



THE UNIVERSITY OF BRITISH COLUMBIA

Office of Experiential Education  
Faculty of Pharmaceutical Sciences



Entry-to-Practice PharmD Program

## PHRM 473 PRACTICUM HANDBOOK FOR STUDENTS AND PRACTICE EDUCATORS

### **Selected Advanced Pharmacy Practice Experiences (APPE)**

#### **Setting**

Inpatient Direct Patient Care (DPC)  
Outpatient Direct Patient Care (DPC)  
Non-Direct Patient Care (NDPC)

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## Introduction

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

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

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

Kind regards,



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Director, Office of Experiential Education

## SECTION 1 – PRACTICUMS OVERVIEW

### 1.1 Educational Outcomes

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

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

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

Graduates should also recognize the four domains of the **Model Standards of Practice for Canadian Pharmacists (MSOP)** developed by the National Association of Pharmacy Regulatory Authorities (NAPRA)<sup>2</sup>. These domains encompass standards against which pharmacists’ performance can be

evaluated when the pharmacists are undertaking the activities imperative for safe and effective practice in their daily work.

The Four Domains of MSOP for Canadian Pharmacists are:

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

Students are also expected to review the **UBC E2P PharmD Program Learning Outcomes** as outlined on the E2P PharmD Program Information Hub on Canvas.

For your reference:

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

<sup>2</sup>NAPRA Professional Competencies for Canadian Pharmacists at Entry to Practice.  
Available at: [http://napra.ca/sites/default/files/2017-08/Comp\\_for\\_Cdn\\_PHARMACISTS\\_at\\_EntrytoPractice\\_March2014\\_b.pdf](http://napra.ca/sites/default/files/2017-08/Comp_for_Cdn_PHARMACISTS_at_EntrytoPractice_March2014_b.pdf)

## 1.2 Direct Patient Care Practicum Goals and Learning Objectives

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

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

### 1.2.a Knowledge

#### Goal

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

#### Learning Objectives

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



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

### Goal

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

### Learning Objectives

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

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

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

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

#### Goal

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

#### Learning Objectives

By the end of this course, the student will consistently:	AFPC Reference	NAPRA Reference
19) Demonstrate the attitudes, qualities, ethical principles, commitment, and characteristics of a professional as expected by patients, other pharmacists, regulatory bodies, and other healthcare professionals including demonstration of, but not limited to: <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>	PR1, PR2	1.4
20) Demonstrate responsibility and commitment to their own learning and the ongoing refinement and advancement of critical	LM3, PR3	1.4

<p>thinking, scientific reasoning, problem-solving and decision-making skills through the demonstration of, but not limited to:</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>		
<p>21) Demonstrate an understanding of the role of the pharmacist within the healthcare team, practicing within their scope of practice and all legal and ethical requirements</p>	<p>CP1, PR1, PR2</p>	<p>1.1, 1.2</p>

## 1.3 Non-Direct Patient Care Practicum Goals & Learning Objectives

As stated in **Section 1.1 Educational Outcomes**, the primary goal of First Professional Degree Programs in Pharmacy in Canada is to graduate Medication Therapy Experts that provide exemplary patient care by using their knowledge and skills to benefit patients, communities and populations. However, it is acknowledged that the goals of a university education extend beyond preparing graduates to enter into direct patient care practice as the roles that pharmacists are expected to fulfill will continue to evolve and expand.

Non-direct patient care (NDPC) practicums will build on the knowledge, skills and behaviours learned in the introductory pharmacy practice experiences with overarching objectives reflecting the Communicator, Collaborator, Leader-Manager, Scholar, and Professional AFPC role domains within the framework of the UBC E2P PharmD program's Cognitive Model.

The following section describes the overall goals and learning objectives for NDPC practicums within the UBC E2P PharmD program. Students will be expected to achieve these learning objectives, at the expected level of performance as outlined in the **Non-Direct Patient Care Practice Educator Assessment of Student** form.

Specific practicum objectives and outcomes will largely depend on the nature of the practicum and may vary between practice site/settings. Specific practicum expectations and activities are detailed in the **Practicum Specific Manuals** associated with each specific practice site/setting.

### 1.3.a Skills

#### Goal

Demonstrate and develop the knowledge, skills, and behaviours associated with AFPC Educational Outcomes including but not limited to the Communicator, Collaborator, Leader-Manager, and Scholar role domains.

#### Learning Objectives

By the end of this course, the student will be able to:	AFPC Reference	NAPRA Reference
1) Demonstrate the ability to communicate appropriately verbally, non-verbally, in writing, or via communication technology with students, patients, clients, pharmacy colleagues, health care providers, and/or community partners in lay and/or professional language as appropriate	CM1.1, CM1.5, CM 2.1	7.1-7.3
2) Demonstrate the ability to collaborate effectively with various stakeholders, including fellow students, pharmacy colleagues,	CL1, CM1, CM2	8.1-8.3

community partners and other health care providers as appropriate		
3) Demonstrate the application of leadership and management skills by: a) Contributing to and/or advancing the goals and objectives of the practice setting and/or profession and, b) Managing time efficiently, prioritizing assigned activities/projects, and meeting assigned activity/project deadlines within expected timeframes	LM2, LM3, LM4	1.4, 9.1, 9.2
4) Provide evidence-supported decisions, and/or respond effectively to practice-related questions and educate others in a timely manner, utilizing systematic literature search, critical appraisal skills, and appropriate means of communication (verbal or written, as appropriate)	CM1, CM2, SC1, SC2, SC4	6.1, 6.2, 7.1, 7.2, 7.3

### 1.3.b Attitudes and Behaviours (Professionalism)

#### Goal

Demonstrate the attitudes and high standards of behaviour expected of self-regulated professionals for delivering care to patients, communities and society through ethical practice, in a variety of practice settings.

#### Learning Objectives

By the end of this course, the student will consistently:	AFPC Reference	NAPRA Reference
5) Demonstrate the attitudes, qualities, ethical principles, commitment, and characteristics of a professional as expected by patients, other pharmacists, regulatory bodies, and other healthcare professionals including demonstration of, but not limited to: a) Accountability b) Attire and appearance c) Confidentiality d) Honesty and integrity e) Punctuality	PR1, PR2	1.4
6) 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:	LM3, PR3	1.4

<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>		
<p>7) 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</p>	<p>CP1, PR1, PR2</p>	<p>1.1, 1.2</p>

## 1.4 Expected Level of Performance

For each practicum, students will be expected to achieve their respective learning objectives (e.g. DPC or NDPC learning objectives) at the corresponding expected performance level for their respective program year which is described in the below tables.

### 1.4.a Expected Level of Performance for Direct Patient Care Practicums

For DPC practicums, the table also provides guidance on patient complexity and characteristics commensurate with year level, however the practice educator and/or designated pharmacist will determine if the expected patient complexity for course activities is met. This may or may not be within the patient characteristics parameters that are suggested below, as a number of other factors may contribute to complexity, including: 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). These dimensions should also be taken into account when assessing the student's level of performance in the care of their patients.

Practicum Course	Expected Level of Performance	Student Characteristics <sup>3</sup>	Expected Patient Complexity	Patient Characteristics
PHRM 171	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.	LOW	Medical Conditions: 1-3 Number of medications: 3-5
PHRM 271 PHRM 272*	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 needed for overall task.	LOW-MODERATE	Medical Conditions: 3-5 Number of medications: 5-7
PHRM 371			MODERATE	Medical Conditions: 5-7 Number of medications: 7+



<b>PHRM 471</b> <b>PHRM 472</b> <b>PHRM 473</b>	<b>Competent</b>	Has good working and background understanding. Now sees actions at least partially in terms of longer-term goals. Copes with complex situations through deliberate analysis and planning. Able to work independently to a standard that is acceptable though may lack refinement. Able to achieve most tasks using own judgement.	<b>MODERATE</b>	Medical Conditions: 5-7  Number of medications: 7+
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\* 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.

Practice Educators can review the additional information in **Assessment of Student Learning, A Guidebook for Practice Educators**, located in the OEE Practice Educator Resource Centre.

#### 1.4.b Expected Level of Performance for Non-Direct Patient Care Practicums

For each non-direct patient care practicum, students must meet the expected level of performance outlined in the table below for ALL elements described within the Skills domain of the Non-Direct Patient Care Goals and Learning Objectives, while consistently exhibiting all elements within the Professionalism domain.

Practicum Course	Expected Level of Performance	Student Characteristics
PHRM 473 NDPC	<b>MEETS Expected Level of Performance</b>	Takes initiative readily, uses judgement appropriately, and requires intervention by the practice educator infrequently.

## 1.5 Practice Educator PHRM 473 Practicum Activities Overview

The table below describes the general activities for PHRM 473 and the role of the practice educator in each of these activities.

Practicum Requirements	DPC	NDPC	Brief Description (Please see corresponding course handbook section for details)	Practice Educator (PE) Role
Student Introduction and Orientation	✓	✓	Student-led activity to support student orientation and integration into practice site. One week prior to the practicum, student to upload their resume to E*Value. Upon arrival to practice site, student to complete a health and safety orientation (HSO) and review the 72-Hour Checklist with their PE	Provide opportunity for orientation to practice site within the first 24 hours of practicum
Learning Contract	✓	✓	Student to identify learning objectives and assess his/her progress towards attaining these objectives throughout the practicum using a learning contract	Student and PE to review within the first 72-hours of the practicum and revisit at midpoint and final weeks of practicum. <b>PE to verify completion on E*Value</b>
Practicum Specific Activities	✓	✓	Student to complete practicum specific activities (see <b>Practicum Specific Manual</b> )	All direct patient care practicum activities to be completed under the direct supervision of a pharmacist practice educator and/or designated pharmacist.  <b>PE to verify safe and satisfactory completion on E*Value</b>
Service	✓		Student to provide service (e.g. medication review/reconciliation, medication counselling, mini-projects, etc.) as required by the PE and/or site needs	
Patient Workup	✓		Student to provide full pharmaceutical care by completing patient work-ups and developing and implementing care plans.	
Drug Information Response	✓		Student to answer drug information requests as they arise in day-to-day practice.	
Presentation	✓		Student to prepare and deliver presentations to meet the learning needs of a specific audience. The type of presentation and audience to be presented to is determined by the PE.	
Giving Feedback to the Practice Educator	✓	✓	Student to provide constructive feedback to PE throughout practicum and complete evaluation survey	PE to review feedback received from student. <b>PE to verify satisfactory completion on E*Value</b>
Self-Assessment	✓	✓	Student to reflect upon his/her knowledge, skills, and professional attributes thus far on practicum and devise an action plan going forward. Self-assessment and action plan to be discussed and agreed upon with the PE	<b>PE to verify satisfactory completion on E*Value</b>
Practice Educator Assessment of Student	✓	✓	PE to observe and assess student performance over the course of the practicum and formally document and discuss this assessment with student at midpoint and final	<b>PE to complete midpoint and final assessment of student on E*Value</b>

## 1.6 Student Submission Requirements Checklist

The following checklist is intended to help students track completion of all practicum requirements for their practicum course.

Practicum Requirements	DPC	NDPC	Minimum Required (4 Weeks)	Minimum Required (8 Weeks)	Where to complete/submit for course completion	Student Submission Deadline
<input type="checkbox"/> Student Introduction and Orientation	✓	✓	1	1	1) E*Value PDF upload of resume 2) Upload completed UBC Pharmacy Student Health and Safety Orientation (HSO) to Canvas	1) One week before practicum begins 2) 72 hours after practicum begins
<input type="checkbox"/> Learning Contract	✓	✓	1	1	Student to acknowledge completion on Practicum Activities E*Value Coursework (no submission to OEE)	11:55pm on the last scheduled practicum block date
<input type="checkbox"/> Practicum Specific Activities	✓	✓	See Practicum Specific Manual			
<input type="checkbox"/> Service	✓		Completed daily (no minimum)	Completed daily (no minimum)		
<input type="checkbox"/> Patient Work Up	✓		8*	16*		
<input type="checkbox"/> Drug Information Response	✓		1*	2*		
<input type="checkbox"/> Presentation	✓		1*	2*		
<input type="checkbox"/> Giving Feedback to the Practice Educator	✓	✓	1	1	1) Review and discuss feedback and acknowledge on Practicum Activities E*Value Coursework 2) Complete Student Evaluation of Practice Educator and Practice Site on E*Value	11:55pm on the last scheduled practicum block date
<input type="checkbox"/> Self-Assessment	✓	✓	1	2	Complete on Self-Assessment E*Value Coursework	Detailed in Section 2.9
<input type="checkbox"/> Practice Educator Assessment of Student	✓	✓	Midpoint, Final	Midpoint, Final	Practice educator to submit at Midpoint and end of last week (Final) on E*Value	No student submission; Submitted by practice educator
<input type="checkbox"/> Student Evaluation of the Office of Experiential Education Course	✓	✓	1	1	Complete Student Evaluation of the Office of Experiential Education Course on E*Value	11:55pm on the last scheduled practicum block date

\* This number may differ depending on the practice site/setting.

**STUDENTS ARE EXPECTED TO REVIEW, UNDERSTAND, AND COMPLETE ALL ACTIVITY REQUIREMENTS AS DESCRIBED IN THIS COURSE HANDBOOK PERTAINING TO THEIR RESPECTIVE PRACTICUM COURSE.**

## 1.7 E\*Value Coursework

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

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

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

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

<b>E*Value Coursework</b>	<b>Applicable PHRM 473 Setting</b>	<b>Student Completion Deadline</b>	<b>Practice Educator Role</b>
Practicum Activities	DPC NDPC NDPC LEAP	By 11:55 pm on the last scheduled OEE practicum block date	Practice educator verification required at the end of the practicum
Self-Assessment	DPC NDPC	Please refer to Section 2.9 for deadline(s) associated with each practicum course	Practice educator verification required

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

### Student Resource(s) on Canvas

- E\*Value Coursework instructions

## SECTION 2 – REQUIRED COURSE ACTIVITIES

### 2.1 Practicum Specific Manuals

For each PHRM 473 practicum, individual **Practicum Specific Manuals** have been developed to further outline additional practicum-specific information such as expectations, learning goals and objectives, and activities. These manuals supplement the content outlined in this **PHRM 473 Practicum Handbook**.

Students must familiarize themselves with the content in the **Practicum Specific Manual** for their specific practice site/setting, as students are required to understand and apply all information contained within. Students may be expected to complete a combination of *course activities* as outlined in this **PHRM 473 Practicum Handbook** and *practicum specific activities* as outlined in their **Practicum Specific Manual**. Should any further clarification be required, please contact the corresponding PHRM 473 course coordinator at the Office of Experiential Education.

These **Practicum Specific Manuals** can be found on Canvas.

#### 2.1.a PHRM 473 (NDPC) LEAP Practicums

The activities listed below (e.g. Sections 2.2 – 2.9) do not apply to PHRM 473 (NDPC) LEAP practicums. PHRM 473 (NDPC) LEAP students must refer to the **PHRM 473 (NDPC) LEAP Practicum Manual** for specific details regarding the NPDC LEAP practicum course activities, intended learning objectives and required evidence of learning to confirm the student's safe and satisfactory completion of these activities.

## 2.2 Student Introduction and Orientation

### Purpose

An orientation at the beginning of the practicum supports the integration of a student to a new workplace environment. Additionally, WorkSafeBC mandates that all new workers entering a workplace-type setting must complete a health and safety orientation.

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

- UBC Pharmacy Student Health and Safety Orientation Form (HSO)
- 72-Hour Checklist

### Process

- 1) Two to four weeks *prior* to the start of the practicum, the student is required to create, edit, and/or update their resume. The student should accurately and comprehensively identify their education, experiences, publications and posters, presentations, scholarships, certifications, awards, and/or professional associations. An **OEE Resume Template** is provided to students, however students can use any appropriate template of their preference.
- 2) One-week *prior* to the start of the practicum, the student must upload their resume in PDF format onto their E\*Value account and inform their practice educator that their resume is available for review.
- 3) Upon arrival to the practice site on the first day (first 24-hours), students are to complete an orientation to the practice site:
  - a) Students must review the **72-Hour Checklist** with their practice educator/designated pharmacist
  - b) Students must complete the student-led **UBC Pharmacy Student Health and Safety Orientation Form (HSO)** with their practice educator and/or designated pharmacist.
  - c) Students should meet with their practice educator/designated pharmacist to review their resume and discuss the student's skills and experiences to date.
- 4) Students have the first 72-hours of the practicum to upload the completed and signed **HSO Form** on Canvas. The practice educator does not need to sign the form. Failure to complete this safety requirement may result in the student being removed from the practice site until completed.

### Student Resource(s) on Canvas

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

## Verification of Activity Completion

Student	Practice Educator
<ul style="list-style-type: none"><li>• Student to upload their resume to E*Value one week prior to the practicum starting and notify their practice educator</li><li>• Student to upload completed and signed <b>HSO Form</b> on Canvas within the first 72-hours of the practicum</li><li>• No submission is required for the <b>72-Hour Checklist</b>.</li></ul>	<ul style="list-style-type: none"><li>• No verification required</li></ul>

## 2.3 Learning Contract<sup>4,5</sup>

### Purpose

In addition to the learning objectives outlined for the course, a Learning Contract is developed by the student to proactively identify their own personal learning objectives for the practicum. The Learning Contract is intended to enhance and guide the student's learning process throughout their required on-site activities as well as assist the student in assessing their own progress in attaining the learning objectives they have self-identified.<sup>6</sup> The Learning Contract is also intended to support continuity in learning needs as students transition to their next practicum, or practice, as well as to reinforce the role of self-directed and life-long learning in pharmacy practice. (Learning Objectives: DPC 19-21 and NDPC 5-7. See Sections 1.2 and 1.3)

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

- Learning Contract Form

### Process

- 1) During the first 72 hours of the practicum, the student must identify at minimum three personal, site-specific learning objectives and document these objectives in the "PLAN" section of the **Learning Contract** form. The student is encouraged to review their learning contract form from previous practicums.
  - a) The learning objectives should follow the commonly used "SMART" approach to guide with the process: **Specific, Measurable, Attainable, Relevant, Timely**
  - b) The learning objectives must be realistic and attainable and take into consideration the context of the site, available resources, and duration of the practicum. Objectives may be knowledge or skill based in nature; knowledge-related learning objectives are generally centered on certain therapeutic topics, while skill-related learning objectives pertain to learning "how" to complete a task.
- 2) By the end of the first 72-hours on practicum, the student is to review the "PLAN" section of their **Learning Contract** form with their practice educator and/or designated pharmacist.
  - a) The practice educator may help to clarify and articulate these learning objectives, as well as assist in identifying activities or resources to support the attainment of these proposed learning objectives.
  - b) The practice educator may also suggest or make modifications to the learning objectives to ensure they are appropriate and attainable by the completion of the practicum.
- 3) Throughout the practicum, the student is to complete activities to achieve the identified learning objectives.



- 4) At the mid-point of the practicum, the student is to review their progress towards attaining their learning objectives with the practice educator to determine which learning objectives have been met, and which ones still need to be met.
  
- 5) During the last week of the practicum, the student must ensure they have completed the “ACT” and “REFLECT” components of the **Learning Contract**. Following which, the student will review and discuss with the practice educator the progress in achieving the stated learning objectives.
  
- 6) Student to acknowledge the completion of this activity on the **Practicum Activities E\*Value Coursework** and submit for practice educator verification.

### Student Resource(s) on Canvas

- Action Words for Bloom’s Taxonomy
- Learning Objective Examples

### Verification of Activity Completion

Student	Practice Educator
<ul style="list-style-type: none"> <li>• Student to complete each section, PLAN-ACT-REFLECT, of the Learning Contract form at the appropriate intervals of time</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the <b>Practicum Activities E*Value Coursework</b></li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li> </ul>	

## 2.4 Service – PHRM 473 (DPC)

### Purpose

In all settings, pharmacists are ultimately responsible for ensuring that the care, services, and medications provided meet patient needs. Therefore, pharmacists often conduct service activities, which are an essential part of the day-to-day operations of their practice site; students will also have the opportunity to participate in these activities during their practicums. These activities may be in the context of professional services and/or operational activities such as applying for special authority, submitting reports, counseling, arranging medications on discharge, and dispensing medications to patients. (Learning Objectives: DPC 1-21; See Section 1.2)

Required Form(s)/Checklist(s) – None

### Process

- 1) During the first week of the practicum, the student will clarify and review with the practice educator, the site-specific policies and procedures required in order to engage in specific service activities. Students are encouraged to observe and ask questions to clarify the process for each service activity as needed.
- 2) The student will locate, review, and become familiar with the legal, regulatory, and professional requirements outlined by legislative bodies (e.g. provincial law), regulatory bodies (e.g. College of Pharmacists of BC), and site-specific policies, for the safe and complete provision of each of the service activities being undertaken.
- 3) Under the guidance and supervision of the practice educator and/or designated pharmacist, the student will participate, in full compliance with all legal, regulatory, and professional requirements, in various workflow and service activities as they arise in daily practice including, but not limited to:
  - Conducting medication reconciliation
  - Medication counseling
  - Clarifying prescriber orders
  - Adverse drug reaction reporting
  - Drug use evaluation
  - Chart reviews
  - Patient Safety and Learning System (PSLS) reporting
  - Professional and Specialty Services
  - Allergy assessments
  - Drug distribution and associated activities

- 4) Student to acknowledge the completion of all activities, including this activity, on the **Practicum Activities E\*Value Coursework** and submit for practice educator verification.

### Student Resource(s) on Canvas

- College of Pharmacists of BC:
  - o <http://www.bcpharmacists.org/professional-practice-policies-and-guides>
  - o <http://www.bcpharmacists.org/practice-review-program>
- *Suggested for community settings:*
  - o Patient Care Journal
  - o Requirements Checklist for Counseling
  - o BC Ministry of Health: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacies>
  - o BC Pharmacy Association: <https://www.bcpharmacy.ca/resource-centre/> (membership required)
- *Suggested for health authority settings (inpatient & outpatient):*
  - o Medication Reconciliation in the Inpatient Setting – A Student Guide
  - o Best Possible Medication History Interview – Student Guide
  - o Best Possible Medication Discharge Plan (BPMDP) Student Worksheet
  - o Best Possible Medication Discharge Plan (BPMDP) Counseling Student Guide
  - o Medication Schedule – Student Worksheet

### Verification of Activity Completion

Student	Practice Educator
<ul style="list-style-type: none"> <li>• There is no minimum expectation for this activity. Students must participate in daily pharmacy workflow and service activities as required by the practice educator to successfully complete this course activity</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities E*Value Coursework</b></li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li> </ul>	

## 2.5 Patient Work Up – PHRM 473 (DPC)

### Purpose

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

Required Form(s)/Checklist(s) – None

### Process<sup>4,7</sup>

- 1) Students should review the **Requirements Checklist for Care Plans** and additional relevant course materials regarding the patient care thought process from preceding courses in the program curriculum prior to beginning their practicum.
- 2) Under the guidance and supervision of the practice educator and/or designated pharmacist, students will complete patient workups. Types of patient workups include, but are not limited to:
  - Non-prescription assessment (e.g. over-the-counter, natural health products, etc.)
  - New prescription assessment
  - Refill prescription assessment
  - Full patient work up
- 3) For each patient workup, the care that students provide to each patient should include:
  - Conducting patient assessments (including, but not limited to, gathering patient specific data, conducting patient interviews, allergy assessments etc.) to identify and prioritize drug therapy problems,
  - Developing and implementing care plans that address the desired patient specific outcomes,
  - Completing follow-up evaluations with the patient
  - Providing education and counselling, and
  - Following up with relevant health care providers within the circle of care
  - Maintaining seamless care through any transitions in care providers (e.g. transferring wards/services, discharges, etc.)

Care provided should be consistent with the principles of pharmaceutical care described in the program curriculum and in *Cipolle RJ, Strand LM, Morley PC Pharmaceutical Care Practice: The Patient Centered Approach to Medication Management, McGraw Hill, 2012.*

- 4) Students must report their patient workup and all recommendations, including any documentation completed, with the practice educator prior to discussing with the patient/caregiver, physician, or other health care provider. Documentation requirements may vary between sites and will be determined by the practice educator and should be in compliance with all professional and legal requirements.
  
- 5) Student to acknowledge the completion of all activities, including this activity, on the **Practicum Activities E\*Value Coursework** and submit for practice educator verification.

### Student Resource(s) on Canvas

- Care Plan Documentation Tips
- *Suggested for community settings:*
  - Pharmacotherapy Workup Notes – Assessment<sup>8,9</sup>
  - Care Plan Form
  - Allergy Assessment Form
  - Follow Up Evaluation form
  - Requirements Checklist for Best Possible Medication History (BPMH) Interview
  - Requirements Checklist for Allergy Assessment
  - Requirements Checklist for Care Plans
  - Requirements Checklist for Follow Up Evaluation
- *Suggested for health authority settings (inpatient & outpatient):*
  - Requirements Checklist for Inpatient Presentation to Practice Educator
  - Inpatient Patient Work-Up Form
  - Working Up a Patient in the Inpatient Setting – A Student Guide
  - Pharmacist Approach to a Surgical Patient
  - Medication Reconciliation Activity

### Verification of Activity Completion

Student	Practice Educator
<ul style="list-style-type: none"> <li>• <b>4-Week Practicum:</b> Students are expected to assess and provide pharmaceutical care to a minimum of <b>eight patients</b>. This number may differ depending on the practice site/setting.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities E*Value Coursework</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>8-Week Practicum:</b> Students are expected to assess and provide pharmaceutical care to a minimum of <b>16 patients</b>. This number may differ depending on the practice site/setting.</li> </ul>	
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li> </ul>	

## 2.6 Drug Information Response<sup>4</sup> – PHRM 473 (DPC)

### Purpose

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

Required Form(s)/Checklist(s) – None

### Process

- 1) The student is to identify and discuss with the practice educator and/or designated pharmacist resources and references available at the practice site to assist in the provision of drug information. The student is to become familiar with the context and focus of each.
- 2) The student will complete drug information responses, as requested by patients, practice educators, physicians, pharmacists, and other health care providers. For each, the student must:
  - a) Clearly define the specific question being asked and when the response is due. Using the **Drug Information Request and Response** form, or an appropriate site-specific documentation tool, gather appropriate background information relating to the drug information request. Use additional support documents, such as the **Inpatient Work Up Form** or **Pharmacotherapy Workup Notes – Assessment**<sup>8,9</sup> form, to assist in gathering pertinent patient information if the drug information request is patient specific.
  - b) Articulate relevant background information to provide the general context from which the question arises. The general context is necessary when formulating the real question that needs to be answered and to ensure the information provided will be applicable and appropriate for the recipient of the drug information response.
  - c) If the drug information request is patient specific, complete a pharmacotherapy workup<sup>8</sup> in order to capture all relevant patient information.
  - d) Review **How to Perform a Literature Search**<sup>10</sup> video.
  - e) Perform a search of the resources, references, and evidence to respond to the question. Consider the type/nature of the question to help guide the use of appropriate resources and use primary resources where possible.
  - f) Critically appraise and evaluate the information
  - g) Compose an evidence-based response to the drug information request, in the format requested by the practice educator using appropriate referencing and scientific-writing skills if relevant. Examples include written response, a verbal report, or a written note appropriate for inclusion in the medical record.
  - h) Indicate all references used to procure the answer and cite them using Vancouver Style.

- 3) Student to review and discuss response to each drug information request with the practice educator and/or designated pharmacist in a timely manner.
- 4) If possible, under the direct supervision of your practice educator and/or designated pharmacist, provide the drug information response to the person requesting the drug information either verbally and/or in writing, as the situation requires.
- 5) If new information arises that changes your drug information response, follow-up as required.
- 6) Student to acknowledge the completion of all activities, including this activity, on the **Practicum Activities E\*Value Coursework** and submit for practice educator verification.

### Student Resource(s) on Canvas

- Drug Information Request and Response Form
- Requirements Checklist for Drug Information Response
- “How to Perform a Literature Search” video<sup>10</sup>
- Drug Information Example from PHRM 251
- UBC Library: Pharmacy Literature Search Skills Tutorial – <http://guides.library.ubc.ca/pharmacysearchskills>
- *Suggested for community settings:*
  - Pharmacotherapy Workup Notes – Assessment<sup>8,9</sup>
- *Suggested for health authority settings (inpatient & outpatient)*
  - Inpatient Work Up Form

### Verification of Activity Completion

Student	Practice Educator
<ul style="list-style-type: none"> <li>• <b>4-Week Practicum:</b> Students are expected to complete <b>one drug information response</b> as outlined in this activity and present and discuss each response with their practice educator for assessment and feedback. This number may differ depending on the practice site/setting.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities E*Value Coursework</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>8-Week Practicum:</b> Students are expected to complete <b>two drug information responses</b> as outlined in this activity and present and discuss each response with their practice educator for assessment and feedback. This number may differ depending on the practice site/setting.</li> </ul>	
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li> </ul>	

## 2.7 Presentation – PHRM 473 (DPC)

### Purpose

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

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

### Process

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

1) **Plan**

Determine the specific topic for each presentation, as well as the duration, audience, and format of the presentation. The specific topic is to be approved by the practice educator, however students are encouraged to discuss any areas of interest with their practice educator. Students may present to the practice educator, pharmacy staff, other health care professionals, patients, the public, or others as directed. Microsoft PowerPoint (or equivalent) presentations, though not a course requirement, may be required by the practice site or may be a presentation format that students find helpful.

2) **Prepare**

Prepare for the presentation on their own time outside of the onsite practicum hours

- a) Structure presentation for allotted time and tailor content to learning needs of the intended audience (e.g. patient-friendly language if presenting to the public)
- b) Prepare presentation in advance to allow time for review and feedback by the practice educator and incorporation of any suggested edits as required
- c) Develop clear and effective visual aids or presentation tools as required; organize and display information in a coherent and comprehensive format for delivery. Prepare handouts in advance of the presentation if applicable. All such materials must be reviewed by the practice educator and/or designated pharmacist before distribution.
- d) Practice to ensure an organized and well-paced presentation
- e) Anticipate and prepare for questions the audience may have in advance

3) **Deliver**

Conduct the presentation with clear delivery, tailored to the audience.

- a) Keep track of time and pacing of the presentation.



- b) Use appropriate verbal communication for the intended audience to articulate information with correct terminology.
  - c) Use appropriate non-verbal communication to show confidence and to enhance interest and audience comprehension.
  - d) Listen carefully and effectively respond to audience questions; do not guess at an answer.
- 4) Following completion of each presentation, the student should request to receive feedback and comments from the practice educator and/or designated pharmacist, in order to implement any required changes prior to the next presentation. The **Presentation Evaluation Form** and **Requirements Checklist for Presentation** are tools that can be provided to practice educators to collect feedback.
- 5) Student to acknowledge the completion of all activities, including this activity, under the **Practicum Activities** form on the **E\*Value Learning Modules Coursework** site and submit form for practice educator verification.

#### Student Resource(s) on Canvas

- Requirements Checklist for Presentation
- Presentation Evaluation Form
- Canvas – Professional Communications Hub: <https://canvas.ubc.ca/courses/11842>
- Formal Patient Case Presentation – Overview & Tips for Success
- Case Presentation Map
- Nursing In-Service Map
- NERD Critical Appraisal Tools - <https://nerdcat.org/>
- Presentation examples

#### Verification of Activity Completion

Student	Practice Educator
<ul style="list-style-type: none"> <li>• <b>4-Week Practicum:</b> Students are expected to complete <b>one presentation</b>. This number may differ depending on the practice site/setting.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify that the student has completed the minimum requirements for this activity</li> </ul>
<ul style="list-style-type: none"> <li>• <b>8-Week Practicum:</b> Students are expected to complete <b>two presentations</b>. This number may differ depending on the practice site/setting.</li> </ul>	
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities E*Value Coursework</b></li> </ul>	

## 2.8 Giving Feedback to the Practice Educator

### Purpose

Providing feedback is a critical skill for pharmacists and is an essential element in any productive workplace environment. An effective student-practice educator partnership begins with an open dialogue, including respectful, professional, and constructive communication throughout the practicum. Students will assume an active role in the feedback process as timely and constructive feedback will assist the practice educator(s) in enhancing the student's learning experience on-site. (Learning Objectives: DPC 19-21 and NDPC 5-7. See Sections 1.2 and 1.3)

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

- E\*Value Evaluation Form: Student Evaluation of the Practice Educator and Practice Site

### Process

- 1) On your course Canvas site or through the Professional Communications Hub on Canvas, review the video **Giving Feedback Part 1**.<sup>11</sup>
- 2) On the first day of the practicum, establish a commitment to feedback conversations at regular intervals (e.g. five minute daily feedback sessions at the end of each day with your practice educator) to solicit feedback on what went well that day and what could be improved on. For this activity, seek permission from the practice educator to provide feedback to them as well. This establishes two-way dialogue at the outset of the practicum.
- 3) Throughout the practicum, reflect on what the practice educator is doing well and what they might be able to improve on, with respect to the student learning experience on-site. Incorporate any other areas that may be effective or ineffective for student learning and make consideration to the learning opportunities that are realistic and available at the practice site.
- 4) At the agreed-upon times, ask for permission again to provide feedback to your practice educator and share your feedback while maintaining tact and professionalism at all times.

Note: We encourage these feedback conversations to be collaborative and bidirectional (e.g. student and practice educator both provide feedback to one another)

- 5) At the end of the practicum, as a summative evaluation for the practice educator, complete the **Student Evaluation of the Practice Educator and Practice Site** on E\*Value and discuss this with the practice educator. This form on E\*Value will only be generated for the designated practice educator completing the final assessment for the student. If there is more than one practice educator involved in the student's learning, consider providing feedback to all practice educators either verbally or in writing.

Note: This evaluation is not anonymous and responses are visible to the practice educator(s) and the OEE.

- 6) Student to acknowledge having reviewed and discussed their **Student Evaluation of the Practice Educator and Practice Site** with the practice educator on the **Practicum Activities E\*Value Coursework** and submit for practice educator verification.

#### Student Resource(s) on Canvas

- Giving Feedback Part 1 Video<sup>11</sup>
- Student Evaluation of the Practice Educator and Practice Site (provided for reference, but actual form completed online on E\*Value by the student)

#### Verification of Activity Completion

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

## 2.9 Self-Assessment

### Purpose

Students will be asked to self-assess their knowledge, skills, and professional attributes while on practicum. Students will reflect on progress made as well as develop actionable steps going forward for improvement. This activity will create an opportunity for continual self-evaluation, which is an important skill required of all pharmacists. This also serves to provide formal checkpoints for practice educators to provide students with timely and regular feedback to ensure students remain on track for their practicum. (Learning Objectives: DPC 19-21 and NDPC 5-7. See Sections 1.2 and 1.3)

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

- E\*Value Coursework: Self-Assessment

### Process

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

- a) **Knowledge\*\* & Skills**

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

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

- b) **Professionalism**

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

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

**\*Note:** Practice Educator Assessment of Student form varies depending on the practicum setting. Please see Section 3.1 for more details.

**\*\*Note:** Excluded from NDPC practicums

2) The student will then log in to E\*Value and document their reflection on their performance using the **Self-Assessment E\*Value Coursework** fields (questions as above) and submit for practice educator review.

- **For Four-Week Practicums:**

At the time of the scheduled midpoint assessment (at the end of week 2), the student will first initiate a review of their completed **Self-Assessment E\*Value Coursework** with their practice educator and/or designated pharmacist. The practice educator will then review their completed midpoint assessment with the student. The student will make any necessary revisions to their action plan based on the collaborative discussion and review of both assessments.

- **For Eight-Week Practicums:**

At the end of weeks 2 and 6, the student will review the completed **Self-Assessment E\*Value Coursework** with their practice educator and/or designated pharmacist. The student will make any necessary revisions to their action plan based on the collaborative discussion and review of the self-assessment.

3) The student will submit their completed **Self-Assessment E\*Value Coursework** for practice educator verification.

### Student Resource(s) on Canvas

- Practice Educator Assessment of Student Form (also in Appendix 1 and 2)
- Self-Assessment Examples

### Verification of Activity Completion

Student	Practice Educator
<ul style="list-style-type: none"> <li>• <b>4-Week Practicum:</b> By the midpoint assessment (end of Week 2), the student is to submit the completed <b>Self-Assessment E*Value Coursework</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>4-Week Practicum:</b> Practice educator to verify satisfactory completion at the midpoint assessment (end of Week 2) on the <b>Self-Assessment E*Value Coursework</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>8-Week Practicum:</b> <ul style="list-style-type: none"> <li>○ At the end of week 2, the student is to submit the completed <b>Self-Assessment E*Value Coursework</b></li> <li>○ At the end of week 6, the student is to submit the completed <b>Self-Assessment E*Value Coursework</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>8-Week Practicum:</b> <ul style="list-style-type: none"> <li>○ Practice educator to verify satisfactory completion at the end of Week 2 on the <b>Self-Assessment E*Value Coursework</b></li> <li>○ Practice educator to verify satisfactory completion at the end of Week 6 on the <b>Self-Assessment E*Value Coursework</b></li> </ul> </li> </ul>

## SECTION 3 – ASSESSMENT PROCESSES

### 3.1 Assessment Processes

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

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

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

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

For PHRM 272 which is 2 weeks, one formal written summative assessment is completed at the end the practicum.

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

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

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

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

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

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

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

## 3.2 Grade Assignment

The Pharmacy 473 practicum is Pass-Fail grading. Students must be successful in ALL the required course components in order to be successful in each course, respectively. The required course components for each course include:

1) **Completion of Required Practicum Hours**

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

2) **Practice Educator Assessment of Student**

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

3) **Evidence of Learning**

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

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

UBC FOPS Academic Regulations:

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

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

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

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



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

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

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

## SECTION 4 – OFFICE OF EXPERIENTIAL EDUCATION CONTACT INFORMATION

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

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

### Faculty Course Coordinator & Portfolio

### Course Number, Description

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

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

Ms. Gabriella Wong (Maternity-Leave Replacement)  
 Service Learning &  
 Community Engagement (Non-Rx),  
 (604) 827 0041  
[gabriella.wong@ubc.ca](mailto:gabriella.wong@ubc.ca)

PHRM 270 Community Service Learning

Mr. Julian Lee (Maternity-Leave Replacement)  
 Student Transition (Inpatient) &  
 Health Authority Engagement (IPPE)  
 604-822-6107  
[julian.lee@ubc.ca](mailto:julian.lee@ubc.ca)

PHRM 272 Introductory Pharmacy Practice Experience (IPPE) – Inpatient

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

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

Dr. Neelam Dhaliwal  
 Practice Educator Development & Community  
 Engagement (Rural/Remote)  
 (604) 827 4243  
[neelam.dhaliwal@ubc.ca](mailto:neelam.dhaliwal@ubc.ca)

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

Mr. Paulo Tchen  
 Student Transition (Outpatient),  
 Community Engagement (APPE) &  
 Community Outreach  
 (604) 827 0173  
[paulo.tchen@ubc.ca](mailto:paulo.tchen@ubc.ca)

PHRM 471 Advanced Pharmacy Practice Experience (APPE) – Outpatient

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

PHRM 251 Institutional Practice Skills Course  
PHRM 472 Advanced Pharmacy Practice Experience  
(APPE) – Inpatient  
PHRM 473 Selected Advanced Pharmacy Practice  
Experience (APPE) – Inpatient Direct Patient Care Settings

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

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

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

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

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

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

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

## Administrative Support Team

Ms. Vicky Lai  
Senior Program Assistant  
(604) 822 8077  
[vicky.lai@ubc.ca](mailto:vicky.lai@ubc.ca)

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

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

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

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

For enquiries about the above or questions about our experiential education program, please contact [phar.oe@ubc.ca](mailto:phar.oe@ubc.ca).

## Off-Hours Issues

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

### Crisis and After-Hours Contacts

- Vancouver Crisis Line | 1 800 SUICIDE (784 2433)
- Crisis Centre BC | <http://crisiscentre.bc.ca/>
- Victim Link | 1 800 563 0808 (services in 110 languages)
- Empower Me | <http://studentcare.ca>

For additional student supports, please see Section 5 – Student Supports and University Resources.

## SECTION 5 – STUDENT SUPPORTS AND UNIVERSITY RESOURCES

### Office of Experiential Education

Primary liaison for students and practice educators and facilitates all experiential learning that students engage in during their program at UBC Pharm Sci

- 604 822 8077
- [phar.oe@ubc.ca](mailto:phar.oe@ubc.ca)
- <https://pharmsci.ubc.ca/practice-educators>

### Empower Me

24/7 counselling and life coaching for UBC students online, in person, or by phone

- 1 844 741 6389 (toll-free)
- <http://www.studentcare.ca>

### UBC Counseling Services

Students can drop in to book an appointment with a Wellness Advisor for assessment and referral to an appropriate support

- 604 822 3811
- <https://students.ubc.ca/support>

### UBC Student Health Services or student's family doctor or nearest medical clinic

On-campus health assessments and treatments provided by doctors, nurses, and specialists

- 604 822 7011
- [student.health@ubc.ca](mailto:student.health@ubc.ca)
- <https://students.ubc.ca/health>

### UBC Enrolment Services Advisors

Helps students navigate UBC, from making a budget or applying for loans to understanding UBC regulations and processes

- 604 822 9836
- 1 877 272 1422 (toll-free)
- <https://students.ubc.ca/support>

### UBC Centre for Accessibility

Facilitates disability-related accommodations and programming initiatives for students with disabilities and ongoing medical conditions

- 604 822 5844
- [info.accessibility@ubc.ca](mailto:info.accessibility@ubc.ca)
- <https://students.ubc.ca/accessibility>

## SECTION 6 – REFERENCES

- 1) AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada 2017. Available at: [http://www.afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017\\_final%20Jun2017.pdf](http://www.afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017_final%20Jun2017.pdf)
- 2) NAPRA Professional Competencies for Canadian Pharmacists at Entry to Practice. Available at: [http://napra.ca/sites/default/files/2017-08/Comp\\_for\\_Cdn\\_PHARMACISTS\\_at\\_EntrytoPractice\\_March2014\\_b.pdf](http://napra.ca/sites/default/files/2017-08/Comp_for_Cdn_PHARMACISTS_at_EntrytoPractice_March2014_b.pdf)
- 3) Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://devmts.org.uk/dreyfus.pdf>
- 4) Adapted with permission from: 2011-2012 Structured Practical Experience Program, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, Ontario.
- 5) Adapted with Permission: College of Pharmacists BC, Professional Development and Assessment Program 2012.
- 6) Adapted with permission: Faculty of Medicine 2003 University of Manitoba, Winnipeg, Manitoba.
- 7) Adapted with permission: College of Pharmacists of British Columbia - Framework of Professional Practice: 2006.
- 8) Adapted with permission from: © 2009 Copyright Medication Management Canada and 2003-2005 Peters Institute of Pharmaceutical Care, Cipolle RJ, Strand LM, Morley PC Pharmaceutical Care Practice: The Clinician's Guide, McGraw Hill, 2004
- 9) Adapted with Permission: St.Paul's Hospital Pharmacy, Providence Health Care, Vancouver 2004
- 10) Pelletier, Tila. How to Perform a Literature Search [Internet]. Vancouver, BC. 2017 [cited 27 Feb 2018]. Video: 31 mins.
- 11) Ossareh S, Moshenko J. Giving Feedback Part 1 [Internet]. Vancouver, BC. 2017 [cited 13 Dec 2018]. Video: 34 mins.

# APPENDIX 1 – DIRECT PATIENT CARE PRACTICE EDUCATOR ASSESSMENT OF THE STUDENT FORM

## 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 mechanically. 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 needed 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	Medical conditions - 5 to 7 Number of medications - 7+
PHRM 471	Moderate	
PHRM 472	Moderate	
PHRM 473	Moderate	

### Levels of Practice Educator Guidance

The guidance required by the student is expected to gradually decrease as the student's performance level increases. Initially, students will need closer supervision and instruction whereas by the end of the practicum, students are expected to take more responsibility for their work and will have greater autonomy in their practice judgement and clinical decision making.

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

- 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 use professional judgement 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?

The table below describes the levels of practice educator guidance which exist on a spectrum used in this assessment form

Level of Practice Educator Guidance	Student Characteristics
Significant Guidance	The student has difficulty taking initiative, requires frequent prompting, and may make inappropriate judgements. The student requires regular intervention, close supervision, and frequent support from the practice educator.
Some Guidance	The student regularly demonstrates one or two positive attributes and is 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.
Minimal Guidance	The student takes initiative readily and uses own judgement appropriately to complete most tasks, but may lack refinement at times. The practice educator intervenes infrequently.
Independent	The student is able to take full responsibility for their work and is proactive and self-directed in the completion of their assigned tasks.

## Knowledge

		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).
	Midpoint					
	Final					
	Please provide evidence to support your rating:					

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
<b>CARE PROVIDER SCHOLAR</b>	<b>2) Knowledge of Pharmaco- therapeutics -</b> 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 pharmaco-therapeutic 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:					

		Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient
<b>CARE PROVIDER LEADER-MANAGER</b>	<b>3) Knowledge of Safe Medication Practices and Requirements -</b> 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	<b>4) Patient and Workflow Prioritization</b> - 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 <b>significant guidance</b> 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 <b>some guidance</b> 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 <b>minimal guidance</b> 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.	<b>Independently</b> 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	<b>5) Relationship with Patient</b> - 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 <b>significant guidance</b> , begins to apply appropriate communication, interview skills, and respectful listening in practice. Requires considerable coaching and supervision during patient interactions.	With <b>some guidance</b> , initiates patient interactions. Focuses on information collection and unable to consistently recognize verbal or non-verbal cues.	With <b>minimal guidance</b> , 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 <b>independently</b> 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	<b>6) Patient Information Gathering and Best Possible Medication History</b> - 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 <b>significant guidance</b> 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 <b>some guidance</b> 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 <b>minimal guidance</b> 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.	<b>Independently</b> 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
CARE PROVIDER SCHOLAR	7) <b>Medical Problem List</b> - 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 <b>significant guidance</b> , identifies the chief medical problem(s) and other issues. Requires considerable coaching to prioritize medical problems based on acuity.	With <b>some guidance</b> 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 <b>minimal guidance</b> identifies the chief medical problem(s) and most other issues. Accurately prioritizes based on level of acuity, providing appropriate justification.	<b>Independently</b> 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
CARE PROVIDER HEALTH ADVOCATE SCHOLAR	8) <b>Drug Therapy Problems</b> - 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 <b>significant guidance</b> , is able to identify some actual and potential drug therapy problems. Does not consistently assess medications for appropriateness and requires considerable coaching.	With <b>some guidance</b> , 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 <b>minimal guidance</b> , 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.	<b>Independently</b> 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
CARE PROVIDER COLLABORATOR COMMUNICATOR HEALTH ADVOCATE SCHOLAR	9) <b>Desired Outcomes &amp; Goals of Therapy</b> - 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 <b>significant guidance</b> , identifies some basic/obvious goals of therapy, but requires considerable coaching to identify disease-specific goals.	With <b>some guidance</b> , identifies and justifies most basic/obvious goals of therapy, but requires coaching to make them patient-specific.	With <b>minimal guidance</b> , identifies and justifies goals of therapy that are specific and measurable, incorporating the patient's personal values and preferences most of the time.	<b>Independently</b> 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
CARE PROVIDER SCHOLAR	<p><b>10) Therapeutic Alternatives</b> - 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)</p>	Unable to identify basic therapeutic alternatives despite significant guidance.	With <b>significant guidance</b> , able to identify some basic therapeutic alternatives. Requires considerable coaching to integrate relevant patient data and therapeutic knowledge.	With <b>some guidance</b> , able to integrate relevant patient data and therapeutic knowledge to identify some therapeutic alternatives, but requires coaching/prompting to develop a comprehensive list.	With <b>minimal guidance</b> , 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.	<b>Independently</b> 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
CARE PROVIDER COLLABORATOR COMMUNICATOR HEALTH ADVOCATE LEADER-MANAGER SCHOLAR	<p><b>11) Therapeutic Recommendations</b> - 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)</p>	Unable to make appropriate, patient-specific therapeutic recommendations for identified drug therapy problems despite significant guidance.	With <b>significant guidance</b> , makes therapeutic recommendations for some drug therapy problems. Requires considerable coaching/prompting to incorporate patient data and explain/justify recommendations.	With <b>some guidance</b> , makes therapeutic recommendations, drawing on superficial therapeutic knowledge and some patient data. Requires coaching to communicate recommendations to the health care team.	With <b>minimal guidance</b> , 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.	<b>Independently</b> 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	
CARE PROVIDER COLLABORATOR SCHOLAR	<p><b>12) Monitoring Plan, Follow Up &amp; Continuity of Care</b> - 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)</p>	Unable to design a monitoring plan addressing general efficacy and safety endpoints despite significant guidance.	With <b>significant guidance</b> and considerable coaching, designs a basic monitoring plan. Does not recognize educational needs of the patient or opportunities for continuity of care.	With <b>some guidance</b> , 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 <b>minimal guidance</b> , 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.	<b>Independently</b> 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 <b>significant guidance</b> 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 <b>some guidance</b> to keep documentation organized, relevant and concise.	Documents appropriately in an accepted structured format. Requires <b>minimal guidance</b> in incorporating pertinent information in an organized, accurate and complete manner, but articulation of therapeutic issues may lack refinement.	<b>Independently</b> , 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 <b>significant guidance</b> , 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 <b>some guidance</b> , 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 <b>minimal guidance</b> , 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.	<b>Independently</b> 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 <b>significant guidance</b> , 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 <b>some guidance</b> , 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 <b>minimal guidance</b> , effectively responds to most questions. Demonstrates an appropriate literature search strategy and sometimes applies critical appraisal skills.	<b>Independently</b> 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)

PROFESSIONAL	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		
LEADER-MANAGER PROFESSIONAL	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		
CARE PROVIDER PROFESSIONAL	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 2 – NON-DIRECT PATIENT CARE PRACTICE EDUCATOR ASSESSMENT OF THE STUDENT FORM

## 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.

### Levels of Practice Educator Guidance

The guidance required by the student is expected to gradually decrease as the student's performance level increases. Initially, students will need closer supervision and instruction whereas by the end of the practicum, students are expected to take more responsibility for their work and will have greater autonomy in their practice judgement and clinical decision making.

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

- 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 use professional judgement 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?

The table below describes the levels of practice educator guidance, which exist on a spectrum, used in this assessment form.

Level of Practice Educator Guidance	Student Characteristics
↑ Significant Guidance	The student has difficulty taking initiative, requires frequent prompting, and may make inappropriate judgements. The student requires regular intervention, close supervision, and frequent support from the practice educator.
Some Guidance	The student regularly demonstrates one or two positive attributes and is 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.
Minimal Guidance	The student takes initiative readily and uses own judgement appropriately to complete most tasks, but may lack refinement at times. The practice educator intervenes infrequently.
↓ Independent	The student is able to take full responsibility for their work and is proactive and self-directed in the completion of their assigned tasks.

### Skills

	Does Not Meet Expected Level of Performance	Meets Expected Level of Performance	Exceeds Expected Level of Performance
<b>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.</b> (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:

	Does Not Meet Expected Level of Performance	Meets Expected Level of Performance	Exceeds Expected Level of Performance
<b>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.</b> (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 Expected Level of Performance</u>	<u>Meets Expected Level of Performance</u>	<u>Exceeds Expected Level of Performance</u>
<b>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</b> (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 Expected Level of Performance</u>	<u>Meets Expected Level of Performance</u>	<u>Exceeds Expected Level of Performance</u>
<b>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</b> (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 Expected Level of Performance</u>	<u>Meets Expected Level of Performance</u>	<u>Exceeds Expected Level of Performance</u>
<b>Communicator &amp; 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.</b> (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:			

**Professionalism (Attitudes and Behaviors)**

PROFESSIONAL	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		
LEADER-MANAGER PROFESSIONAL	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		
PROFESSIONAL	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:			



## Overall Assessment<sup>xxx</sup>

	<u>Does Not Meet</u> Expected Level of Performance	<u>Meets</u> Expected Level of Performance	<u>Exceeds</u> Expected Level of Performance
Demonstrate the ability to meet ALL practicum objectives (i.e. criteria as listed above and the practicum specific objectives as outlined by the practice educator in the practicum specific manual).	Despite significant guidance unable to demonstrate initiative in meeting practicum objectives and is overly reliant on others providing direction.	With minimal guidance, able to demonstrate the ability to achieve practicum objectives.	Independently able to demonstrate the ability to achieve practicum objectives, often exceeding expectations.
At mid-point evaluation			
At final evaluation			
Please provide evidence to support your rating:			

Please provide a description of the projects, presentations and other unique activities or assignments that the student completed during the practicum.

Projects:

Other unique activities or assignments:

Comments:

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.

¥ Adapted with permission from Dr. P. Gerber's LEAP Practice Educator Assessment of the Student. UBC FoPS LEAP Elective Course. © UBC FoPS September 2017.

¥¥ Canadian Hospital Pharmacy Residency Board Accreditation Standards. <https://www.cshp.ca/sites/default/files/residency/CPRB-Accreditation-Standards-2010.pdf>

¥¥¥ Allowed to adapt with permission from the University of Toronto, Leslie Dan Faculty of Pharmacy, for use in the academic pharmacy program at the University of British Columbia.

# APPENDIX 3 – NON-DIRECT PATIENT CARE LEAP PRACTICE EDUCATOR ASSESSMENT OF THE STUDENT FORM

## Non-Direct Patient Care: LEAP - Practice Educator Assessment of Student

### Expectations for 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.

For the final assessment, students must meet the expected level of performance rating for all criteria to successfully complete the practicum.

If the student "Does not meet expected level of performance" on 1 or more criteria at the mid-point and/or final assessment, please the PHRM 473 Non-Direct Patient Care Practicums Coordinator at [phar.oe@ubc.ca](mailto:phar.oe@ubc.ca) immediately.

### 1. KNOWLEDGE

Criteria and Student Performance	N/A	Does Not Meet Expected Level of Performance	Meets Expected Level of Performance	Exceeds Expected Level of Performance	COMMENTS
<b>1. Knowledge of leadership theory, concepts, and techniques</b>		Unable to demonstrate adequate knowledge of leadership theory, concepts and techniques.	Demonstrates <i>adequate</i> knowledge of leadership theory, concepts and techniques.	Consistently demonstrates <i>extensive</i> knowledge of leadership theory, concepts and techniques.	
At mid-point evaluation					
At final evaluation					

### 2. SKILLS

Criteria and Student Performance	N/A	Does Not Meet Expected Level of Performance	Meets Expected Level of Performance	Exceeds Expected Level of Performance	COMMENTS
<b>2. Problem solving skills (Identifying issues and proposing solutions)</b>		Unable to identify issues, concerns or problems in the existing situation and/or propose viable solutions/considerations.	On <i>most occasions</i> identifies issues, concerns or problems in the existing situation and proposes viable solutions/considerations.	<i>Consistently</i> identifies issues, concerns or problems in the existing situation and proposes viable solutions/considerations.	
At mid-point evaluation					
At final evaluation					
<b>3. Project work and implementation</b>		Requires prompting and direction to work on leadership project and identifies <i>some</i> of the necessary steps for implementing the project.	Works on the leadership project assigned and identifies <i>most</i> of the necessary steps for implementing the project. Needs minimal prompting and requests appropriate guidance.	Shows exemplary work on the leadership project and identifies all the necessary steps for implementing the project.	
At mid-point evaluation					
At final evaluation					
<b>4. Ability to meet project goals and objectives</b>		Achieves <i>some</i> of the goals and objectives of the leadership project.	Achieves <i>most</i> of the goals and objectives of the leadership project.	Achieves <i>all</i> the goals and objectives of the leadership project.	
At mid-point evaluation					
At final evaluation					
<b>5. Time management skills</b>		Misses some deadlines for assigned tasks. Needs prompting to complete tasks.	On <i>most occasions</i> completes assigned tasks in a timely manner and independently.	Consistently completes assigned tasks in a timely manner and independently.	
At mid-point evaluation					
At final evaluation					
<b>6. Professional presentation skills</b>		Demonstrates an inability to adequately prepare, organize, develop, and/or deliver presentations.	Demonstrates ability to prepare, organize, develop, and deliver adequate presentations	Demonstrates exceptional ability to prepare, organize, develop, and deliver effective presentations.	
At mid-point evaluation					
At final evaluation					

<b>7. Communication Skills</b>		Demonstrates poor or unprofessional verbal and/or written communication and/or listening skills	Demonstrates adequate professional verbal and written communication and listening skills	Demonstrates exceptional professional verbal and written communication and listening skills.
At mid-point evaluation				
At final evaluation				
<b>8. Leading meetings</b>		Unable to lead meeting(s) effectively.	Leads meeting(s) by engaging participants, providing direction and guidance, achieving most goals and objectives and finishing in a reasonably timely manner.	Effectively leads meeting(s) by engaging participants, providing direction and guidance, achieving all goals and objectives, and finishing in a timely manner.
At mid-point evaluation				
At final evaluation				
<b>9. Team leadership skills</b>		Unable to demonstrate leadership skills and/or is poorly regarded by team members	On most occasions demonstrates effective team leadership skills and is well regarded by team members.	Consistently demonstrates effective team leadership skills and is highly regarded by team members.
At mid-point evaluation				
At final evaluation				
<b>10. Strategic thinking and planning</b>		Unable to demonstrate ability to think strategically.	On most occasions, demonstrates ability to think strategically.	Consistently demonstrates ability to think strategically.
At mid-point evaluation				
At final evaluation				

### 3. ATTITUDES, BEHAVIOURS, AND PROFESSIONALISM

Criteria and Student Performance	N/A	<u>Does Not Meet</u> Expected Level of Performance	<u>Meets</u> Expected Level of Performance	<u>Exceeds</u> Expected Level of Performance	COMMENTS
<b>11. Leadership behavior, values and traits</b>		Unable to demonstrate leadership behavior and understanding of leadership values and traits.	On most occasions demonstrates leadership behavior and understanding of leadership values and traits.	Consistently demonstrates leadership behavior and understanding of leadership values and traits.	
At mid-point evaluation					
At final evaluation					
<b>12. Self-awareness and reflection</b>		Unable to define personal strengths, weaknesses, and self-behaviors consistent with effective leadership.	Demonstrates some awareness of and insight into personal strengths, weaknesses, and self-behaviors consistent with effective leadership.	Demonstrates awareness of and insight into personal strengths, weaknesses, and self-behavior consistent with effective leadership.	
At mid-point evaluation					
At final evaluation					
<b>13. Reliability, motivation, and response to feedback</b>		Unable to consistently complete assigned projects and tasks, requires significant assistance. Unable to demonstrate initiative and/or engagement in self-directed learning. Unable to consistently openly receive constructive feedback and modify behavior accordingly	On most occasions completes assigned projects and tasks with minimal or no assistance. On most occasions demonstrates initiative and engages in self-directed learning. Encourages and evaluates constructive feedback and modifies behavior accordingly.	Promptly and thoroughly completes assigned tasks with minimal or no assistance. Consistently demonstrates initiative and engages in self-directed learning. Encourages and evaluates constructive feedback and modifies behavior accordingly.	
At mid-point evaluation					
At final evaluation					

#### COMMENTS

Please provide specific comments on the student's **strengths** and **areas for improvement** in:

**Strengths (Leadership Skills):**

**Strengths (Communications):**

**Strengths (Strategic Thinking/Planning):**

**Areas of Improvement (Leadership Skills):**

**Areas of Improvement (Communications):**

**Areas of Improvement (Strategic Thinking/Planning):**

Please provide a description of the projects, presentations and other unique activities or assignments that the student completed during the practicum.

**Projects:**

**Presentations:**

**Other unique activities or assignments:**

**Comments:**

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 – COURSE SCHEDULES

There is no overall course schedule for PHRM 473. Students may have unique experiences and variable timing of activities in each practice site. Learning activities are scheduled by individual practice educators and practice sites, according to practice setting and practice site needs.

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

The following examples of course schedules may be used as a starting point to plan out weekly activities. For PHRM 473 (NDPC) LEAP students, please refer to the LEAP Manual.

### A.4.a Example 4-week PHRM 473 Course Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	<input type="checkbox"/> Complete and submit the UBC Pharmacy Student Health and Safety Orientation <input type="checkbox"/> Review student resume and 72-hour Checklist with practice educator <input type="checkbox"/> Orientation to pharmacy staff & services	<input type="checkbox"/> Ensure practice educator can access E*Value <input type="checkbox"/> Review Learning Contract (PLAN section) with practice educator			<input type="checkbox"/> Reflect on activities completed and have a plan for Week 2
	<input type="checkbox"/> Establish expectations and mechanism for communicating with and reporting to practice educator <input type="checkbox"/> Work on practicum activities as per the PHRM 473 Practicum Handbook, Practicum Specific Manual, and/or as directed by your practice educator or designated pharmacist <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/intervals				
Week 2	<input type="checkbox"/> Work on practicum activities as per the PHRM 473 Practicum Handbook, Practicum Specific Manual, and/or as directed by your practice educator or designated pharmacist <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/intervals				<input type="checkbox"/> Complete Self-Assessment E*Value Coursework for Week 2 <input type="checkbox"/> <b>MIDPOINT ASSESSMENT</b> <input type="checkbox"/> Revisit Learning Contract <input type="checkbox"/> Reflect on activities completed have a plan for Week 3
Week 3	<input type="checkbox"/> Work on practicum activities as per the PHRM 473 Practicum Handbook, Practicum Specific Manual, and/or as directed by your practice educator or designated pharmacist <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/intervals				<input type="checkbox"/> Reflect on activities completed have a plan for Week 4
Week 4	<input type="checkbox"/> Revisit Learning Contract and complete ACT and REFLECT sections <input type="checkbox"/> Work on practicum activities as per the PHRM 473 Practicum Handbook, Practicum Specific Manual, and/or as directed by your practice educator or designated pharmacist <input type="checkbox"/> Discuss feedback provided to practice educator in Student Evaluation of the Practice Educator and Practice site <input type="checkbox"/> Complete and review all required course work with practice educator and/or designated pharmacist and submit Practicum Activities E*Value Coursework by deadline				<input type="checkbox"/> <b>FINAL ASSESSMENT</b> <input type="checkbox"/> Complete Student Evaluation of OEE Course on E*Value by deadline <input type="checkbox"/> Complete Student Evaluation of Practice Educator and Practice Site on E*Value by deadline

## A.4.b Example 8-week PHRM 473 Course Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	<input type="checkbox"/> Complete and submit the UBC Pharmacy Student Health and Safety Orientation <input type="checkbox"/> Review student resume and 72-hour Checklist with practice educator <input type="checkbox"/> Orientation to pharmacy staff & services	<input type="checkbox"/> Ensure practice educator can access E*Value <input type="checkbox"/> Review Learning Contract (PLAN section) with practice educator			<input type="checkbox"/> Reflect on activities completed and have a plan for Week 2
	<input type="checkbox"/> Establish expectations and mechanism for communicating with and reporting to practice educator <input type="checkbox"/> Work on practicum activities as per the PHRM 473 Practicum Handbook, Practicum Specific Manual, and/or as directed by your practice educator or designated pharmacist <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/intervals				
Week 2	<input type="checkbox"/> Work on practicum activities as per the PHRM 473 Practicum Handbook, Practicum Specific Manual, and/or as directed by your practice educator or designated pharmacist <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/intervals				<input type="checkbox"/> Complete Self-Assessment E*Value Coursework for Week 2 <input type="checkbox"/> Revisit Learning Contract <input type="checkbox"/> Reflect on activities completed have a plan for Week 3
Week 3	<input type="checkbox"/> Work on practicum activities as per the PHRM 473 Practicum Handbook, Practicum Specific Manual, and/or as directed by your practice educator or designated pharmacist <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/intervals				<input type="checkbox"/> Reflect on activities completed have a plan for Week 4
Week 4	<input type="checkbox"/> Work on practicum activities as per the PHRM 473 Practicum Handbook, Practicum Specific Manual, and/or as directed by your practice educator or designated pharmacist <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/intervals				<input type="checkbox"/> <b>MIDPOINT ASSESSMENT</b> <input type="checkbox"/> Revisit Learning Contract <input type="checkbox"/> Reflect on activities completed have a plan for Week 5
Week 5	<input type="checkbox"/> Work on practicum activities as per the PHRM 473 Practicum Handbook, Practicum Specific Manual, and/or as directed by your practice educator or designated pharmacist <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/intervals				<input type="checkbox"/> Reflect on activities completed have a plan for Week 6
Week 6	<input type="checkbox"/> Work on practicum activities as per the PHRM 473 Practicum Handbook, Practicum Specific Manual, and/or as directed by your practice educator or designated pharmacist <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/intervals				<input type="checkbox"/> Complete Self-Assessment E*Value Coursework for Week 6 <input type="checkbox"/> Revisit Learning Contract <input type="checkbox"/> Reflect on activities completed have a plan for Week 7
Week 7	<input type="checkbox"/> Work on practicum activities as per the PHRM 473 Practicum Handbook, Practicum Specific Manual, and/or as directed by your practice educator or designated pharmacist <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/intervals				<input type="checkbox"/> Reflect on activities completed have a plan for Week 8
Week 8	<input type="checkbox"/> Revisit Learning Contract and complete ACT and REFLECT sections <input type="checkbox"/> Work on practicum activities as per the PHRM 473 Practicum Handbook, Practicum Specific Manual, and/or as directed by your practice educator or designated pharmacist <input type="checkbox"/> Discuss feedback provided to practice educator in Student Evaluation of the Practice Educator and Practice site <input type="checkbox"/> Complete and review all required course work with practice educator and/or designated pharmacist and submit Practicum Activities E*Value Coursework by deadline				<input type="checkbox"/> <b>FINAL ASSESSMENT</b> <input type="checkbox"/> Complete Student Evaluation of OEE Course on E*Value by deadline <input type="checkbox"/> Complete Student Evaluation of Practice Educator and Practice Site on E*Value by deadline