PHARM 454 – Introductory Pharmacy Practice Experience Part 2

Spring/Summer, 2026

Acute Care Hospital Practice Placement

Course weight: *4

Pawan Gill, Course Coordinator
E-mail: pawan.gill@ualberta.ca Phone: 780-492-8066
Office Hours: M-F by appointment

Michelle MacDonald, AHS/Covenant Health Faculty Liaison
email: michelle.macdonald@ahs.ca Phone: 403-561-6278

Shannon Kowalchuk and Andrea Michaud, Experiential Education Coordinators
Support for general inquiries about CORE, IT, and much more!
E-mail: phexed@ualberta.ca Phone: 780-492-3362

COURSE DESCRIPTION

This 4-week structured practical learning experience introduces acute care practice and allows pharmacy students to integrate knowledge and skills to provide patient care under the supervision of a pharmacist, in a hospital setting. This course maximizes pharmacist roles including communication, collaboration, practice management, evidence-based practice, and professional responsibilities in an acute care setting.

Course Prerequisite: Pharm 354, meet all experiential education requirements.

STUDENT REQUIRED READINGS (to be completed prior to placement starting)

See canvas for Required Readings that pertain to all Introductory Pharmacy Practice Experiences (IPPEs). For detailed information on course requirements and policies/procedures, students must review the Undergraduate Experiential Education Policies and Procedures Manual.

STUDENT RECOMMENDED RESOURCES

See canvas for Recommended Resources. Prior to the placement students should ask their preceptor about resources that should be brought to the placement or pre-readings that should be completed prior to the placement.

COURSE OUTCOMES

This course is designed to develop the following knowledge, skills and attitudes. See course assessments for complete descriptions of the outcomes.

1. Demonstrate fundamental knowledge and critical thinking to care for patients.
2. Identify factors for safe and efficient medication distribution.
3. Demonstrate effective verbal and non-verbal communication skills with patients, team members and pharmacy colleagues.
4. Communicate effectively in writing (written activities, assignments, documentation notes).
5. Provide patient care using the Patient Care Process with focus on patients with conditions covered in years 1 and 2.
6. Work effectively with members of the team.
7. Integrate best available evidence into patient care decisions.
8. Participate in site-based advocacy activities such as health promotion and disease prevention programs.
9. Use effective strategies to manage and improve the practice of pharmacy.
10. Display professional behavior in attitude, action, language and dress.
11. Demonstrate professional responsibility and accountability and practices within the scope of a second-year pharmacy student.
12. Demonstrate initiative and self-directed learning.

GRADING

Title	Weight	Date	Type
Assignment #1: Skills Inventory and Learning Plan Assignment - template is in canvas	Pass/fail	1 week prior and on last day of placement	Assignment Post in CORE
Assignment #2: Pre-Placement Survey	Pass/Fail	1 day prior to starting placement	Assignment in CORE
Assignment #3: Care Planning Assignment	Pass/fail	Due by last day of placement	Assignment in canvas
Assignment #4: Patient Case Presentation	Pass/Fail	Due by last day of placement	Assignment in canvas
Assignment #5 Option 1: Placement Experience Sharing Session	Pass/Fail	Typically last week of placement	Assignment in canvas
Assignment #5 Option 2: Rural Mentorship Program (available to students on a rural or suburban placement)	Pass/Fail	Mandatory: Discussion Week 1 and 4 Optional discussion: Week 2 and 3	Assignment in canvas
Assignment #6: Placement Activity Tracker	Pass/Fail	Due by Last day of placement	Assignment in canvas
Student Self-Assessment - Midpoint	Completion	At 64 hours (2 days prior to Student Performance Assessment at Midpoint)	Assessment in CORE
Student Evaluation of Preceptor and Site: Midpoint	Completion	At 80 hours (Week 2)	Assessment in CORE
Student Performance Assessment: Midpoint	Formative	After 80 hours (Week 2)	Assessment in CORE
Student Self-Assessment - Final	Completion	At 144 hours (2 days prior to Student Performance Assessment)	Assessment in CORE
Student Evaluation of Preceptor and Site: Final	Completion	At 160 hours (Week 4)	Assessment in CORE
Student Performance Assessment: Final	Pass/Fail	After 160 hours (Week 4)	Assessment in CORE
Post Course Student Evaluation of Course (Non-Anonymous to Course Coordinator, Preceptor does not see this evaluation)	Completion required in CORE ELMS	Submitted within 48 hours of completing placement	Evaluation

COURSE GRADE AND ASSESSMENT INFORMATION

Pharm 454 is a Credit/No Credit Course. At the end of the placement, preceptors recommend a grade of pass or fail on the final Student Performance Assessment (**see Appendix 1**).

To receive credit for the course students must satisfactorily complete:

- the placement

- all required assignments including resubmissions requested by the course coordinator (see course assignments section)
- all required course evaluations (see information below).

The Faculty course coordinator provides a final course grade (Pass: Credit or Fail: No Credit) following review of all of the above requirements. For students who do not submit all assignments and requirements by the deadlines in the syllabus, they will receive No Credit (NC).

All placement assessments (Appendix 1) are completed and submitted using CORE ELMS and are available prior to the start of the placement. Students are to review assessments prior to the placement to understand the assessment outcomes. Timelines for completing assessments are outlined in the Assessment and Assignment Schedule **(see Appendix 2)**. Students must check their UofA email accounts every 3 days for at least 2 weeks post-course for potential resubmission requests.

Preceptors are encouraged to provide formative feedback throughout the placement, with a suggested check-in after week one to address early concerns or clarify expectations.

Students Who May Require Support
The student should email the course coordinator following review of the Midpoint Student Performance assessment if *any outcomes* are rated as ***Not Meeting an Acceptable Level of Performance*** or if performance concerns are identified and students would like additional support to address these.

To receive credit Pharm 454 on the Final Student Performance Assessment, the student must:
- Achieve a rating of "Meets an Acceptable Level of Performance" on ALL Professionalism outcomes, AND
- Have no more than 3 "Needs Improvement" ratings (maximum of 2 for Care Provider) AND
- Have ZERO ratings of "Not Meeting an Acceptable Level of Performance".

LATE ASSIGNMENT AND ASSESSMENT POLICIES

It is the student's responsibility to submit all assignments and assessments in accordance with the stated deadlines. Assignments posted late on canvas will require completion and submission of a Professional Accountability Form (in canvas). The completed form will be placed in the student's file. Late assignments or assessments may result in a delay of course grade posting. Students will receive a grade of "no credit" until all course requirements are satisfied.

COURSE SCHEDULE

Scheduled blocks are:
- Block 1: May 4 - May 29, 2026
- Block 2: May 18 - June 12, 2026
- Block 3: June 1 - June 26, 2026
- Block 4: June 15 - July 10, 2026
- Block 5 & 6: July and August (variable dates)

Hours may vary depending on the site, and are generally 8 hours in length each day.
Students must register for the course in the correct block in accordance with University Policies outlined in the University Calendar.

*For statutory holidays: Students are expected to follow the preceptor's schedule. If the preceptor is working it is usually expected that the student will be on placement as well. Refer to Undergraduate Experiential Education Policies and Procedures Manual.

COURSE ASSIGNMENTS - That need to be submitted

Assignments:

- Are posted before, during and at end of the placement. Please use double-spaced 12-point font.
- Assignments containing patient information must have all identifiers removed to ensure patient confidentiality.
- Students will be advised by email if assignment resubmission is required.

<table>
<tr><th colspan="2">COURSE ASSIGNMENTS</th></tr>
<tr><td colspan="2">Assignment #1: Learning Plan Assignment
Due: 1 week prior to placement and reposted throughout rotation.</td></tr>
<tr><td colspan="2">Students are required to complete a skills inventory and develop a Pharm 454 Learning Plan (suggested template in Appendix 3). Determining your own placement-specific goal emphasizes the student's responsibility for development during the placement. It provides insight to your preceptor about areas for development that are important to you. After reviewing together, your preceptor will provide feedback about the feasibility of your goal, which must be written using SMART format.

SMART GOAL: Reminders
Specific: Have you precisely described what you are going to achieve?
Measurable: How will you know if you have achieved your goal?
Attainable: Is this realistic in the time-frame specified?
Relevant: Is this important for patient interaction communications?
Timed: When will you achieve your goal?

POSTING INSTRUCTIONS (CORE ELMS)
Post your Skills Inventory and Learning Plan in CORE ELMS (under My Requirements) at least 1 week prior to the start of the placement to allow the preceptor to view. This provides the preceptor with your initial goal, and this can be revised during week 1 (when you become more familiar with the site and learning opportunities).
As the Learning Plan portion of the assignment is updated, it must be posted again (replacing the prior version). It will be posted a TOTAL of 4 times:
● 1 week pre-placement
● at the end of 1st week (after discussed, refined and finalized with preceptor input),
● midpoint (with progress updates entered by student) and
● at the end of the placement (with progress updates entered by the student).</td></tr>
<tr><td>Assignment #2: Pre-Placement Survey
Due: Day prior to starting placement</td><td>Instructions</td></tr>
<tr><td>This survey is to explore your understanding of hospital practice at the start of your placement. At the end of the placement you will be sharing how this compares and contrasts to your actual experience.</td><td>5 minute survey posted in canvas prior to the start of rotation</td></tr>
<tr><td>Assignment #3: Patient Medical and Medication History and Care Planning Assignment</td><td>Instructions (canvas)</td></tr>
<tr><td>Post ONE pharmacy care plan with ONE DTP for ONE patient.
Relevant background data must be included. (See example, supplementary information)</td><td>By the last day of the placement post on canvas.</td></tr>
<tr><td>Assignment #4: Patient Care Plan Presentation</td><td>Instructions</td></tr>
<tr><td>Prepare a presentation as per instructions in Appendix 5: Scholar Activity, Patient Care Plan Presentation with inclusion of a clinical question.</td><td>By the last day of the placement post on canvas..</td></tr>
</table>

Students will submit a copy of their presentation slides.	
Assignment #5 Option 1: Placement Experience Zoom Session and information on practice experience	**Instructions**
Prepare to discuss a topic related to your placement. While this topic can be any issue related to your placement experience, 3 theme ideas to choose from are: 1. Describe your confidence at the beginning of the placement compared to the end. 2. Discuss the impact of interprofessional collaboration on patient care. 3. Compare/contrast your placement experience in the hospital to your experience in community practice (in Pharm 354). You should outline the issue you will discuss, the impact it had on you, and how it may influence you going forward. This does not need to be submitted on canvas. Students can have prepared notes if this enables them to present/discuss more efficiently. Each student will have 3-4 minutes to present.	Students must sign-up for an online session (each session is 1.25 hours) to present their *"Placement Experience"*. A sign-up sheet will be on canvas. Typically, students will do this in the last week of their placement. If a time is not available then, it can be done later in term. Every student is required to participate in one session to receive course credit.
Assignment #5 Option 2: Assignment #5 Option 2: Rural Mentorship Program (available to students on a rural or suburban placement)	**Instructions**
Meet with mentors and peers weekly to discuss a topic related to your rural placement. Mandatory sessions: Week 1 and 4 Optional sessions: Week 2 and 4 You should outline the topic you will discuss, the impact it had on you, and how it may influence you going forward. This does not need to be submitted on canvas. Students can have prepared notes if this enables them to present/discuss more efficiently.	Students must sign-up for weekly online sessions (each session is 30 - 40 minutes). A sign-up sheet will be on canvas.
Assignment #6 Placement Experience and Activity Inventory	**Instructions**
This survey is to explore activities that you completed on rotation.	5 minute survey in canvas due within 48 hours of rotation completion.

COURSE ACTIVITIES

The following activities are designed to allow students to meet course objectives.

PROFESSIONALISM, COMMUNICATION, COLLABORATION and LEADER-MANAGER

Please review the following Discussion Topics document to guide topics that should be discussed with your preceptor across the placement. This is also located in Appendix 4.

CARE PROVIDER: See Appendix 5: Supplementary Information

Medical Chart Review

Review the medical chart at your site, and be familiar with the various components. Learn where to find the various pieces of information you need to provide care.

If you would like a refresher on the components of the medical chart, see Recommended Resources.

Provide Patient Care (may be provided over phone or using other virtual methods)

For all patient care encounters, students should provide patient care as deemed appropriate by the preceptor(s) and outlined in the Patient Care Process Document.

All documentation and care plans must be reviewed by the preceptor.

Students are responsible to complete the following for a minimum 4 patients.

- *Interview the patient to gather a medical and medication history.* This includes conducting a BPMH (Best Possible Medication History), medication reconciliation and allergy assessment. [NOTES: (1) Since med rec may have been completed already, your role may be to verify what was completed by the admitting physician/team, (2) Ensure allergies are documented within the chart AND within the patient's profile in the dispensing system.].
- *Create a comprehensive care plan*
- *Complete a risk assessment [for example, renal function and drug dose adjustment, CV risk, atrial fibrillation stroke & bleeding risk]:* Students should complete based on patient population and preceptor guidance. See examples of risk calculators in Appendix 5.

Of note, **students should be engaged in activities for more than 4 patients overall**, for example completing BPMHs for many patients at the start, or completing isolated risk assessments.

Discharge Patient Care (or Patient Counseling) AND/OR Seamless Care Activities

Provide discharge or medication counseling, reconciliation and seamless care for at least 4 patients and discuss with the preceptor. Document if appropriate. Review experience and documentation with the preceptor. (The AHS BPMH Discharge Plan Form is posted in canvas.)

COLLABORATOR: See Appendix 5: Supplementary Information

Interprofessional Collaboration

- Students should spend time with at least 1 other health care professional that is caring for one of their patients or is from their unit as deemed appropriate by the preceptor. Time allotted to this will likely range from 1 hour – ½ day. Students should focus on skills they saw demonstrated that could be applied in their practice.

HEALTH ADVOCACY

Participate in site-based advocacy activities where possible (i.e. patient education, education strategies regarding appropriate use of medications, etc).

SCHOLAR: See Appendix 5: Supplementary Information

Drug Information Questions

- Answer at least 4 drug information questions that utilize different resources and discuss with the preceptor. Whether the answers are in written or verbal format is at the discretion of the preceptor.

ACTIVITY: Provide preceptors with an overview of the library resources and search strategies for the UofA Library Database(s) now accessible to preceptors. **The How-To-Guide: UofA Faculty of Pharmacy Library Resources is: http://tinyurl.com/lgppqay** **The link to the UofA Pharmacy library home page is http://guides.library.ualberta.ca/pharmacy**
LEADER-MANAGER
ACTIVITY: *Medication Distribution* Depending on the practice site, participate in the distribution of medications (i.e. screening, order entry, filling, checking) or have a guided tour of the dispensary. Review how prescribed medications are delivered to the patient after they are ordered. Who is involved in the various stages? (physician, medical resident, nurse, ward clerk, pharmacist, pharmacy technician, etc, as appropriate).
ACTIVITY: *Review the AHS Adverse Events and Patient Safety Website*. This website provides AHS health care professionals with resources regarding how to disclose an adverse event. It also includes the AHS policy for reporting adverse events, close calls and potential hazards.

Additional Information

Other required materials

Students are required to wear their Faculty identification (name tag) at all times when they are in the practice environment. Students are required to have a lab coat and should be prepared to wear it (if deemed appropriate based on setting).

Personal Laptop Computers

Students may be asked to bring personal laptops to placement sites.

Canvas.

Students must access Canvas to obtain course information, resources, and to make assignment submissions.

Netcare

For information on Netcare (if required), see the Undergraduate Experiential Education Policies & Procedures Manual.

Student Responsibilities and Tips for Success

Students will practice patient care skills in a hospital setting rather than a skills lab. This placement provides an opportunity for the student to learn as a result of the experience. Professionalism, communication skills and scholarly curiosity are crucial components of the course.

The first step to receiving a grade of Credit is full participation in all course activities and opportunities. Come prepared! Be engaged! Discussing the available learning opportunities in the specific practice setting with the preceptor is encouraged to maximize the student's ability to design a meaningful learning plan. The course activities listed are minimums; maximizing learning opportunities is a professional responsibility. Students that are truly successful participate fully as a pharmacy team member.

Although preceptors will guide the learning, students are ultimately responsible to drive the learning process and ensure completion of all activities, assignments, and assessments.

Students must be self-directed when preparing for this course through the development of their Learning Plan and should take an active role in their learning by goal setting and seeking out learning opportunities. Students should expect to spend time outside of the placement hours to complete or prepare for placement activities. See Section on Student Responsibilities in the Undergraduate Experiential Education Policy and Procedure Manual.

Due to variability of practice sites, student experiences will differ. The article "Strategies Pharmacy Students Can Use to Ensure Success in an Experiential Placement" (required reading) provides helpful information including "obvious" and "not-so-obvious" strategies for success.

Another important student responsibility is **contacting the Faculty with concerns** if they arise. There are assessments built into the course that provide checks and balances about learning and the overall experience, however it is important that students contact the Faculty prior to or during the placement to discuss concerns or questions. These are dealt with in an individual and confidential manner.

Additionally, as this is considered to be an introductory placement, preceptor supervision is important for learning and assessment. Patient safety always comes first. Students are expected to review each interview and care plan with their preceptor. Some practice settings may have more than one preceptor (co-preceptors) to direct and supervise the learning experience.

Policies and Procedures

References to all course policies, procedures, standards and other relevant requirements are included in the Undergraduate Experiential Education Policies and Procedures Manual. Students must review the Manual prior to the placement and are expected to adhere to the information included in it, as there are policies specific to this placement. These include:

- Attendance policies (illness, bereavement, etc.) and participation in professional opportunities such as conferences, UofA flu clinics, PDW, Pharm D interviews, etc. In general, it is expected that students are at the placement site 40 hours per week, with a schedule to be determined between student, preceptor, site, and

coordinator. Depending on the site, schedules may include weekends and evenings. *Any absence must be recorded in the CORE ELMS Absence Tracker.*

- Human Blood and Bodily Fluid Exposure (HBBFE) Procedures (Needlestick Injury)
- Protection of Privacy Policy
- Preceptor Recognition procedures
- Communication Policy
- Protection of Privacy Policy
- Late Assignment Submission Policy: It is the student's responsibility to submit all assignments in accordance with the stated deadlines. UofA email accounts must be monitored daily during the placement and every 3 days after the placement is completed for at least 2 weeks to ensure all assignments and assessments have been submitted satisfactorily. All assignments must be completed to the satisfaction of the preceptor during the placement. Assignments that are posted late on Canvas will require completion and submission of a Professional Accountability Form. This form is placed on the student's file.

University Policy

The University of Alberta is committed to the highest standards of academic integrity and honesty. Students are expected to be familiar with these standards regarding academic honesty and to uphold the policies of the University in this respect. Students are particularly urged to familiarize themselves with the provisions of the *Student Academic Integrity Policy* and the *Student Conduct Policy* (on the University of Alberta Policies and Procedures Online (UAPPOL) website) and avoid any behaviour which could potentially result in suspicions of cheating, plagiarism, misrepresentation of facts and/or participation in an offence. Academic dishonesty is a serious offence and can result in suspension or expulsion from the University.

Audio or video recording, digital or otherwise, of lectures, labs, seminars or any other teaching environment by students is allowed only with the prior written consent of the instructor or as a part of an approved accommodation plan. Student or instructor content, digital or otherwise, created and/or used within the context of the course is to be used solely for personal study, and is not to be used or distributed for any other purpose without prior written consent from the content author(s).

Policy about course outlines can be found in the Course Requirements, Evaluation Procedures and Grading section of the University Calendar.

Equity, Diversity and Inclusivity

The Faculty of Pharmacy and Pharmaceutical Sciences is committed to providing an environment of equity and respect for all people within the university community, and to educating faculty, staff, and students in developing teaching and learning contexts that are welcoming to all. Review the resources to support an inclusive learning experience provided by the University and the Faculty. If you experience discrimination or harassment

while in the program, please contact Student Services for support in how to navigate the situation. You can also report instances of discrimination and harassment through the Office of Safe Disclosure and Human Rights.

The Faculty encourages staff and students to use inclusive language to create a classroom atmosphere in which students' experiences and views are treated with equal respect and value in relation to their gender, racial background, sexual orientation, and ethnic backgrounds. In order to create a thoughtful and respectful community, you are encouraged to use gender-neutral or gender-inclusive language and to become more sensitive to the impact of devaluing language. We are working to build a community in which human rights are respected, and equity and inclusion are embedded in all areas of academic, work, and campus life.

Accessibility Resources and Accommodations

The Faculty provides accommodations to support individual needs to access high quality learning. Students requiring accommodations to ensure access to learning that meets individual needs must register with Accessibility and Accommodation Services at the beginning of each academic term. Accessibility and Accommodation Services will provide students and Student Services with a "Letter of Accommodation". FoPPS Student Services will schedule meetings with students who have approved accommodations once letters are received to discuss individual requirements and how needs will be met.

Accommodations related to IPPE rotations needed to be communicated to the Experiential Education department by the communicated deadline.

Student Conduct Policy

"*The University acknowledges the values of academic engagement, respectful debate, peaceful assemblies and demonstrations, and participation in the many aspects of University life as ways to enhance intellectual growth, health and wellbeing, and a sense of belonging. The misconduct listed in this policy describes, in general terms, student behaviours which if left unchecked would, to an unacceptable degree, disrupt the learning environment, threaten the proper functioning of the University and/or negatively affect the property or reputation of the university, which benefit all members of the University community*"

Additional information about the pharmacy student code of conduct can be found in the student handbook.

STATEMENT OF EXPECTATIONS: Instructor-Specified AI-Use

To uphold academic integrity, students may not use generative AI tools (e.g., ChatGPT, CoPilot, Gemini) on assignments or producing/assisting with patient documentation unless explicitly permitted by their preceptor. Clinically, students are prohibited from using AI to perform patient assessments. No patient identifying data or information should ever be

entered into an AI tool/program. Failure to abide by this guideline may be considered an act of cheating and a violation as outlined in the relevant sections of the University of Alberta *Student Academic Integrity Policy*.

If AI is used, it must be properly cited and comply with University and placement site policies, including those on academic honesty. Students are fully responsible for checking the accuracy and appropriateness of AI-generated content. For clinical questions, credible and evidence-based sources (such as drug information resources, primary literature, etc) are to be utilized as initial go-to sources for information.

Use of AI-generated content may compromise patient privacy, confidentiality, documentation integrity, and regulatory compliance. Students are expected to document accurately, objectively, and independently, in accordance with professional and site standards. Any breach of this policy may be considered academic or professional misconduct. The Alberta College of Pharmacy has outlined the risks and benefits in this article (July 2024).

Students and preceptors are to contact the course coordinator with any additional questions or concerns about the use of AI.

Professionalism:

Definition:
Professionalism encompasses core values (e.g., caring, compassion, altruism) and norms (e.g., accountability, teamwork, self-reflection, and continuous professional development) that define professional behaviour. It reflects professional identity, internalized through these characteristics, leading to a transformation in who one is as a professional. Professional identity development occurs throughout the program through diverse experiences, fostering a culture of empathy, support, and mutual respect. The development of student's individual professional identities will occur throughout the program, through experiences within and outside of the classroom. While professional identity is complex and difficult to assess, professional behaviours can and will be assessed.

Our Goal:
We aim to support your professional development by encouraging self-reflection, accountability, and a commitment to excellence in all aspects of your academic and professional life. If you need assistance, please reach out to Student Services for support and resources.

Expectations:
Students are expected to demonstrate professionalism through the following actions:

- **Engage in Preparatory Work:** Complete required pre-session work (e.g. readings, activities, etc) to enhance class discussions and activities.
- **Participate Actively:** Contribute meaningfully in sessions (seminars and labs) and fully engage in all learning opportunities.
- **Submit Assignments Promptly:** Ensure timely submission of assignments and required activities.
- **Show Respect:** Demonstrate respect for instructors, staff, preceptors and classmates (in written and spoken communications), being punctual, and engaged.
- **Be Accountable:** Take responsibility for actions, reflecting on their impact on learning and the community.
- **Provide Constructive Feedback:** Offer constructive feedback to classmates and through course and program evaluations.
- **Practice Self-Reflection:** Regularly reflect on professional growth and identify areas for development.
- **Support Peers:** Foster a supportive learning environment by assisting and encouraging classmates.

Addressing Concerns:
If professionalism expectations are not met, the course coordinator may request a "Professionalism Accountability Form" to facilitate reflection and improvement. The Form should be completed and returned to the course coordinator and will be included in the student's file. Completing this form is a course requirement. If the Form is not adequately filled out or submitted, the course will be graded as Incomplete (IN) until the completed Form is submitted. If the Form is not submitted within 30 calendar days from the date of the last scheduled course session, the student will receive an F (for graded courses) or NC (for credit/no credit courses).

Additional Course Costs
Costs associated with the travel, accommodation or additional practice site requirements are the responsibility of the student. Students are encouraged to apply for bursaries available for placements. (https://www.ualberta.ca/pharmacy/programs/current-students/current-undergrad-students/awards-scholarships-bursaries/index.html)

TECHNOLOGY REQUIREMENTS

Course Information and Assignments
- Course Information will be posted in canvas prior to the start of the first placement.
- Assignments will be posted in canvas.
- The Learning Plan and your CV/Resume will be posted in CORE ELMS to allow preceptors to access.

Assessments
All assessments are submitted on-line using CORE ELMS and will be posted prior to the start of the first placement for students to review. If CORE ELMS assistance is required, contact PhExEd@ualberta.ca.

Netcare
Information and instructions regarding Netcare registration and use are outlined on the Faculty website here:
https://www.ualberta.ca/pharmacy/programs/current-students/current-undergrad-students/experiential-education/index.html

Connect Care Training
Completed in April 2026 prior to placement starts.

APPENDIX 1: Student Performance Assessment

This table outlines the 17 outcomes and associated behaviours that students will be assessed on by the preceptor at the midpoint and final points of the placement.

OUTCOME	BEHAVIOURS
Professional	
1. Displays professional behavior and adheres to high ethical standards.	• Demonstrates honesty, integrity, humility, commitment, altruism, compassion, and respect towards others. • Does not engage in distracting behaviour (e.g. using technology when should be paying attention to patients/team members/preceptors). • Maintains privacy and confidentiality. • Dresses professionally and maintains appropriate personal hygiene. • Maintains appropriate interpersonal boundaries. • Is accessible, diligent, timely and reliable to others.
2. Demonstrates professional responsibility and accountability and practices within the scope of a 2nd year student.	• Takes responsibility and accountability for actions and inactions; preceptor support may be required. • Seeks guidance when uncertain about own knowledge, skills, abilities or scope of practice. • Prioritizes activities and manages time to balance course requirements and practice site workflow. • Demonstrate awareness of the ethical decision-making process as it applies to pharmacy practice; preceptor support may be required. • Applies standards of practice, policies, and codes that govern the profession; practices within the scope of a 2nd year student.
3. Demonstrates initiative, self-directed learning, and commitment to excellence in pharmacy practice.	• Takes initiative to learn, enhance skills and integrate knowledge (i.e. maximizes learning opportunities). • Accepts, incorporates and provides feedback in an effective and constructive manner. • Sets personal goals to support development of professional skills, knowledge and attitudes; preceptor support may be required.
Communicator	
1. Demonstrates effective non-verbal and verbal communication to instill trust and confidence.	• Speaks clearly, effectively and respectfully, using appropriate tone and pace. • Uses appropriate non-verbal communication. (e.g. open body language, use of facial expressions). • Listen, actively solicit and respond appropriately to ideas, opinions, and feedback from others (patients, team members, preceptor(s), peer students, etc.) • Demonstrates the appropriate level of confidence. • Uses appropriate language that is suitable for the complexity, ambiguity, urgency of the situation. May require preceptor support.
2. Effectively communicates in writing.	• Correctly applies the rules of syntax, grammar and punctuation. • Provides appropriate level of detail and complexity, breadth and depth; preceptor support may be required early in placement. • Uses appropriate language and tone for the type of written communication and intended audience; preceptor support may be required. • Provide timely and clear responses/documentation; preceptor support may be required to tailor to the audience.

Care Provider	
1. Establishes and maintains professional relationships with patients/caregivers	• Engaging patient; may require some preceptor prompting and guidance. • Exhibits sensitivity, respect and empathy with patients and caregivers. • Identifies/responds to patient cues with preceptor support. • Explains the role of the pharmacist to obtain consent for care.
2. Gathers and interprets relevant, necessary information about a patient's health-related needs.	• Utilizes multiple sources of patient information to synthesize data to complete a patient history; may require preceptor support initially. • Employs effective interviewing techniques (e.g. appropriate open and closed ended questions, uses motivational interviewing when appropriate). • Employs a systematic process to gather data accurately based on the Patient Care Process document with preceptor support. • Gathers and interprets appropriate amounts of information including relevant physical exam, lab tests, point-of-care and diagnostic assessments for conditions covered with preceptor support. • Is improving timeliness and efficiency over the course of the placement • Attempts to clarify and manage conflicting data; may require preceptor support**.**
3. Formulates assessment of actual and potential issues in collaboration with the patient & other healthcare team members; prioritize issues to be addressed.	• Consider the patient's perspective when identifying & prioritizing medication-related needs. • Determines patient's medical condition(s) and determines those where medication needs are not currently being addressed, with preceptor support. • Assesses drug therapy for indication, efficacy, adherence and safety with minimal preceptor guidance for therapeutic areas already covered in the curriculum. • Attempts to assess drug therapy and identify DTPs for therapeutic areas not covered in the curriculum, with preceptor support.
4. Develops a care plan that addresses medication and health needs	• Uses a systematic approach to develop care plans with preceptor support. • Establishes goals in collaboration with the patient that are relevant, realistic and timely, with preceptor support. • Generates a realistic set of alternatives and assesses the pros and cons for conditions covered in curriculum to date. • Develops a safe and effective plan (recommendations, monitoring and follow-up), for managing patient needs for conditions covered in curriculum to date with preceptor support. • Independently begins development of a care plan for DTPs for conditions NOT covered in curriculum. • Provides rationale for the chosen plan.
5. Implements the care plan when appropriate	• Implements specific actions for managing medication-specific needs (dispense, adapt, prescribe, refer, etc.) with preceptor supervision. • Communicates the agreed-upon care plan and rationale to patients and/or other healthcare providers with preceptor support. • Educates the patient on topics covered in year 1/2 of the program with preceptor supervision (can include disease prevention, management, pharmacological and non-pharmacological recommendations). • Negotiates and adapts plans with the team and/or patient/caregivers with preceptor support when necessary. • Initiates and completes seamless care activities when appropriate with preceptor supervision.
6. Follow-up and evaluate as appropriate	• Provides follow-up with preceptor support. • Interprets follow-up information to evaluate effectiveness, safety and adherence, and modify plan if needed, with preceptor support.

Collaborator	
1. Works effectively with members of the team including patients and their families, pharmacy colleagues and individuals from other professions.	• Establishes and maintains positive relationships. • Recognizes and respects the unique and shared roles and responsibilities of team members. • Participates in respectful decision making with preceptor support. • Provides services and care as agreed upon with the patient and team.
2. Hand over the care of a patient to other pharmacy and non-pharmacy team members to facilitate continuity of safe patient care.	• Identifies when patient handover should occur and what information should be communicated with preceptor support. • Demonstrate safe handover of patient care issues and information using appropriate communication processes with preceptor support.
Scholar	
1. Demonstrates the fundamental knowledge required for pharmacists.	• Has minimal gaps in knowledge for curriculum covered in years 1 & 2. • Applies knowledge to identify therapeutic alternatives and determine recommendations that are appropriate, accurate and practical (for topics covered in years 1 & 2).
2. Uses best evidence available to provide medical information and patient care.	• Uses appropriate resources to provide patient care. • Uses appropriate search strategy to identify the best available evidence for a given question. • Able to formulate a clinical question with preceptor support. • Attempts to analyze relevant information to inform responses to questions and patient care decisions; may require preceptor support. • Provides an appropriate and accurate answer or recommendation.
3. Applies clinical judgment to make decisions regarding patient care.	• Applies therapeutic knowledge (for topics covered in Yrs 1 and 2) and best available evidence into patient care recommendations with preceptor support. • Takes an active role in discussions involving decision making. • Provide and logically defend rationale related to patient-care decisions.
Advocate	
1. Advocates for patients within and beyond patient care environments.	• Identify strategies to help patients address determinants of health that affect their health as well as access to services/resources, with preceptor support. • Provides patients with health and wellness strategies, with preceptor support.

APPENDIX 2: Activity, Assignment and Assessment Schedule

This schedule is a concise summary of course processes/activities from the syllabus. If a calendar template is preferred, a modifiable template is in canvas.

Week	Student Activities
1-4 weeks before placement starts	• Review therapeutics as instructed by preceptor(s) or relevant to the practice area. • Review syllabus: course expectations, patient care process tools, activities/assignments. • Review Undergraduate Experiential Education Program Policies and Procedures Manual • Review readings included on the Required Reading list. • Correspond with your preceptor; complete any pre-readings assigned by the preceptor. • Assignment #1: Complete the Skills Inventory and Learning Plan; post both components on CORE ELMS (under My Requirements) at least 1 week prior to placement. • Assignment #2: Complete Pre-Placement Survey in canvas • Emergency Response protocols (wildfires, floods, disaster response). Emergency response plan
Daily throughout the placement	• Prepare care plans and other assignment documentation, drug information requests. • Ensure activities, including discussion topics and assignments, are completed.
WEEK 1 (0-40 hours)	
Orientation (Day ONE)	• Discuss expectations; both preceptor and student. • Discuss and develop placement schedules. • Discuss assessment processes and timelines. • Review syllabus, assignments that need to be submitted, and course activities. • Tour of pharmacy site. • Login to ensure Netcare access. • Review and discuss the Skills Inventory and Learning Plan. • Discuss with your preceptor what to do if faced with a difficult, abusive, racist patient or staff person, including microaggressions. Bring to the preceptors attention for appropriate action, debrief together, report and document, as well as contact faculty. • Discuss the possibility of having a “safety signal” so that the student) can gesture to the preceptor if assistance is needed. • Review an Emergency response plan to fires, floods, etc.
Familiarization with institution, dispensary and processes	• Involvement with or introduction to distribution process (site dependent; see Manager Activities). • Discuss potential patients for the Medical and Medication History assignment. • Review patient and practice forms and resources; i.e. med rec, patient information.
End of Week 1 or 40 hours	• Ensure a chart has been reviewed, and that you are able to locate pertinent patient information. Clarify any aspects with your preceptor, as required. • Debrief with the preceptor about expectations, activities, and plan for the following 3 weeks. • Finalize any revisions to the Learning Plan. (Post in CORE ELMS) • Complete at least 1 Patient Medical and Medication History; review with preceptor.
WEEK 2 (40-80 hours)	
Activities and Assignments	• Complete med recs, allergy assessment, risk assessment, discharge patient activities and clinical documentation – discuss with the preceptor. • Complete at least 1 more Patient Medical and Medication History by end of week; review with preceptor. • Choose your patient and topic for the Patient Case presentation, and draft the outline of your case presentation and journal article you will review/critique and present. • Provide responses to 1-2 drug information requests.

	● Initiate discussions with the preceptor(s) about various topics outlined in the syllabus. Ensure all discussions are not left to the end. Students should bring up topics for discussion to ensure they are completed.
Second Wednesday	● Complete and submit **Midpoint Student Self-Assessment (CORE ELMS)** so the preceptor can review prior to Student Performance Assessment review.
End of Week (midpoint or 80 hours)	● Preceptor to complete/submit **Midpoint Student Performance Assessment in CORE ELMS.** ● Student to complete: **Evaluation of Preceptor and Site (CORE ELMS).** ● Update progress in Learning Plan **(post in CORE ELMS).**
WEEK 3 (80-120 hours)	
Course Activities Continue	● Spend time with at least one other HCP (IP Collaboration Experience) ● Continue to complete medication reconciliations, allergy assessment, risk assessment and discharge/seamless care patient activities and assignments/clinical documentation – discuss with the preceptor. ● Complete at least 3 Patient Medical and Medication Histories by now; review with a preceptor. ● Complete the Advocacy and Leadership activities and discussions. ● Complete discussions involving the distribution process; discuss components of the distribution system and the drug formulary. See Appendix 4. ● Identify 3 specific examples that contribute to drug and patient safety awareness. Discuss the institution's ADR and incident reporting policies and procedures including documentation processes. Modifications OK based on practice setting. ● Receive and incorporate feedback on Patient Case Presentation and finalize content; present either by the end of week 3 or the beginning of week 4.
WEEK 4 (120-160 hours)	
Patient Care Activities	● Complete care provider activities. (total of 4 to be completed as outlined in activities). ● Complete at least 4 patient discharges or seamless care/education by end of placement. ● Review activity table to ensure all activities and discussions have been completed.
End of Week 4 *(final) (or 160 hours)*	● Preceptor to complete **Student Performance Assessment - Final**. ● **Preceptor to provide the Grade Recommendation for placement (pass/fail)**. ● Student to complete: **Final Student Self-Assessment (CORE ELMS) - 48 hours prior to Final Student Performance Assessment - Final** ● Student to complete: **Evaluation of Preceptor and Site (in CORE ELMS) and discuss with preceptor** ● Student to complete and post assignments in canvas; Pharmacy Care Plan Assignment, Parts 1 and 2. Total of 6 assignments (2 of which are 5 minute surveys). ● Update and post the final Learning Plan (in CORE ELMS).
Within 48 hours of placement completion (after student leaves site), students complete:	● **Post-Course Evaluation of Preceptor and Site - Non-Anonymous; must be completed in CORE ELMS and is not reviewed/shared with preceptor.** ● Consider the nomination of a preceptor for a recognition award. (Nomination Survey will be emailed to students).

APPENDIX 3: Skills Inventory and Learning Plan (Instructions and Template)

- First, reflect on your comfort/confidence with the skills and complete the Skills Inventory table. This will provide your preceptor with some perspective about your comfort with skills to be further developed in the course. This inventory is on canvas as a survey assignment. As this does not download in an easy-to-read format, also complete the version below to share with your preceptor in CORE ELMS.
- Then, complete the Learning Plan using the template below.
- During week 1 of your placement, review both your Skills Inventory (Part 1) and your Learning Plan (Part 2) with your preceptor. Revise as necessary and post the final version at the end of week 1.
- Discuss the progress achieved for the Learning Plan goal with the preceptor at the midpoint and final of the placement and document this within the Learning Plan. This is your responsibility.
- Following the MIDPOINT student performance assessment, any area(s) rated Needs Improvement or Not Meeting an Acceptable Level of Performance by the preceptor should be added to the Student's Learning Plan along with Indicators of Progress for the balance of the placement.
- Following the FINAL student performance assessment, any area(s) rated Needs Improvement or Not Meeting an Acceptable Level of Performance should be incorporated into learning plans for subsequent placements.

Skills Inventory Template

Skill Development	**Student considers their ability to:**	**Comfort/Confidence Scale** 1 2 3 4 5 6 7 Uncomfortable Comfortable
Communicating with patients	- Engage/greet patient - Speak clearly with appropriate confidence. - Listen to identify patient cues and adapt responses. - Explore patient's perspective	1 2 3 4 5 6 7
Gathering medical and medication history (Med Rec and BPMH)	- Introduce self and establish rapport - Gather sufficient information while having a 2-way discussion in a conversational manner.	1 2 3 4 5 6 7
Conducting Initial patient assessment	- Determine if medications are indicated, effective, safe and patient can use/adhere	1 2 3 4 5 6 7
Creating Basic Care Plans	- Can work through care planning process, using worksheet for guidance	1 2 3 4 5 6 7
Patient Monitoring	- Determines appropriate monitoring parameters - Interprets how to use parameters in decision-making	1 2 3 4 5 6 7
Ongoing Patient Assessment	- Determines follow-up required including who is responsible - Interprets follow-up information to evaluate medication therapy and modify plan if needed	1 2 3 4 5 6 7
Documenting Patient Care Activities	- Provides appropriate level of detail and uses an organized process (e.g. Data, Assessment and Plan]. - Has focus/clear intent or purpose	1 2 3 4 5 6 7
Responding to Drug Information Requests	- Use appropriate resources - Create an evidence-based response that is tailored to audience	1 2 3 4 5 6 7
Interacting with Other Healthcare Professionals	- Verbal and nonverbal communication expresses confidence, interest, and connection.	1 2 3 4 5 6 7

Learning Plan Template

Learning Goal (Use SMART format):	
Why is this goal important to you? How will it enable you to be a better pharmacist?	
Describe the resources and strategies you will use to enable you to achieve your learning goal.	
Indicators of Progress: *State the indicators that will inform you of your progress or achievement across the 4 weeks.*	
Progress at MIDPOINT (end week 2) *Summarize:* *What has been achieved thus far? What needs to be the focus in the next 2 weeks? Do I need to add any goals (on separate sheet) based on my Midpoint Student Performance Assessment?*	*Student to type progress here.*
Progress at FINAL (end week 4) *Summarize:* *What did I achieve? Did this meet my expectations? What will I continue to work on after this placement is over?*	*Student to type progress here.*

APPENDIX 4: Discussion Topics During Placement

PROFESSIONALISM

1. Discuss strategies preceptor(s) use to achieve the professional behaviors outlined in the assessment. The student should include how they demonstrate this during the placement. Share examples.
2. Discuss application of the code of ethics and standards of practice related to hospital-based patient care; include ethical judgment and patient care challenges. For example:
    1. When is it ethically and professionally appropriate to involve caregivers and/or family? Are there circumstances where they should not be involved?
    2. How does the team, including the pharmacist, deal with family tensions?
    3. How is patient confidentiality maintained? Are there scenarios where this may present challenges?
    4. Are patients engaged in goal setting and shared decision-making about their care? How and when does this occur? Are there instances when this is not necessary?
3. Discuss how your preceptor maintains professional competency through self-directed learning. Examples to highlight include reading literature (how is this identified?), conferences (which ones?), professional advocacy groups, formal training (i.e. Geriatric OR Diabetic Certification), obtaining additional prescribing authorization or authorization to inject, self-directed learning plans.
4. EDI principles and application to the site policies and procedures.
5. Discuss how the preceptor has manages challenging situations.

Professional Identity

Discuss how the preceptor engages in the following and how you envision yourself to do so:

1. Networking opportunities
2. Utilization of online platforms ex. LinkedIn
3. Contributions to the profession
4. Volunteer and Service Work
5. Professional memberships and involvement

COMMUNICATION

1. Communication skills and strategies used to talk with patients and health care providers.
2. Modes of communication (written and verbal) used between team members within the pharmacy.
3. Communication with other health care professionals (outside the pharmacy).
4. How do they communicate patient care responsibilities to ensure continuity of care; e.g. documentation, hand off process, etc.?
5. Approach to documentation at the practice site.

COLLABORATION

Discuss with preceptor interprofessional collaboration that may have been observed or participated in during the placement as opportunities have arisen. What was the collaboration? How did they work with the other profession(s) to meet patient needs?

HEALTH ADVOCACY

1. Discuss the pharmacist's role in health promotion to patients including what strategies they use. (e.g. immunizations, smoking cessation, lifestyle changes, infection control/spread, etc.)
2. Discuss examples of the advocacy roles of pharmacists (i.e. committee involvement, how to handle drug shortages, development of resources for patients and team members, development of protocols, disaster planning (e.g. pandemic, floods).

LEADER-MANAGER

Distribution Processes and Scope of Practice

Discuss distribution process (order entry, filling, checking), and scope of practice for each team member (pharmacists, technicians, assistants, as applicable). Discuss various components of the distribution system (unit dose, IV admixture, ward stock, narcotic controls) and the various scopes of practice of staff.

Medication Distribution Safety

Identify and discuss 3 specific examples that contribute to drug and patient safety awareness. (e.g. smart pumps, unit dose packaging, use of Pyxis© (or equivalent), IV admixture programs, checking procedures, medication administration procedures).

Drug Formulary (either provincial, for various drug plans or at a hospital site)

Discuss with preceptor(s) or dispensary staff the institution's drug formulary and how this impacts medication ordering (i.e. therapeutic substitutions). Also discuss the unique or special medication processes used at that institution; i.e. study protocols, special access drugs, compassionate drug programs.

ADR and Incident Reporting Processes

Discuss with the preceptor the practice site's ADR reporting policies and procedures. Do they report federally in MedEffect? If AHS site, review and discuss AHS procedures (Report and Learning System (RLS) for Patient Safety) outlined on the website as well.

Review and discuss the incident and reporting procedures followed at the site, including documentation.

APPENDIX 5: Supplementary Information

Care Provider Activities

A. Patient Medical and Medication History & Care Planning Activity/Assignment

The patient assessment and care planning process involve the following steps. For more Information, see *Patient Care Process Document* in Required Readings.

- Develop & maintain a professional, collaborative relationship with the patient or agent/caregiver.
- Interview the patient or agent or other relevant healthcare providers to obtain necessary information and determine the patient's medication related & other relevant health-related needs.
- Complete Best Possible Medication History/medical history, and complete medication reconciliation (or review for completeness if completed by another provider).
- Assess patient's medication needs; review for indication, effectiveness, safety and adherence.
- List and prioritize the patient's medical conditions and drug related problems.
- Develop and implement a care plan that is based on best evidence and prioritizes and addresses the patient's drug therapy problems and wellness needs
- Provide accurate and appropriate patient education e.g. patient education, discharge counselling).
- Conduct follow-up and provide continuity of care (seamless care).
- Communicate and document patient care activities.

Each care plan should:

- Include all elements of a care plan (patients without a DTP should have a care plan as part of ongoing monitoring).
- Be developed in collaboration with the preceptor.

Each patient's care plan should identify and work-up all relevant and prioritized issues (to be determined in discussion with your preceptor). Students should ensure the preceptor reviews the entire care plan.

Part 1 (Posting of Care Plan):
Care plans discussed with preceptors may include more than one DTP, but you only submit one DTP and the care plan for it. The care plan worksheet is the preferred format. Handwritten care plans will not be accepted. If the care plan worksheet is not used, typed submissions must include all of the care plan components: medical conditions and/or DTP, goals of therapy, etc.

Relevant background data must be included at the top of the care plan with the following components:

1. Reason for admission
2. HPI
3. PMHx (past medical history)
4. Medication history (include generic name, doses and sig)
5. Pertinent ROS (if applicable)
6. Relevant labs/diagnostic information (if applicable)

See Care Plan Worksheet with Checklist for Assessment below (B) and an example below (C).
NOTE: Blank Pharmacy Care Plan Worksheet posted in canvas.

Complete Part 2 of assignment in canvas.

B. Pharmacy Care Plan Worksheet with Checklist for Assessment

Preceptors can use this form to ensure the student's care plan is complete. Students should use it as a guide for creating care plans.

Relevant Background Data (Narrative): *student to insert here* (ensuring no patient identifiers)

Pharmacy Care Plan Worksheet

CREATE PATIENT DATABASE: Consider what data are relevant for each specific patient care scenario (timeliness, relevance to the reason for assessment and/or impacted medical condition/therapy, whether the patient is known or new, practice setting)

PATIENT ASSESSMENT: DETERMINE DTPs: List each medical condition and/or medication first (matching by indication where able), followed by any DTPs identified for a given condition. Although some medical conditions or medications may not have a DTP, a plan is still necessary for ongoing patient monitoring.
DTP Categories: unnecessary drug ● drug therapy required● ineffective drug ● dose too low ● adverse drug reaction ● dose too high ● non/over-adherence

☐ Are all DTPs identified (based on 4 prime areas of **indication, efficacy, safety**, **adherence**)?

☐ If no, discuss with student; probe to see if those missing can be determined.

☐ Is rationale provided or discussed for DTPs (based on either patient or provider data)?

PATIENT ASSESSMENT: GOALS OF THERAPY: State desired goals of therapy +/- timeframe (as appropriate) that outline key outcomes important to the patient's health. Goals: cure, prevent, slow/stop progression, reduce/eliminate symptoms, achieve target.
Consider realistic goals determined through patient discussion. Goals of therapy are measurable or observable outcomes to evaluate the effectiveness and safety of therapy.

☐ Therapeutic goal/outcome(s) stated?

☐ Patient goal incorporated (if appropriate)

PATIENT ASSESSMENT: **THERAPEUTIC ALTERNATIVES:** Compare relevant drug and non-drug therapies that will produce desired goals. List the *pros* and *cons* of each therapy as well as the rationale for each being included.
Consider: Indication ● Effectiveness ● Safety ● Adherence (including cost and access)

☐ Is an assessment of each DTP provided (factors considered to influence/determine a plan)?

☐ Are alternatives (with rationale for each) provided that would be considered acceptable for current level of student(s)?

PLAN: MAKE A DECISION: In collaboration with the patient and other health care providers (as applicable), select the best alternative and implement the plan (prescribe/deprescribe, recommend, or refer). Provide a rationale for the chosen plan relative to the other alternatives considered. Address the patient/agent's readiness, importance, confidence. Explore any barriers to the action plan and collaboratively solve.
Consider: Drugs: correct drug, formulation, route, dose, frequency, schedule, duration, medication management. Non-drug: non-drug measures, education, patient referral.

☐ Plan/recommendations are outlined

Includes:

- ☐ dosing considerations
- ☐ patient preferences

ACTIONS TAKEN

☐ Appropriate/acceptable action has been taken

PLAN: MONITORING: Determine the specific parameters for monitoring effectiveness and *safety* for each therapy, who is responsible for monitoring, what the target/goal (effectiveness) or threshold for concern (safety) are, when the parameter will be monitored and what the next step might be if the target/goal is not met (effectiveness) or the threshold for concern is crossed (safety).

☐ Monitoring plan present

Includes: ☐ safety ☐ efficacy ☐ frequency ☐ duration (if appropriate)

☐ which healthcare provider will follow-up

PLAN: FOLLOW-UP: Document what, *who*, *how* and *when* follow-up will occur.

☐ Follow-up plan present, Includes:

☐ who ☐ how ☐ when ☐ includes outcome (if possible)

C. Care Plan Example

Relevant Background Data

CC: male aged 60-65 yr. admitted with community-acquired pneumonia. IV antibiotics started.

PMHx and Medication Hx:

GERD	TUMS 1-2 prn (last dose was 2 weeks ago
Dyslipidemia	Primary prevention (No hx of CAD/MI/stroke.). When interviewed, patient indicated he started a pill for high cholesterol 1.5 years ago, but they were expensive so stopped taking them after 6 months. Has not seen his doctor since stopping. Felt it was more important to control BP. Attempted to modify diet to control cholesterol. Completed a Framingham Risk Score (FRS); 10-year CVD risk is 29.4% (high).
Insomnia	Non-pharm measures
HTN	Ramipril 10 mg qam x 1.5 years

Medication Allergies/intolerances: No known drug allergies.

Social Hx: truck driver, recent drug plan with work, smoker, does not drink EtOH.

Labs: LDL (2 months ago) = 5.17mmol/L, non-HDL 3.6 mmol/L, ALT 25, CK normal

Pharmacy Care Plan Worksheet

MEDICAL CONDITIONS & MED- RELATED NEEDS:

Medical condition: Hyperlipidemia
DTP: Adherence; Needs additional drug therapy

GOALS OF THERAPY:

Prevent CV events (MI, stroke). Normalize lab values; reduce LDL-C <2.0mmol/L, and non-HDL<2.6 mmol/L.
Will discuss risks/benefits with patient and engage in shared decision making.

ALTERNATIVES:

- **Initiate statin therapy (rosuvastatin)**

Pros: effective at reducing LDL (40-50%), reduces CVD events over 2 years (at 20 mg dose), covered by insurance
Cons: Cost and tolerability (although tolerated before)

- **Ezetimibe**

Pros: orally available and can be added to statin therapy
Cons: only decreases LDL by about 20%, not 1st line therapy b/c not shown to reduce clinical outcomes on its own

- **Non-pharmacological/ behaviour changes e.g. diet, exercise**

Pros: improves overall health/ other clinical outcomes as well, no extra drugs required
Cons: requires more patient effort/ motivation, effects may be modest in terms of LDL reduction

RECOMMENDATIONS/ PLAN:

- Recommend rosuvastatin 20mg tablet once daily. (affordable now that he has drug plan) and reinforce importance of lifestyle changes as well.
- Netcare checked; and this is the drug he was put on 1.5 years ago
- Educate patient on indication and common side effects (and how to manage if they occur)

Rationale: rosuvastatin effectively lowers LDL by 40-60% at 20mg once daily, pt's baseline liver enzymes are normal (okay to start treatment)

MONITORING PLAN

MONITORING PARAMETERS:

- Baseline ALT normal
- Lab tests needed: Repeat lipid panel and liver enzyme tests in 6-8 weeks
- Patient to self-monitor for signs of muscle pains or weakness, patient continue with diet changes

- since cholesterol remained high with 9 months of previous diet; give diet resources and info regarding dietician referral

Note! Always different ways to approach a patient for example https://www.cfp.ca/content/cfp/69/10/675.full.pdf
Recommended the following. It's about how you rationale and decide with the patient.
23. We recommend against the use of repeat lipid testing and cholesterol targets after a patient begins lipid lowering therapy 24. We suggest against testing for baseline CK or ALT levels in healthy, asymptomatic individuals before starting statin therapy. Testing may be appropriate based on symptoms or other risk factors

FOLLOW-UP:

Pharmacist will contact community pharmacist and advise: he has a new drug plan that will cover

- watch for labs in 6-8 wks on Netcare for ↑↑ liver enzymes and ↓ LDL levels
- patient informed to see GP for f/u in 6-8 weeks.

D. Patient Risk Assessment Activity

Students should:

- Assess at least 4 patient's risk for a specific outcome. (e.g.: global cardiovascular risk, determination of renal function to determine appropriate medication dosing, CHADS2 score for patients with atrial fibrillation to determine patient's risk of stroke, COPD screening, opioid risk assessment).
- Complete risk assessments based on their preceptor's guidance in their particular clinical area.
- Discuss their findings with the preceptor, including patient implications.
- Under supervision of the preceptor if deemed appropriate, document in the patient's medical chart**.**

Risk Assessment Tools:

1. Framingham Cardiovascular Risk Assessment calculator (link for CVD, 10-year, provided): https://www.circl.ubc.ca/cardiorisk-calculator.html OR
2. CHADS2 Score and HAS-BLED Score for Major Bleeding (SPARCtool): http://www.sparctool.com OR
3. Simplified Cardiovascular Decision Aid https://decisionaid.ca/cvd/
4. Renal Function assessment can be found at: http://clincalc.com/Kinetics/CrCl.aspx

Collaborator Activities

A. Inter-professional Activity Information

Students should spend time with at least 1 other healthcare professional that is caring for one of their patients or is from their unit as deemed appropriate by the preceptor. Examples include assisting a nurse with blood pressure measurement or medication administration, shadowing a physician, physician resident, or dietician, or accompanying a patient while they are receiving care from a healthcare professional such as a physical or occupational therapist.

It is suggested that students use the Inter-professional (IP) Student Shadowing cards; green cards developed by Health Sciences Council (UofA) for the interaction with the health care professional as they provide goals for the interaction as well as discussion points. Students were provided with these cards during the IP launch in Year 1. They can also be printed by going to: Student Shadowing cards.

Prior to the IP experience students must prepare a goal of what they want to learn through the experience and review it with the preceptor.

During the IP experience students must:

- Demonstrate respect of the practice and knowledge of other health care professionals;
- Work collaboratively;
- Give the healthcare professional the "Practitioners Guide to IP Student Shadowing" (half of the green shadowing card) to provide topics for discussion.

Following the IP experience, students are encouraged to debrief their experience with their preceptor. Include:

- What was learned?
- Were there any skills used by that health care professional that were interesting or effective? (i.e. patient interviewing)
- Your preceptor's perspectives regarding;
    - Opportunities for collaboration
    - Barriers or challenges affect collaborative relationships between health care professionals
    - Strategies used to optimize team work and/or overcome common barriers

Scholar Activity

A. Patient Case Presentation with inclusion of a Clinical Question

The primary goal of this activity is to allow each student to practice presenting a patient case to colleagues and receive formative feedback *to support their learning*. By sharing patient care experiences, students will develop a systematic approach to presenting information and a deeper understanding of clinical issues.

This activity requires students to provide a verbal presentation of their patient, one DTP and recommendation in a systematic manner. Although this has been practiced in the skills lab, presenting a patient challenges each student to sensibly organize patient information, and also practice formulating a care plan, including the rationale for their recommendations.

This activity allows students to:

- Practice verbal presentation skills (use of Powerpoint can be used to guide presentation; other presentation software can be used also if PPT is not preferred and/or available); the format should be discussed with the preceptor in advance of presenting.
- Provide brief evidence-based review of literature (typically one article) to support their recommendations(s) (this has been practiced in BASE courses.)

The presentation should be approximately 15-18 mins in duration, with up to 5 minutes for questions. It is suggested that a patient case be chosen in which interaction with the patient helped the student to assess the DTPs (only one needs to be presented) and where their intervention affected or potentially will affect patient outcomes.

The students should select a patient and present to their preceptor why they would be a good candidate for this activity. Students and preceptors should discuss the patient care plan they want to present by the midpoint of the placement (i.e. no later than the midpoint assessment discussion). Students should provide the preceptor with a first draft soon thereafter to allow time for preceptor review. Students should then revise the presentation based on the feedback given.

<u>Suggested Presentation Content</u>
(*Adapted from FMC Clinical Presentation Guidelines and Rural Journal Club Case Presentation Format)*

1. Introduction/outline
2. Patient case/data
3. Present Drug Related Problem Selected for Review and Work-up (Suggestion: choose a DTP in a therapeutic area that the student has already learned.)
4. Disease state background
5. Goals of therapy
6. Therapeutic alternatives
7. Focused clinical question (PICO format) – to be researched by the student
8. Evidence review (with brief discussion of primary studies, systematic reviews/meta-analysi, or clinical practice guidelines as appropriate to the situation)
9. Therapeutic recommendation; include monitoring plan (efficacy/toxicity)
10. Resolution of patient case

1. Introduction
   Introduce the case briefly; include why the case was chosen and what the main focus of the presentation will be. Provide a brief outline of the major components of the presentation.
2. Patient Case/Data

Present the following information about the patient:

- Summarize patient database (reason for admission/consult, history of present illness, relevant medical and drug therapy history, physical assessment, labs tests, diagnostic exams pertaining to the focus of the presentation).
- Describe the patient's drug therapy relating to the case presentation focus, include indications for all drug therapy and specific drug therapy regimen (e.g. dose, route, duration).
- Describe the patient's progress related to the case presentation focus.

3. Present DTP Selected for Review and Work-Up
   State the DTP that will be the focus of the presentation. It is suggested that the chosen DTP be in a therapeutic area that the student has already taken at school so far. The DTP selected does not need to be the most important DTP; it will simply be the focus of the presentation.

4. Disease State Background
   Briefly review the disease state relevant to the main DTP. This review should include pathophysiology, therapeutic alternatives and any therapeutic controversies relevant to this case.

5. Goals of Therapy
   Describe individualized goals of drug therapy for the DTP (include patient perspective if possible).

6. Therapeutic Alternatives
   Discuss alternative ways (both drug and non-drug) to resolve the main DTP and achieve the individualized goals of therapy for this patient.

7. Focused Clinical Question
   State the focused clinical question using the PICO format:
   P – Patient, population or problem *(How would I describe a group of patients similar to mine?)*
   I – Intervention, prognostic factor or exposure *(Which main intervention, prognostic factor or exposure am I considering?)*
   C – Comparator or alternative intervention (if appropriate) *(What is the main alternative to compare with the intervention?)*
   O – Outcome you would like to measure or achieve *(What can I hope to accomplish, measure, improve or affect?)*

   Example:

Patient	**I**ntervention	**C**omparator	**O**utcome
In a patient with coronary artery disease…	…would treatment with high dose statin…	…compared to low dose statin…	…better reduce future cardiovascular event rate?

8. Evidence Review and Summary
   Please list the resources you consulted in the order that you consulted them. If your search requires use of databases like PubMed to identify original studies, please specify the search terms.

   If using a clinical practice guideline recommendation, please discuss the strength of recommendation & quality of evidence and provide a brief summary of the evidence to support the recommendation. If relying on a meta-analysis, study or other lower forms of original evidence, (e.g., case reports) provide a brief synopsis of the BEST evidence you found that was relevant to answer the clinical question. Students have practiced searching, summarizing and critically appraising literature in the BASE courses. Synopses and appraisals may be presented using the ACP Journal Club format. One other option is to use the BEARS (Brief Evidence-based Assessment of Research) worksheet if students choose. The form can be found at:
   https://www.med.ualberta.ca/departments/family-medicine/research/resident-research/bears

9. Therapeutic Recommendation and Monitoring Plan
   Outline the recommendation(s) made to achieve the individualized therapeutic goals for the patient. Explain why this was chosen as the best solution(s) for the patient incorporating best evidence principles and patient-specific factors. Describe monitoring parameters and activities that were/ would be done to determine the outcome of the drug therapy recommendation (if applicable).
10. Resolution of Case
    Where possible, present the results of follow-up monitoring to illustrate the patient outcome.

B. Patient Case Presentation Rubric

To be used by the preceptor, and other observers. Students bring copies to the presentation.

Student's Name: _____ **Assessor's Name**: _____

Presentation Title: _____

Please circle the number that best describes the student's presentation in each of the following categories.

1 – Unable to rate	**2 – Needs Improvement**	**3 – Meets Expectations**	**4 – Exceeds Expectations**
Could not evaluate or missing.	Outcome measure partially achieved.	Outcome measure generally achieved.	Outcome measure achieved in exemplary fashion.

Criterion (Ideal Example)	**Scale**			
Introduction and overview of patient data: • Includes information that explains why case was chosen, and identifies main focus of presentation • Presents logical summary of the patient's presenting symptoms, medical and medication history and progress-to-date • Attempts to be concise and present only relevant data	1	2	3	4
DTP Statement • Properly states the DTP that is the focus of the presentation	1	2	3	4
Care Planning Part 1 Goals of Therapy • Describe individualized goals of drug therapy for the focus DTP; include patient perspective where appropriate Therapeutic Alternatives • Identifies drug and non-drug alternatives for the focus DTP to achieve goals of therapy, considers the pros and cons of each	1	2	3	4
Focused Clinical Question and Review of Evidence • States the question using the PICO format • Reviews the evidence that was selected to answer the question • Summarizes the evidence and includes relevance to the patient	1	2	3	4
Care Planning Part 2 Therapeutic Recommendation • Outlines recommendations made to achieve therapeutic goals for the focus DTP; includes rationale Monitoring Plan and Resolution of Case • Describe monitoring parameters and interventions that were/would be done to achieve the outcome of any recommendations make for the focus DTP	1	2	3	4
Presentation Skills • Speaks clearly; uses appropriate pace and tone • Uses language that is appropriate for the audience • Poised and maintains focus • AV materials and handouts enhance the presentation • Adheres to time limits (15 min)	1	2	3	4
Development and Organization • Key points are presented in a logical, coherent way; uses transitions well	1	2	3	4
Questions • Understands question(s) and provides (or attempts to provide) reasonable response	1	2	3	4
Overall Impression				