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THE SKILLS PLAYBOOK FOR PRECEPTORS

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PRESENTER PERSONAL DISCLOSURES

Neither Rene Breault nor Ann Thompson have current or past relationships with commercial entities.
Neither Rene Breault nor Ann Thompson have received speakers fees.

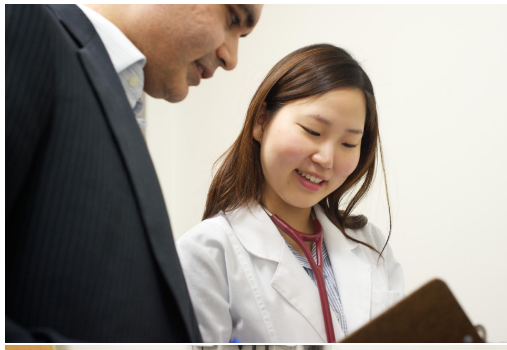
PRESENTER COMMERCIAL DISCLOSURES

This program has received no financial support from any commercial or other organization. The learning activity has received in-kind support from CSHP Banff Seminar in the form of registration fee, 1-night accommodation, transportation expense, national park fee and meals.

LEARNING OBJECTIVES

By the end of the session, participants will be able to:

1. Outline the skills curriculum and teaching methods to illustrate student learning.
2. Describe the feedback process in the skills lab, including assessment rubrics, to inform and enhance precepting strategies.
3. Apply three practical strategies to build pharmacy student confidence and competence during placements, using case-based scenarios.



TL;DR Summary: Strategies for Preceptors

- ★ **Importance of role modelling**
- ★ **Provide coaching up-front**
- ★ **Feedback that explores the student perspective**

The Patient Care Skills Curriculum

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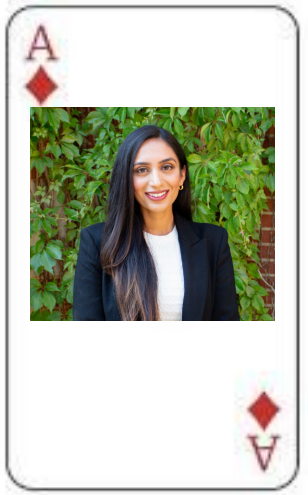
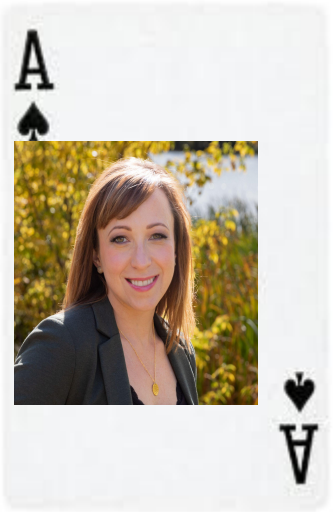
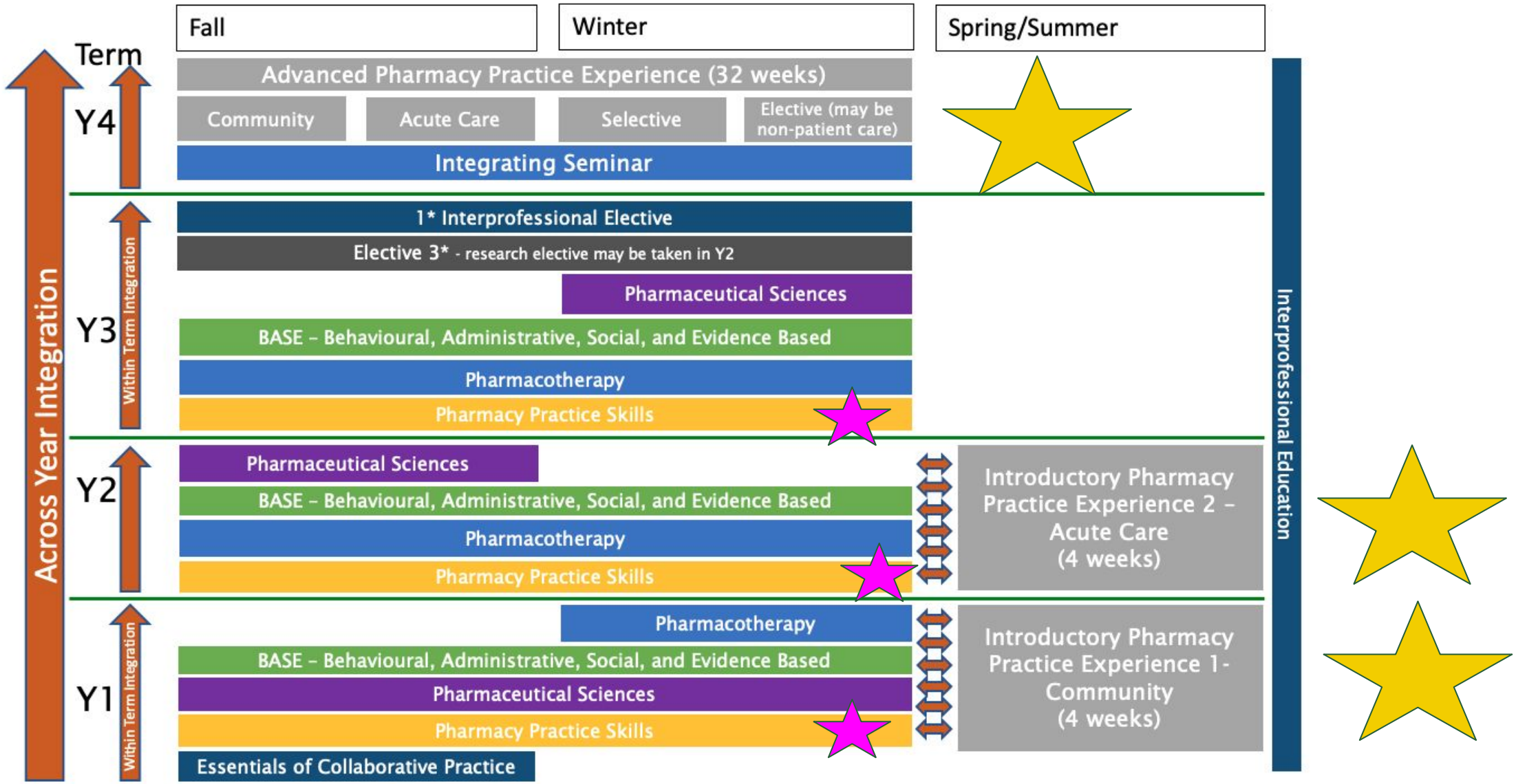
The Skills Team - A Stacked Deck

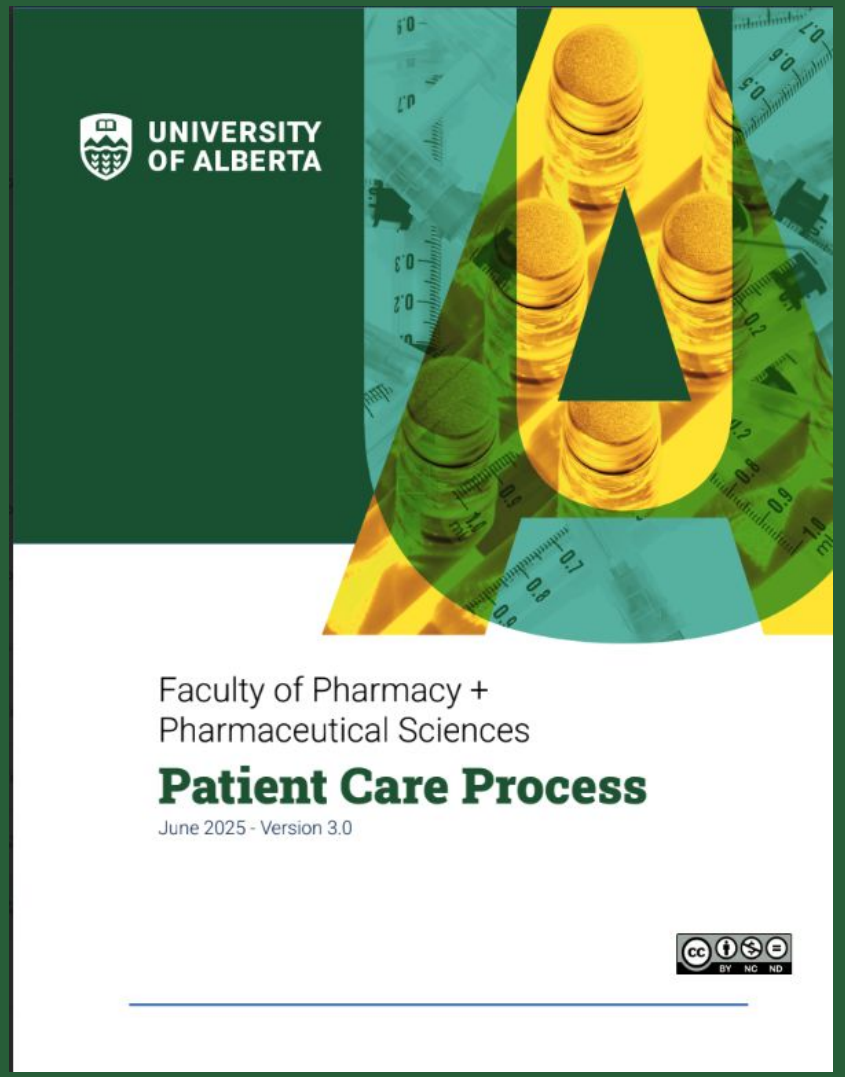




- Damon Barnes
- Essi Salokangas
- Dylan Moulton
- Anupreet Sandhu
- Lisa Tate
- Ellie Leoni
- Melanie Danilak
- Gillian Johnson
- Harpreet Kaur
- **++++ Many dedicated lab facilitators!!**

Doctor of Pharmacy Program Overview





Updating the Patient Care Process (PCP) Document

https://www.ualberta.ca/en/pharmacy/preceptors/resources/patient-care-process.html

Goals of the Patient Care Skills Stream

- Bridge theory to practice (Bridge to experiential learning)
- Develop competence in technical skills as well as applying the patient care process
- Develop being comfortable with discomfort (a “growth” mindset)

Core Skills

- **Providing Care**: Patient Care Process, Medication Use Process
- **Knowledge and Expertise:** Counselling & Education, Informatics & Utilizing Evidence
- **Communication and Collaboration:** …with patients, other professionals, documentation
- **Professionalism:** Legal and Ethical Practice, Attitudes and Behaviours
- **Leadership and Management:** Leading self, colleagues/profession, manager
- **Advocacy and Stewardship:** Public Health/Patient Advocate, Stewardship

Teaching Approaches

Learning Pyramid- Stages of Cognitive Learning Pharmacy Education "Nimmo's Stages of Learning[1]"	Bloom's Revised Taxonomy[2]	Lab Facilitators + Skills Lab Coordinators Preceptor Role [3,4]	Learner Role
Foundational Knowledge & Skills	Remember Understand	Direct Instruction	Demonstration
Practical Application	Apply Analyze	Modeling Coaching	Shared Demonstration Guided Practice
Culminating Integration	Evaluate Create	Facilitating	Independent Practice

Slide adapted from Suzanne Larson's Week 6-7 Lesson Plan, Habit of Preceptors 101 Course. (October 10, 2025)

1. Nimmo CM. Developing training materials and programs: facilitating learning in staff development. In: Nimmo CM et al. etd., Staff development for pharmacy practice. Bethesda, MD: ASHP; 2000
2. Revised Bloom's Taxonomy. [Cited 2022Mar25] Available from:
3. Starring roles: the foru preceptor roles and when to use them. [Cited 2022March25]
4. https://www.ashpmedia.org/softchalk/softchalk_preceptorroles/softchalk4preceptorroles_print.html

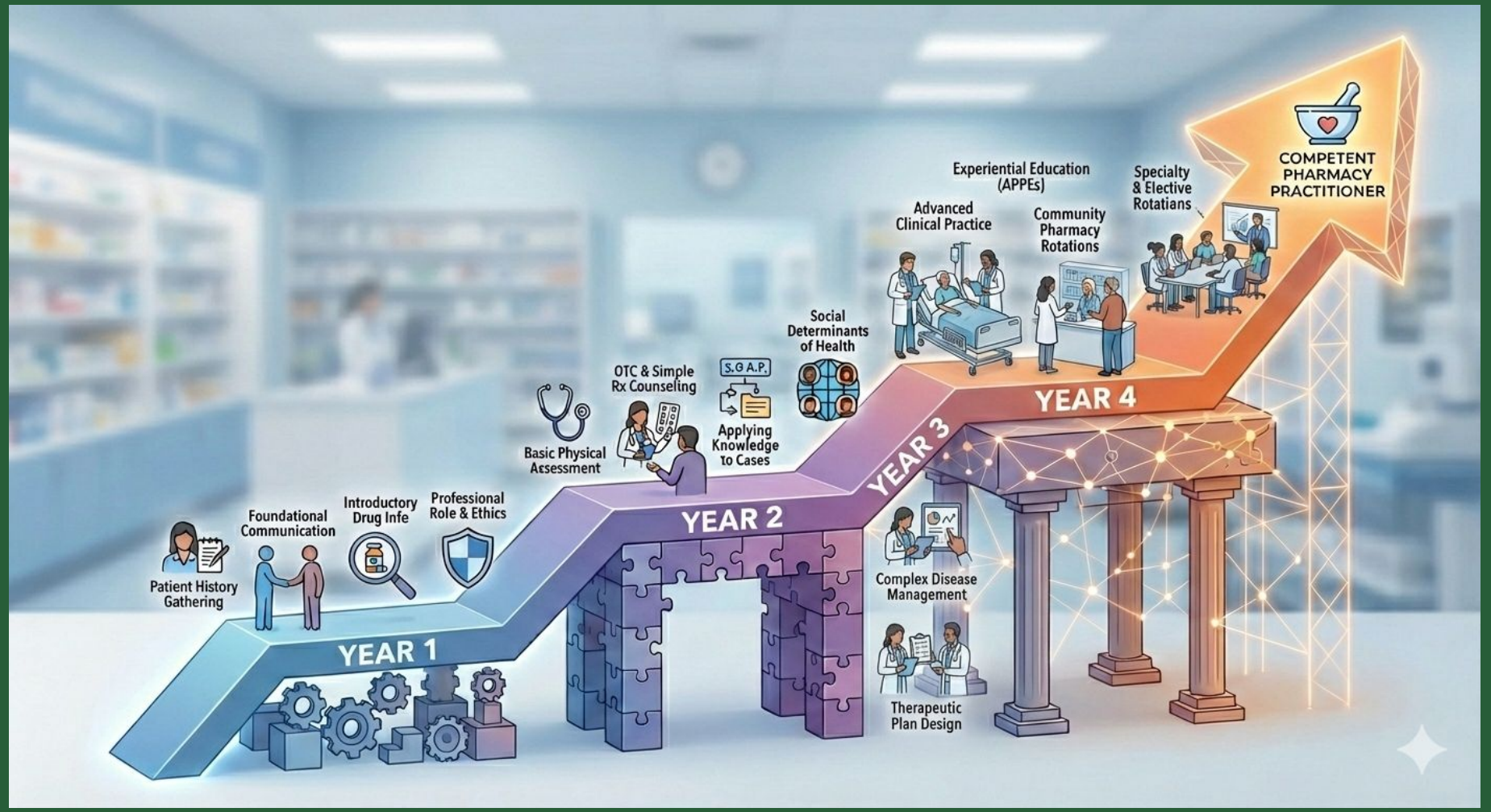
Slide credit: Chris Dupont, University of Manitoba, College of Pharmacy, with permission

Types of Activities in Seminars/Lab

One course per term in each of the first 3 years of the program

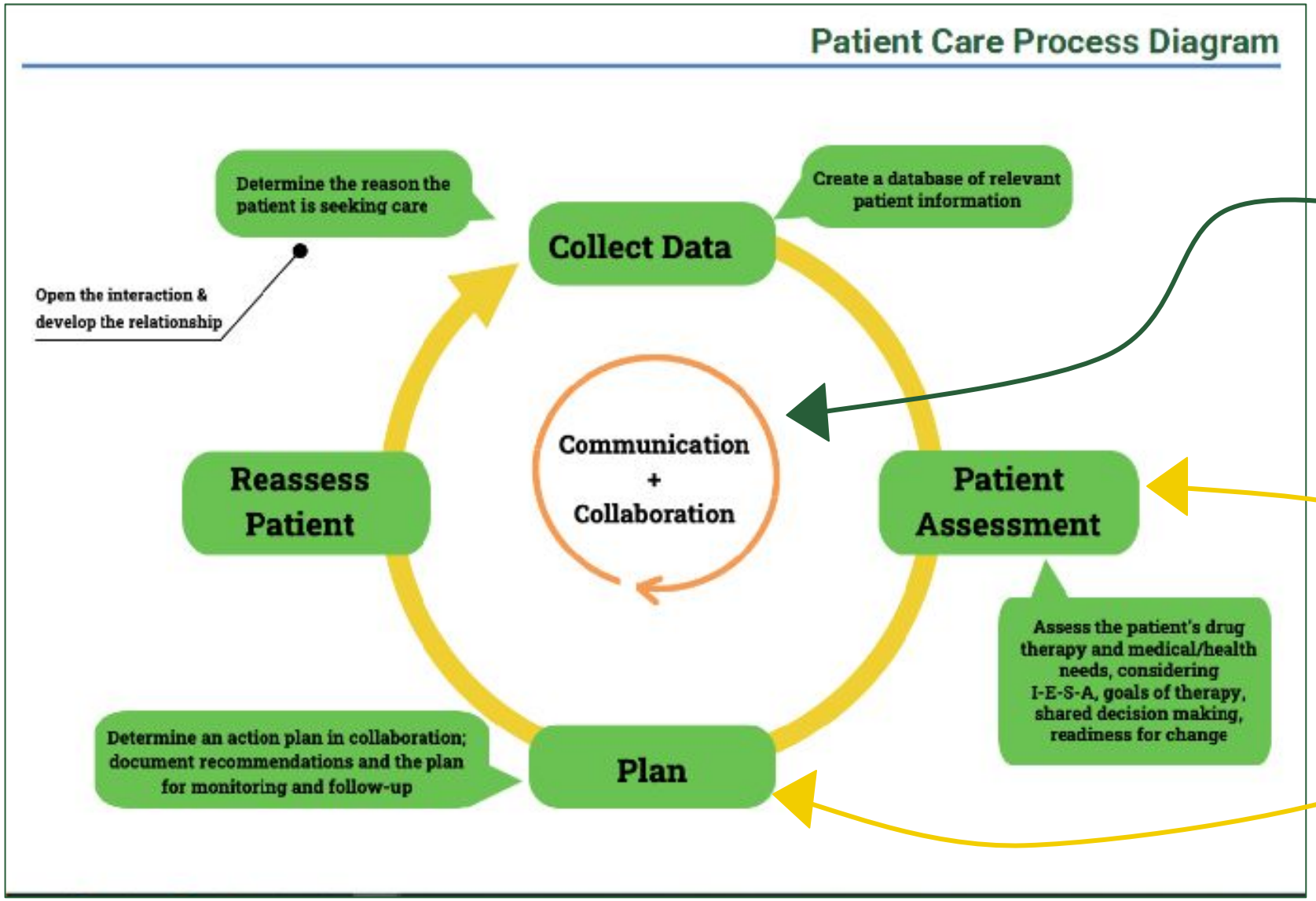
- 12-13 labs per course (130-140 students)
  - Pre-lab Seminar
  - Pre-lab activities
  - Team
  - Pair
  - Individual
- Facilitated and self-directed

Student Learning Trajectory



"PharmD curriculum trajectory Years 1-4". *Gemini*, version, Google, February 9, 2026; gemini.google.com

Overview of PCP



'Documentation' replaced in central circle with 'Communication and Collaboration'

Areas of Focus

- Assessment
- Plan

https://www.ualberta.ca/en/pharmacy/preceptors/resources/patient-care-process.html

Skills Year 1

Context: Community Pharmacy/Primary Care

Professional Identity Formation

Providing Care	• Patient Care Process (IESA) • Medication Use Process: Technical and Clinical Checking	• PCP Application: Minor Ailments, Smoking Cessation, Asthma/COPD
Knowledge and Expertise	• Medical Terminology • Drug Information Resources • Pharmaceutical Calculations	• Pharmacy Information Management Systems • Patient Education and Counselling
Communication & Collaboration	• Data Collection • Interprofessional Communication (SBAR) • Documentation	• Interprofessional Collaboration • Interprofessional Teaching
Professionalism	• Application of Pharmacy Practice Framework • Feedback and Self Reflection	• Professional Learning • Scope of Practice

Leadership & Management

Advocacy & Stewardship

Year 2

Skills Year 2

Context: Community Pharmacy/Acute Care

Year 1

Professional Identity Formation

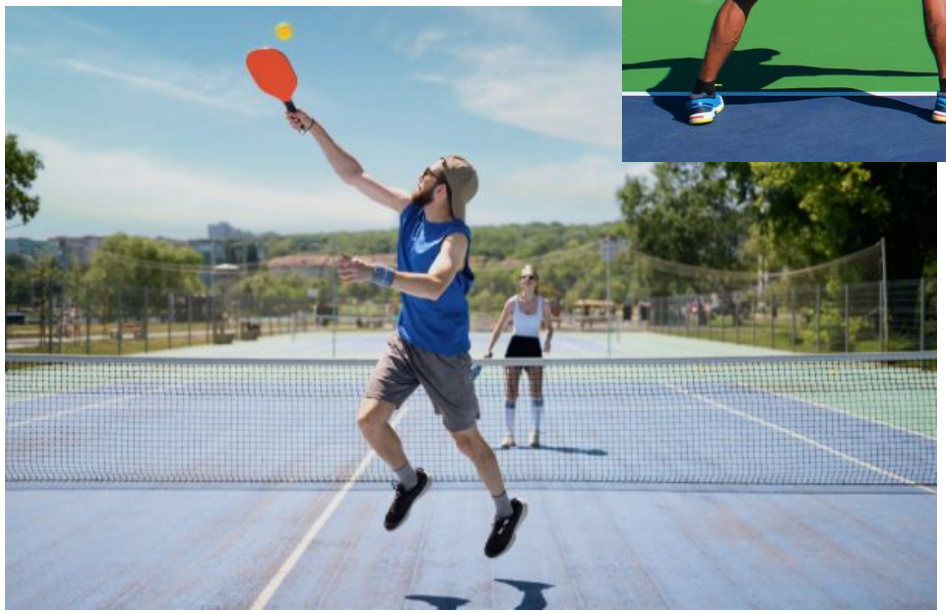
Providing Care	• Patient Care Process (Goals, alternatives, Monitoring/Follow up) • BPMH; Medication Reconciliation • Care Planning	• Physical Assessment: Vital Signs/Blood Pressure; Basics of Inspection, Palpation, Percussion, Auscultation • Ordering/Interpreting Laboratory Tests
Knowledge and Expertise	• Hospital Pharmacy/Acute Care Practice • Medical Devices	• Discharge Counselling • Applying Evidence Based Medicine • Point of Care Testing
Communication & Collaboration	• Documentation • Electronic Health Record • SBAR/Interprofessional Communication	• Case Presentation • Shared Decision Making • Cultural Competence • Managing Grief
Professionalism	• Feedback and Self Reflection • Application of Pharmacy Practice Framework	• Scope of Practice • Medication Errors: Root Cause Analysis

Leadership & Management

Advocacy & Stewardship

Year 3

Value of Early Experiential Education



https://pickleballcanada.org/newsletter/heres-the-proof-no-age-limit-for-pickleball/
https://www.participaction.com/blog/sports/beginners-guide-to-pickleball/

Skills Year 3

Context: Community Pharmacy/Primary Care

Year 2

Professional Identity Formation

Providing Care	• Patient Care Process • Care Planning • Navigating clinical and social complexity	• Chronic Disease Management • Complex/Unfamiliar Conditions • Public Health/Disaster Management
Knowledge and Expertise	• Clinical Decision Making • Developing/Refining Judgement • Navigating Ambiguity	• Prescribing • Applying Evidence Based Practice • Injections Training
Communication & Collaboration	• Documentation • Person Centred Care • Empathy	• Non-judgemental Communication • Inter/Intraprofessional Collaboration (Med students, Pharm Techs)
Professionalism	• Self Reflection • Application of Pharmacy Practice Framework	• Scope of Practice • Peer Teaching

Leadership & Management

Advocacy & Stewardship

Year 4: Experiential Education

Strategy #1: Value of role modelling

“Preceptees spoke about observation being a key part of their experience whereby they learned by imitating their preceptor(s).”

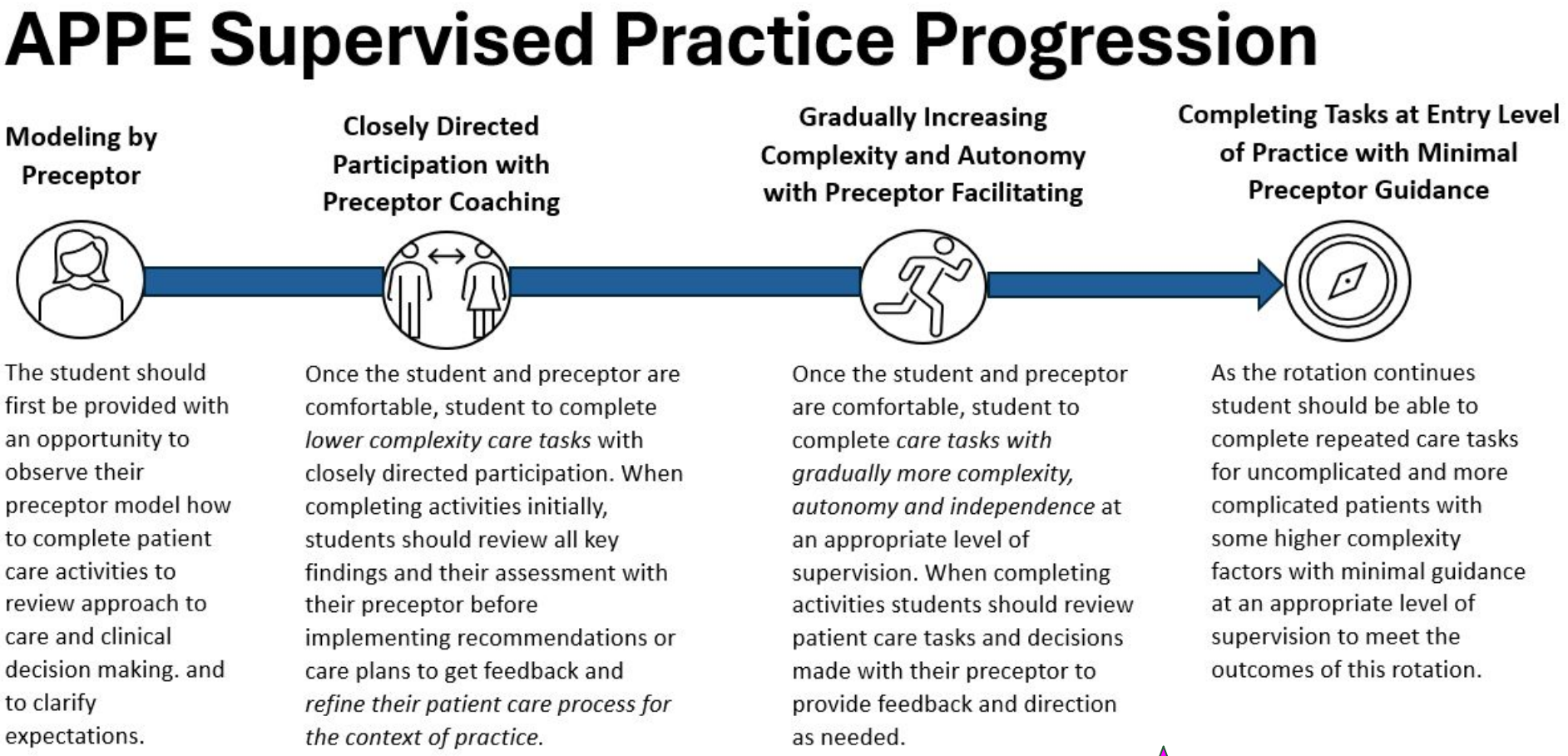
- Bartlett AD, Um IS, Krass I, Schneider CR

Ensuring the quality of clinical supervision: stakeholder perceptions of pharmacy preceptor competence. Curr Pharm Teach Learn. 2023 Aug;15(8):722-729. doi: 10.1016/j.cptl.2023.07.003. Epub 2023 Jul 26.

Strategy #1: Value of role modelling

---->Mirrors the seminar component of lab

Credit: Dr. Natalie Kennie-Kaulback, Dalhousie University, College of Pharmacy



Re-start with more complex tasks or new practice area!

Example Progression for Clinical Documentation

Stage	Preceptors Actions	Learners Actions
Modelling	Demonstrates note writing while thinking aloud	Observe and ask clarifying questions
Coaching and Scaffolding	-Provides a sample note template -Review sample notes together -Use checklist, sentence starters and example notes -Ask learner to document specific aspects of note -Provide specific feedback	Writes note using templates and tools, and revise based on feedback
Coaching & Articulation	Have learner articulate the most important information in the note and justify the DTP & decision	Shares thought process and areas of uncertainty with preceptor
Facilitating	Reviews note, guides reasoning and language refinement	Writes entire note with preceptor feedback
Fading and Reflection	Reduce prompts & give feedback only as needed	Performs skill more independently; able to self-assess areas for improvement

Credit: Natalie Kennie-Kaulback, Dalhousie University, College of Pharmacy

Strategy #2: Provide coaching up-front

A few quotes…(after first hospital rotation)

- ★ The way my preceptor allowed me to have *complete responsibility* over my own patients allowed me to *really solidify my process*. The expectation of me to know everything about my patient…forced me to very quickly optimize my process; *daily feedback from my preceptor* really allowed me to focus on where i needed to.

- ★ I really learned to look at a *patient as a whole* and to evaluate all of the information provided to me. This has helped with *decision making*.

- ★ Practice has allowed me to become *more efficient* in my process.

How Feedback is Provided in Skills

Many Formats (Formative and Summative)

- Individual
- Team/Group
- Class
  - Seminars, Canvas, Exemplars

- Facilitators are coached on the feedback process
  - Advocacy-Inquiry

- Students can self-identify to request more individual support

Case Vignette

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Strategy #3: Feedback that explores student perspective

Principles of Good Feedback

Timely	Ongoing and frequent Immediate if appropriate
Objective and accurate	Base on observed behaviors, not inference
Short observations (to stay focused)	Too much feedback overwhelms, diffuses, confuses
Actionable	Focused on what needs to be done Clear and useful instructions for improvement

Assessments in Skills

- Multimodal aspects of assessment
- Formative and Summative
- Align with course outcomes
- Types of assignments/activities that are assessed/graded:
  - Documentation notes
  - Care Plans
  - Reflections
  - Drug Information Questions
  - Interprofessional communication (e.g. SBAR)
  - Patient Interactions

Analytical Checklist -

Please use a ✔ for YES

	GATHERING INFORMATION	YES
1	2 patient identifiers (name **AND** DOB or address or PHN or phone #)	
2	Confirms patient's past medical history	
3	Confirms patient's current prescription medications (dose and frequency **NOT** required)	
4	Asks patient if they could be pregnant OR checks adherence to Evra patch OR asks about last period	
5	Asks about allergies **AND** reaction	
6	Asks about UTI (**any TWO of:** symptoms/characteristics, history, onset, aggravating factors, remitting factors)	
7	Asks specifically about presence of red flags (**ONE of**: flank pain, fever/chills, blood in urine, vaginal discharge, odor)	

	MANAGEMENT STRATEGIES (including patient education)	YES
8	Indicates to patient they are experiencing symptoms of a UTI (cystitis, bladder infection)	
9	States they will be able to prescribe antibiotics for treatment	
10	Verbalizes **ONE** of the following for empiric treatment: nitrofurantoin **OR** TMP/SMX **OR** Fosfomycin **OR** Ciprofloxacin	
11	Provides appropriate dose for recommended antibiotic: nitrofurantoin 100mg BID x 5 days, **OR** TMP/SMX 1 DS tab bid x 3 days, **OR** Fosfomycin 3g x 1 dose **OR** ciprofloxacin 250mg BID x 3 days (or XL 500mg daily x 3 days)	
12	Provides some reasonable education re: UTI prevention (**Any TWO of**: hydration, urinating after intercourse, wiping front to back after toileting, avoiding irritating feminine products or spermicidal agents)	

	MONITORING/FOLLOW-UP	YES
13	Indicates patient should see improvement in symptoms in 2-3 days	
14	Educates on possible adverse effects of antibiotic chosen	
15	Offers a follow-up plan for the patient (includes a reasonable plan for follow-up: Will call patient in 3 days or have patient call if lack of response in 48 hours or experiencing adverse effects)	
16	Offers the patient opportunity to ask questions	

Facilitated Interactions - Assessments

Clinical Assessment

Communication Rubric

VERBAL EXPRESSION			
0 *(0%)*	**1** *(50%)*	**2** *(80%)*	**3** *(100%)*
Doesn't meet the criteria for "1" *(please provide a comment)*	**Inconsistently** exhibits control of verbal expression that could result in impaired understanding by an active listener	Exhibits **sufficient** control of verbal expression to be understood by an active listener	Exhibits **consistent command** of verbal expression
"Verbal Expression" includes, but is not limited to: *Fluency, grammar, vocabulary, tone, volume/modulation of voice, rate of speech, and pronunciation*			
NON-VERBAL EXPRESSION			
0 *(0%)*	**1** *(50%)*	**2** *(80%)*	**3** *(100%)*
Doesn't meet the criteria for "1" *(please provide a comment)*	**Inconsistently** exhibits control of non-verbal expression such that patient engagement is compromised	Exhibits **enough** control of non-verbal expression to engage a patient willing to overlook deficiencies	Exhibits **finesse and command** of non-verbal expression
"Non-Verbal Expression" includes, but is not limited to: *Eye contact, gestures, posture, and use of silence*			
RESPONSE to PATIENT'S FEELINGS and NEEDS			
0 *(0%)*	**1** *(50%)*	**2** *(80%)*	**3** *(100%)*
Doesn't meet the criteria for "1" *(please provide a comment)*	Responds in an **ineffective** OR **insensitive** manner	**Generally** responds in a **perceptive, genuine** and **empathetic manner**	**Consistently** responds **perceptively, genuinely** and **empathetically**
"Response to Patient's Feelings and Needs" includes, but is not limited to: *Empathy, contextual appropriateness, and verbal/non-verbal patient cues*			
DEGREE of FOCUS, LOGIC and COHERENCE			
0 *(0%)*	**1** *(50%)*	**2** *(80%)*	**3** *(100%)*
Doesn't meet the criteria for "1" *(please provide a comment)*	Approach is rigid and inflexible **OR** response is inappropriate to the context	Approach is somewhat formulaic **OR** disjointed, but remains conversational	Exhibits **superior** organization, demonstrating both focus and flexibility with respect to the context
"Degree of Focus, Logic and Coherence" includes, but is not limited to: *Organization, sequencing, relevance of questioning, and balance of flexibility/focus*			
OVERALL PRESENTATION			
0 *(0%)*	**1** *(50%)*	**2** *(80%)*	**3** *(100%)*
Grader to **score based on their impression** of the interaction *(i.e., overall OR important aspects of communication that you felt were not clearly identified in the above sections)*			

Facilitated Interactions Assessment

Communications Assessment

Professionalism

A	B	C	D	E	F	G	H	I	J	K	L
Deduction Category		**Attitude and Behaviour**		**Initiative and Commitment**		**Timeliness and Preparedness**		**Appearance and Attire**		**Team Management**	
	Professionalism Infraction	**-0.50%**	**-1%**	**-0.50%**	**-1%**	**-0.50%**	**-1%**	**-0.50%**	**-1%**	**-0.50%**	**-1%**
Failing to demonstrate honesty and trustworthiness		☐	☑								
Being disrespectful and insensitive to others		☐	☑								
Disregarding another's position, responsibilities, time, or knowledge		☐	☑								
Failing to take accountability for your actions		☑	☑								
Failing to maintain confidentiality and appropriate boundaries		☑	☑								
Failing to participate in activities and demonstrate motivation				☑	☑						
Failing to provide, seek, engage in, and/or incorporate feedback				☑	☑						
Being late to skills lab						☑	☑				
Failing to come prepared for seminars or labs						☑	☑				
Failing to notify course coordinators of your absence from seminar or lab in a reasonable time frame						☐	☑				
Failing to complete all lab responsibilities and assignments by the due date						☐	☑				
Coming to lab dressed inappropriately and/or not having a nametag								☑	☑		
Having an unclean lab environment *(i.e., not cleaning up at the end of lab)*										☑	☑
Being unwilling or unable to provide an update of your group's progress										☑	☑
Being unwilling or unable to attempt group management strategies										☑	☑

Professionalism Outcomes in ExEd

OUTCOME	EXAMPLES OF BEHAVIOURS
1. Displays professional behaviour.	· Demonstrates honesty, integrity, humility, commitment, altruism, compassion, empathy, inclusivity and respect towards others. · Does not engage in distracting or inappropriate behaviors. · Maintains appropriate interpersonal boundaries. · Is accessible, diligent, timely and reliable to others. (This includes arriving on time, submitting assigned work on-time, etc)
2. Demonstrates professional responsibility and accountability and practices within the scope of a 4th year student.	· Takes responsibility and accountability for actions and inactions; preceptor support may be required early in placement. · Prioritizes activities and manages time to balance course requirements and practice site workflow. · Applies standards of practice, policies, and codes that govern the profession; practices within the scope of a 4th year student.
3. Demonstrates initiative, self-directed learning, and commitment to excellence in practice of pharmacy.	· Maximizes learning opportunities. · Accepts, incorporates and provides feedback in effective & constructive manner.

https://www.ualberta.ca/en/pharmacy/preceptors/course-information.html

Placement Grade Rubric

To pass the placement, on the **final student performance assessment**, the student must:

Mostly Consistent in Meeting Expectations

Achieve a rating of at least this on **all professionalism outcomes**.

AND

Inconsistently Meeting Expectations

Have **no more than 3** (maximum of 2 for care provider) outcomes with this rating.

AND

Not or Rarely Meeting Expectations

Have **zero ratings** of this.

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Case 1 - What to do?

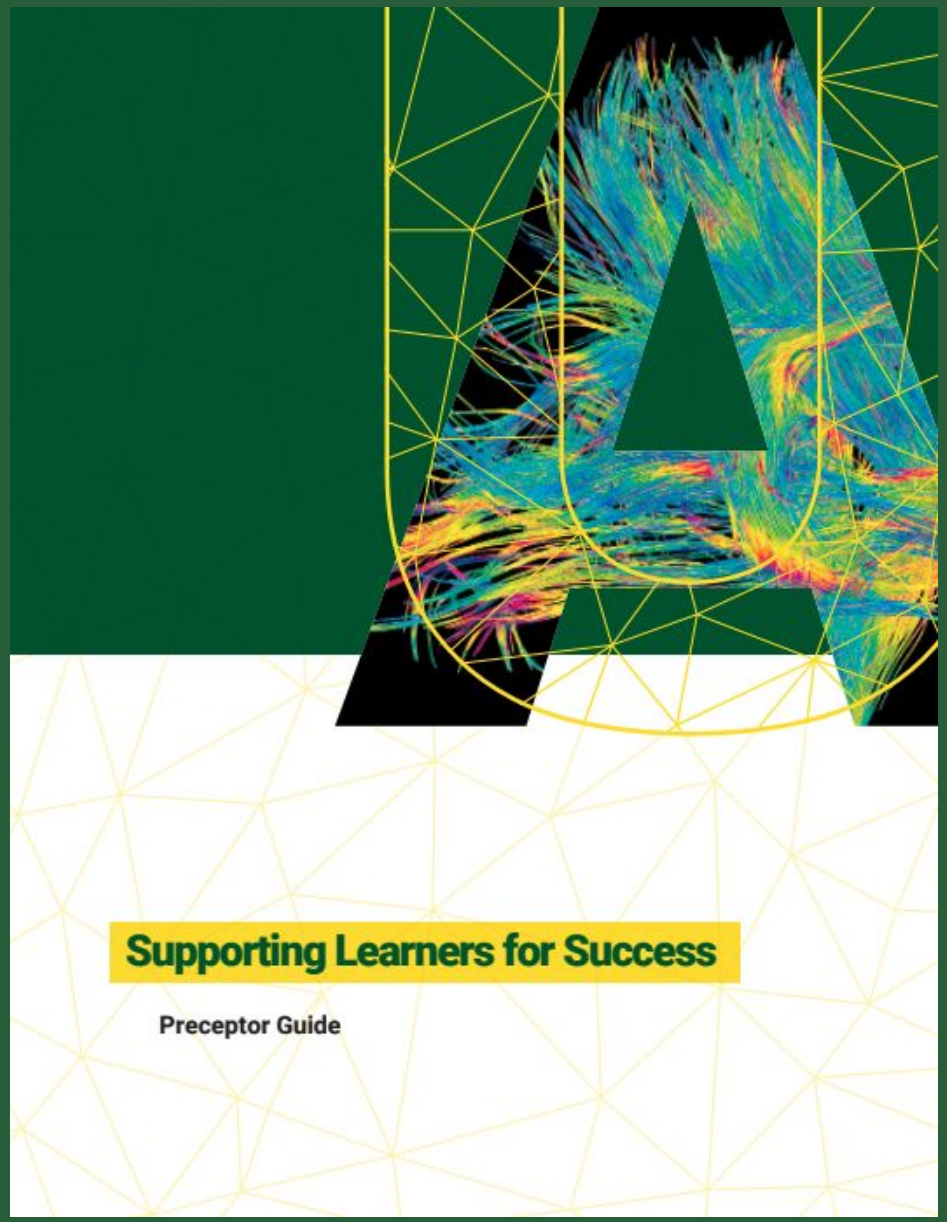
It's week 3 (of 8) of a 4th-year inpatient hospital rotation

Your student can gather a medication history (BPMH) but cannot assess or reconcile medications, nor identify and/or prioritize patient DTPs. They often present irrelevant information in their patient debriefs (despite being provided with a data collection template), and can't complete a care plan independently. Knowledge gaps apparent.

Key Challenges:

- **Efficiency:** Spends 1-2 days on a single patient work-up, this is leading the preceptor to making patient interventions. Missing rounds entirely.
- **Clinical Reasoning:** Cannot identify DTPs or rationalize why they included specific (often irrelevant) information.
- **Preceptor Burden:** Daily debriefs lasting 1-2 hours, forcing the preceptor to stay late.

The preceptor feels overwhelmed, frustrated, and sees no progression toward the expected 4th-year competency levels. **Should you (the preceptor) call the faculty to discuss your struggling student?**



Supporting Learners for Success

https://www.ualberta.ca/en/pharmacy/preceptors/resources/supporting-learners-for-success.html

Case 2

A 2nd-year student is on Day 7 of their introductory hospital placement.

On the first day they mention they do not want to work in the hospital and don’t know why they have to complete an acute care rotation. The student has been late 3-4 times by 10–15 minutes in the morning, offering casual excuses (missed bus, alarm didn’t go off) or no explanation at all. During the day, they are using their phone in the charting area, even while patient care tasks are pending.

Key Challenges:

- **Reliability:** The consistent tardiness is disrupting the morning workflow and team hand-offs.
- **Engagement:** The student’s phone use creates a perception of disinterest and a lack of situational awareness.
- **Professional Boundaries:** Preceptor is unsure of the phone use at the Faculty and how to address this in the workplace.

The preceptor is worried about the student's "work ethic" and unsure how to address this with the learner.

Summary

1. The Skills curriculum uses a scaffolded approach with increasing complexity

1. Teaching and assessment approaches are diverse and multi-modal to expose students to a variety of practice scenarios that encompass the various roles pharmacists embody, with patient care being central.

1. Experiential environments are an extension of the Skills Lab to offer real-world learning and practice opportunities.

1. Preceptors use role modelling, coaching & feedback to support student success

Questions? Ask Now or Contact Us!

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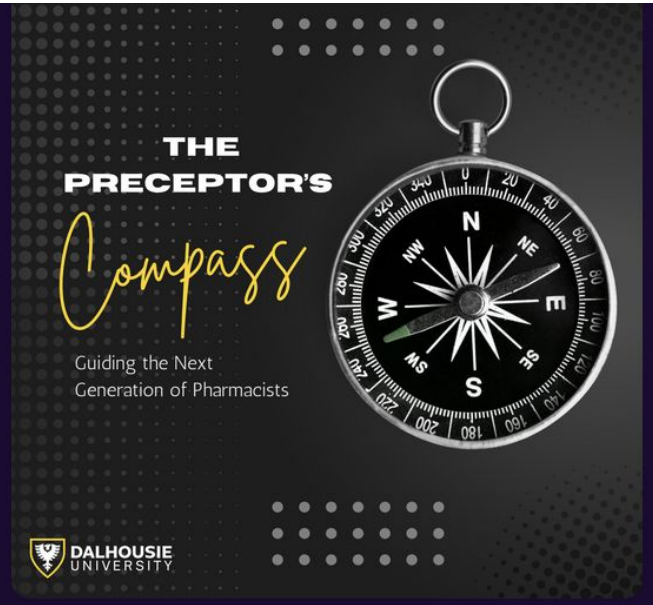
Ann Thompson: athompson@ualberta.ca

Self-Assessment Questions

1. Describe the approach used to teach pharmacy students skills during the PharmD program, with focus on the patient care process.
2. Describe the feedback process used in the skills lab courses.
3. Describe 3 strategies preceptors can use to improve their teaching when students are in experiential courses.



The Preceptor's Compass

by Jennifer MacDougall and Harriet Davies

Education

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Episodes About

Podcast episodes

SEASON 1

Beyond the Counter: How Distributed Rotations Transform Pharmacy Education

In this episode of the Preceptor's Compass, we explore how distributed pharmacy rotations—in rural, remote, and urban settings—are reshaping experiential education across Canada. Guests Edmund Tan (Whitehorse, Yukon) and Anthony Lee...

S01E07 | Mar 5, 2026 | 55:03

https://rss.com/podcasts/the-preceptor-s-compass/

References

1. University of Alberta, Faculty of Pharmacy and Pharmaceutical Sciences. Patient Care Process V3.0 June 2025, https://www.ualberta.ca/en/pharmacy/preceptors/resources/patient-care-process.html
2. "PharmD curriculum trajectory Years 1-4". *Gemini*, version, Google, February 9, 2026; gemini.google.com
3. Bartlett AD, Um IS, Krass I, Schneider CR. *Curr Pharm Teach Learn* 2023;15(8):722-729.
4. Association of Faculties of Pharmacy of Canada (AFPC) Educational Outcomes, 2017, https://www.afpcpharmacy.ca/educational-outcomes, accessed Feb 12, 2026
5. Pharm 556 Course Syllabus 2025-26, Assessment outcomes, Appendix 1, Faculty of Pharmacy and Pharmaceutical Sciences, https://www.ualberta.ca/en/pharmacy/preceptors/course-information.html, accessed Feb 12, 2026
6. Preceptor Guide, Supporting Learners for Success, https://www.ualberta.ca/en/pharmacy/preceptors/resources/supporting-learners-for-success.html, accessed Feb 12, 2026

Backup Slides

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SBAR Assessment

SBAR Grading Rubric

SBAR Elements:		0	1	2
Situation	Introductions	Doesn't identify self or patient	Identifies self and patient, but misses ONE of: own name or occupation ***(0.5 mark)***	Identifies self (*name & occupation*) and patient early and completely ***(1 mark)***
	Problem Statement	**OR** Problem is incorrectly identified	Provides unclear description of the situation, issue, or concern ***(0.5 mark)***	Provides a concise statement of situation, issue, or concern ***(1 mark)***
Background		Several pertinent positive or negative findings are missing which could lead to patient harm or miscommunication	Background provided is either excessively lengthy/repetitive **OR** Has irrelevant details **OR** Provides insufficient information to understand the problem. *(e.g. audience background knowledge of the patient is not considered)*	All relevant positive and negative findings are stated succinctly and the degree of detail is appropriate for the target audience.
Assessment		Assessment is inappropriate and may lead to patient harm or miscommunication	Assessment is acceptable but may not consider all situation and background information	Assessment is optimal (*appropriate and logical*) and considers all situation and background information
Recommendation		Recommendation is inappropriate and may lead to patient harm	Recommendation is unclear/incomplete **OR** Lacks clear description of the next steps/action required (*e.g. who is responsible to implement the plan*)	Recommendation is appropriate, resolves the problem efficiently, and clearly describes the next steps/action required
Structure		Moves to background without stating the reason for the call/communication **OR** Discussion is disorganized and confusing	Intention can be understood by the target audience but some SBAR elements are out of order	Discussion is structured logically and systematically
Communication		Demeanor is timid or apprehensive	Demeanor lacks confidence **OR** Uses inappropriate tone/language	Demeanor is confident with appropriate tone and language

	Unacceptable (0)	*Needs Improvement (1)*	*Acceptable (2)*	*Excellent (3)*
Data (reason for encounter, subjective and objective data)	Inaccurate or missing critical information required to make an assessment.	Insufficient information provided to understand the issue at hand and support the assessment OR includes irrelevant information that impairs understanding.	Reports most relevant information to understand the issue at hand and support the assessment OR includes some irrelevant information.	Reports all contextually relevant information to understand the issue at hand and support the assessment
Assessment (DRP statement, rationale, and goals of therapy)	Assessment is inaccurate which may lead to patient harm OR the DRP statement is missing altogether and unable to be evaluated.	DRP statement identifies the problem but may be imprecise AND either rationale is weak OR goals of therapy not included.	DRP statement accurately identifies the problem BUT rationale is weak OR missing at least one goal of therapy.	DRP statement accurately identifies the problem and a thorough rationale is given. At least one goal of therapy is listed.
Plan (Therapy)	Therapy plan is incorrect and could result in patient harm.	Therapy plan is suboptimal OR missing critical information.	Therapy plan is safe and effective, but is missing some detail.	Therapy plan is detailed, safe, and effective
Plan (Monitoring)	Monitoring of EFFICACY or SAFETY is missing altogether, putting the patient at risk.	Monitoring of either SAFETY OR EFFICACY is partially complete. Critical monitoring parameter(s) missed.	Monitoring includes SAFETY AND EFFICACY parameters, but some elements missing sufficient detail.	Monitoring plan is comprehensive and detailed, including SAFETY AND EFFICACY parameters.
Plan (Follow Up)	Follow up is missing altogether, putting the patient at risk	Follow-up plan is missing one or more of the following elements: who is responsible OR how the plan will be executed OR when it will occur	Follow-up plan includes who is responsible, how the plan will be executed, and when it will occur, but some elements are impractical or missing sufficient detail.	Follow-up plan is clear with respect to who is responsible, how the plan will be executed, and when it will occur.
Organization and flow	Data, assessment and plan are disorganized, impairing the reader's understanding of the clinical thought process	Data, assessment and plan are poorly sequenced or disorganized, but ultimately convey the clinical thought process.	Minor organizational issues are present. Information is sequenced appropriately, demonstrating a logical progression from data to assessment to plan.	Information is consistently organized and sequenced appropriately, clearly demonstrating a logical progression from data to assessment to plan.
Syntax, spelling, and grammar	Includes dangerous abbreviation OR spelling/grammatical error(s) that impair reader's understanding	Some spelling/grammatical errors.	Minimal spelling/grammatical errors.	No spelling or grammatical errors.
Checklist Items (0.5 each) ☐ Date ☐ Time ☐ Appropriate title ☐ Practitioner name and credentials				

Documentation Notes

Reflections

	Criteria	Needs Improvement	Acceptable	Excellent
WHAT	**Describe** a **specific action, experience,** or **thought** that arose in your **interaction** that you want to **reflect** on *(Ensure the description has a main focus, concrete details, and connects to the interaction in some way)*	*Provides a chronological **description without a main focus*** ***Lacks** concrete details* ***Lacks** connection to the interaction*	*Organizes **description** around a **main focus*** *Uses **some** concrete details* *Makes a **vague** connection to the interaction*	***Describes important facts** organized around a **main focus*** ***Uses** concrete details* *Makes a **clear** connection to the interaction*
	Describe your **response** in the situation *(e.g., your actions, thoughts, and/or perspectives)*	***Does not** describe a **personal response*** *The response **is not linked** to the situation*	*Describes a **personal response** to the situation that may be **reserved, superficial**, and/or **defensive***	*Describes a **personal response** to the situation that appears **thoughtful, honest**, and **introspective***
SO WHAT	**Explore** how your **internal factors influenced** your response in the situation *(e.g., thoughts, values, experiences, assumptions, biases and/or social location)*	**Does not** include internal factors **Does not** explain how individual factors **influenced** the situation	**Starts to explore** internal factors that influenced the response	**Explores** internal factors that influenced the response
	Analyze how **other perspectives** could be considered when **critically thinking** about this situation *(e.g., feedback, patient and/or societal perspectives, literature)*	**Does not** include other perspectives **Does not** explain how other perspectives **influenced** the situation	**Starts to explore** other perspectives that influenced the response	**Explores** other perspectives that influenced the response
NOW WHAT	**Create** a **relevant, specific,** and **feasible plan** to **apply** what you have **learned** from your **critical reflection** *(This does not have to be a plan related to a future patient interaction, but it can be)*	Provides a plan, but **misses 2 or more of** relevant, specific, or feasible	Provides a plan, but **misses 1 of** relevant, specific, or feasible	Provides a plan that is **relevant, specific**, and **feasible**
	Write in a way that **supports** a **critically reflective process** *(e.g., makes sense, flows from "What", to "So What", to "Now What")*	Writing **does not** make sense or flow correctly	Writing **makes sense** and **flows correctly**	**Total Score** **/ 7**
		0 Mark / Section	**1 Mark / Section**	**1 Extra Mark if ≥3 Sections Achieved**