



THE UNIVERSITY OF BRITISH COLUMBIA

Office of Experiential Education
Faculty of Pharmaceutical Sciences



ENTRY-TO-PRACTICE PHARMD PROGRAM

INPATIENT AND HEALTH AUTHORITY-BASED PRACTICUMS HANDBOOK FOR STUDENTS AND PRACTICE EDUCATORS

Effective May 2023

Introductory and Advanced Pharmacy Practice Experiences
(IPPE, APPE) – Inpatient and Health Authority-Based

Course

Course Coordinator

PHRM 272 (IPPE)
PHRM 472 (APPE)

Asal Taheri
Kayla Fang

INNOVATIVE LEADERS OF EXCELLENCE IN PHARMACY EXPERIENTIAL EDUCATION

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Acknowledgement

UBC's Point Grey Campus is located on the traditional, ancestral, and unceded territory of the xwməθkwəyəm (Musqueam) people. The land it is situated on has always been a place of learning for the Musqueam people, who for millennia have passed on in their culture, history, and traditions from one generation to the next on this site. We would also like to acknowledge that our students and practice educators are from many places, near and far, and acknowledge the traditional owners and caretakers of those lands.

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College of Pharmacists of British Columbia

British Columbia Pharmacy Association

Canadian Society of Hospital Pharmacists

Drug and Poison Information Centre

Association of Faculties of Pharmacy of Canada

Pharmacy Experiential Programs of Canada

Introduction

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

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

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

Kind regards,



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

SECTION 1 – DIRECT PATIENT CARE PRACTICUMS OVERVIEW

1.1 Educational Outcomes

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

The Educational Outcomes for First Professional Degree Programs in Pharmacy are structured around seven key pharmacist roles¹:

- 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)². These domains encompass standards against which pharmacists' performance can be evaluated when the pharmacists are undertaking the activities imperative for safe and effective practice in their daily work.

The Four Domains of MSOP for Canadian Pharmacists are:

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

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

For your reference:

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

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

1.2 Direct Patient Care Practicum Goals and Learning Objectives

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

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

1.2.a Knowledge

Goal

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

Learning Objectives

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

1.2.b Skills (Provision of Pharmaceutical Care)

Goal

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

Learning Objectives

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

<p>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:</p> <ul style="list-style-type: none"> a) Obtaining consent b) Making appropriate patient-specific therapeutic recommendations c) Making a referral and/or consulting others d) Adapting, initiating, discontinuing, dispensing or administering medication as authorized e) Engaging the patient or caregiver through education and counselling, empowerment and self-management f) Communicating the rationale for the care plan within the circle of care 	CL1, CL2, CM1, CM2, CP2.4, HA1, LM1.4, SC1, SC2, SC4	2.5, 2.6, 2.7, 3.1, 6.1, 7.1, 7.2, 8.1, 8.2, 8.3, 8.4
14) Develop an appropriate, patient-specific monitoring plan and/or plans for continuity of care, specifying efficacy and safety endpoints, target values, frequency and timeframes for monitoring	CL2, CP2.5	2.5.8
15) Provide follow up evaluation and assessment of effectiveness, safety and patient adherence and tolerance to drug therapy	CP 2.5, SC1, SC2	2.8
16) Proactively document patient-related healthcare issues, care plans and medication orders/clarifications in a clear, concise, and organized manner, fulfilling professional and legal requirements	CM1, CM2, CL2.3, LM 1.4	1.5
17) Effectively respond to medication- and practice-related questions and educate others in a timely manner, utilizing systematic literature search, critical appraisal skills, and appropriate means of communication (verbal or written, as appropriate)	CM1, CM2, SC1, SC2, SC4	6.1, 6.2, 7.1, 7.2.1, 7.2.3, 7.3
18) Advocate for the health and wellness of patients and the community, promoting disease prevention and facilitating patient access to the health care system and required services	LM 1.1, LM3.1, HA 1, HA2	5.1, 5.2

1.2.c Attitudes and Behaviors (Professionalism)

Goal

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

Learning Objectives

By the end of this course, the student will consistently:	AFPC Reference	NAPRA Reference
19) Demonstrate the attitudes, qualities, ethical principles, commitment, and characteristics of a professional as expected by patients, other pharmacists, regulatory bodies, and other healthcare professionals including demonstration of, but not limited to: a) Accountability b) Attire and appearance c) Confidentiality d) Honesty and integrity e) Punctuality	PR1, PR2	1.4
20) Demonstrate responsibility and commitment to their own learning and the ongoing refinement and advancement of critical thinking, scientific reasoning, problem-solving and decision-making skills through the demonstration of, but not limited to: a) Self-directed learning b) Self-evaluation c) Personal reflection d) Receptiveness to feedback e) Adaptability and openness to change	LM3, PR3	1.4
21) Demonstrate an understanding of the role of the pharmacist within the healthcare team, practicing within their scope of practice and all legal and ethical requirements	CP1, PR1, PR2	1.1, 1.2

1.3 Expected Level of Performance and Patient Complexity

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

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

Practicum Course	Expected Level of Performance	Student Characteristics ¹⁸	Expected Patient Complexity	Patient Characteristics
PHRM 171	Novice	Has incomplete understanding and minimal or "textbook" knowledge without connecting it to practice. Approaches tasks mechanistically. Little or no conception of dealing with complexity. Needs close supervision or instruction.	LOW	Medical Conditions: 1-3 Number of medications: 3-5
PHRM 271 PHRM 272*	Advanced Beginner	Has a working understanding and knowledge of key aspects. Tends to see actions as a series of steps. Appreciates complex situations, but only able to achieve partial resolution. Able to achieve some steps using own judgement, but supervision needed for overall task.	LOW-MODERATE	Medical Conditions: 3-5 Number of medications: 5-7
PHRM 371			MODERATE	Medical Conditions: 5-7 Number of medications: 7+

PHRM 471 PHRM 472 PHRM 473	Competent	Has good working and background understanding. Now sees actions at least partially in terms of longer-term goals. Copes with complex situations through deliberate analysis and planning. Able to work independently to a standard that is acceptable though may lack refinement. Able to achieve most tasks using own judgement.	MODERATE	Medical Conditions: 5-7 Number of medications: 7+
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* As second year students PHRM 272 students are expected to perform at the level outlined above. However, given the short duration and the observational nature of the practicum the assessment of the performance will be different compared to the other direct patient care practicums.

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

1.4 Practice Educator Inpatient and Health Authority-Based Practicum Activities Overview

The tables below describe the general activities for inpatient and health authority-based practicums and the role of the practice educator in each of these activities. Please see the corresponding sections in the Inpatient and Health Authority-Based Practicums Handbook for full details of each activity.

1.4.a PHRM 272

Practicum Requirements	Brief Description (Please see corresponding course handbook section for details)	Practice Educator (PE) Role
Student Introduction and Orientation	Student-led activity to support student orientation and integration into practice site. One week prior to the practicum, student to email their resume to their practice educator. Upon arrival to practice site, student to complete a health and safety orientation (HSO) and review the 72-Hour Checklist with their PE	Provide opportunity for orientation to practice site within the first 24 hours of practicum
Learning Contract	Student to identify learning objectives and assess his/her progress towards attaining these objectives throughout the practicum using a learning contract	Student and PE to review within the first 72-hours of the practicum and revisit at midpoint and final weeks of practicum. PE to verify completion on E*Value
Inpatient Pharmacy Practice Reflection	Student to engage in discussion and complete the Inpatient Pharmacy Practice Reflection activity with the practice educator prior to the end of the practicum experience	All practicum activities to be completed under the direct supervision of a pharmacist practice educator and/or designated pharmacist. PE to verify safe and satisfactory completion on E*Value
Orientation to Inpatient Pharmacy Medication Distribution	Student to complete a tour of the dispensary and various other medication preparation areas and guided discussion specific to the inpatient medication distribution system	
Orientation to Clinical Pharmacist's role	Student to complete a minimum of one shadow experience with a clinical pharmacist which also includes attending a minimum of 1 patient care rounds session	
Orientation to the Patient Medical Record	Student to complete an orientation to the site's patient medical record system including a tour of the ward/nursing unit and a sample patient chart and associated discussion	
Counseling	Student will provide patient education and counseling for a minimum of 1 patient/caregiver	
Medication Reconciliation	Student to perform medication reconciliation on admission OR on discharge for a minimum of 1 patient. This patient must be different from the patient chosen for the Full Patient Workup activity.	
Drug Information Response	Student to answer drug information requests as they arise in day-to-day practice, but at a minimum to respond to 1 drug information request	
Full Patient Workup	Students are expected to complete a full work up for a minimum of 1 patient and develop and implement a care plan for 1 of the identified medical conditions and present to the practice educator for assessment and feedback. This patient must be different from the patient chosen for the Medication Reconciliation activity.	
Clinical Documentation	Student will document their full patient work up, recommendations and care plan in the form of a clinical note for the patient chart	
Interprofessional Education	Student to complete a minimum of 1 interprofessional education session involving other health care team members and to observe and reflect upon the importance and challenges of interprofessional teams in the provision of patient-centered care	

Service (Optional)	Student to provide service (e.g. medication reconciliation, medication counselling, mini-projects, etc.) as required by the PE and/or site needs if time permits	No E*Value verification required
Giving Feedback to the Practice Educator	Student to provide constructive feedback to PE throughout practicum and complete evaluation survey	PE to review feedback received from student. PE to verify satisfactory completion on E*Value
Direct Patient Care Practice Educator Assessment of Student	Student to review and discuss the PE's observation and assessment of their performance over the course of the practicum as formally documented in the midpoint and final assessments	PE to complete the final assessment of student on E*Value and review each with the student

1.4.b PHRM 472

Practicum Requirements	Brief Description (Please see corresponding course handbook section for details)	Practice Educator (PE) Role
Student Introduction and Orientation	Student-led activity to support student orientation and integration into practice site. One week prior to the practicum, student to email their resume to their practice educator. Upon arrival to practice site, student to complete a health and safety orientation (HSO) and review the 72-Hour Checklist with their PE	Provide opportunity for orientation to practice site within the first 24 hours of practicum
Learning Contract	Student to identify learning objectives and assess his/her progress towards attaining these objectives throughout the practicum using a learning contract	Student and PE to review within the first 72-hours of the practicum and revisit at midpoint and final weeks of practicum. PE to verify completion on E*Value
Drug Information Response	Student to answer drug information requests as they arise in day-to-day practice, but at a minimum to respond to 2 drug information requests	All practicum activities to be completed under the direct supervision of a pharmacist practice educator and/or designated pharmacist. PE to verify safe and satisfactory completion on E*Value
Full Patient Workup	Student to provide full pharmaceutical care by completing patient work-ups and developing and implementing care plans for a minimum of 16 patients	
Clinical Reasoning Reflection	At weeks 2 and 6, student to reflect upon a real-life example of a clinical/therapeutic decision he/she/they made in his/her/their PHRM 472 practicum experience and submit reflection on E*Value for PE assessment. Student to complete a total of 2 reflections.	
Presentation	Student to prepare and deliver a minimum of 2 presentations to meet the learning needs of a specific audience. The type of presentation and audience to be presented to is determined by the PE	
Interprofessional Education	Student to complete a minimum of 1 interprofessional education session involving other health care team members and to observe and reflect upon the importance and challenges of interprofessional teams in the provision of patient-centered care	
Service	Student to provide service (e.g. medication reconciliation, medication counselling, mini-projects, etc.) as required by the PE and/or site needs	No E*Value verification required
Self-Assessment	Student to reflect upon his/her knowledge, skills, and professional attributes thus far on weeks 2 and 6 of practicum	PE to verify satisfactory completion on E*Value

	and devise an action plan going forward. Self-assessment and action plan to be discussed and agreed upon with the PE.	
Giving Feedback to the Practice Educator	Student to provide constructive feedback to PE throughout practicum and complete evaluation survey	PE to review feedback received from student. PE to verify satisfactory completion on E*Value
Direct Patient Care Practice Educator Assessment of Student	Student to review and discuss the PE's observation and assessment of their performance over the course of the practicum as formally documented in the midpoint and final assessments	PE to complete midpoint and final assessments of student on E*Value and review each with the student

1.5 Student Submission Requirements Checklists

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

1.5.a PHRM 272 Student Submission Requirements Checklist

Minimum Required	Practicum Requirements	Where to complete/submit for course completion	Student Submission Deadline
1	<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	<input type="checkbox"/> Learning Contract (Complete PLAN-ACT-REFLECT sections)	Student to acknowledge completion on Practicum Activities E*Value Coursework	11:55pm on the last scheduled practicum block date
1	<input type="checkbox"/> Inpatient Pharmacy Practice Reflection		
1	<input type="checkbox"/> Orientation to Inpatient Pharmacy Medication Distribution		
1	<input type="checkbox"/> Orientation to Clinical Pharmacist's Role		
1	<input type="checkbox"/> Orientation to the Patient Medical Record		
1	<input type="checkbox"/> Medication Reconciliation		
1	<input type="checkbox"/> Counseling		
1	<input type="checkbox"/> Interprofessional Education		
1	<input type="checkbox"/> Drug Information Response		
1	<input type="checkbox"/> Full Patient Work-up		
1	<input type="checkbox"/> Clinical Documentation		
1	<input type="checkbox"/> Giving Feedback to the Practice Educator	1) Review and discuss feedback and acknowledge on Practicum Activities E*Value Coursework 2) Complete Student Evaluation of Practice Educator and Practice Site on E*Value	11:55pm on the last scheduled practicum block date
1	<input type="checkbox"/> PHRM 272 Practice Educator Assessment of Student	Practice educator to submit by end of week 2	No student submission;

			Submitted by practice educator
1	<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

1.5.b PHRM 472 Student Submission Requirements Checklist

Minimum Required	Practicum Requirements	Where to complete/submit for course completion	Student Submission Deadline
1	<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	<input type="checkbox"/> Learning Contract (Complete PLAN-ACT-REFLECT sections)	Student to acknowledge completion on Practicum Activities E*Value Coursework	11:55pm on the last scheduled practicum block date
16	<input type="checkbox"/> Full Patient Work Up		
2	<input type="checkbox"/> Drug Information Response		
2	<input type="checkbox"/> Presentation		
1	<input type="checkbox"/> Interprofessional Education		
Completed daily (no minimum)	<input type="checkbox"/> Counseling <input type="checkbox"/> Medication Reconciliation/BPMH <input type="checkbox"/> Service		
1	<input type="checkbox"/> Giving Feedback to the Practice Educator	1) Review and discuss feedback and acknowledge on Practicum Activities E*Value Coursework 2) Complete Student Evaluation of Practice Educator and Practice Site on E*Value	11:55pm on the last scheduled practicum block date
2	<input type="checkbox"/> Clinical Reasoning Reflection	E*Value Coursework	Weeks 2 and 6
2	<input type="checkbox"/> Self-Assessment	E*Value Coursework	Weeks 2 and 6

2 (Midpoint & Final)	<input type="checkbox"/> Direct Patient Care Practice Educator Assessment of Student	Practice educator to submit by end of week 4 (Midpoint) and end of week 8 (Final) on E*Value	No student submission; Submitted by practice educator
1	<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 Inpatient and Health Authority-Based Practicums

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

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

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

Students must ensure that all required course activities and assignments, as described in this course handbook, are completed and verified by the practice educator as being completed satisfactorily and safely. All practicum activities/assignments and E*Value Coursework must be completed and submitted by the deadlines as determined by the Faculty, **which is on the last OEE scheduled practicum block date at 11:55pm**. The practice educator cannot override course requirements or specified deadlines.

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

Student Resource(s) on Canvas

- E*Value Coursework instructions

SECTION 2 – REQUIRED COURSE ACTIVITIES

2.1 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 should meet with their practice educator/designated pharmacist to review their resume and discuss the student's skills and experiences to date.
 - c) Students must complete the student-led **UBC Pharmacy Student Health and Safety Orientation Form (HSO)** with their practice educator and/or designated pharmacist.
- 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.

Resource(s) on Canvas

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

Verification of Activity Completion

Student	Practice Educator
PHRM 272	
<ul style="list-style-type: none">• Student to email their resume to their practice educator one week prior to the practicum starting Student to upload completed and signed HSO Form on Canvas within the first 72-hours of the practicum• No submission is required for the 72-Hour Checklist.	<ul style="list-style-type: none">• No verification required
PHRM 472	
<ul style="list-style-type: none">• Student to email their resume to their practice educator one week prior to the practicum starting• Student to upload completed and signed HSO Form on Canvas within the first 72-hours of the practicum• No submission is required for the 72-Hour Checklist.	<ul style="list-style-type: none">• No verification required

2.2 Learning Contract

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. The Learning Contract is also intended to support continuity in learning needs as students transition to their next practicum, or practice, as well as to reinforce the role of self-directed and life-long learning in pharmacy practice. (DPC Learning Objectives: 19-21; See Section 1.2)

Required Form(s)/Checklist(s)

- Learning Contract Form

Process

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

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

Resource(s) on Canvas

- Action Words for Bloom’s Taxonomy
- Learning objectives examples

Verification of Activity Completion

Student	Practice Educator
PHRM 272	
<ul style="list-style-type: none">• Student to complete each section, PLAN-ACT-REFLECT, of the Learning Contract form at the appropriate intervals of time	<ul style="list-style-type: none">• Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the Practicum Activities E*Value Coursework
<ul style="list-style-type: none">• Student is to acknowledge and confirm completion on the Practicum Activities E*Value Coursework	
PHRM 472	
<ul style="list-style-type: none">• Student to complete each section, PLAN-ACT-REFLECT, of the Learning Contract form at the appropriate intervals of time	<ul style="list-style-type: none">• Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the Practicum Activities E*Value Coursework
<ul style="list-style-type: none">• Student is to acknowledge and confirm completion on the Practicum Activities E*Value Coursework	

2.3 Inpatient Pharmacy Practice Reflection – PHRM 272

Purpose

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

Required Form(s)/Checklist(s) – None

Process

- 1) **Prior to commencing the practicum**, student to review this activity description in full and the following questions:
 - a) What is your understanding or assumptions of pharmacy practice in the inpatient setting? What are the different pharmacy roles in the inpatient setting?
 - b) How might your presence affect the clinical pharmacy team and patients?
 - c) How would you describe your attitude towards inpatient/hospital practice?
- 2) **Over the course of the 2-week practicum** student to discuss the questions outlined above with the practice educator and/or other hospital pharmacy staff members met on practicum.
- 3) **Prior to the end of the practicum, student to reflect on the below listed questions**. Students may consider drafting a brief outline or write down some reflective thoughts in preparation for the discussion described in Step 4.
 - a) How has this experience impacted you and your understanding or assumptions of pharmacy practice in this setting?
 - b) How did this experience inform your learning and skills development as a pharmacy student?
 - c) Provide an example of a patient care or service activity you observed a clinical pharmacist provide and describe how it impacted you and your experience.
 - d) Consider your time spent during this course – when did you feel most engaged – when did you feel most challenged?
- 4) **At the end/on the last day of the practicum**, as a group and/or in pairs, students are to engage in discussion based on above reflection questions with their practice educator. Then, document completion of activity on their Practicum Activities E*Value Coursework. Student to include the date the activity was completed and the name of the practice educator that facilitated the activity.

Resource(s) on Canvas - None

Verification of Activity Completion

Student	Practice Educator
PHRM 272	
<ul style="list-style-type: none">• Student to engage in discussion and complete the Inpatient Pharmacy Practice Reflection activity with the practice educator	<ul style="list-style-type: none">• Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the Practicum Activities E*Value Coursework
<ul style="list-style-type: none">• Student is to acknowledge and confirm completion on the Practicum Activities E*Value Coursework	

2.4 Orientation to Inpatient Pharmacy Medication Distribution System – PHRM 272

Purpose

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

Required Form(s)/Checklist(s) – None

Process

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

Inpatient Medication Distribution Discussion Questions/Topics

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

- f) What are the hours of the hospital dispensary at the site? Is it a 24-hour site or is the dispensary only open during the day/early evening? If the dispensary closes overnight, how are medication orders filled? Do pharmacists at the practicum site need to be on call? What does that entail?
 - g) What types of products require aseptic technique to be used in their manufacturing process?
 - h) List some examples of medication safety processes/ procedures/ policies you encountered while completing your guided tour (e.g. where is concentrated KCL found/are abbreviations acceptable when writing orders/is TALLMAN lettering used in labelling medications/ does medication reconciliation occur on admission, transfer, and/or discharge on a regular basis at your site etc.)
- 6) Student to document completion of this activity on their **Practicum Activities E*Value** Coursework and submit this form for practice educator verification.

Resource(s) on Canvas

- Assessment of Prescriber Orders – A Student Guide

Verification of Activity Completion

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

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

Purpose

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

Required Form(s)/Checklist(s) – None

Process

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

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

Resource(s) on Canvas – None

Verification of Activity Completion

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

2.6 Orientation to the Patient Medical Record⁷ – PHRM 272

Purpose

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

Required Form(s)/Checklist(s) – None

Process

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

- h) Discuss how a pharmacist can use the patient medical record in the provision of patient care and specifically how it can be used as part of the patient assessment process.
 - i) What happens to the patient record/chart once the patient is discharged from the site?
- 3) Student to document completion of this activity on their **Practicum Activities E*Value** Coursework and submit this form for practice educator verification. Student to include the date the activity was completed and the name of the practice educator that facilitated the activity.

Resource(s) on Canvas

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

Verification of Activity Completion

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

2.7 Medication Reconciliation – PHRM 272

Purpose

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

Required Form(s)/Checklist(s)

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

Process^{10,12}

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

For Medication Reconciliation on Admission

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

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

For Medication Reconciliation on Discharge

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

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

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

Resource(s) on Canvas

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

Verification of Activity Completion

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

2.8 Counseling – PHRM 272

Purpose

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

Required Form(s)/Checklist(s)

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

Process

- 1) Student to review the **General Medication Counseling Guide** and the **Requirements Checklist for Patient Education and Medication Counseling** in preparation for this activity.
- 2) Based on the medications to be counseled on and the resources listed above, student to prepare for the counseling session and review with the practice educator in advance.
- 3) Student to counsel patient, under the direct supervision of the practice educator. This patient may be any patient who may benefit from counseling, including one identified from another practicum activity.
- 4) Based on site's requirements and following site procedures, student to participate in documenting the interaction or observe the practice educator document the interaction in patient chart/medical record.
- 5) Student to document completion of this activity on his/her **Practicum Activities E*Value** Coursework and submit this form for practice educator verification. Student to include the date the activity was completed and the name of the practice educator that facilitated the activity.

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

Resource(s) on Canvas

- General Medication Counseling - A Student Guide

Verification of Activity Completion

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

2.9 Interprofessional Education

Purpose

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

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

Required Form(s)/Checklist(s) – None

Process

- 1) With the help of the practice educator, student to identify at least one opportunity to complete an interprofessional education session with one or more health care team member(s). This session consists of an interprofessional activity and discussion with the practice educator where you will discuss role(s) of the health care team member(s) and identify interprofessional collaborative opportunities. The suggested minimum time of this interprofessional education session is two hours.
 - a) **Interprofessional Activity**
Interprofessional activities will vary depending on the availability at the site. Examples include, but are not limited to: one-on-one shadowing of another health care team member, meeting and discussion with another health care team member, participation in interprofessional rounds, interprofessional team meetings, or a combination of multiple activities.
 - b) **Discussion**
Following completion of interprofessional activities, student to discuss and reflect on what they observed with the practice educator. The following are suggested questions:
 - What is the health care professional’s role on the health care team in the inpatient setting?
 - What do their day-to-day responsibilities entail?

- When do they collaborate with pharmacists?
- Did you observe healthy and effective working relationships?
- Was there an interprofessional conflict that arose during the experience? How was it handled?

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

Resource(s) on Canvas – None

Verification of Activity Completion

Student	Practice Educator
PHRM 272	
<ul style="list-style-type: none">• Student to complete at least one Interprofessional Education session (e.g. interprofessional activity and discussion) as arranged by the practice educator and/or designated pharmacist. One session, including discussion, should take a minimum of two hours.	<ul style="list-style-type: none">• Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the Practicum Activities E*Value Coursework
<ul style="list-style-type: none">• Student is to acknowledge and confirm completion on the Practicum Activities E*Value Coursework	
PHRM 472	
<ul style="list-style-type: none">• Student to complete at least one Interprofessional Education session (e.g. interprofessional activity and discussion) as arranged by the practice educator and/or designated pharmacist. One session, including discussion, should take a minimum of one hour.	<ul style="list-style-type: none">• Prior to/on the last day of the practicum, practice educator to verify satisfactory completion of this activity on the Practicum Activities E*Value Coursework
<ul style="list-style-type: none">• Student is to acknowledge and confirm completion on the Practicum Activities E*Value Coursework	

2.10 Drug Information Response⁴

Purpose

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

Required Form(s)/Checklist(s)

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

Process

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

PHRM 272	PHRM 472
<u>Orientation and Discussion</u> 1) Complete a tour and/or orientation of the drug information resources available at the site and become familiar with the contents and focus of each. 2) As a group and/or in pairs, discuss hospital-specific drug information resources with the practice educator using the following questions as a guide: a) What are some drug information resources available to pharmacists at the practicum site and what are two of the most commonly utilized resources? b) How often are these resources updated? c) In what cases would you use one over the other? 3) Review and become familiar with all the resources for this activity as listed under the	<u>How to...</u> 1) Complete drug information responses, as they arise in day-to-day practice at the site and are assigned by the practice educator and/or designated pharmacist. For each assigned drug information request: a) Clearly define the specific question being asked b) Ensure you have discussed when the response is needed with your Practice Educator for their review c) Background: Use the Drug Information Request and Response form or an appropriate site-specific documentation tool to gather background information relating to the request. d) Literature search and critical-appraisal: • Review “ How to Perform a Literature Search ” ¹⁵ video on Canvas

<p>Required Forms and the Accessory Resources sections prior to completing any assigned drug information requests.</p> <p>How to...</p> <p>4) Complete drug information responses, as they arise in day-to-day practice at the site and are assigned by the practice educator and/or designated pharmacist. For each assigned drug information request:</p> <ol style="list-style-type: none"> Clearly define the specific question being asked Ensure you have discussed when the response is needed with your Practice Educator for their review Background: Use the Drug Information Request and Response form or an appropriate site-specific documentation tool to gather background information relating to the request. Literature search and critical-appraisal: <ul style="list-style-type: none"> Review “How to Perform a Literature Search”¹⁵ video on Canvas Perform a search of the resources, references, and evidence to respond to the question Response: Compose an evidence-based written response to the drug information request, using appropriate referencing and scientific-writing skills Review the Requirements Checklist for Drug Information Responses to ensure you have captured all requirements for this activity 	<ul style="list-style-type: none"> Perform a search of the resources, references, and evidence to respond to the question <ol style="list-style-type: none"> Response: Compose an evidence-based response to the drug information request, in the format requested by the practice educator using appropriate referencing and scientific-writing skills if relevant. Examples include written response, a verbal report, or a written note appropriate for inclusion in the medical record. Review the Requirements Checklist for Drug Information Responses to ensure you have captured all requirements for this activity Present and review response with your practice educator and/or designated pharmacist on site in a timely manner Have the practice educator and/or designated pharmacist provide feedback on the DIR response using the Requirements Checklist for Drug Information Responses <p>2) 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..</p> <p>3) If new information arises that changes your drug information response, follow-up as required.</p>
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<p>g) Present and review response with your practice educator and/or designated pharmacist on site in a timely manner</p> <p>h) Have the practice educator and/or designated pharmacist provide feedback on the DIR response using the Requirements Checklist for Drug Information Responses</p> <p>5) 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.</p> <p>6) If new information arises that changes your drug information response, follow-up as required.</p> <p>7) Student to document completion of this activity on his/her Practicum Activities E*Value Coursework and submit for practice educator verification.</p>	<p>4) Student to document completion of this activity on his/her Practicum Activities E*Value Coursework and submit for practice educator verification.</p>
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PHRM 272: To meet the expected level of performance on this activity students must achieve an overall satisfactory assessment on the **Requirements Checklist for Drug Information Response**, which must be completed and signed by the practice educator that facilitated, observed and assessed the activity. Students must retain all supporting documentation for this activity for their records, including the completed and signed Requirements Checklist, which will be requested by the practice educator conducting the final assessment of the student at the end of the practicum and may be requested by OEE at any time.

Resource(s) on Canvas

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

Verification of Activity Completion

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

2.11 Full Patient Work-Up

Purpose

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

Required Form(s)/Checklist(s)

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

Process⁴

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

***Please note:** For PHRM 272, students are expected to complete a full work-up for a minimum of one patient and develop and implement a care plan for one of the identified medical conditions. Practice educators and students may exceed these minimum requirements if time and opportunity permit.
- 3) Students must report their patient work-up 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.

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

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

Resource(s) on Canvas

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

Verification of Activity Completion

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

<p>patient work-up and care plan with their practice educator for assessment and feedback.</p>	<p>this activity on the Practicum Activities E*Value Coursework</p>
<ul style="list-style-type: none"> • Student is to acknowledge and confirm completion on the Practicum Activities E*Value Coursework 	

2.12 Clinical Documentation - PHRM 272

Purpose

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

Required Form(s)/Checklist(s)

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

Process

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

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

Resource(s) on Canvas

- Clinical Documentation example

Verification of Activity Completion

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

2.13 Clinical Reasoning Reflection¹⁶ – PHRM 472

Purpose

Clinical reasoning and therapeutic decision-making are key components of the pharmaceutical care process and are skills used by pharmacists in clinical practice on a daily basis.¹⁶ In this activity, students will reflect upon their clinical reasoning and decision-making process using real-life examples encountered during their PHRM 472 practicum experience. Students are to show insight on the effect of their clinical decision, and how their experiences will affect their future professional activities. (DPC Learning Objectives: 19-21; See Section 1.2)

Required Form(s)/Checklist(s)

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

Process^{14,16}

At weeks 2 and 6, students will:

- 1) Choose at least one example of a recommendation/therapeutic decision made in the two weeks prior during which they demonstrated clinical reasoning skills. Note that the submission must be based on a decision made in the two weeks prior.
 - a) Examples of recommendations that would require clinical reasoning include, but are not limited to:
 - Optimizing drug therapy (e.g. choosing a different drug, changing a dose or changing the route of administration, starting/stopping a drug)
 - Implementing a monitoring plan (e.g. laboratory, diagnostics, or other)
 - Recommending how to proceed with drug therapy after an allergy assessment
 - Assessing a drug level and the rationale for changing or not changing the drug dosage
- 2) Log on to **E*Value Coursework**. Document and reflect on the recommendation/therapeutic decision that was made using the questions outlined in the **Clinical Reasoning Reflection** form as a guide. Students must ensure patient confidentiality and patient identifiers are all removed from all submissions.
- 3) Review the **Assessment Guide for Clinical Reasoning Reflection** in Appendix 1 to ensure that the submission meets the outlined satisfactory submission requirements.
- 4) Submit the **Clinical Reasoning Reflection E*Value Coursework** form ideally by the Sunday of that week (e.g. Sunday of week 2 and week 6) for review and approval by practice educator.

Note:

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

Resource(s) on Canvas

- Clinical Reasoning Examples

Verification of Activity Completion

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

2.14 Presentation¹⁷ – PHRM 472

Purpose

Health care professionals commonly utilize presentations to consolidate their learning, share therapeutic knowledge and build on communication skills. Therefore, presentations enable individuals to develop their skills as scholars and communicators¹. 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)

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

Process

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

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

- 3) **Deliver:** Conduct the presentation with clear delivery, tailored to the audience.
 - a) Keep track of time and pacing of the presentation
 - b) Use appropriate verbal communication for the intended audience to articulate information with correct terminology
 - c) Use appropriate non-verbal communication to show confidence, enhance interest and audience comprehension
 - d) Listen carefully and effectively respond to audience questions; do not guess at an answer

- 4) **Assessment and feedback:** Following completion of each presentation, the student should request to receive feedback and comments from the practice educator and/or designated pharmacist, in order to implement any required changes prior to the next presentation.

- 5) Student to document completion of activity on his/her **Practicum Activities E*Value Coursework**.

Resource(s) on Canvas

- Presentation Resources folder
- Presentation Examples
- Canvas – Professional Communications Hub: <https://canvas.ubc.ca/courses/11842>

Verification of Activity Completion

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

2.15 Service

Purpose

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

Required Form(s)/Checklist(s) – None

Process

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

Resource(s) on Canvas

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

Verification of Activity Completion

Student	Practice Educator
PHRM 272	
<ul style="list-style-type: none"> No minimum requirement; if time permits and the opportunity arises students are encouraged to participate in service activities as requested and/or suggested by their practice educators. 	<ul style="list-style-type: none"> None
PHRM 472	
<ul style="list-style-type: none"> No minimum requirement; students are expected to seize the opportunity to partake in service activities as requested and/or suggested by their practice educators. 	<ul style="list-style-type: none"> None

2.16 Self-Assessment – PHRM 472

Purpose

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

Required Form(s)/Checklist(s)

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

Process

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

- a) **Knowledge & Skills**

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

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

- b) **Professionalism**

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

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

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

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

Resource(s) on Canvas

- Self-Assessment Examples
- Direct Patient Care Practice Educator Assessment of Student

Verification of Activity Completion

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

2.17 Giving Feedback to the Practice Educator

Purpose

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

Required Form(s)/Checklist(s)

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

Process

- 1) On your course Canvas site or through the Professional Communications Hub on Canvas, review the video **Giving Feedback-Part 1** as a guide.
- 2) On the first day of the practicum, establish a commitment to feedback conversations at regular intervals (e.g. five-minute daily feedback sessions at the end of each day with your practice educator). 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 and/or designated pharmacist. This form on E*Value will only be generated for the designated practice educator completing the final assessment for the student.

If there is more than one practice educator involved in the student's learning, consider providing feedback to all practice educators either verbally or in writing.

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

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

Resource(s) on Canvas

- Giving Feedback Part 1 Video¹⁵
- Student Evaluation of the Practice Educator and Practice Site (provided for reference, but actual form completed online on E*Value by the student)
- Canvas – Professional Communications Hub: <https://canvas.ubc.ca/courses/11842>

Verification of Activity Completion

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

SECTION 3 – ASSESSMENT PROCESSES

3.1 Assessment Processes

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

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

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 **Practice Educator Assessment of Student*** form is completed by the practice educator at the midpoint of the practicum. This assessment reflects the practice educator's observation and assessment of the student's performance based on the criterion, and the rubrics and expectations of the University. The practice educator and student are expected to

meet at the midpoint to formally discuss the student's progress and review the completed formative assessment form.

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

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

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 pharmacist who will complete the formal midpoint and/or final assessment of the student and provide feedback after reviewing the course work and consulting with other pharmacists who have observed or interacted with the student as necessary.

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

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

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

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

3.2 Grade Assignment

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

1) Completion of Required Practicum Hours

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

2) Practice Educator Assessment of Student

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

3) Evidence of Learning

Students must ensure that all required course activities and assignments, as described in this handbook, are completed and verified by the practice educator as being completed satisfactorily and safely. All practicum activities/assignments and E*Value Coursework must be completed and submitted by the deadlines as determined by the Faculty, **which is on the last OEE scheduled practicum block date at 11:55pm**. The practice educator cannot override course requirements or specified deadlines.

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

UBC FOPS Academic Regulations:

<https://www.calendar.ubc.ca/vancouver/index.cfm?tree=12,213,956,1565>

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

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

- Does not complete required number of practicum hours

- Does not meet expected level of performance for any element on the **Practice Educator Assessment of Student***
- Does not consistently exhibit professional attributes and skills
- Does not submit required course submissions (evidence of learning) by the specified deadline
- Poses any risk to patient safety and is negligent in the provision of patient-centered care

The practice educator cannot override the course requirements.

All grade recommendations are made to the Faculty's Student Progress Committee by the course coordinator. The final grade decision (i.e. pass/fail) is determined by the Student Progress Committee.

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

SECTION 4 – OFFICE OF EXPERIENTIAL EDUCATION CONTACT INFORMATION

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

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

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 and inquiries
- Tracking

For enquiries about the above or questions about our experiential education program, please contact the Office of Experiential Education by email at phar.oe@ubc.ca or by phone at (604) 822 8077. Our office is open from Monday – Friday, 8:30am-4:30pm, and we are closed for all statutory holidays.

Off-Hours Issues

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

Crisis and After-Hours Contacts

- Crisis Centre BC | <http://crisiscentre.bc.ca/> | 1 800 SUICIDE (784 2433)
- 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.oe@ubc.ca

<https://pharmsci.ubc.ca/experiential-partners>

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

<https://students.ubc.ca/health>

UBC Enrolment Services Advisors

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

1 877 272 1422 (toll-free)

<https://students.ubc.ca/support>

UBC Centre for Accessibility

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

604 822 5844

info.accessibility@ubc.ca

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

APPENDIX 1: REQUIRED FORM(S) / CHECKLIST(S)

A.1.a 72-Hour Checklist

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

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

<input type="checkbox"/> Tentative date for the final review and verification of completion of activities on Practicum Activities Log with practice educator (note: this must be done prior to/on the last day of the practicum) _____ <input type="checkbox"/> Tentative date for final assessment: _____ <input type="checkbox"/> Expectations for meeting deadlines and preparedness for patient activities (e.g. for patient interviews, organizing a clinic, assignments and projects etc.) <input type="checkbox"/> Discuss expectations for documentation, including available tools, resources/forms, and site-specific policies (which forms/documentation methods are required to be used by student on site per site policies) <input type="checkbox"/> Verify practice educator requirement for online copy or hardcopy/printed patient care activity assignments <input type="checkbox"/> Upcoming CE events or other education related events (if applicable)
Technology
<input type="checkbox"/> Software used for patient health information, prescription processing etc. <input type="checkbox"/> PharmaNet Access <input type="checkbox"/> Computers student can use for looking up patient information (in the pharmacy/clinical room/ward), checking references, working on documents, etc. <input type="checkbox"/> Student password access and login <input type="checkbox"/> Other relevant technologies onsite (e.g. Scriptpro, Omnicell etc.)
Site Policies and Procedures
<input type="checkbox"/> Patient Confidentiality <input type="checkbox"/> Site-specific policies, procedures, and guidelines (e.g. hand washing, etc.) <input type="checkbox"/> Appropriate phone/fax/photocopier use <input type="checkbox"/> Appropriate use of hand held electronic devices (e.g. smartphones, tablets, etc.) <input type="checkbox"/> Procedure to follow for sharps injury (contact OEE - UBC incident form to be completed) <input type="checkbox"/> Procedure to follow if sick or student has a personal emergency <input type="checkbox"/> Procedure to follow if the student will be late arriving to the site <input type="checkbox"/> Procedure to follow in the event of a pharmacy robbery (if applicable) <input type="checkbox"/> Emergency evacuation plan/designated safe area to meet <input type="checkbox"/> Dress code (including footwear) <input type="checkbox"/> Lab Coat requirement <input type="checkbox"/> Fragrance policy (e.g. perfume and cologne) <input type="checkbox"/> "UBC Student Pharmacist" nametag to be worn at all times (CPBC Bylaw) <input type="checkbox"/> Site ID badge (if applicable) <input type="checkbox"/> Other (as determined by the practice educator)
Patient Safety
<input type="checkbox"/> Describe site-specific policies/procedures for preventing medication errors (e.g. scanning drug products) <input type="checkbox"/> Describe pharmacy department's/site medication incident documentation procedures and reporting system <input type="checkbox"/> Review practice educator expectations and level of practice educator supervision required for patient care activities <input type="checkbox"/> Review process for student to follow if the student is asked a question and is unsure of the advice to provide to the patient or other health care provider <input type="checkbox"/> Other (as determined by the practice educator)
Student Learning and Safety
<input type="checkbox"/> Parking <input type="checkbox"/> Public transit locations <input type="checkbox"/> Neighborhood safety (e.g. walking in pairs if late shift) <input type="checkbox"/> Any other information that may impact student learning that the practice educator should be aware of

Outpatient Practice (including Non-Direct Patient Care) Specifics
<input type="checkbox"/> Patient care services (e.g. methadone dispensing, delivery services, blister-packing, long term care services, specialty compounding etc.) <input type="checkbox"/> Patient products (e.g. ostomy supplies, wound care, assistive devices, home and healthcare products etc.) <input type="checkbox"/> Certified personnel on-site (e.g. Certified Diabetes Educator, travel medicine, immunizations) <input type="checkbox"/> Interprofessional and intraprofessional collaboration <input type="checkbox"/> Specific physician approved protocols (e.g. warfarin dosing, pain management etc.) <input type="checkbox"/> Other (as determined by the practice educator)
Inpatient/ Health Authority Clinic Practice (including Non-Direct Patient Care) Specifics
<input type="checkbox"/> Patient care services (e.g. obtaining special authority approval, medication/device counselling, etc.) <input type="checkbox"/> Patient products (e.g. ostomy supplies, wound care, assistive devices, home healthcare products etc.) if applicable <input type="checkbox"/> Inter- and intra- professional collaboration <input type="checkbox"/> Hospital overhead paging codes (e.g. code blue, code yellow etc.) <input type="checkbox"/> Other (as determined by the practice educator)

A.1.b Learning Contract Form

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

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

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

A.1.c Requirements Checklist for BPMH Interview

Requirements Checklist for BPMH Interview¹

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

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

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

Student Name: _____

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

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

¹ Adapted with permission: Canadian Patient Safety Institute and ISMP Canada (2017). Medication Reconciliation in Acute Care Getting Started Kit, version 4. Retrieved March 15, 2017 from: <https://www.ismp-canada.org/medrec/>

<ul style="list-style-type: none"> • Asked if there has been any antibiotics used in the past 3 months 			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks detailed questions about indication, dose, duration, route and frequency for each drug
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks if there's been any medications recently stopped or changed and the reason
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtains the name and location of patient's regular community pharmacy and asks for permission to contact them, if needed
Closing			
NA U S			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Briefly summarizes/clarifies information obtained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Offers to answer questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Says "Thank you", "Goodbye" (or similar closing)
Communication Skills			
NA U S			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sounds professional, assertive, respectful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well organized, speaks clearly, confidently
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shows genuine interest, engaged not distracted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate questioning (open-ended, one question at a time, no interrupting)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks personal questions sensitively; uses preamble or lead-in statements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate language, correct terms/pronunciation, no misinformation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information provided is accurate (e.g. no misinformation given to the patient)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Listens, responds with appropriate empathy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-verbal communication appropriate (posture, eye contact, body language, gestures)
Comments			
Overall Assessment			
<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> Satisfactory	

Practice Educator Initials/Signature: _____

Date: _____

A.1.d Requirements Checklist for BPMDP Counseling

Requirements Checklist for BPMDP Counseling^{2,3,4}

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

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

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

Student Name: _____

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

² Adapted with permission from the LMPS (SPH, SMH, VGH) EEF’s Mutually Beneficial Activity Checklists (with contributions from Dr. M. Leung and her directed studies students March 2016).

³ Adapted with permission: Canadian Patient Safety Institute and ISMP Canada (2017). Medication Reconciliation in Acute Care Getting Started Kit, version 4. Retrieved March 15, 2017 from: <https://www.ismp-canada.org/medrec/>

⁴ ISMP Canada (2015). Hospital To Home – Facilitating Medication Safety at Transitions: A Toolkit for Healthcare Providers.

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

Practice Educator Initials/Signature: _____

Date: _____

Overall satisfactory (demonstrates attributes of Advanced Beginner)^{5,6,7}

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

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

Examples

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

⁵ Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Complexity Guidelines for Preceptors, Educators and Standard-Setting Faculty. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2017. All rights reserved.

⁶ Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://www.sld.demon.co.uk/dreyfus.pdf>

⁷ Adapted from University of British Columbia Faculty of Pharmaceutical Sciences Assessment of Student Learning: A guidebook for practice educators. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2018. All rights reserved.

A.1.e Requirements Checklist for Counseling

Requirements Checklist for Patient Education and Medication Counseling ^{8, 9}

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

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

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

Student Name: _____

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

⁸ Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Integrations Activity Team. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2016. All rights reserved.

⁹ Adapted with permission from the LMPS (SPH, SMH, VGH) EEF's counselling checklists (with contributions from Dr. M. Leung and her directed studies students March 2016) © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2016. All rights reserved.

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

Practice Educator Initials/Signature: _____

Date: _____

Overall satisfactory (demonstrates attributes of Advanced Beginner) ^{10, 11, 12}

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

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

Examples

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

¹⁰ Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Complexity Guidelines for Preceptors, Educators and Standard-Setting Faculty. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2017. All rights reserved.

¹¹ Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://www.sld.demon.co.uk/dreyfus.pdf>

¹² Adapted from University of British Columbia Faculty of Pharmaceutical Sciences Assessment of Student Learning: A guidebook for practice educators. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2018. All rights reserved.

A.1.f Requirements Checklist for Drug Information Responses

Requirements Checklist for Drug Information Responses (DIR)¹³

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

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

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

Student Name: _____

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

¹³ Adapted with permission: Drug Information Form, BC Drug and Poison Information Centre, Vancouver British Columbia 2012.

<ul style="list-style-type: none"> • Accesses and evaluates the full publication of any evidence if possible (does not use only the abstract to draw conclusions) • Considers the purpose, intervention, methodology of any clinical trials used to answer the question • Clearly represents the results of any evidence found • Considers the strengths and weaknesses of the trial / evidence • Applies the clinical literature to the patient; identifies limitations of applicability
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Provides clear and detailed recommendation(s) and rationale for decision-making. Final recommendations include: <ul style="list-style-type: none"> • Concise dosing recommendations (drug, dose, route of administration, regimen, frequency, and duration) that are patient specific and supported) with appropriate references • Pharmacokinetic dosing and drug monitoring, where appropriate. Incorporate renal dosage adjustment into the therapeutic plan for patient, where appropriate • Tapering/titration schedules, where applicable, that are clearly articulated • Rationale and evidence for ALL recommendations (drug and non-drug) • Patient preferences/values (e.g. once daily versus twice daily dosing) • Non-drug measures that are relevant and patient specific • Adverse drug reaction (ADR) profile of drug option(s) and medication administration • Viable therapeutic alternatives are discussed and rationale for choice is provided. Provide reasoning (compare and contrast Efficacy, Safety and Adherence) for alternatives for your specific patient • Address patient's unmet needs
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Summarizes the finding and recommendation(s) into a clear final conclusion or summary paragraph
Monitoring Plan and Outcome
NA U S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> States relevant monitoring endpoints, including Effectiveness and Safety endpoints, appropriate frequency, duration, expected change, date, and who is responsible for monitoring and follow up <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Monitoring plan is patient-specific <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> States patient's response to recommendations provided
References
NA U S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Provides complete citation list using Vancouver style for written submissions <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Uses primary literature and other resources appropriately to address the question
Feedback Comments
Overall Assessment:
<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory

Practice Educator Initials/Signature: _____

Date: _____

Overall satisfactory (demonstrates attributes of Advanced Beginner)^{14, 15, 16}

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

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

Examples

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

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¹⁵ Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://www.sld.demon.co.uk/dreyfus.pdf>

¹⁶ Adapted from University of British Columbia Faculty of Pharmaceutical Sciences Assessment of Student Learning: A guidebook for practice educators. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2018. All rights reserved.

A.1.g Requirements Checklist for Presentation of Patient Work-Up to Practice Educator

Requirements Checklist for Presentation of Patient Work-up to Practice Educator¹⁷

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

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

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

Student Name: _____

Information Gathering			
NA	U	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertinent patient information is given (e.g. age, gender, weight, allergy assessment, body mass index, current diet and exercise, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides the reason for encounter (chief complaint) and background information necessary to understand the concern (e.g. history of present illness)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subjective and objective data are stated, including review of systems/physical exam and relevant laboratory values. Attempts to interpret vital signs, findings of physical assessments and uncomplicated lab values (e.g. INR, serum creatinine, lipids, liver function, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family and social history is provided
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient's beliefs/concerns and goals for health and wellness are considered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lists complete past and current medical condition(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lists complete past and current medication therapies (prescription and non-prescription), including generic name, indication, doses, frequency, duration, etc. Provide detail for PRN dosing, adherence, and other relevant information
Pharmaceutical Care Plan ¹⁷			
NA	U	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification and prioritization of appropriate Medical Issues/Problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Justification for prioritization of medical Issues/problems provided
For each medical issue:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports signs and symptoms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	States appropriate goals of therapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goals of therapy are patient centered and realistic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goals of therapy are specific, measurable and the timeframe set is realistic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification of all Drug Therapy Problem(s) (DTPs) associated with the medical condition being presented, prioritized appropriately (may use NESA to help with this)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All therapeutic alternatives are assessed appropriately for the patient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rationale included in assessment of therapeutic alternatives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chooses the best option, provides justification and makes reasonable medication recommendations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacological interventions include: dose, route, frequency, and duration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient preferences have been taken into account

¹⁷ Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Hospital Transition Modules. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2016. All rights reserved.

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

Practice Educator Initials/Signature: _____

Date: _____

Overall satisfactory (demonstrates attributes of Advanced Beginner)^{18, 19, 20}

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

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

Examples

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

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¹⁹ Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://www.sld.demon.co.uk/dreyfus.pdf>

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A.1.h Requirements Checklist for Clinical Documentation

Requirements Checklist for Clinical Pharmacy Note²¹

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

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

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

Student Name: _____

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

²¹ Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Hospital Transition Modules. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2016. All rights reserved.

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

Practice Educator Initials/Signature: _____

Date: _____

Overall satisfactory (demonstrates attributes of Advanced Beginner)^{22, 23, 24}

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

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

Examples

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

²² Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Complexity Guidelines for Preceptors, Educators and Standard-Setting Faculty. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2017. All rights reserved.

²³ Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <http://www.sld.demon.co.uk/dreyfus.pdf>

²⁴ Adapted from University of British Columbia Faculty of Pharmaceutical Sciences Assessment of Student Learning: A guidebook for practice educators. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2018. All rights reserved.

A.1.i Assessment Guide for Clinical Reasoning Reflection

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

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

A.1.j Presentation Evaluation Form

Student Name _____

Date: _____

Presentation Title _____

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

APPENDIX 2: Additional Resources

Course overview

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

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

A.2.a Overview of Inpatient and Health Authority-Based Practicum Course Requirements

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

Course Schedule

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

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

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

A.2.b PHRM 272 Course Schedule

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

A.2.c PHRM 472 Course Schedule

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

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

A.2.d PHRM 272 Practice Educator Assessment of Student Form

University of British Columbia Faculty of Pharmaceutical Sciences

Subject: Evaluator: Site: Period: Dates of Course/Rotation: Course/Rotation: PHRM 272 Inpatient Form: Direct Patient Care Practice Educator Assessment of Student Part II - Final		
Expectations of Student Performance To be completed by the practice educator, experiential education facilitator, or delegate at the end of the 2 week practicum and reviewed and discussed with the student. To successfully complete this practicum students must: 1. complete all activities listed in Section A 2. meet the expected level of performance in a minimum of 4 out of the 5 activities listed in Section B, AND 3. consistently exhibit all elements within the Professionalism domain as described in Section C. If a student is unable to successfully complete the required practicum activities in Section A, meet the expected level of performance for a minimum of 4 of the 5 activities listed in Section B despite significant guidance and multiple attempts (e.g. >2) at the discretion of the practice educator, and/or fails to consistently act in a professional manner as described in Section C, the practice educator and the student must notify the PHRM 272 Practicum Coordinator at phar.oe@ubc.ca immediately.		
Section A: General Activities - Orientations, Discussions and Reflection To be successful in this section of the assessment, students must complete all activities listed below. If a student is unable to complete an activity, the activity is considered incomplete and the practice educator and the student must notify the PHRM 272 Practicum Coordinator at phar.oe@ubc.ca. (Question 1 of 10 - Mandatory)		
Activity	Does not meet expected level of performance Incomplete	Meets expected level of performance Complete
Student Introduction Resume	1.0	2.0
Learning Contract	1.0	2.0
Orientation to Inpatient Medication Distribution System	1.0	2.0
Orientation to the Clinical Pharmacists' Role - Orientation and Shadow	1.0	2.0
Orientation to the Clinical Pharmacists' Role - Attend Rounds	1.0	2.0
Orientation to the Patient Medical Record	1.0	2.0
Interprofessional Education	1.0	2.0
Inpatient Pharmacy Practice Reflection	1.0	2.0
Giving Feedback to Practice Educator	1.0	2.0
Please provide evidence to support your rating - General Activities (Question 2 of 10)		
<div style="border: 1px solid black; height: 40px;"></div>		
Section B: Patient Care - Activities and Assignments To be successful in this section of the assessment, students must achieve an overall satisfactory assessment, as outlined in the specific activities' Requirements Checklist, for a minimum of 4 of the 5 activities listed below. If a student is unable to successfully meet the overall satisfactory assessment of an activity, as outlined in the specific activities' Requirements Checklist, despite significant guidance and multiple attempts (e.g. >2) at the discretion of the practice educator, the activity is considered unsatisfactory. If the student does not meet the expected level of performance for 2 or more of these activities, the practice educator and the student must notify the PHRM 272 Practicum Coordinator at phar.oe@ubc.ca immediately. (Question 3 of 10 - Mandatory)		
Activity	Does not Meet Expected Level of Performance Unsatisfactory	Meets Expected Level of Performance Satisfactory
Completed - Overall Assessment on Requirements Checklist	Completed - Overall Assessment on Requirements Checklist	Completed - Overall Assessment on Requirements Checklist
Full Patient Work-up	1.0	2.0
Clinical Documentation	1.0	2.0
Drug Information Response	1.0	2.0
Medication Reconciliation	1.0	2.0
Counseling	1.0	2.0

Please provide evidence to support your rating - Patient Care - Activities and Assignments (Question 4 of 10)

Section C: Professionalism - Attitudes and Behaviours

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

(Question 5 of 10 - Mandatory)

PROFESSIONAL	Does NOT Consistently Exhibit	Consistently Exhibits
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	1.0	2.0

(Question 6 of 10 - Mandatory)

LEADER-MANAGER PROFESSIONAL	Does NOT Consistently Exhibit	Consistently Exhibits
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	1.0	2.0

(Question 7 of 10 - Mandatory)

CARE PROVIDER PROFESSIONAL	Does NOT Consistently Exhibit	Consistently Exhibits
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)	1.0	2.0

Please Provide evidence to support your rating - Professionalism (Question 8 of 10)

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'.
(Question 9 of 10 - Mandatory)

Additional Comments *(Question 10 of 10)*

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

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

A.2.e PHRM 472 Practice Educator Assessment of Student Form

University of British Columbia Faculty of Pharmaceutical Sciences

Subject: Evaluator: Site: Period: Dates of Course/Rotation: Course/Rotation: PHRM 472 Inpatient Form: Direct Patient Care Practice Educator Assessment of Student Part II - Final
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Expectations of Student Performance

Students must meet the expected level of performance for all elements within the Knowledge and Skills domains and consistently exhibit all elements within the Professionalism domain to successfully complete the practicum. At any point during the practicum, should a student be struggling or unable to meet the expected level of performance, please contact the OEE office at phar.oee@ubc.ca or 604-822-8077.

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

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

Course	Patient Complexity	Expected Level of Performance
PHRM 171	Low	Novice
PHRM 271	Low-to-moderate	Advanced Beginner
PHRM 272	Moderate	Advanced Beginner
PHRM 371	Moderate	Competent
PHRM 472	Moderate	Competent
PHRM 473	Moderate	Competent

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

Level of Performance	Student Characteristics
Novice	Has incomplete understanding and minimal or "textbook" knowledge without connecting it to practice. Approaches tasks mechanistically. Little or no conception of dealing with complexity. Needs close supervision or instruction.
Advanced Beginner	Has a working understanding and knowledge of key aspects. Tends to see actions as a series of steps. Appreciates complex situations, but only able to achieve partial resolution. Able to achieve some steps using own judgement, but supervision need for overall task.
Competent	Has good working and background understanding. Now sees actions at least partially in terms of longer-term goals. Copes with complex situations through deliberate analysis and planning. Able to work independently to a standard that is acceptable though may lack refinement. Able to achieve most tasks using own judgement.
Proficient	Has a deeper understanding. Sees overall "picture" and how individual actions fit within it. Sees what is most important in a situation. Deals with complex situations holistically. Decision making is more confident. Can achieve a high standard routinely and independently. Able to take full responsibility of own work.

Patient Complexity

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

Course	Patient Complexity	Patient Characteristics
PHRM 171	Low	Medical conditions - 1 to 3 Number of medications - 3 to 5
PHRM 271	Low-to-moderate	Medical conditions - 3 to 5 Number of medications - 5 to 7
PHRM 272	Moderate	Medical conditions - 5 to 7 Number of medications - 7+
PHRM 371	Moderate	Medical conditions - 5 to 7 Number of medications - 7+
PHRM 472	Moderate	Medical conditions - 5 to 7 Number of medications - 7+
PHRM 473	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 closer supervision and instruction whereas by the end of the practicum, students are expected to take more responsibility for their work and will have greater autonomy in their practice judgement and clinical decision making.

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

- 1) Takes initiative - is the student readily engaged in practice or do they require prompting?
- 2) Requires direction from the practice educator in thought process and decision-making - Does the student have logical thought processes and use professional judgement appropriately or is there uncertainty in their decision making?
- 3) Requires assistance from practice educator to help fill in the gaps - Does the student require help filling in the gaps or do they have all of the necessary

knowledge, skills, and abilities to engage in practice?

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

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

Knowledge

(Question 1 of 22 - Mandatory)

CARE PROVIDER SCHOLAR	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Knowledge of Medical Conditions - Pathophysiology, risk factors, etiology and clinical presentation, including symptoms, physical assessment, relevant diagnostics and laboratory findings (CHF, CH1, SC1, SC2)	Lacks basic knowledge of pathophysiology and common signs and symptoms of conditions covered in the program so far.	Lists basic facts of pathophysiology and common signs and symptoms.	Compares and contrasts most aspects of pathophysiology, risk factors, etiology, and clinical presentation. Identifies connections between signs & symptoms to specific systems (e.g. coughing, rhinitis, pharyngitis to 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).	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

(Question 2 of 22 - Mandatory)

CARE PROVIDER SCHOLAR	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Knowledge of Pharmacotherapeutics • Pharmacology, pharmacokinetics, pharmacodynamics, evidence-based therapeutics (APPC CP1.1, SC1, SC2)	Unable to list basic characteristics of common medication classes covered in the program so far.	Lists basic characteristics of common medication classes.	Identifies connections between characteristics of the medication and the medical condition(s) it is intended to treat (e.g. able to explain how an ACE inhibitor lowers blood pressure in a patient).	Identifies connections between patient-specific clinical findings and medication knowledge (e.g. vancomycin dosing in an older patient with decreased renal function).	Relates pharmacologic 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).	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

(Question 3 of 22 - Mandatory)

CARE PROVIDER LEADER-MANAGER	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Knowledge of Safe Medication Practices and Requirements • Safe and appropriate medication prescribing and administration, legal, ethical and regulatory requirements of pharmacy practice (APPC CP1, CP3, LM1, NAPRA 1.1, 1.2, 1.4, 1.5)	Unable to list basic components and legal/ethical requirements of pharmacy practice that ensure safe and appropriate medication administration and patient safety.	Lists basic components and legal/ethical requirements of pharmacy practice that ensure safe and appropriate medication administration and patient safety (e.g. able to list the types of information found in the parenteral drug therapy manual)	Explains the purpose of the components and legal/ethical requirements of pharmacy practice that ensure safe and appropriate medication administration and patient safety (e.g. a secondary check is in place to ensure the patient receives the correct product).	Identifies common areas where errors may occur in the distribution of medications. Describes the processes in place to prevent their occurrence and ensure patient safety (e.g. a CIN check is in place to prevent errors from sound-alike or look-alike drugs).	Relates knowledge of efficient and safe pharmacy practice to evaluate and identify systems and processes to increase efficiency and reduce the potential for pharmacy error and patient harm from medication use.	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

Skills (Provision of Pharmaceutical Care)						
(Question 4 of 22 - Mandatory)						
LEADER-MANAGER PROFESSIONAL	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Patient and Workflow Prioritization - Ability to place high priority on, and be accountable for, selecting and providing care to assigned patients who are most likely to experience drug therapy problems; ability to set priorities to manage and balance patient care, workflow and practice requirements. (AFPC LM2.2, LM4.2, PR3.1)	Unable to prioritize patient care activities despite significant guidance.	Requires significant guidance in prioritizing patient care to ensure that patients with, or at risk of more significant drug therapy problems receive optimal care in a reasonable time frame.	Requires some guidance in prioritizing patient care to ensure that patients with, or at risk of more significant drug therapy problems receive optimal care in a reasonable time frame.	Requires minimal guidance in selecting and prioritizing patient care to ensure patients with, or at risk of more significant drug therapy problems receive optimal care in a reasonable time frame.	Independently selects and prioritizes patient care to ensure patients with, or at risk of more significant drug therapy problems receive optimal care in a reasonable time. Proactively prepares for and effectively manages and accommodates changing situations.	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

(Question 5 of 22 - Mandatory)						
COLLABORATOR COMMUNICATOR	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Relationship with Patient - Ability to establish and maintain a respectful, professional, ethical relationship with the patient and/or caregiver(s). (AFPC CL1, CM1, CM2, NAPRA 2.1)	Avoids patient interaction or practices uncaring, disrespectful, or unethical roles with patients.	With significant guidance, begins to apply appropriate communication, interview skills, and respectful listening in practice. Requires considerable coaching and supervision during patient interactions.	With some guidance initiates patient interactions. Focuses on information collection and unable to consistently recognize verbal or non-verbal cues.	With minimal guidance, establishes a rapport and caring relationship with the patient. May have difficulty guiding the conversation in some interactions. Able to recognize verbal and non-verbal cues.	Proactively and independently establishes a strong rapport and caring relationship. Adapts to situational differences and patient preferences to enhance the interaction.	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

(Question 6 of 22 - Mandatory)

CARE PROVIDER SCHOLAR	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
<p>Patient Information Gathering and Best Possible Medication History (BPMH)- Ability to gather relevant patient information from all appropriate sources including patient demographics, chief complaint, history of present illness, past medical history, family history, social and functional history, nutritional status, dietary restrictions/needs and exercises, and review of systems (sign/symptoms, physical exam, labs, diagnostics, imaging, microbiology)</p> <p>Ability to conduct a BPMH, including allergies, adverse drug reactions, 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 significant guidance in gathering required patient information. Very task oriented and struggles to adapt to new clinical scenarios. Requires considerable coaching to gather patient information from a variety of sources.	Requires some guidance in gathering required patient information. Information gathered is sometimes incomplete and/or irrelevant. With prompting/coaching, is able to justify the significance of information gathered in relation to the specific patient.	Requires minimal guidance in gathering relevant patient information from a variety of sources that is comprehensive and accurate. Can usually justify the significance of information gathered in relation to the specific patient.	Independently gathers patient information in a systematic and thorough manner and differentiates between relevant and irrelevant data. Presents pertinent information and proactively justifies the significance of information gathered in relation to the specific patient.	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

(Question 7 of 22 - Mandatory)

CARE PROVIDER SCHOLAR	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
<p>Medical Problem List - Ability to develop a prioritized medical problem list, identifying both the patient's active and chronic issues. Ability to describe current active issues that are responsible for the patient's reason for encounter or admission. (AFPC CP2.2, SC1, NAPRA 2.3)</p>	Unable to identify and prioritize medical problems despite significant guidance.	With significant guidance , identifies the chief medical problem(s) and other issues. Requires considerable coaching to prioritize medical problems based on acuity.	With some guidance identifies the chief medical problem(s) and other issues, but this still may be incomplete. Sometimes has difficulty prioritizing issues, providing only superficial justification.	With minimal guidance identifies the chief medical problem(s) and most other issues. Accurately prioritizes based on level of acuity, providing appropriate justification.	Independently identifies a thorough and comprehensive list of all medical problems, accurately prioritized with appropriate justification. Proactively articulates how medical problems may affect coexisting conditions.	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

(Question 8 of 22 - Mandatory)

CARE PROVIDER HEALTH ADVOCATE SCHOLAR	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Drug Therapy Problems - Ability to identify, justify, and prioritize actual and potential patient-specific drug therapy problems. (APPC CP2.2, HAI, SC1, SC2, NAPRA 2.3, 2.4)	Unable to utilize relevant data or a systematic approach to identify major drug therapy problems despite significant guidance.	With significant guidance , is able to identify some actual and potential drug therapy problems. Does not consistently assess medications for appropriateness and requires considerable coaching.	With some guidance , utilizes relevant data and is developing a systematic approach, but is unable to consistently identify major actual and potential drug therapy problems. Assesses medications for appropriateness, but may miss patient-specific factors at times.	With minimal guidance , utilizes a systematic approach to identify, justify, and prioritize drug therapy problems. With minimal coaching, identifies most major drug therapy problems by integrating relevant patient data and therapeutic knowledge. Able to prioritize problems based on level of acuity, but may lack refinement at times.	Independently utilizes a systematic approach to identify and prioritize all actual and potential drug therapy problems by integrating relevant patient data and therapeutic knowledge. Able to consistently prioritize based on level of acuity and provide appropriate justification.	Please provide evidence to support your rating <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
At final evaluation	1.0	2.0	3.0	4.0	5.0	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

(Question 9 of 22 - Mandatory)

CARE PROVIDER COLLABORATOR COMMUNICATOR HEALTH ADVOCATE SCHOLAR	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Desired Outcomes & Goals of Therapy - Ability to determine the desired outcomes and patient-specific medication-related and non-pharmacological goals of therapy, specifying measurable endpoints, target values and associated timeframes. (APPC CL1.1, CL1.3, CM1, CM2.1, 2.4, CP1.4, CP2.3, HAI, SC1, SC2, NAPRA 2.5.1)	Unable to identify basic desired goals of therapy despite significant guidance.	With significant guidance , identifies some basic/obvious goals of therapy, but requires considerable coaching to identify disease-specific goals.	With some guidance , identifies and justifies most basic/obvious goals of therapy, but requires coaching to make them patient-specific.	With minimal guidance , identifies and justifies goals of therapy that are specific and measurable, incorporating the patient's personal values and preferences most of the time.	Independently and proactively identifies goals of therapy that are specific and measurable, consistently incorporating the patient's personal values and preferences. Adapts the goals of therapy as the patient's preferences change over time.	Please provide evidence to support your rating <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
At final evaluation	1.0	2.0	3.0	4.0	5.0	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

(Question 10 of 22 - Mandatory)

CARE PROVIDER SCHOLAR	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Therapeutic Alternatives • Ability to identify a prioritized list of all viable therapeutic alternatives through integration of relevant patient data, best available evidence, and comparing and contrasting the pros and cons of each alternative, including assessment of efficacy, safety, patient factors, administration issues and cost. (AFPC CP1.5, CP2.3, SC1, SC2, NAPRA 2.5.2, 2.5.3)	Unable to identify basic therapeutic alternatives despite significant guidance.	With significant guidance , able to identify some basic therapeutic alternatives. Requires considerable coaching to integrate relevant patient data and therapeutic knowledge.	With some guidance , able to integrate relevant patient data and therapeutic knowledge to identify some therapeutic alternatives, but requires coaching/prompting to develop a comprehensive list.	With minimal guidance , identifies most viable therapeutic alternatives, integrating relevant patient data and therapeutic knowledge. Justification and anticipation of consequences of each alternative may lack refinement at times.	Independently identifies a comprehensive list of all viable therapeutic alternatives. Proactively integrates relevant patient data, therapeutic knowledge and a critical appraisal of best available evidence to articulate rationale and justification for each alternative. Anticipates consequences of each alternative and addresses questions or concerns.	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

(Question 11 of 22 - Mandatory)

CARE PROVIDER COLLABORATOR COMMUNICATOR HEALTH ADVOCATE LEADER-MANAGER SCHOLAR	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Therapeutic Recommendations - Ability to identify, justify, and defend a list of appropriate, patient-specific therapeutic recommendations and create and implement a care plan for the identified drug therapy problems. (AFPC CL1, CL2, CM1, CM2, CP2.3, CP2.4, HA-IM1.4, SC1, SC2, SC4, NAPRA 2.5, 2.6, 2.7, 3.1, 6.1, 7.1, 7.2, 8.1, 8.2, 8.3, 8.4)	Unable to make appropriate patient-specific therapeutic recommendations for identified drug therapy problems despite significant guidance.	With significant guidance , makes therapeutic recommendations for some drug therapy problems. Requires considerable coaching/prompting to incorporate patient data and explain/justify recommendations.	With some guidance , makes therapeutic recommendations, drawing on superficial therapeutic knowledge and some patient data. Requires coaching to communicate recommendations to the health care team.	With minimal guidance , makes therapeutic recommendations utilizing relevant patient data and therapeutic knowledge. Communicates recommendation and rationale to the health care team, but may lack refinement at times.	Independently makes comprehensive, patient-specific therapeutic recommendations and prioritizes recommendations in the context of the patient. Proactively integrates relevant patient data, therapeutic knowledge and a critical appraisal of best available evidence to provide rationale and justification. Defends recommendations to the health care team and proactively addresses their questions and concerns.	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

(Question 12 of 22 - Mandatory)

CARE PROVIDER COLLABORATOR SCHOLAR	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Monitoring Plan, Follow Up & Continuity of Care - Ability to recognize implications of recommendations and develop an appropriate, patient-specific plan for monitoring, follow-up evaluation and continuity of care. Specifies efficacy and safety endpoints, target values, frequency and time frames for monitoring and proactively engages the patient through education and counselling, empowerment and self-management. (APFC CL2, CP2.5, SC1, SC2, NAPRA 2.5.6, 2.8)	Unable to design a monitoring plan addressing general efficacy and safety endpoints despite significant guidance.	With significant guidance and considerable coaching, designs a basic monitoring plan. Does not recognize educational needs of the patient or opportunities for continuity of care.	With some guidance , designs a basic monitoring plan, but unable to consistently incorporate patient-specific factors or make sound clinical judgements. Provides basic patient education on the main medication change and sometimes recognizes opportunities for continuity of care.	With minimal guidance , designs an appropriate, patient-specific monitoring plan that captures most relevant endpoints and provides rational justification for these decisions. Usually provides thorough patient education and recognizes opportunities for continuity of care.	Independently designs an appropriate and comprehensive patient-specific monitoring plan and provides justification for these decisions. Anticipates possible outcomes and proactively modifies care plans with new or changing information. Proactively provides seamless continuity of care and patient education.	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

(Question 13 of 22 - Mandatory)

COLLABORATOR COMMUNICATOR LEADER-MANAGER	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Documentation - Ability to document patient-related health care issues, care plans and medication orders/indications in a clear, concise, and organized manner, fulfilling professional and legal requirements. (APFC CM1, CM2, CL2.3, LM1.4, NAPRA 1.5)	Documents in an incomplete, unclear, or inaccurate manner despite significant guidance.	Requires significant guidance to document appropriately within a structured format. Considerable coaching required to document in an accurate and organized manner.	Documents when provided with a structured format, but may miss some key information. Requires some guidance to keep documentation organized, relevant and concise.	Documents appropriately in an accepted structured format. Requires minimal guidance in incorporating pertinent information in an organized, accurate and complete manner, but articulation of therapeutic issues may lack refinement.	Independently , proactively and appropriately documents in an organized, relevant and concise manner. Identifies patients for whom documentation is a priority.	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

(Question 14 of 22 - Mandatory)

COMMUNICATOR	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Communication • Ability to communicate appropriately verbally, non-verbally, in writing, or via communication technology with patients and the health care team. (AFPC CM1, CM2)	Communicates in an unstructured or inappropriate manner, resulting in potentially ineffective interventions despite significant guidance.	With significant guidance , coaching and supervision, communicates with patients and the health care team. Does not always address the needs of or use appropriate language for the specific audience.	With some guidance , communicates with patients and the health care team in a professional manner, but does not consistently do so in an organized fashion or utilizing language appropriate for the audience. Requires prompting to be timely with communication.	With minimal guidance , communicates with patients and the health care team in an organized and professional manner. Uses appropriate language and adequately addresses the needs of the specific audience. Occasionally, could be more proactive and timely in the communication of plans.	Independently and proactively communicates with patients and the health care team in a clear, concise, organized and audience-appropriate manner. Adapts communication strategies to facilitate effective clinical encounters, responding easily when engaged in crucial or difficult conversations.	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

(Question 15 of 22 - Mandatory)

COMMUNICATOR SCHOLAR	Unsatisfactory	Novice	Advanced Beginner	Competent	Proficient	
Medication - and Practice-Related Education - Ability to effectively respond to medication- and practice-related questions and educate others in a timely manner, utilizing systematic literature search, critical appraisal skills, and formulate and communicate appropriate responses. (AFPC CM1, CM2, SC1, SC2, SC4, NAPRA 6.1, 6.2, 7.1, 7.3)	Lacks basic awareness of typical references to use and is unable to respond to most medication- and practice-related questions despite significant guidance.	With significant guidance , is able to respond to simple questions, but requires time. Considerable coaching required to identify typical references to use and to respond to most medication- and practice-related questions.	With some guidance , is able to respond to simple questions. Has awareness of typical references to use and demonstrates basic literature search skills, but is unable to critically appraise findings.	With minimal guidance , effectively responds to most questions. Demonstrates an appropriate literature search strategy and sometimes applies critical appraisal skills.	Independently and efficiently triages and responds to all questions utilizing a sophisticated, thorough and directed search strategy. Routinely applies critical thinking skills.	Please provide evidence to support your rating
At midpoint evaluation	1.0	2.0	3.0	4.0	5.0	
At final evaluation	1.0	2.0	3.0	4.0	5.0	

Professionalism

(Question 16 of 22 - Mandatory)

PROFESSIONAL	Does NOT Consistently Exhibit	Consistently Exhibits
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) <ul style="list-style-type: none"> Accountability Attire and appearance Confidentiality Honesty and integrity Punctuality 		
At midpoint evaluation	1.0	2.0
At final evaluation	1.0	2.0

(Question 17 of 22 - Mandatory)

LEADER-MANAGER PROFESSIONAL	Does NOT Consistently Exhibit	Consistently Exhibits
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) <ul style="list-style-type: none"> Self-directed learning Self-evaluation Personal reflection Receptiveness to feedback Adaptability and openness to change 		
At midpoint evaluation	1.0	2.0
At final evaluation	1.0	2.0

(Question 18 of 22 - Mandatory)

CARE PROVIDER PROFESSIONAL	Does NOT Consistently Exhibit	Consistently Exhibits
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)		
At midpoint evaluation	1.0	2.0
At final evaluation	1.0	2.0

(Question 19 of 22)

Please provide evidence to support your ratings under Professionalism	
At midpoint evaluation	
At final evaluation	

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'.
(Question 20 of 22 - Mandatory)

Additional Comments (Question 21 of 22)

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 expected level of performance, please contact the OEE office at phar.oee@ubc.ca or 604-822-8077
(Question 22 of 22 - Mandatory)

	Yes	No
Would you like an OEE course coordinator to follow up with you regarding this assessment of the student?	1.0	2.0