



THE UNIVERSITY OF BRITISH COLUMBIA

Office of Experiential Education  
Faculty of Pharmaceutical Sciences



## CANADIAN PHARMACY PRACTICE PROGRAM

# STRUCTURED PRACTICAL TRAINING PRACTICUM HANDBOOK FOR STUDENTS AND PRACTICE EDUCATORS

Effective September 2021

**SPT Coordinator**

Gilly Lau

INNOVATIVE LEADERS OF EXCELLENCE IN PHARMACY EXPERIENTIAL EDUCATION

# Table of Contents

Acknowledgement .....	4
Introduction .....	5
SECTION 1 – STRUCTURED PRACTICAL TRAINING OVERVIEW .....	6
1.1 Educational Outcomes .....	6
1.2 Direct Patient Care Practicum Goals and Learning Objectives .....	8
1.2.a Knowledge.....	8
1.2.b Skills (Provision of Pharmaceutical Care).....	9
1.2.c Attitudes and Behaviors (Professionalism) .....	11
1.3 Expected Level of Performance and Patient Complexity.....	13
1.4 Summary of SPT Practicum Activities .....	14
1.5 Student Submission Requirements Checklist .....	15
1.6 E*Value Coursework for Structured Practical Training.....	16
SECTION 2 – REQUIRED PRACTICUM ACTIVITIES .....	17
2.1 Student Introduction and Orientation.....	17
2.2 Learning Contract <sup>4,5</sup> .....	19
2.3 Service.....	21
2.4 Counseling.....	23
2.5 Chief Complaint Patient Workup (Non-prescription, New, or Refill Prescription Assessment) .....	25
2.6 Full Patient Workup .....	28
2.7 Follow Up Evaluation .....	30
2.8 Drug Information Response <sup>4</sup> .....	32
2.9 Professional and Specialty Service.....	34
2.10 Presentation.....	37
2.11 Professional Practice Reflection .....	40
2.12 Medication Safety Reflection.....	42
2.13 Giving Feedback to the Practice Educator .....	44
2.14 Self-Assessment .....	46

SECTION 3 – ASSESSMENT PROCESSES .....	49
3.1 Assessment Processes.....	49
3.2 Grade Assignment.....	51
SECTION 4 – OFFICE OF EXPERIENTIAL EDUCATION CONTACT INFORMATION .....	53
SECTION 5 – STUDENT SUPPORTS AND UNIVERSITY RESOURCES .....	55
SECTION 6 – REFERENCES .....	56
APPENDIX 1 – SPT PRACTICE EDUCATOR ASSESSMENT OF THE STUDENT FORM.....	57
APPENDIX 2 – PRACTICUM SCHEDULE.....	67

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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 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,



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

## SECTION 1 – STRUCTURED PRACTICAL TRAINING OVERVIEW

### 1.1 Educational Outcomes

The learning opportunities in Structured Practical Training (SPT) 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>3</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

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)

<sup>3</sup>NAPRA Model Standards of Practice for Canadian Pharmacists.  
Available at: [https://napra.ca/sites/default/files/2017-09/Model\\_Standards\\_of\\_Prac\\_for\\_Cdn\\_Pharm\\_March09\\_layout2017\\_Final.pdf](https://napra.ca/sites/default/files/2017-09/Model_Standards_of_Prac_for_Cdn_Pharm_March09_layout2017_Final.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 SPT, which is a direct patient care practicum, 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 SPT.

### 1.2.a Knowledge

#### Goal

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

#### Learning Objectives

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

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

### Goal

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

### Learning Objectives

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

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

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

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

#### Goal

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

#### Learning Objectives

By the end of this course, the student will consistently:	AFPC Reference	NAPRA Reference
19) Demonstrate the attitudes, qualities, ethical principles, commitment, and characteristics of a professional as expected by patients, other pharmacists, regulatory bodies, and other healthcare professionals including demonstration of, but not limited to: <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 thinking, scientific reasoning, problem-solving and decision-making skills through the demonstration of, but not limited to: <ul style="list-style-type: none"> <li>a) Self-directed learning</li> <li>b) Self-evaluation</li> </ul>	LM3, PR3	1.4

<ul style="list-style-type: none"> <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 Expected Level of Performance and Patient Complexity

For SPT, students will be expected to achieve the Direct Patient Care Goals and Learning Objectives at the expected performance level as outlined in the **SPT Practice Educator Assessment of Student** form, which can be found on Canvas or [Appendix 1](#) of this handbook.

The table below provides guidance on patient complexity and characteristics, however the practice educator and/or designated pharmacist will determine if the expectations on "patient complexity" for SPT activities are 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 Patient Complexity	Patient Characteristics
SPT	Moderate	Medical Conditions: 5-7 Number of medications: 7+

## 1.4 Summary of SPT Practicum Activities

Please see the corresponding sections in the SPT Practicum Handbook for full details of each activity.

Practicum Activities	Student Role	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 share their resume with their PE. 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 their 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 throughout the practicum. <b>PE to verify completion on E*Value</b>
Service	Student will participate in various workflow and service activities as they arise in daily practice including: drug inventory ordering and disposal, filing away prescriptions, compounding, requesting refill reauthorizations, transferring prescriptions, receiving verbal prescriptions, processing prescriptions, and checking prescriptions	All practicum activities to be completed under the direct supervision of a pharmacist practice educator and/or designated pharmacist.  <b>PE to verify safe and satisfactory completion on E*Value</b>
Counseling	Student will provide patient education and counseling	
Chief Complaint Patient Workup	Student will provide pharmaceutical care to patients with new prescriptions, refill prescriptions, and patients requiring non-prescription assessments	
Full Patient Workup	Student will complete a full patient workup and care plan which includes: patient interview and patient assessment, development of a care plan for each medical condition, complete follow-up with this patient, and document all components appropriately	
Follow Up Evaluation	Student will conduct follow up evaluations	
Drug Information Response	Student to answer drug information requests using best available evidence	
Professional and Specialty Service	Student to participate in professional and specialty services including: medication review services, adaptations, immunization services, specialty compounding, etc.	
Presentation	Student to prepare and deliver presentations for a specific audience on relevant topics as agreed upon with PE	
Professional Practice Reflection	Student to discuss role and functions of pharmacists as described in the College of Pharmacists of BC's Framework of Professional Practice and review their reflection with PE	
Medication Safety Reflection	Student to complete reflection on medication safety and review their reflection with 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 their 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>
Direct Patient Care Practice Educator Assessment of Student	Student to review and discuss the PE's observations and assessment of their performance over the course of the practicum as formally documented at every 3 weeks	<b>PE to complete assessment of student at every 3 weeks on E*Value and review each with the student</b>

## 1.5 Student Submission Requirements Checklist

Please refer to the corresponding sections in the SPT Practicum Handbook for full details of practicum submission requirements. Students are expected to review, understand, and complete all activity requirements as described in the SPT Practicum Handbook.

Minimum Required		Practicum Requirements	Where to complete/submit for course completion	Student Submission Deadline
Weeks 1-4	Weeks 5-13			
1 Resume 1 HSO Form 1 72-Hour Checklist	–	<input type="checkbox"/> Student Introduction and Orientation	1) Email resume in PDF format to practice educator 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
1 Section (PLAN)	2 Sections (ACT + REFLECT)	<input type="checkbox"/> Learning Contract	Student to acknowledge completion on Practicum Activities E*Value Coursework	11:55pm on the last scheduled practicum block date
2 Drug orders 3 Drug disposal types 100 Rxs filed away 4 Compounds 10 Refill reauthorizations 4 Rx transfers 2 Verbal Rx 8 Patient profiles 20 Rx process & adjudication 10 Rx checks	No Minimum	<input type="checkbox"/> Service		
20 patients	40 patients	<input type="checkbox"/> Counseling		
2 New Rx 1 Non-Rx	16 New Rx 16 Refill Rx 16 Non-Rx	<input type="checkbox"/> Chief Complaint Patient Workup		
–	2 Patients	<input type="checkbox"/> Full Patient Workup		
4 Patients	16 Patients	<input type="checkbox"/> Follow Up Evaluation		
–	2 DIRs	<input type="checkbox"/> Drug Information Response		
2 Services	4 Services	<input type="checkbox"/> Professional and Specialty Service		
3 Device/dosage forms 1 drug class	4 Presentations	<input type="checkbox"/> Presentation		
1 Reflection	–	<input type="checkbox"/> Professional Practice Reflection		
1 Reflection	–	<input type="checkbox"/> Medication Safety Reflection		
–	1 Evaluation	<input type="checkbox"/> Giving Feedback to the Practice Educator	1) Review and discuss feedback and acknowledge completion on Practicum Activities E*Value Coursework 2) Complete Student Evaluation of Practice Educator and Practice Site on E*Value	11:55pm on the last OEE scheduled practicum block date
1	2	<input type="checkbox"/> Self-Assessment Week 3 <input type="checkbox"/> Self-Assessment Week 6 <input type="checkbox"/> Self-Assessment Week 9	Complete Self-Assessment E*Value Coursework	By the end of Week 3, Week 6, and Week 9
1	3	<input type="checkbox"/> SPT Practice Educator Assessment of Student Week 3 <input type="checkbox"/> SPT Practice Educator Assessment of Student Week 6 (Midpoint) <input type="checkbox"/> SPT Practice Educator Assessment of Student Week 9 <input type="checkbox"/> SPT Practice Educator Assessment of Student Week 13 (Final)	Practice educator to submit by the end of Week 3, Week 6 (Midpoint), Week 9, and Week 13 (Final) on E*Value	No student submission; Submitted by practice educator
–	1 Evaluation	<input type="checkbox"/> Student Evaluation of the Office of Experiential Education Course	Complete Student Evaluation of the Office of Experiential Education Course on E*Value	11:55pm on the last scheduled practicum block date

## 1.6 E\*Value Coursework for Structured Practical Training

E\*Value Coursework is an online tool utilized to track student completion of all required practicum activities. Students are expected to participate in each practicum 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 practicum 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.

Students must ensure that all required practicum 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 for each of the required course activities 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.**

In addition to documentation of activity completion on E\*Value, students will be required to complete additional documentation for some practicum activities. This will be described under each specific practicum 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 PRACTICUM ACTIVITIES

### 2.1 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 share their resume in PDF format with their practice educator via email for their review. An alternate method of sharing the resume is acceptable if preferred by the practice educator.
- 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

- UBC Student Services - <https://students.ubc.ca/career/career-resources/resumes-cover-letters-curricula-vitae>

### Verification of Activity Completion

Student	Practice Educator
<b>Weeks 1-4</b>	
<ul style="list-style-type: none"> <li>• Student to share their resume with their practice educator one week prior to the practicum starting</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>
<b>Weeks 5-13</b>	
<ul style="list-style-type: none"> <li>• No specific requirement for this timeframe</li> </ul>	<ul style="list-style-type: none"> <li>• No verification required</li> </ul>

## 2.2 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 practice, as well as to reinforce the role of self-directed and life-long learning in pharmacy practice. (DPC Learning Objectives: 19-21; see Section 1.2)

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

- Learning Contract Form

### 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.
  - a) The learning objectives should follow the commonly used "SMART" approach to guide with the process: **S**pecific, **M**easurable, **A**ttainable, **R**elevant, **T**imely
  - b) The learning objectives must be realistic and attainable and take into consideration the context of the site, available resources, and duration of the practicum. Objectives may be knowledge or skill based in nature; knowledge-related learning objectives are generally centered on certain therapeutic topics, while skill-related learning objectives pertain to learning "how" to complete a task.
- 2) By the end of the first 72-hours on practicum, the student is to review the "PLAN" section of their **Learning Contract** form with their practice educator and/or designated pharmacist.
  - a) The practice educator may help to clarify and articulate these learning objectives, as well as assist in identifying activities or resources to support the attainment of these proposed learning objectives.
  - b) The practice educator may also suggest or make modifications to the learning objectives to ensure they are appropriate and attainable by the completion of the practicum.
- 3) Throughout the practicum, the student is to complete activities to achieve the identified learning objectives.
- 4) At the Week 3, Midpoint, and Week 9 Assessments, 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. The student and

practice educator may revise the Learning Contract to add additional learning objectives as the practicum progresses and as personal learning objectives change.

- 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

- Learning Objective Examples

### Verification of Activity Completion

Student	Practice Educator
<b>Weeks 1-4</b>	
<ul style="list-style-type: none"> <li>• Student to complete the PLAN section of the Learning Contract form at the appropriate interval 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 Part 1 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 Part 1 E*Value Coursework</b></li> </ul>	
<b>Weeks 5-13</b>	
<ul style="list-style-type: none"> <li>• Student to complete the ACT and REFLECT sections 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 Part 2 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 Part 2 E*Value Coursework</b></li> </ul>	

## 2.3 Service

### Purpose

Service activities are an essential part of the day-to-day operations of outpatient practice settings and pharmacists must have a strong understanding of these processes. In many outpatient practice settings, pharmacists are also actively involved in these activities and students will also participate in these activities during their practicum. Some of these activities may be in the context of dispensing, communication with others, or simply part of the daily operation required for the pharmacy to function effectively to meet the needs of patients (e.g. answering phone calls or acknowledging individuals waiting to be helped at a pharmacy counter). (DPC Learning Objectives: 1-7, 16, 18, 19-21; 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 practice site's policies and procedures for completing service activities. For example, this would include how to review/access the patient profile and/or PharmaNet for prescription checking. Students are encouraged to observe and to 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. For example, students will locate, review and become familiar with the legal, professional, and regulatory requirements for prescription transfers.
- 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: drug inventory ordering and disposal, prescription filing, compounding, completing refill reauthorization requests, prescription transfer, receiving verbal prescriptions, patient profile creation, prescription processing, and prescription final checking. Students will need to prioritize and manage their time to balance pharmacy workflow, patient care, and practice requirements.
- 4) 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

- College of Pharmacists of BC:

- <http://www.bcpharmacists.org/professional-practice-policies-and-guides>
- <http://www.bcpharmacists.org/practice-review-program>
- BC Ministry of Health: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacies>
- BC Pharmacy Association: <https://www.bcpharmacy.ca/resource-centre> (membership required)

### Verification of Activity Completion

Student	Practice Educator
<b>Weeks 1-4</b>	
<ul style="list-style-type: none"> <li>● Under the direct supervision of the practice educator and/or designated pharmacist, students are expected to complete the following services activities:               <ul style="list-style-type: none"> <li>○ Participate in processing 2 drug inventory orders</li> <li>○ Participate in the processing and disposal of 3 expired drugs (1 non-prescription, 1 prescription, and 1 narcotic/controlled)</li> <li>○ File 100 prescriptions</li> <li>○ Prepare 4 compounds</li> <li>○ Request 10 refill reauthorizations from prescriber</li> <li>○ Complete 4 prescription transfers</li> <li>○ Receive 2 verbal prescriptions</li> <li>○ Create and complete 8 patient profiles</li> <li>○ Process and adjudicate payment for 20 prescriptions</li> <li>○ Complete 10 prescription checks</li> </ul> </li> <li>● The above requirements represent MINIMUMS (students must continue to participate actively in these activities even after completing the minimums).</li> <li>● Should there be insufficient opportunity at the practice site to perform some of these service activities, the student and practice educator can agree to substitute some of these activities with other comparable activities related to outpatient pharmacy workflow.</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 Part 1</b> E*Value Coursework.</li> </ul>
<ul style="list-style-type: none"> <li>● Student is to acknowledge and confirm completion on the <b>Practicum Activities Part 1</b> E*Value Coursework</li> </ul>	
<b>Weeks 5-13</b>	
<ul style="list-style-type: none"> <li>● There is no minimum expectation for this timeframe, however, ongoing student participation in daily pharmacy workflow and service activities as required by the practice educator is expected for successful completion of 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 Part 2</b> E*Value Coursework</li> </ul>
<ul style="list-style-type: none"> <li>● Student is to acknowledge and confirm completion on the <b>Practicum Activities Part 2</b> E*Value Coursework</li> </ul>	

## 2.4 Counseling

### Purpose

Patient education and counseling is an integral component of the pharmacist's role in the pharmaceutical care process. Patients need to understand their medication therapies, including what they are taking, why they are taking them, how to optimally take them (including proper use of any medical device/aids), and what to monitor for in terms of effectiveness and safety. Documentation of patient education and counseling is critical as it creates a record of the patient care provided. To promote continuity of care, the documentation of patient care activities should include the information provided, relevant findings, desired patient outcomes, recommendations, and follow-up planned.<sup>1,7</sup> (DPC Learning Objectives: 1-3, 5, 13-14, 16, 19-21; see Section 1.2)

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

- Patient Care Journal

### Process

- 1) Under the direct supervision of the practice educator and/or designated pharmacist, the student will:
  - a) Provide patient education and counseling to patients/caregivers, for example, with new and/or refill prescriptions and non-prescription medication therapies, including what medication they are taking, why they are taking it, how to optimally take it, any potential adverse effects, relevant monitoring parameters for effectiveness and safety, and outcomes of therapy, amongst others. The student may be asked to review or practice their counseling with the practice educator prior to discussion with the patient/caregiver. The student should communicate relevant, accurate, and concise information in an effective and organized manner, tailored to the specific audience.
  - b) Share information with patients/caregivers in a respectful manner and in such a way that is understandable, encourages discussion, and enhances participation in decision-making.<sup>8</sup>
  - c) Where appropriate, ask for permission to follow up with patient and establish a follow up plan.
  - d) Document this interaction as per practice site requirements and in compliance with all professional and legal requirements, under the direct supervision of the practice educator.<sup>1</sup> Students are also required to document their care provided in the **Patient Care Journal**. Students should use the Patient Care Journal to document all care provided to patients, while maintaining patient confidentiality, during the practicum.
  - e) Follow-up with patient(s) as applicable and assess for effectiveness, safety, and adherence.
- 2) 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

- Requirements Checklist for Counseling
- College of Pharmacists of BC: [http://www.bcpharmacists.org/library/5\\_Programs/5-2\\_PRP/5219-PRP\\_Support\\_Tool\\_Counselling.pdf](http://www.bcpharmacists.org/library/5_Programs/5-2_PRP/5219-PRP_Support_Tool_Counselling.pdf)

### Verification of Activity Completion

Student	Practice Educator
<b>Weeks 1-4</b>	
<ul style="list-style-type: none"> <li>• Student to provide patient education and counseling to a minimum of <b>20 patients</b> under the guidance and supervision of the practice educator and/or designated pharmacist. Document the patient encounters on the <b>Patient Care Journal</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 Part 1</b> E*Value Coursework</li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities Part 1</b> E*Value Coursework</li> </ul>	
<b>Weeks 5-13</b>	
<ul style="list-style-type: none"> <li>• Student to provide patient education and counseling to a minimum of <b>40 patients</b> under the guidance and supervision of the practice educator and/or designated pharmacist. Document the patient encounters on the <b>Patient Care Journal</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 Part 2</b> E*Value Coursework</li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities Part 2</b> E*Value Coursework</li> </ul>	

## 2.5 Chief Complaint Patient Workup (Non-prescription, New, or Refill Prescription Assessment)

### 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. (DPC Learning Objectives: 1-21; see Section 1.2)

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

- Care Plan Form (required for Weeks 1-4 only)

### 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 the classroom portion of CP3 prior to beginning their practicum.
- 2) Under the guidance and supervision of the practice educator and/or designated pharmacist, students will complete a patient workup for patients requiring:
  - Non-prescription assessment (e.g. over-the-counter, natural health products, etc.)
  - New prescription assessment
  - Refill prescription assessment
- 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 any 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 counseling, and
  - Following up with relevant health care providers within the circle of care

Care provided should be consistent with the principles of pharmaceutical care described in the classroom portion of CP3 and in *Cipolle RJ, Strand LM, Morley PC Pharmaceutical Care Practice: The Patient Centered Approach to Medication Management, McGraw Hill, 2012.*

The depth of the overall assessment and focus for these specific activities may be influenced by the chief complaint, practice environment and specific request or question from the patient. It is generally expected that the completion of these patient workups will occur more efficiently than

a full patient workup and this efficiency should increase gradually with more time and experience.

- 4) Students must report their patient workup and all recommendations, including any documentation completed, to the practice educator prior to discussing with the patient/caregiver, physician, or other health care provider.
  - For the Weeks 1-4 requirements, it is mandatory to use the UBC **Care Plan Form** to document patient workups, in addition to any site-specific documentation requirements.
  - For the Weeks 5-13 requirements, students are not required to use the UBC Care Plan Form. Documentation requirements may vary between sites and will instead be determined by the practice educator and should be in compliance with all professional and legal requirements. For example, students may be requested to document their workup using the UBC Care Plan Form, SOAP-format, site-specific form to attach to hard-copy prescription, etc.
  
- 5) 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

- Pharmacotherapy Work-up Notes – Assessment<sup>9,10</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

## Verification of Activity Completion

Student	Practice Educator
<b>Weeks 1-4</b>	
<ul style="list-style-type: none"> <li>• Assess and provide pharmaceutical care to, at minimum:               <ul style="list-style-type: none"> <li>○ <b>One</b> patient requiring non-prescription assessment</li> <li>○ <b>Two</b> patients requiring a new prescription assessment (students are recommended to complete their new prescription assessments for one patient with an infectious disease and one patient with a non-infectious disease)</li> </ul> </li> <li>• It is <u>mandatory</u> for students to document their workup using the UBC <b>Care Plan Form</b>, in addition to any site-specific documentation requirements.</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 Part 1</b> E*Value Coursework</li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities Part 1</b> E*Value Coursework</li> </ul>	
<b>Weeks 5-13</b>	
<ul style="list-style-type: none"> <li>• Assess and provide pharmaceutical care to, at minimum:               <ul style="list-style-type: none"> <li>○ <b>16</b> patients requiring non-prescription assessments</li> <li>○ <b>16</b> patients requiring new prescription assessments</li> <li>○ <b>16</b> patients requiring refill prescription assessments</li> </ul> </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 Part 2</b> E*Value Coursework</li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities Part 2</b> E*Value Coursework</li> </ul>	

## 2.6 Full Patient Workup

### Purpose

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

Required Form(s)/Checklist(s) – 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 the classroom portion of CP3 prior to beginning their practicum.
- 2) Under the guidance and supervision of their practice educator and/or designated pharmacist, students will complete a **full patient work up**, which includes, for all of the patient's medical conditions:
  - Conducting patient assessments (including, but not limited to, gathering patient specific information, performing best possible medication histories, conducting patient interviews and allergy assessments etc.) to identify and prioritize any 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 counseling, and
  - Following up with relevant health care providers within circle of care

Care provided should be consistent with the principles of pharmaceutical care described in the classroom portion of CP3 and in *Cipolle RJ, Strand LM, Morley PC Pharmaceutical Care Practice: The Patient Centered Approach to Medication Management, McGraw Hill, 2012.*

- 3) Students must report their patient workup and all recommendations, including all documentation completed, with the practice educator prior to discussing with the patient/caregiver, physician, or other health care provider. Documentation requirements may vary between sites and will be determined by the practice educator and should be in compliance with all professional and legal requirements. For example, students may be requested to document their workup using the UBC Care Plan Form, SOAP-format, and/or site-specific forms such as medication reviews, etc.
- 4) 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

- Care Plan Form
- Pharmacotherapy Work-up Notes – Assessment<sup>9,10</sup>
- 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

### Verification of Activity Completion

Student	Practice Educator
<b>Weeks 1-4</b>	
<ul style="list-style-type: none"> <li>• No specific requirement for this timeframe</li> </ul>	<ul style="list-style-type: none"> <li>• No verification required for this timeframe</li> </ul>
<b>Weeks 5-13</b>	
<ul style="list-style-type: none"> <li>• Assess and provide a full pharmaceutical care work up for, at minimum, <b>two patients</b>. Each of these workups must meet the criteria for a reimbursable medication review service through Pharmacare.</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 Part 2 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 Part 2 E*Value Coursework</b></li> </ul>	

## 2.7 Follow Up Evaluation

### Purpose

This activity allows students to conduct follow up evaluations as a part of the pharmaceutical care process and determination of patient outcomes. Follow up evaluation provides the opportunity to assess the effectiveness, safety and adherence of the recommendation(s) made, ensures continuity of care and is where clinical experience and new knowledge is gained.<sup>11</sup> Follow up should occur in a timely manner, have focused monitoring parameters detailing both safety and efficacy outcomes, and should be documented appropriately. (DPC Learning Objectives: 1, 15-16, 19-21; see Section 1.2)

Required Form(s)/Checklist(s) – None

### Process

- 1) The student is to identify, with their practice educator and/or designated pharmacist, patients requiring follow up. Students may follow up with patients and/or their caregiver in-person at the practice site, by telephone, during non-prescription assessments, new/refill prescription assessments, full patient work ups, drug information requests, or during other consultations where patients are identified as benefiting from follow up.
- 2) With each identified patient, when arranging the follow up, the student will collaborate with the patient and/or caregiver to determine an appropriate time/date and method (phone or in person) of follow up. The student will share the purpose for follow up and obtain informed consent.
- 3) The student will discuss their plan with the practice educator and/or designated pharmacist prior to conducting the follow up.
- 4) Under the direct supervision of the practice educator and/or designated pharmacist, the student will conduct the follow up evaluation, ensuring to assess each of the patient's efficacy and safety outcomes identified:
  - a) Determine the clinical status of the patient, through effective communication, questions, and subjective and objective data in order to monitor medication therapy<sup>1</sup>
  - b) Evaluate the efficacy and safety of the care plan<sup>1</sup>
  - c) Evaluate the adherence of the patient to the care plan
  - d) Following up with relevant health care providers within the circle of care
- 5) The student is required to document and date any subjective and objective data obtained during the follow up. 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. The student may conduct multiple follow ups for the same patient, which must be documented and dated appropriately.

- 6) The student is to discuss the follow up conducted with the practice educator and/or designated pharmacist and determine the patient's outcome status and any future therapeutic plans.
- 7) With practice educator guidance, the student will determine and document whether there are any new DTPs identified from the information gathered. If new information arises that changes the care plan, the student must collaborate with the practice educator and/or designated pharmacist to address any patient or caregiver concerns. If applicable, document the next date for follow up and any additional comments.
- 8) 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

- Follow Up Evaluation Form
- Requirements Checklist for Follow Up Evaluation

### Verification of Activity Completion

Student	Practice Educator
<b>Weeks 1-4</b>	
<ul style="list-style-type: none"> <li>• Student to provide follow up evaluation for a minimum of <b>four patients</b> under the guidance and supervision of the practice educator and/or designated pharmacist.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities Part 1 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 Part 1 E*Value Coursework</b></li> </ul>	
<b>Weeks 5-13</b>	
<ul style="list-style-type: none"> <li>• Student to provide follow up evaluation for a minimum of <b>16 patients</b> under the guidance and supervision of the practice educator and/or designated pharmacist.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities Part 2 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 Part 2 E*Value Coursework</b></li> </ul>	

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

### Purpose

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

Required Form(s)/Checklist(s) – 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 **Pharmacotherapy Workup Notes – Assessment**<sup>9,10</sup> form, or additional patient assessment form, to assist in gathering pertinent patient information.
  - b) The focus of this outpatient practicum activity is on *patient-specific* drug information responses; however, students may also receive non-patient-specific questions as well. Students are expected to respond to both types of questions as they arise.
  - c) Articulate relevant background information to provide the general context from which the question arises. This 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.
  - d) Complete a pharmacotherapy work-up<sup>11</sup>, in order to capture all relevant patient information.
  - e) Perform a search of the resources, references, and evidence to respond to the patient-specific question. Consider the type/nature of the question (e.g. dosing, drug-interaction, adverse effects, etc.) to help guide the use of appropriate resources and use primary resources where possible.
  - f) Critically appraise and evaluate the information in the context of the patient.
  - g) Compose an evidence-based written response to the drug information request, using appropriate referencing and scientific-writing skills.
  - h) Indicate all references used to procure the answer. All referenced material must be cited 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) Under the direct supervision of the practice educator and/or designated pharmacist, the student will provide the drug information response to the person requesting the drug information either verbally or in writing, as the situation requires.
- 5) If new information arises that changes the drug information response, the student will follow-up as required.
- 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

- Drug Information Request and Response Form
- Requirements Checklist for Drug Information Response
- Pharmacotherapy Workup Notes – Assessment<sup>10,11</sup>

### Verification of Activity Completion

Student	Practice Educator
<b>Weeks 1-4</b>	
<ul style="list-style-type: none"> <li>• No specific requirement for this timeframe.</li> </ul>	<ul style="list-style-type: none"> <li>• No verification required for this timeframe</li> </ul>
<b>Weeks 5-13</b>	
<ul style="list-style-type: none"> <li>• Student to complete a minimum of <b>two</b> drug information responses to patient-specific requests under the guidance and supervision of the practice educator and/or designated pharmacist.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities Part 2 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 Part 2 E*Value Coursework</b></li> </ul>	

## 2.9 Professional and Specialty Service

### Purpose

Professional and specialty services include a broad range of pharmacist activities in the outpatient practice setting, focused on pharmaceutical care provided in the context of the pharmacist's expanded scope of practice. Although opportunities for these activities may vary between practice sites, professional and specialty services provided by outpatient pharmacies often include publicly-funded professional services such as immunizations, prescription adaptations, and medication review services, as well as privately-funded professional services such as disease state consultations. These services may also include collaborative and innovative initiatives between the pharmacy and external partners, involving inter- and intra-professional collaboration, to ensure patients receive the necessary care and services. (DPC Learning Objectives: 1-21; see Section 1.2)

Required Form(s)/Checklist(s) – None

### Process

- 1) Prior to beginning this activity, the student must clarify and review with the practice educator and/or designated pharmacist, the practice site's policies and procedures for completing professional and specialty services. Students are encouraged to observe and ask questions to clarify each of the processes as needed. Examples of professional and specialty services include, but are not limited to:
  - Medication Review Services
  - Prescription Adaptations (e.g. renewals, changes, therapeutic substitutions)
  - Immunization services
  - Specialty compounding (includes necessary research and compounding)
  - Disease state consultations (e.g. diabetes consultation, travel consultation)
  - New research or practice-based initiative collaboratively with other healthcare providers
  - Initiating compliance packing for a patient and completing required documentation
  - Facilitate the processing of specialty forms and approval processes (e.g. Special authority, 3<sup>rd</sup> party insurance claims, reimbursement programs and government forms; helping to get a drug restriction removed for a non-benefit medication etc.)
  - Providing an emergency medication supply to a patient after a thorough assessment process
  - Initiating a patient on the smoking cessation program

For any professional and specialty service provided, the student must additionally locate, review, and become familiar with the requirements and restrictions outlined by legislation (e.g. provincial law), regulatory bodies (e.g. College of Pharmacists of BC), and reimbursing bodies (e.g. Ministry of Health, private third-party payers). For example, this includes patient eligibility, legal and regulatory requirements, criteria for reimbursement, and required documentation.

- 2) The student will participate, within their scope of practice as a pharmacy student and as permitted by/under the supervision of the practice educator and/or designated pharmacist, in the provision of professional and specialty services as they arise during the practicum.
- 3) The student is required to complete all required onsite documentation for this activity and review it with the practice educator and/or designated pharmacist. This must occur prior to notifying any other individuals or healthcare professionals related to the professional and specialty service conducted, as required (e.g. notify original prescriber for any adapted prescription).
- 4) The student will follow up and communicate with all relevant individuals (e.g. patient, primary prescriber and other health care providers etc.) as required for the professional and specialty service.
- 5) 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

- BC Ministry of Health: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacies>
- College of Pharmacists of BC: <http://www.bcpharmacists.org/professional-practice-policies-and-guides>
- BC Pharmacy Association: <https://www.bcpharmacy.ca/resource-centre> (membership required)

#### Verification of Activity Completion

Student	Practice Educator
<b>Weeks 1-4</b>	
<ul style="list-style-type: none"> <li>• Observe the delivery of, at minimum, <b>two different</b> professional and specialty services. However, if the particular service is within the scope of the student's knowledge and skills, the student is encouraged to take a more active role in the delivery of the service (under supervision) if permitted by the practice educator and/or designated pharmacist.</li> <li>• Participate in completing all required documentation for the specific activity. Review all documentation with your practice educator and/or designated pharmacist</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities Part 1 E*Value</b> Coursework</li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities Part 1 E*Value</b> Coursework</li> </ul>	

Weeks 5-13	
<ul style="list-style-type: none"> <li>Complete a minimum of <b>four</b> professional and specialty service activities of which <i>at least two of the activities should be different from each other</i>. Complete all required onsite documentation for each 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 Part 2 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 Part 2 E*Value Coursework</b></li> </ul>	

## 2.10 Presentation

### Purpose

Health care professionals commonly utilize presentations to consolidate their learning, share therapeutic knowledge and build on communication skills. Therefore, presentations enable individuals to develop their skills as scholars and communicators<sup>1</sup>. Students are provided with the opportunity to prepare and deliver presentations designed to meet the learning needs of a specific audience. (DPC Learning Objectives: 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 practicum 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) If presenting to an audience external to the practice site, 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) For drug class presentations, content should be structured around a NESAs framework (e.g. *Necessary*- drug indication(s); *Effective*- role of medication, mechanism of action, dose, onset of action, evidence supporting efficacy; *Safety*- contraindications, adverse drug reactions, toxicity monitoring; *Adherence*- cost, lifestyle considerations, etc.). Use an evidence-based approach to evaluate research/information gathered, where applicable, and demonstrate knowledge in the specified topic area. Students are suggested to have sufficient content for an approximately ten-minute presentation if

presenting to the practice site, however exact durations are to be confirmed with the practice educator.

- e) For medical device/dosage form demonstrations, content should include, but is not limited to, the rationale/evidence for the device, proper technique in using the device, and any additional counseling points, such as how to clean/maintain the device. Students are suggested to have sufficient content for an approximately five-minute presentation if demonstrating to the practice site, however exact durations are to be confirmed with the practice educator.
- f) Practice to ensure an organized and well-paced presentation
- g) 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, 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, reflect upon feedback from the practice educator and/or designated pharmacist in order to implement any required changes prior to the next presentation.
- 5) Acknowledge the completion of this activity on the **Practicum Activities E\*Value** Coursework and submit for practice educator verification.

### Student Resource(s) on Canvas

- Requirements Checklist for Presentation

### Verification of Activity Completion

Student	Practice Educator
Weeks 1-4	

<ul style="list-style-type: none"> <li>• Complete <b>four</b> presentations: <ul style="list-style-type: none"> <li>○ Three medical device/dosage form demonstrations (e.g. eye drop, vaginal ovule, MDI inhaler, nasal spray, crutches, canes, support braces)</li> <li>○ One drug class (prescription or non-prescription)</li> </ul> </li> <li>• The drug class presentation may be substituted for an alternative presentation topic of interest with the approval of the practice educator</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities Part 1</b> E*Value Coursework</li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities Part 1</b> E*Value Coursework</li> </ul>	
<p><b>Weeks 5-13</b></p>	
<ul style="list-style-type: none"> <li>• Complete <b>four</b> presentations; presentation topics should be varied and approved by the practice educator (students are suggested to complete their presentations on prescription or non-prescription drug classes)</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 Part 2</b> E*Value Coursework</li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities Part 2</b> E*Value Coursework</li> </ul>	

## 2.11 Professional Practice Reflection

### Purpose

There are a wide range of responsibilities and challenges a practicing pharmacist experiences on a day-to-day basis. The **Framework of Professional Practice**, developed by the College of Pharmacists of BC (CPBC), describes good pharmacy practice and provides a comprehensive description of Pharmacist Roles and Functions.<sup>7</sup> Students, through discussions with their practice educator and/or designated pharmacist, will develop their knowledge and gain an appreciation for these various Pharmacist Roles and Functions. (DPC Learning Objectives: 19-21; see Section 1.2)

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

- Professional Practice Reflection Suggested Questions and Topics (required for Weeks 1-4 only)

### Process

- 1) Prior to commencing the practicum, the student should review this activity description in full, the CPBC **Framework of Professional Practice** document (available at [www.bcpharmacists.org](http://www.bcpharmacists.org)), and the **Professional Practice Reflection Suggested Questions and Topics** document.
- 2) Gradually, over weeks 1-4, discuss each of the Pharmacist Roles and Functions with your practice educator and/or designated pharmacist using the suggested discussion questions and topics provided in the **Professional Practice Reflection Suggested Questions and Topics** document. Students do not need to ask all questions listed, and students are encouraged to identify and explore any topics/areas of personal interest not listed in the document.
- 3) Students should note how these Pharmacist Roles and Functions are demonstrated at their practice site and how they impact the health of patients. Students should also note the interplay with other inter- and intra-professional care providers at the practice site.<sup>8</sup> Students are encouraged to document what they learn through their discussions.
- 4) Towards week 4 of the practicum, students are to select one Pharmacist Role that resonated most with them and engage their practice educator and/or designated pharmacist in a reflective discussion, answering the following questions:
  - a) Were there any aspects of how this Pharmacist Role is demonstrated by the pharmacists at the practice site that were unexpected or surprising? How so?
  - b) What is the impact of this Pharmacist Role on the health of patients?
  - c) How might other health care providers view this Pharmacist Role? Why do you think there may be varying views of this Pharmacist Role and how can your work as a pharmacist contribute to role clarity?
  - d) How have your discussions with your practice educator about this Pharmacist Role affected you as a student pharmacist? For example, has it impacted how you will

practice as a student pharmacist on this practicum? How has it affected how you will practice in the future as a pharmacist?

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

#### Resource(s) on Canvas

- College of Pharmacists of BC – Framework of Professional Practice:  
<http://www.bcpharmacists.org/professional-practice-policies-and-guides>

#### Verification of Activity Completion

Student	Practice Educator
<b>Weeks 1-4</b>	
<ul style="list-style-type: none"> <li>• Student to discuss their reflection with the practice educator and/or designated pharmacist</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities Part 1 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 Part 1 E*Value Coursework</b></li> </ul>	
<b>Weeks 5-13</b>	
<ul style="list-style-type: none"> <li>• No specific requirement for this timeframe. Students are encouraged to continue discussing these topics with their practice educator to develop a deeper understanding of Pharmacist Roles and Functions</li> </ul>	<ul style="list-style-type: none"> <li>• No verification required for this timeframe</li> </ul>

## 2.12 Medication Safety Reflection

### Purpose

It is incumbent on pharmacists and practice sites to have continuous quality improvement processes and systems in place to enhance medication safety and minimize errors and adverse events. It is critical to understand how these processes work together to ensure patient safety, as any error can have a serious impact on the health of patients. Medication safety and advancing safe medication use is a key priority in the Canadian health care system. Pharmacists must understand how to proactively prevent errors in practice and appropriately address any errors should they arise. (DPC Learning Objectives: 2, 3, 19-21; see Section 1.2)

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

- Medication Safety Reflection Form (required for Weeks 1-4 only)

### Process

- 1) Prior to commencing the practicum, the student must review this activity description in full and the **Medication Safety Reflection Form**.
- 2) During weeks 1-4 of the practicum, document at least three processes/systems in place at the practice site to prevent errors on a daily basis. Additionally, make note of at least four errors or potential errors the pharmacy caught and corrected. For example, a patient was prescribed or dispensed the incorrect drug, dose, or directions, or there may have been a drug interaction. Students may also ask their practice educator for examples of errors caught and corrected in the past.
- 3) Reflect upon these errors, and answer the reflection questions using the **Medication Safety Reflection Form**.
- 4) Towards week 4 of the practicum, students are to engage their practice educator and/or designated pharmacist in a reflective discussion. Students are to discuss their answers to the questions in the **Medication Safety Reflection Form**.
- 5) 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 – None

### Verification of Activity Completion

Student	Practice Educator
Weeks 1-4	

<ul style="list-style-type: none"> <li>• Student to discuss their completed reflection with the practice educator and/or designated pharmacist</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to/on the last day of the practicum, practice educator to verify safe and satisfactory completion of this activity on the <b>Practicum Activities Part 1</b> E*Value Coursework</li> </ul>
<ul style="list-style-type: none"> <li>• Student is to acknowledge and confirm completion on the <b>Practicum Activities Part 1</b> E*Value Coursework</li> </ul>	
<p><b>Weeks 5-13</b></p>	
<ul style="list-style-type: none"> <li>• No specific requirement for this timeframe. However, students must continue to review, be familiar with, and abide by the site-specific, legal, and regulatory requirements regarding medication error prevention and management. Students are encouraged to discuss these topics with the practice educator to continue to develop their understanding.</li> </ul>	<ul style="list-style-type: none"> <li>• No verification required for this timeframe</li> </ul>

## 2.13 Giving Feedback to the Practice Educator

### Purpose

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

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

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

### Process

- 1) On your course Canvas site, review the video **Giving Feedback Part 1**.<sup>12</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 shared with 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>12</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
<b>Weeks 1-4</b>	
<ul style="list-style-type: none"> <li>• No documentation required for this timeframe. Students are to review and discuss feedback with the practice educator and/or designated pharmacist throughout the practicum</li> </ul>	<ul style="list-style-type: none"> <li>• No verification required for this timeframe</li> </ul>
<b>Weeks 5-13</b>	
<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 Part 2 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 review and discussion of this activity on the <b>Practicum Activities Part 2 E*Value Coursework</b></li> </ul>

## 2.14 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. (DPC Learning Objectives: 19-21; see Section 1.2)

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

- E\*Value Coursework: Self-Assessment

### Process

- 1) The student will review the **SPT 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**

Within the three "Knowledge" domain categories on the **SPT 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) **Skills**

Within the twelve "Skill" domain categories on the **SPT 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?

- c) **Professionalism**

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

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

- 2) The student will then login to E\*Value and document their reflection on their own performance using the text fields in the **Self-Assessment E\*Value Coursework** (questions as above) and submit completed reflection for practice educator review.
  - For SPT, students will complete a total of three self-assessments. At the time of the scheduled Week 3 Assessment, Midpoint Assessment (Week 6), and Week 9 Assessment, 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 SPT Practice Educator Assessment of the Student. The student will make any necessary revisions to their action plan based on the collaborative discussion and review of both assessments.
  
- 3) The student will submit their completed **Self-Assessment E\*Value Coursework** for practice educator verification.

#### Resource(s) on Canvas

- SPT Patient Care Practice Educator Assessment of Student (also in [Appendix 1](#))
- Self-Assessment Examples

#### Verification of Activity Completion

Student	Practice Educator
<b>Weeks 1-4</b>	
<ul style="list-style-type: none"> <li>• By the Week 3 Assessment (end of Week 3), the student is to submit the completed <b>Self-Assessment E*Value Coursework</b></li> </ul>	<ul style="list-style-type: none"> <li>• Practice educator to verify satisfactory completion at the Week 3 Assessment (end of Week 3) on the <b>Self-Assessment E*Value Coursework</b></li> </ul>
<b>Weeks 5-13</b>	
<ul style="list-style-type: none"> <li>• By the Midpoint Assessment (end of Week 6), the student is to submit the completed <b>Self-Assessment E*Value Coursework</b></li> </ul>	<ul style="list-style-type: none"> <li>• Practice educator to verify satisfactory completion at the Midpoint Assessment (end of Week 6) on the <b>Self-Assessment E*Value Coursework</b></li> </ul>

<ul style="list-style-type: none"><li>• By the Week 9 Assessment (end of Week 9), the student is to submit the completed <b>Self-Assessment E*Value Coursework</b></li></ul>	<ul style="list-style-type: none"><li>• Practice educator to verify satisfactory completion at the Week 9 Assessment (end of Week 9) on the <b>Self-Assessment E*Value Coursework</b></li></ul>
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## SECTION 3 – ASSESSMENT PROCESSES

### 3.1 Assessment Processes

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.

There are two types of assessment:

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

A formal formative assessment using the online **SPT Practice Educator Assessment of Student** form is completed by the practice educator every 3 weeks (i.e. at Week 3, Week 6, and Week 9), where the Week 6 assessment is the midpoint. 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 each assessment interval (i.e. every 3 weeks) 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 (i.e. at Week 13) using the same online **SPT Practice Educator Assessment of Student** form. The practice educator should consider all sources of information to assess overall student performance throughout the course of the practicum including, but not limited to, completed presentations, care plans, education and counselling,

collaboration with team members, etc. By the end of the practicum, the student's level of performance must minimally meet the criteria outlined in the assessment form. The practice educator and student are expected to meet on the last day of the practicum to formally discuss the student's progress and review the completed summative assessment form.

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

The 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 practice educator who will complete the assessments 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.

**It is the responsibility of the student to immediately contact the SPT 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 Structured Practical Training practicum is Pass-Fail grading. Students must be successful in ALL the required course components in order to be successful. The required course components include:

1) **Completion of Required Practicum Hours**

Students must complete the practicum hours in full.

2) **Practice Educator Assessment of Student**

Students must meet the expected level of performance for **ALL** criteria as outlined and described in the **SPT 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 must be submitted online in E\*Value by the specified deadline for submission, which is on the last OEE scheduled practicum block date at 11:55pm.

The Faculty of Pharmaceutical Sciences assigns the final grade for the SPT practicum. 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.

Students must be successful in both 1) the SPT Practice Educator Assessment of Student and 2) all components of the SPT 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 **SPT Practice Educator Assessment of Student** to be successful in this component.

A fail (F) grade will be determined if one or more of the following instances occur as assessed by the SPT coordinator. The student:

- Does not complete required number of practicum hours
- Does not meet expected level of performance for any element on the **SPT Practice Educator Assessment of Student**
- Does not consistently exhibit professional attributes and skills
- Does not submit required practicum 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 practice educator cannot override the course requirements.**

The final grade decision (i.e. pass/fail) is determined by the Faculty of Pharmaceutical Sciences. The College of Pharmacists of BC (CPBC) will be notified of the final grade for each student after all assessments and submissions for all students have been reviewed.

## SECTION 4 – OFFICE OF EXPERIENTIAL EDUCATION CONTACT INFORMATION

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

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

### Faculty Course Coordinator & Portfolio

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

### Course Number, Description

Structured Practical Training (SPT)

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

- 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 [phar.oe@ubc.ca](mailto:phar.oe@ubc.ca) 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  
[vicky.lai@ubc.ca](mailto:vicky.lai@ubc.ca)

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

Mr. Flavio Mikami  
Senior Program Assistant  
[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 the Office of Experiential Education by email at [phar.oee@ubc.ca](mailto:phar.oee@ubc.ca) or by phone at (604) 822 8077.

## 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)
- UBC Student Assistance Program (SAP) | <https://students.ubc.ca/health/ubc-student-assistance-program-sap>

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.oee@ubc.ca](mailto:phar.oee@ubc.ca)

<https://pharmsci.ubc.ca/practice-educators>

### Student Assistance Program (SAP)

24/7 personal counseling and life coaching, accessible anywhere in the world, offered through phone, video-counseling, or e-counseling

1 833 590 1328 (toll-free)

<https://students.ubc.ca/health/ubc-student-assistance-program-sap>

### 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 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) NAPRA Model Standards of Practice for Canadian Pharmacists. Available at: [https://napra.ca/sites/default/files/2017-09/Model\\_Standards\\_of\\_Prac\\_for\\_Cdn\\_Pharm\\_March09\\_layout2017\\_Final.pdf](https://napra.ca/sites/default/files/2017-09/Model_Standards_of_Prac_for_Cdn_Pharm_March09_layout2017_Final.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 from: Canadian Interprofessional Health Collaborative – A National Interprofessional Competency Framework 2010
- 9) 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
- 10) Adapted with Permission: St.Paul's Hospital Pharmacy, Providence Health Care, Vancouver 2004
- 11) Cipolle RJ, Strand LM, Morley PC. Pharmaceutical Care Practice: The Clinician’s Guide, McGraw Hill, 2004.
- 12) Ossareh S, Moshenko J. Giving Feedback Part 1 [Internet]. Vancouver, BC. 2017 [cited 13 Dec 2018]. Video: 34 mins.

# APPENDIX 1 – SPT PRACTICE EDUCATOR ASSESSMENT OF THE STUDENT FORM

## Structured Practical Training Practice Educator Assessment of Student

### Expectations of Student Performance

The below table outlines the milestones in student performance that is expected for the Structured Practical Training (SPT) practicum at each assessment. Although learning trajectories and actual student performance will vary between students during each of the Week 3, Midpoint (Week 6), and Week 9 Assessments, students at the **Final Assessment** (Week 13) must meet or exceed the level of performance outlined in "LEVEL 2" for all elements within the Knowledge and Skills domains and consistently exhibit all elements within the Professionalism domain to successfully complete the practicum.

	KNOWLEDGE & SKILLS <u>Minimum</u> Expected Level of Performance	PROFESSIONALISM <u>Minimum</u> Expected Level of Performance
Week 3 Assessment	LEVEL 1	Consistently Exhibits
Midpoint Assessment (Week 6)	LEVEL 1	Consistently Exhibits
Week 9 Assessment	LEVEL 2	Consistently Exhibits
<b>Final Assessment</b> (Week 13)	<b>LEVEL 2</b> <i>Required for successful completion of SPT</i>	<b>Consistently Exhibits</b> <i>Required for successful completion of SPT</i>

At any point during the practicum, should a student be struggling or unable to meet the Minimum Expected Level of Performance, please contact the OEE at [phar.oe@ubc.ca](mailto:phar.oe@ubc.ca) or 604-822-8077.

An example is provided below to further illustrate expectations of student performance.

### Patient Complexity

Assessment of student performance in SPT should take into account the complexity of patient encounters. The below table provides guidance on patient complexity and characteristics, 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
Structured Practical Training (SPT)	Moderate	Medical conditions - 5 to 7 Number of medications - 7+

### 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 close supervision and instruction whereas by the end of the practicum, students are expected to take full 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.

### Example

		Unsatisfactory	LEVEL 1 <u>Meets Minimum Expected Level of Performance at Week 3 &amp; Midpoint Assessment</u>	LEVEL 2 <u>Meets Minimum Expected Level of Performance at Week 9 &amp; Final Assessment</u>	LEVEL 3 <u>Exceeds Minimum Expected Level of Performance</u>
<b>COLLABORATOR COMMUNICATOR</b>	<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>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 most 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.
	<b>Week 3 Assessment</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating	<i>[Note: Student is <b>below</b> the minimum expected level of performance at Week 3 Assessment.]</i>			
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating	<i>[Note: Student has <b>achieved</b> minimum expected level of performance for Midpoint Assessment.]</i>			
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating	<i>[Note: Student is <b>below</b> the minimum expected level of performance at Week 9 Assessment.]</i>			
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating	<i>[Note: Student has <b>achieved</b> minimum expected level of performance for Final Assessment.]</i>			

### Knowledge

		Unsatisfactory	LEVEL 1 <u>Meets Minimum Expected Level of Performance at Week 3 &amp; Midpoint Assessment</u>	LEVEL 2 <u>Meets Minimum Expected Level of Performance at Week 9 &amp; Final Assessment</u>	LEVEL 3 <u>Exceeds Minimum Expected Level of Performance</u>
<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.	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).
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				

		Unsatisfactory	LEVEL 1 <u>Meets Minimum Expected Level of Performance at Week 3 &amp; Midpoint Assessment</u>	LEVEL 2 <u>Meets Minimum Expected Level of Performance at Week 9 &amp; Final Assessment</u>	LEVEL 3 <u>Exceeds Minimum Expected Level of Performance</u>
CARE PROVIDER SCHOLAR	<b>2) Knowledge of Pharmaco- therapeutics -</b> Pharmacology, pharmacokinetics, pharmaceutics, evidence-based therapeutics (AFPC CP1.1, SC1, SC2)	Unable to list basic characteristics of common medication classes covered in the program so far.	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).
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

		Unsatisfactory	LEVEL 1 <u>Meets Minimum Expected Level of Performance at Week 3 &amp; Midpoint Assessment</u>	LEVEL 2 <u>Meets Minimum Expected Level of Performance at Week 9 &amp; Final Assessment</u>	LEVEL 3 <u>Exceeds Minimum Expected Level of Performance</u>
CARE PROVIDER LEADER-MANAGER	<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. positively identifying new patients with primary ID)	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).
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

## Skills (Provision of Pharmaceutical Care)

		Unsatisfactory	LEVEL 1 Meets Minimum Expected Level of Performance at Week 3 & Midpoint Assessment	LEVEL 2 Meets Minimum Expected Level of Performance at Week 9 & Final Assessment	LEVEL 3 Exceeds Minimum Expected Level of Performance
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, NAPRA 4.1.1)	Unable to prioritize patient care activities despite significant guidance.	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.
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

		Unsatisfactory	LEVEL 1 Meets Minimum Expected Level of Performance at Week 3 & Midpoint Assessment	LEVEL 2 Meets Minimum Expected Level of Performance at Week 9 & Final Assessment	LEVEL 3 Exceeds Minimum Expected Level of Performance
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>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 most 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.
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

		Unsatisfactory	LEVEL 1 <u>Meets</u> Minimum Expected Level of Performance at Week 3 & Midpoint Assessment	LEVEL 2 <u>Meets</u> Minimum Expected Level of Performance at Week 9 & Final Assessment	LEVEL 3 <u>Exceeds</u> Minimum Expected Level of Performance
CARE PROVIDER SCHOLAR	<p><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 exeresis, and review of systems (sign/symptoms, physical exam, labs, diagnostics, imaging, microbiology)</p> <p>Ability to conduct a BPMH, including allergies, ADRs, current and past medications, non-prescription medication history, immunizations, social drug history, medication experience and adherence.</p> <p>Ability to provide all pertinent findings and explain their significance. (AFPC CP2.1, SC1, NAPRA 2.2, 2.3)</p>	Unable to gather required patient information despite significant guidance.	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.
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

		Unsatisfactory	LEVEL 1 <u>Meets</u> Minimum Expected Level of Performance at Week 3 & Midpoint Assessment	LEVEL 2 <u>Meets</u> Minimum Expected Level of Performance at Week 9 & Final Assessment	LEVEL 3 <u>Exceeds</u> Minimum Expected Level of Performance
CARE PROVIDER SCHOLAR	<p><b>7) 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)</p>	Unable to identify and prioritize medical problems despite significant guidance.	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.
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

		Unsatisfactory	LEVEL 1 <u>Meets Minimum Expected Level of Performance at Week 3 &amp; Midpoint Assessment</u>	LEVEL 2 <u>Meets Minimum Expected Level of Performance at Week 9 &amp; Final Assessment</u>	LEVEL 3 <u>Exceeds Minimum Expected Level of Performance</u>
CARE PROVIDER HEALTH ADVOCATE SCHOLAR	<b>8) 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>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.
	Week 3 Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	Midpoint Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	Week 9 Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	Final Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

		Unsatisfactory	LEVEL 1 <u>Meets Minimum Expected Level of Performance at Week 3 &amp; Midpoint Assessment</u>	LEVEL 2 <u>Meets Minimum Expected Level of Performance at Week 9 &amp; Final Assessment</u>	LEVEL 3 <u>Exceeds Minimum Expected Level of Performance</u>
CARE PROVIDER COLLABORATOR COMMUNICATOR HEALTH ADVOCATE SCHOLAR	<b>9) 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>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. Incorporates the patient's personal values and preferences most of the time, but may lack refinement.	<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.
	Week 3 Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	Midpoint Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	Week 9 Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	Final Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

		Unsatisfactory	LEVEL 1 <u>Meets Minimum Expected Level of Performance at Week 3 &amp; Midpoint Assessment</u>	LEVEL 2 <u>Meets Minimum Expected Level of Performance at Week 9 &amp; Final Assessment</u>	LEVEL 3 <u>Exceeds Minimum Expected Level of Performance</u>
CARE PROVIDER SCHOLAR	<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)	Unable to identify basic therapeutic alternatives despite significant guidance.	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.
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

		Unsatisfactory	LEVEL 1 <u>Meets Minimum Expected Level of Performance at Week 3 &amp; Midpoint Assessment</u>	LEVEL 2 <u>Meets Minimum Expected Level of Performance at Week 9 &amp; Final Assessment</u>	LEVEL 3 <u>Exceeds Minimum Expected Level of Performance</u>
CARE PROVIDER COLLABORATOR COMMUNICATOR HEALTH ADVOCATE LEADER-MANAGER SCHOLAR	<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, 5.1.3, 5.1.4, 6.1, 7.1, 7.2, 8.1, 8.2, 8.3, 8.4)	Unable to make appropriate, patient-specific therapeutic recommendations for identified drug therapy problems despite significant guidance.	With <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.
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

		Unsatisfactory	LEVEL 1 <u>Meets Minimum Expected Level of Performance at Week 3 &amp; Midpoint Assessment</u>	LEVEL 2 <u>Meets Minimum Expected Level of Performance at Week 9 &amp; Final Assessment</u>	LEVEL 3 <u>Exceeds Minimum Expected Level of Performance</u>
CARE PROVIDER COLLABORATOR SCHOLAR	<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)	Unable to design a monitoring plan addressing general efficacy and safety endpoints despite significant guidance.	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 sometimes 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.
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

		Unsatisfactory	LEVEL 1 <u>Meets Minimum Expected Level of Performance at Week 3 &amp; Midpoint Assessment</u>	LEVEL 2 <u>Meets Minimum Expected Level of Performance at Week 9 &amp; Final Assessment</u>	LEVEL 3 <u>Exceeds Minimum Expected Level of Performance</u>
COLLABORATOR COMMUNICATOR LEADER-MANAGER	<b>13) Documentation</b> - 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.	Documents when provided with a structured format, but may miss some key information. Requires <b>significant guidance</b> to keep documentation organized, relevant and concise.	Documents appropriately and accurately in an accepted structured format. Requires <b>some guidance</b> in incorporating pertinent information in an organized and concise manner. Articulation of therapeutic issues may lack refinement.	Documents appropriately and accurately in an accepted structured format. Requires <b>minimal guidance</b> in incorporating pertinent information in an organized and concise manner. Identifies patients for whom documentation is a priority.
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

		Unsatisfactory	LEVEL 1 <u>Meets Minimum Expected Level of Performance at Week 3 &amp; Midpoint Assessment</u>	LEVEL 2 <u>Meets Minimum Expected Level of Performance at Week 9 &amp; Final Assessment</u>	LEVEL 3 <u>Exceeds Minimum Expected Level of Performance</u>
COMMUNICATOR	<b>14) Communication</b> - Ability to communicate appropriately verbally, non-verbally, in writing, or via communication technology with patients and the health care team. (AFPC CM1, CM2, NAPRA 7.1)	Communicates in an unstructured or inappropriate manner, resulting in potentially ineffective interventions despite significant guidance.	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 a professional manner, but organization of communication may lack refinement at times. Usually 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.
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

		Unsatisfactory	LEVEL 1 <u>Meets Minimum Expected Level of Performance at Week 3 &amp; Midpoint Assessment</u>	LEVEL 2 <u>Meets Minimum Expected Level of Performance at Week 9 &amp; Final Assessment</u>	LEVEL 3 <u>Exceeds Minimum Expected Level of Performance</u>
COMMUNICATOR SCHOLAR	<b>15) Medication- and Practice-Related Education</b> - 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>some guidance</b> , is able to respond to simple questions by determining the most appropriate source of evidence based information and interpreting the relevant information required to respond to the question. May lack organization in communicating the response.	With <b>minimal guidance</b> , effectively responds to most questions by determining the most appropriate source of evidence-based information and interpreting the relevant information required to respond to the question. Communicates the response, but may lack refinement at times.	<b>Independently</b> triages and responds to all questions by determining the most appropriate source of evidence based information and interpreting the relevant information required to respond to the question. Effectively communicates the response.
	<b>Week 3 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Midpoint Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Week 9 Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide evidence to support your rating				
	<b>Final Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide evidence to support your rating					

## Professionalism (Attitudes and Behaviors)

<b>PROFESSIONAL</b>	16) Demonstrate the attitudes, qualities, ethical principles, commitment, and characteristics of a professional as expected by patients, other pharmacists, regulatory bodies, and other healthcare professionals including demonstration of, but not limited to: (AFPC PR1, PR2, NAPRA 1.4)  a. Accountability b. Attire and appearance c. Confidentiality d. Honesty and integrity e. Punctuality	Does NOT Consistently Exhibit	Consistently Exhibits
	Week 3 Assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Midpoint Assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Week 9 Assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Final Assessment	<input type="checkbox"/>	<input type="checkbox"/>
<b>LEADER-MANAGER PROFESSIONAL</b>	17) Demonstrate responsibility and commitment to their own learning and the ongoing refinement and advancement of critical thinking, scientific reasoning, problem-solving and decision-making skills through the demonstration of, but not limited to: (AFPC LM3, PR3, NAPRA 1.4)  a. Self-directed learning b. Self-evaluation c. Personal reflection d. Receptiveness to feedback e. Adaptability and openness to change	Does NOT Consistently Exhibit	Consistently Exhibits
	Week 3 Assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Midpoint Assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Week 9 Assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Final Assessment	<input type="checkbox"/>	<input type="checkbox"/>
<b>CARE PROVIDER PROFESSIONAL</b>	18) Demonstrate an understanding of the role of the pharmacist within the healthcare team, practicing within their scope of practice and all legal and ethical requirements (AFPC CP1, PR1, PR2, NAPRA 1.1, 1.2)	Does NOT Consistently Exhibit	Consistently Exhibits
	Week 3 Assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Midpoint Assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Week 9 Assessment	<input type="checkbox"/>	<input type="checkbox"/>
	Final Assessment	<input type="checkbox"/>	<input type="checkbox"/>

Please provide evidence to support your ratings under Professionalism:

Week 3 Assessment	
Midpoint Assessment	
Week 9 Assessment	
Final Assessment	

Please list the first and last name of all co-practice educators that have contributed to this assessment/evaluation of the student. If there are none, type 'none'.

### Additional Comments

Please provide any additional comments about the student, if any:

At any point during the practicum, should a student be struggling or unable to meet the Minimum Expected Level of Performance, please contact the OEE office at [phar.oe@ubc.ca](mailto:phar.oe@ubc.ca) or 604-822-8077

Would you like an OEE course coordinator to follow up with you regarding this assessment of the student?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

## APPENDIX 2 – PRACTICUM SCHEDULE

The following is a suggested scheduling guide to help plan out the required activities during SPT. This schedule includes all required practicum activities for SPT. The timing of activities may vary due to site and practice educator-specific circumstances.

Once set by the practice educator, students must adhere to the daily schedule, daily activities, and practicum hours as required in the **Structured Practical Training Program Practicum Policies, Procedures, and Guidelines**.

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

	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"/> Shadow practice educator in interactions with patients and health care providers <input type="checkbox"/> Establish expectations and mechanism for reporting with practice educator <input type="checkbox"/> Complete ¼ of Service activities <input type="checkbox"/> Provide Counseling to at least five patients <input type="checkbox"/> Identify one patient for Chief Complaint Patient Workup (e.g. New Rx Assessment) <input type="checkbox"/> Complete one Presentation <input type="checkbox"/> Start discussing Professional Practice Reflection assignment <input type="checkbox"/> Start Medication Safety Reflection assignment <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/intervals				
Week 2	<input type="checkbox"/> Complete ¼ of Service activities <input type="checkbox"/> Provide Counseling to at least five patients <input type="checkbox"/> Identify one patient for Chief Complaint Patient Workup (e.g. New Rx Assessment) <input type="checkbox"/> Discuss one Chief Complaint Patient Workup with your practice educator (e.g. New Rx Assessment from last week) <input type="checkbox"/> Shadow your practice educator for one Professional and Specialty Service and complete documentation <input type="checkbox"/> Complete one Presentation <input type="checkbox"/> Continue with Professional Practice Reflection assignment <input type="checkbox"/> Continue with Medication Safety Reflection assignment <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/intervals				<input type="checkbox"/> Reflect on activities completed and have a plan for Week 3

Week 3	<input type="checkbox"/> Complete ¼ of Service activities <input type="checkbox"/> Provide Counseling to at least five patients <input type="checkbox"/> Identify one patient for Chief Complaint Patient Workup (e.g. Non-Rx Assessment) <input type="checkbox"/> Discuss one Chief Complaint Patient Workup with your practice educator (e.g. New Rx Assessment from last week) <input type="checkbox"/> Complete Follow Up Evaluation for two patients <input type="checkbox"/> Shadow your practice educator for one Professional and Specialty Service and complete documentation <input type="checkbox"/> Complete one Presentation <input type="checkbox"/> Continue with Professional Practice Reflection assignment <input type="checkbox"/> Wrap up Medication Safety Reflection – Discuss reflection with practice educator <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/interval	<input type="checkbox"/> Complete Self-Assessment E*Value Coursework for Week 3 <input type="checkbox"/> <b>WEEK 3 ASSESSMENT</b> <input type="checkbox"/> Revisit Learning Contract <input type="checkbox"/> Reflect on activities completed and have a plan for Week 4
Week 4	<input type="checkbox"/> Complete ¼ of Service activities <input type="checkbox"/> Provide Counseling to at least five patients <input type="checkbox"/> Discuss one Chief Complaint Patient Workup with your practice educator (e.g. Non-Rx Assessment from last week) <input type="checkbox"/> Complete Follow Up Evaluation for two patients <input type="checkbox"/> Complete one Presentation <input type="checkbox"/> Wrap up Professional Practice Reflection - Discuss reflection with practice educator <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/interval	<input type="checkbox"/> Reflect on activities completed and have a plan for Week 5
Week 5	<input type="checkbox"/> Complete Service activities as required <input type="checkbox"/> Provide Counseling to at least five patients <input type="checkbox"/> Complete Chief Complaint Patient Workups (minimum two New Rx, two Refill Rx, and two Non-Rx assessments per week) <input type="checkbox"/> Identify one patient for first Full Patient Workup. Complete interview and assessment of selected patient <input type="checkbox"/> Complete Follow Up Evaluation for two patients <input type="checkbox"/> Complete one Presentation <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/interval	<input type="checkbox"/> Reflect on activities completed and have a plan for Week 6
Week 6	<input type="checkbox"/> Complete Service activities as required <input type="checkbox"/> Provide Counseling to at least five patients <input type="checkbox"/> Complete Chief Complaint Patient Workups (minimum two New Rx, two Refill Rx, and two Non-Rx assessments per week) <input type="checkbox"/> Complete first Full Patient Workup and review with practice educator <input type="checkbox"/> Complete Follow Up Evaluation for two patients <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/interval	<input type="checkbox"/> Complete Self-Assessment E*Value Coursework for Week 6 <input type="checkbox"/> <b>MIDPOINT ASSESSMENT</b> <input type="checkbox"/> Revisit Learning Contract <input type="checkbox"/> Reflect on activities completed and have a plan for Week 7
Week 7	<input type="checkbox"/> Complete Service activities as required <input type="checkbox"/> Provide Counseling to at least five patients <input type="checkbox"/> Complete Chief Complaint Patient Workups (minimum two New Rx, two Refill Rx, and two Non-Rx assessments per week) <input type="checkbox"/> Complete Follow Up Evaluation for two patients <input type="checkbox"/> Complete one Drug Information Response <input type="checkbox"/> Complete one Professional and Specialty Service <input type="checkbox"/> Complete one Presentation <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/interval	<input type="checkbox"/> Reflect on activities completed and have a plan for Week 8
Week 8	<input type="checkbox"/> Complete Service activities as required <input type="checkbox"/> Provide Counseling to at least five patients <input type="checkbox"/> Complete New (min two/week) and Refill (min two/week) Prescription Assessments <input type="checkbox"/> Provide pharmaceutical care to patients requiring Non-Prescription Assessment (min two/week) <input type="checkbox"/> Complete Follow Up Evaluation for two patients <input type="checkbox"/> Complete one Professional and Specialty Service <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/interval	<input type="checkbox"/> Reflect on activities completed and have a plan for Week 9

Week 9	<input type="checkbox"/> Complete Service activities as required <input type="checkbox"/> Provide Counseling to at least five patients <input type="checkbox"/> Complete Chief Complaint Patient Workups (minimum two New Rx, two Refill Rx, and two Non-Rx assessments per week) <input type="checkbox"/> Identify one patient for second Full Patient Workup. Complete interview and assessment of selected patient <input type="checkbox"/> Complete Follow Up Evaluation for two patients <input type="checkbox"/> Complete one Presentation <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/interval	<input type="checkbox"/> Complete Self-Assessment E*Value Coursework for Week 9 <input type="checkbox"/> <b>WEEK 9 ASSESSMENT</b> <input type="checkbox"/> Revisit Learning Contract <input type="checkbox"/> Reflect on activities completed and have a plan for Week 10
Week 10	<input type="checkbox"/> Complete Service activities as required <input type="checkbox"/> Provide Counseling to at least five patients <input type="checkbox"/> Complete Chief Complaint Patient Workups (minimum two New Rx, two Refill Rx, and two Non-Rx assessments per week) <input type="checkbox"/> Complete second Full Patient Workup and review with practice educator <input type="checkbox"/> Complete Follow Up Evaluation for two patients <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/interval	<input type="checkbox"/> Reflect on activities completed and have a plan for Week 11
Week 11	<input type="checkbox"/> Complete Service activities as required <input type="checkbox"/> Provide Counseling to at least five patients <input type="checkbox"/> Complete Chief Complaint Patient Workups (minimum two New Rx, two Refill Rx, and two Non-Rx assessments per week) <input type="checkbox"/> Complete Follow Up Evaluation for two patients <input type="checkbox"/> Complete one Drug Information Response <input type="checkbox"/> Complete one Professional and Specialty Service <input type="checkbox"/> Complete one Presentation <input type="checkbox"/> Provide feedback to practice educator at agreed-upon times/interval	<input type="checkbox"/> Reflect on activities completed and have a plan for Week 12 and 13
Week 12 and 13	<input type="checkbox"/> Revisit Learning Contract and complete ACT and REFLECT sections <input type="checkbox"/> Complete Service activities as required <input type="checkbox"/> Provide Counseling to at least five patients <input type="checkbox"/> Complete Chief Complaint Patient Workups (minimum two New Rx, two Refill Rx, and two Non-Rx assessments per week) <input type="checkbox"/> Complete Follow Up Evaluation for two patients <input type="checkbox"/> Complete one Professional and Specialty Service <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 Part 1 and Part 2 Coursework on E*Value 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