style="list-style-type: none"> <li>• Applies the clinical literature to the patient; identifies limitations of applicability</li> </ul> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Provides clear and detailed recommendation(s) and rationale for decision-making. Final recommendations include:</p> <ul style="list-style-type: none"> <li>• Concise dosing recommendations (drug, dose, route of administration, regimen, frequency, and duration) that are patient specific and supported) with appropriate references</li> <li>• Pharmacokinetic dosing and drug monitoring, where appropriate. Incorporate renal dosage adjustment into the therapeutic plan for patient, where appropriate</li> <li>• Tapering/titration schedules, where applicable, that are clearly articulated</li> <li>• Rationale and evidence for ALL recommendations (drug and non-drug)</li> <li>• Patient preferences/values (e.g. once daily versus twice daily dosing)</li> <li>• Non-drug measures that are relevant and patient specific</li> <li>• Adverse drug reaction (ADR) profile of drug option(s) and medication administration</li> <li>• Viable therapeutic alternatives are discussed and rationale for choice is provided. Provide reasoning (compare and contrast Efficacy, Safety and Adherence) for alternatives for your specific patient.</li> <li>• Address patient's unmet needs.</li> </ul> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Summarizes the finding and recommendation(s) into a clear final conclusion or summary paragraph</p>
<b>MONITORING PLAN AND OUTCOME:</b>
<p><b>NA U S</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> States relevant monitoring endpoints, including Effectiveness and Safety endpoints, appropriate frequency, duration, expected change, date, and who is responsible for monitoring and follow up.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Monitoring plan is patient-specific.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> States patient's response to recommendations provided</p>
<b>REFERENCES:</b>
<p><b>NA U S</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Provides complete citation list using Vancouver style for written submissions.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Uses primary literature and other resources appropriately to address the question.</p>
<b>FEEDBACK COMMENTS:</b>
<b>OVERALL ASSESSMENT<sup>11</sup>:</b>
<input type="checkbox"/> <b>Unsatisfactory</b> <input type="checkbox"/> <b>Satisfactory</b>

<sup>11</sup> **FOR PHRM 272 ONLY** -To achieve an overall satisfactory assessment all criteria listed in all sections of this Requirements Checklist must be "satisfactory", if applicable.

## Requirements Checklist for Inpatient Presentation to Practice Educator<sup>12,13</sup>

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

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 is given, including review of systems/physical exam and relevant laboratory values. Able to interpret vital signs, findings of physical assessments and uncomplicated lab values (i.e. 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 <sup>13</sup>			
<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
For each medical issue:			
<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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each parameter for monitoring is clear: frequency, expected change, timeframe, who is to monitor
COMMUNICATION SKILLS (VERBAL / NON-VERBAL):			

<sup>12</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.

<sup>13</sup> **FOR PHRM 272 ONLY:** Students are expected to complete a minimum of 1 patient work up and develop a care plan for a minimum of 1 of that patient's medical conditions.

**NA U S**

- Speaks clearly with appropriate tone and pace
- Uses appropriate eye contact, body language, and posture
- Confident and relaxed when reporting
- Information is delivered effectively and efficiently (i.e. not excessively wordy)
- Information is well-organized and flowed smoothly
- Uses appropriate professional language

**PATIENT SAFETY:**

**NA U S**

- Information provided is accurate i.e. no misinformation given

**FEEDBACK COMMENTS:**

**OVERALL ASSESSMENT<sup>14</sup>:**

**Unsatisfactory**       **Satisfactory**

<sup>14</sup> **FOR PHRM 272-** Students are expected to complete a minimum of 1 patient work up and develop a care plan for a minimum of 1 of that patient's medical conditions and present the patient and care plan to the practice educator for assessment using this Requirements Checklist. To achieve an overall satisfactory assessment all criteria listed in all sections of this Requirements Checklist must be "satisfactory", if applicable.

## Requirements Checklist for Allergy Assessment<sup>15</sup>

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

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

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

<b>ALLERGY ASSESSMENT:</b>		
<b>NA</b>	<b>U</b>	<b>S</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PATIENT SAFETY:</b>		
<b>NA</b>	<b>U</b>	<b>S</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FEEDBACK COMMENTS:</b>		
<b>OVERALL ASSESSMENT:</b>		
<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory		

<sup>15</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.

# APPENDIX 5: Non-Direct Patient Care (NDPC) Practicum Practice Educator Assessment of Student Performance

## Non-Direct Patient Care Practicum Practice Educator Assessment of Student Performance

### Expectations of Student Performance

Practice educators are to complete this form at the mid-point and at the end of the practicum and review and discuss with the student. Please provide verbal and written feedback to the student for each of the criteria at both the mid- and final- points in the practicum.

To successfully complete this practicum students must meet the expected level of performance for all criteria listed below and consistently exhibit all elements within the Professionalism domain.

If the student "does not meet the expected level of performance" at midpoint and/or final assessment for any criteria and/or does not consistently demonstrate professionalism at any time, the practice educator and the student must notify the PHRM 473 Non-Direct Patient Care Practicum Coordinator at phar\_oe@ubc.ca.

### Skills

	<u>Does Not Meet</u> Expected Level of Performance	<u>Meets</u> Expected Level of Performance	<u>Exceeds</u> Expected Level of Performance
Communication: Demonstrate the ability to communicate appropriately verbally, non-verbally, in writing, or via communication technology with students, patients, pharmacy colleagues, health care providers and/or community partners in lay and/or professional language as appropriate. (AFPC CM1.1, CM1.5, CM2.1, NAPRA 7.1, 7.2, 7.3)	Communicates in an unstructured or inappropriate manner, resulting in potentially ineffective encounters despite significant guidance. Unable to tailor communication appropriately to address the needs of the specific audience, despite significant guidance.	With minimal guidance, communicates in an organized and professional manner. Uses appropriate language and adequately addresses the needs of the specific audience. Occasionally, could be more proactive and focused in their communication.	Independently and proactively communicates in a clear, concise, and audience-appropriate format. Adapts communication strategies to facilitate effective encounters, responding easily and appropriately when engaged in crucial or difficult conversations.
At mid-point evaluation			
At final evaluation			
Please provide evidence to support your rating:			

	<u>Does Not Meet</u> Expected Level of Performance	<u>Meets</u> Expected Level of Performance	<u>Exceeds</u> Expected Level of Performance
Collaboration and Communication: Demonstrate the ability to collaborate with various stakeholders, including fellow students, pharmacy colleagues, community partners and individuals from other professions in an appropriate manner in a respectful, positive, and professional manner. (AFPC CL1, CM1, CM2, NAPRA 8.1, 8.2, 8.3)	Avoids engaging in interactions with stakeholders and/or practices uncaring, disrespectful, or unethical roles with stakeholders that negatively impact the development of relationships. Unable to form and develop relationships despite significant guidance.	With minimal guidance, establishes a rapport and easily develops relationships with stakeholders. May have difficulty in guiding the conversation in some interactions. Able to recognize verbal and non-verbal cues and adapts interactions accordingly, with minimal guidance.	Proactively and independently establishes a strong rapport and develops meaningful relationships with stakeholders. Adapts to situational differences and audience preferences to enhance the interaction. Easily fosters and builds relationships with various stakeholders.
At mid-point evaluation			
At final evaluation			
Please provide evidence to support your rating:			

	<u>Does Not Meet</u> Expected Level of Performance	<u>Meets</u> Expected Level of Performance	<u>Exceeds</u> Expected Level of Performance
Leadership and Management: Demonstrate the application of leadership and management skills by contributing to and/or advancing the goals and objectives of the practice setting and/or profession (AFPC LM2, LM3, LM4; NAPRA 1.4, 9.1, 9.2)##	Unable/Unwilling to identify opportunities to contribute to and/or advance the goals and objectives of the practice setting and/or profession despite significant guidance. Demonstrates an unprofessional and/negative view towards the goals and objectives of the practice site and/or advancement of the profession.	On most occasions and with minimal guidance, able to identify opportunities to contribute to and/or advance the goals and objectives of the practice setting and/or profession. Able to offer recommendations for change with guidance.	Independently identifies opportunities to contribute to/and or advance the goals and objectives of the practice site and/or profession. Offers appropriate recommendations for change and improvement and in a professional manner.
At mid-point evaluation			
At final evaluation			
Please provide evidence to support your rating:			

	<u>Does Not Meet</u> Expected Level of Performance	<u>Meets</u> Expected Level of Performance	<u>Exceeds</u> Expected Level of Performance
Leadership and Management: Demonstrate the application of leadership and management skills by managing time efficiently, prioritizing assigned activities/projects, and meeting assigned activity/project deadlines within expected timeframes (AFPC LM2, LM3, LM4; NAPRA 1.4, 9.1, 9.2)##	Unable to prioritize activities, assignments, and/or projects to meet expected deadlines despite significant guidance.	Requires minimal guidance in prioritizing activities, assignments and/or projects to meet expected deadlines.	Independently prioritizes activities, assignments, and/or projects to meet expected deadlines. Proactively prepares for and effectively manages changing situations and adjusts workload accordingly to meet expected deadlines within a reasonable timeframe.
At mid-point evaluation			
At final evaluation			
Please provide evidence to support your rating:			

	<u>Does Not Meet</u> Expected Level of Performance	<u>Meets</u> Expected Level of Performance	<u>Exceeds</u> Expected Level of Performance
Communicator & Scholar: Respond effectively to practice-related questions and/or provide evidence-supported decisions, and educate others in a timely manner, by utilizing systematic literature search and critical appraisal skills to formulate and communicate appropriate responses. (AFPC CM1, CM2, SC2, SC4; NAPRA 6.1, 6.2, 6.3, 7.1, 7.2, 7.3)	Lacks basic awareness of typical references to use and is unable to respond to most practice-related questions despite significant guidance.	With minimal guidance, effectively responds to most questions. Demonstrates an appropriate literature search strategy and applies critical appraisal skills with minimal guidance most of the time.	Independently and efficiently triages and responds to all questions utilizing a sophisticated, thorough and directed search strategy. Routinely applies critical thinking skills.
At mid-point evaluation			
At final evaluation			
Please provide evidence to support your rating:			