



UNIVERSITY OF ALBERTA
FACULTY OF PHARMACY AND
PHARMACEUTICAL SCIENCES

PHARM 511 & 514

COURSE OUTLINE and SYLLABUS

Winter, Spring/Summer & Fall 2026

Pharm 511: PharmD Experiential Learning Part 1 – Interprofessional Team
Pharm 514: PharmD Experiential Learning Part 4 – (when in an Interprofessional Team)

Course weight: *6

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Office Hours: [by appointment]

Course Description

The student will be expected to demonstrate professional competencies in the provision of patient care. Direct patient care activities will include health assessment, therapeutic drug monitoring, provision of drug information, and contributing to patient care as part of an interprofessional team. An interprofessional team is described as a group of healthcare providers from 2 or more disciplines who routinely collaborate by fulfilling specific roles to jointly assess patients and plan care. They collaborate with patients and families or caregivers to improve patient health outcomes. The patient care setting is variable as emphasis is placed on outcomes within a multidisciplinary approach to care and not the location. The student is expected to fulfill the role of a pharmacist, accepting professional responsibility and accountability under the preceptor's guidance. The preceptor is expected to guide the student to enhance patient care skills, develop knowledge and navigate the practice setting.

Course Prerequisites

- Students must achieve satisfactory standing in PHARM 521, 522, 523, 533, 504, or with Faculty consent.
- Students must be licensed by the Alberta College of Pharmacists (or by governing college from another Canadian jurisdiction for placements outside of Alberta) with authorization for injections.
- Placements may be cancelled or rescheduled if course prerequisites are not met by the deadlines specified in the [PharmD for Practicing Pharmacists Experiential Education Manual](#).
- Courses are restricted to PharmD for Practicing Pharmacists students.

Other Course Requirements

For further information, refer to the [PharmD for Practicing Pharmacists Experiential Education Manual](#) or the University Calendar. Requirements must be uploaded into CORE ELMS or presented to the program administrator as outlined in the [Placement Requirements Checklist](#) posted on Canvas. Placements may be cancelled for those students who fail to provide the documentation outlined in the [Placement Requirements Checklist](#) by the stated deadlines. If this occurs, students will need to follow usual course procedures when available to match to a new placement.

The requirements include:

- Police Information Check with Vulnerable Sector Check (original must be provided & copy retained)
- Proof of licensure
- Proof of authorization to give injections
- Proof of minimum of \$2 million in personal liability insurance
- Up-to-date immunization record
- Up-to-date N95 certification
- Standard or Emergency First-Aid and Level C CPR
- AHS Information & Privacy and IT Security & Compliance Training Module Certificate (if applicable)
- AHS Informed Consent for Disclosure of Personal Information form (if applicable)
- AHS Student Orientation Modules (if applicable)
- AHS Drugs and Alcohol Policy/Procedure (2 documents and survey) (if applicable)

NOTE that some placement sites may require proof of vaccination for COVID-19 as a requirement for learning at their site and interacting with patients under their care. Students must meet all site specific requirements prior to placement.

NOTE that additional requirements may be required by out of province placement sites if students arrange placements through the Student Initiated Placement process.

Required Textbooks

There are no required textbooks for this course.

Required Readings (Patient Care)

- [The Patient Care Process](#), Faculty of Pharmacy & Pharmaceutical Sciences and Pharmacy Services, Alberta Health Services, Version 3.0 June 2025
- Clinical Skills for Pharmacists (3rd edition) 2012, Chapter 6, [The Patient Case Presentation](#)
- Institute for Healthcare Improvement, [SBAR Toolkit](#)
- Jackson LD. Strategies pharmacy students can use to ensure success in an experiential placement. *CPI* 2015; 148(6):308-13.

Required Readings (Learning Plan Development)

- [Writing Intended Learning Outcomes](#). Center for Teaching Excellence, University of Waterloo
- [Writing Measurable Learning Objectives](#). Teach Online, Arizona State University

Other Required Materials

Students are required to wear identification at all times while they are in the practice environment. Students are required to have a lab coat and should be prepared to wear it while on placement if required. Students may be requested to bring their personal laptops to the practice site for non-direct patient care activities. Additional requirements may be described in the Site Description in CORE.

Course Objectives

The course develops the following **knowledge, skills and attitudes**. Students will:

Knowledge

1. Integrate evidence with patient values, goals and data to address medication related issues and plan care.
2. Demonstrate development of knowledge required to practice as a pharmacist in the specific clinical context as described in the site description.

Skills

1. Effectively communicate non-verbally and verbally with health care providers, patients and caregivers/family.
2. Provide pharmaceutical care and manage patients' medication and health needs as part of an interprofessional team.
3. Exercise critical thinking, clinical judgment, and interprofessional collaboration to make informed decisions and solve problems.

4. Demonstrate the interprofessional competencies of communication, collaboration, role clarification and reflection to achieve common goals.
5. Participate in the education of patients and their caregivers/family, other healthcare workers, and pharmacy and other healthcare students, interns and residents.
6. Manage time and resources effectively.

Attitudes

1. Establish a collaborative, respectful, ethical relationship with the patient and the caregivers/family.
2. Demonstrate professional responsibility and accountability to the patient and interprofessional team.
3. Advocate for patients and the profession in the clinical context.
4. Engage in a reflective and self-directed practice.

Grading

Course is credit/no credit. Preceptors will recommend a mark on the Final Student Performance Assessment. To receive a grade of credit, students must satisfactorily complete all course assignments. The course coordinator assigns the grade after reviewing the Final Student Performance Assessment and assignments.

Grading Criteria and Rating Scale

The following rating scale is used by preceptors to assess student performance, and also by students to complete their self-assessment:

1. **Consistently Meeting All Expectations:** The student has independently and consistently demonstrated ALL behaviours and/or skills associated with the outcome. *Hint: Typically this student rarely needs preceptor support and intervention.*
2. **Mostly Consistent in Meeting Expectations:** The student has independently and consistently demonstrated MOST behaviours and/or skills associated with the outcome. *Hint: Typically this student needs minimal preceptor support and intervention.*
3. **Inconsistently Meeting Expectations:** The student has independently and consistently demonstrated SOME behaviours and/or skills associated with the outcome. *Hint: Typically this student needs regular preceptor support and intervention.*
4. **Not or Rarely Meeting Expectations:** The student has independently and consistently demonstrated FEW behaviours and/or skills associated with the outcome. *Hint: Typically this student needs regular preceptor support and intervention most of the time.*
5. **Unable to Rate at Midpoint:** Apply this rating if the student has not had the opportunity to perform most of the listed behaviours and/or skills AT MIDPOINT and opportunities will be created by the end of placement. Selecting this rating will serve as a signal to pay special attention to these skills and behaviours between the midpoint and the final assessment.
6. **Not Applicable:** This rating should be awarded when the outcome cannot be assessed within the practice setting.

Placement Grade Determination by Preceptor

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

1. Achieve a rating of at least "**Mostly Consistent in Meeting Expectations**" on all professionalism outcomes and
2. Have no more than 3 (maximum of 2 for care provider) outcomes achieve a rating of "**Inconsistently Meeting Expectations**" and
3. Have zero ratings of "**Not or Rarely Meeting 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 or Rarely Meeting Expectations** or if performance concerns are identified and students would like additional support to address these. Students are encouraged to add areas requiring improvement to their Learning Plan at midpoint so that they can take ownership of how they plan to address any noted deficiencies.

Assessment Information

All assessments are completed using CORE ELMS. All assessments are posted prior to the start of the placement. Students are encouraged to review the assessment outcomes and criteria prior to the placement. It is recommended that students and preceptors discuss these expectations at the end of week 1 and address any concerns at this time. Timelines for completion are outlined in *Appendix 1*.

Course Schedule

These courses are offered in variable terms in the following blocks. Students must take this course once and it may be repeated as Pharm 514. Individual schedules are available in CORE. Students will be registered by the Faculty for the course in the term that the placement is scheduled to occur in accordance with University Policies outlined in the Calendar.

Winter	Block 1	January 5 to February 13
	Block 2	February 16 to March 27
Spring	Block 3	April 6 to May 15
	Block 4	May 18 to June 26
Summer	Block 5	June 29 to August 7
	Block 6	August 10 to September 18
Fall	Block 7	September 21 to October 30
	Block 8	November 2 to December 11

Please Note: students enrolled in PharmD seminar courses are expected to be away from the placement site to attend these sessions as applicable.

Activities

Patient Care

- Develop & maintain a professional, collaborative relationship with the patients and the caregivers/family
- Interview the patient or caregivers/family or other relevant healthcare providers to obtain necessary information
- Gather and organize the information required to determine the patient's medication related & other relevant health related needs
- Assess if the patient's medication needs are being met
- List and prioritize the patient's medical conditions and drug related problems
- Develop a care plan that prioritizes and addresses the patient's medication-therapy problems & wellness needs
- Advocate for the patient's health related needs
- Implement, evaluate and modify patient specific care plans
- Provide accurate and appropriate patient education, including patient self-management
- Communicate and document patient care activities
- Provide continuity of care

Interprofessional Collaboration

- Integrate into the patient care team and work collaboratively with the patient, family, care givers and other healthcare professionals to facilitate the management of the patient's health needs
 - Involve and refer to other interprofessional team members when outside of the scope of pharmacy.
 - Proactively communicate identified drug therapy issues, appropriate recommendations for care and monitoring plan to the multidisciplinary team members (and patient as appropriate)

Professional Practice and Education

- Prioritize patient care activities and other placement responsibilities
- Participate in the site's process for reporting and managing medication errors and adverse drug reactions
- Provide patient (and their caregivers/family) and team member education
- Respond to drug information requests
- Contribute to precepting junior pharmacy students in collaboration with the preceptor when applicable (see Near Peer Teaching Activities)

Near Peer Teaching Activities

Students are expected to temporarily assume the role of the coach or instructor at different points throughout the placement when they are at the same site or on the same services as junior learners. Students will receive feedback and be evaluated on their precepting skills. The preceptor and student will collaborate to define the role based on the student's previous experience, stage in program and the clinical area. Please refer to the [Near Peer Teaching Guide](#) for additional information.

The student's role may include the following:

1. Assisting with orientation and clarifying expectations

2. Overseeing daily junior learner activities
3. Modeling, observing, coaching & debriefing patient care activities with junior learners
4. Reviewing & providing feedback on junior learner care plans, documentation and assignments
5. Providing feedback to junior learners on knowledge & skills
6. Developing and/or leading therapeutic or patient discussions, as determined with preceptor

Placement Assignments

1. Learning Plans – The student must complete a Learning Plan for each placement (Appendix 3). Through reflection and self-assessment, the student is expected to develop objectives that describe the skills and knowledge they plan to develop during the placement. These learning objectives should be written using SMART format.
 - a. Post learning plan in CORE under Requirements, at least 1 week before the placement begins.
 - b. Ensure objectives are well defined and linked to relevant placement activities and markers of progress by the end of week 1.
 - c. Review and update the learning plan at the Midpoint assessment (submission not required).
 - d. Submitted final learning plan to the course coordinator via Canvas at the end of each placement.
2. Clinical Assignments – Students should complete 2 assignments per placement. The assignments may include presentations or writing assignments and should be of importance to the learner and/or the practice site. The preceptor and the student should negotiate the assignment details. The student is responsible for completing the assignment to the expectations set with the preceptor. The assignment quality will be factored into the overall placement mark. Examples include: Presenting a case, developing an education session or tool (interdisciplinary or patient audience), delivering a journal club. Available rubrics are included in Appendix 4.
3. Reflection in Clinical Practice – Each student must submit a brief reflection based on their experience at the end of each placement via Canvas. Please see Canvas for reflection prompts and further details. To encourage a variety of reflective methods, you can choose how you'd like to reflect on your placement experience. You may submit:
 - a. **Written Reflection:** A 300-word structured reflection
 - b. **Audio Recording:** A 2-3 minute audio reflection
 - c. **PowerPoint or Video Presentation:** A short 3-5 slide presentation (or a 2-3 minute video)
 - d. **Creative Visual Representation:** An infographic, mind map, or diagram that visually represents your reflection. Include a brief explanation (50-100 words) of your visual.
 - e. **Podcast-Style Recording:** Record a 2-3 minute podcast-style discussion
 - f. **Artistic Expression:** Create a visual art piece (e.g., painting, sketch, or digital art) to represent your experience in a symbolic way. Include a brief description (50-100 words) explaining how your piece reflects your learning.
 - g. **Journal Entries:** Submit 3 short journal entries (each around 100 words), documenting your reflective process during different stages of your placement.

Evaluation of Assignments

Rubrics to assess the students' presentation skills may be found in [Canvas](#) and in Appendix 4. The student must upload a copy of the preceptor's (or designate) assessment to Canvas. *If there is no rubric available for an assignment negotiated between the preceptor and student (preceptor may reach out to course instructor for examples or help if needed), other evidence of assessment as deemed appropriate can be uploaded to Canvas, such as brief written feedback of the activity.*

Use of Artificial Intelligence

In this course, there are no plans to integrate Generative AI into course assessments and assignments. However, we acknowledge that students may use AI tools in various ways to support their own learning. *If you use generative AI to support your assessment task (assignments, presentations), we require that you clearly attribute and cite any AI-generated content in your work and include a statement describing how AI was used. For information on how to cite generative AI, please visit the U of A Library's [How to Cite Generative AI](#). Review AI outputs for accuracy and potentially harmful contents to the best of your ability.

The instructor reserves the right to prohibit the use of AI for specific assessment tasks when AI use is not in alignment with course learning outcomes. Failure to abide by the provided guidelines may be considered an act of cheating and a violation as outlined in the relevant sections of University of Alberta (September 2024) [Student Academic Integrity Policy](#). For the assessment tasks in this course, students may not use AI to create the first draft.

*Please visit the University of Alberta Library's [Using Generative AI](#) for helpful information and suggestions about how you can use AI in ethical and creative ways.

Credit: Adapted from CTL's Statements of Expectations for AI Use

Instructor Assumptions (Tips for Success)

Experiential education is most successful when learners and practice sites are engaged in learning with and from each other. In the placement environment, the students are expected to drive the learning process. They should take an active role in their learning by setting goals, seeking out learning opportunities and being self directed. Students will be expected to prepare for the placement ensuring they have reviewed pre-readings provided by the preceptor so that they can be engaged in patient care immediately. Therefore, professionalism, and self-directed learning are crucial components to these placements. Although preceptors will guide the learning, **students are ultimately responsible to ensure completion of all activities, assignments and assessments and to direct their learning.**

This is considered to be an advanced placement, therefore preceptors expect motivation and patient accountability to be demonstrated by the students. Engagement and full participation is the first step to passing the placement. The course activities listed are minimums; maximizing learning opportunities is a professional responsibility. Students that succeed go beyond these minimums and participate as a pharmacy team member. Due to the variability of practice sites, experiences will differ and students are expected to

take initiative and identify learning opportunities. Students are expected to identify knowledge gaps through self-assessment and seek feedback and information as needed. Students are also expected to improve with timeliness and efficiency over the course of the placement.

Students should expect to spend time outside of the placement hours preparing for patient care activities and completing non direct patient care assignments. It is expected that students only take on extracurricular and employment commitments during placements if they are able to balance these without interfering with placement requirements and expectations. It is strongly recommended that students do not overcommit other responsibilities during placements. See the [PharmD for Practicing Pharmacists Experiential Education Manual](#) for additional student responsibilities.

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 regarding 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.

The article “Strategies Pharmacy Students Can Use to Ensure Success in an Experiential Placement” (*see Required Reading List*) provides helpful information including “obvious” and “not-so-obvious” strategies to ensure success in a placement.

Preceptors

Preceptors in this program are selected based on their practice experience and enthusiasm for teaching. The majority of the preceptors are Clinical Preceptors or Clinical Academic Colleagues who demonstrate excellence in their practice. Students must be respectful of the preceptor and the work environment. ([Student Code of Behaviour](#)).

Experiential Education Course Policies and Procedures

All course policies and procedures are included in the [PharmD for Practicing Pharmacists Experiential Education Manual](#). Students must review this manual prior to placements. These include:

- Attendance policies (illness, bereavement, religious holidays) and participation in professional development opportunities such as conferences, etc. In general, it is expected that students are at the placement site an average 40 hours per week (or 20 hours per week for Pharm 515 if a part-time placement is selected), with schedule to be determined between student and preceptor(s). Any absence must be recorded in the CORE ELMS Absence Tracker.
- Human Blood and Bodily Fluid Exposure (HBBFE) Procedures (Needlestick Injury)
- Communication Policy
- Protection of Privacy Policy
- Preceptor Recognition Procedures
- Late Assignment Submission Policy: It is the student’s responsibility to submit all assignments in accordance with the stated deadlines. Failure to do so will result in no-credit. 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.

Additional Course Fees

Costs associated with the travel, accommodation and placement requirements are the responsibility of the student.

Technology/Other Requirements

Canvas

Students must routinely access Canvas to obtain additional course information. The Experiential Education Manual will be posted on Canvas. **Failure to receive or read University communications sent via Canvas announcements in a timely manner** does not absolve students and applicants from knowing, responding to, or complying with the content of that communication.

CORE ELMS

Placement schedules will be posted in CORE. Students must also complete all placement and course evaluations in CORE. Contact phexed@ualberta.ca for assistance with CORE.

NetCare

Netcare access procedures will differ depending on the site. Non-AHS/Covenant sites will follow community practice procedures where the pharmacy student is responsible for initiating their NetCare access. Information on NetCare procedures is on the [website](#).

Personal Computers

Student may be asked to bring personal laptops to placement sites to use for non-patient care activities due to space limitations at the practice site.

Electronic Communications

Please keep in mind these key points regarding electronic communications relating to this course:

- Check your @ualberta email regularly. *Consider creating alerts for Canvas communications.*
- All students and applicants are assigned a University of Alberta Campus Computing ID (CCID) with e-mail privileges. Please use the 'CCID@ualberta.ca' email address originally assigned by the University.
- Failure to receive or read University communications sent to the University e-mail address in a timely manner does not absolve students and applicants from knowing, responding to or complying with the content of that communication.

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 [Course Requirements, Evaluation Procedures and Grading of the University Calendar](#).

Territorial Acknowledgement

The University of Alberta and Faculty of Pharmacy and Pharmaceutical Sciences respectfully acknowledges that we are located on Treaty 6 territory, a traditional gathering place for diverse Indigenous peoples including the Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene, Ojibway/ Saulteaux/Anishinaabe, Inuit, and many others whose histories, languages, and cultures continue to influence our vibrant community.

L'Université de l'Alberta reconnaît respectueusement qu'elle est située sur les terres du Traité 6, lieu de rassemblement traditionnel pour de nombreux peuples autochtones dont les Cris, les PiedsNoirs, les Métis, les Sioux des Nakotas, les Iroquois, les Dénés, les Ojibwés/Saulteaux/ Anichinabés, les Inuits et bien d'autres encore, dont les histoires, les langues et les cultures continuent d'influencer notre communauté si vivante.

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. Check out 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 the Pharmacy Post-Professional Education office at phpped@ualberta.ca 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.

Technology Requirements and Information

It is required that students have consistent access to a computer or laptop equipped with appropriate audio equipment (e.g. headset or microphone and speakers) and video equipment (integrated or external video camera) to complete their course work, participate in class activities and take exams. Use of smart phones for interactive course activities should be minimized and are not permitted as a device for joining synchronous lab activities within the skills courses. Please ensure that you have access to reliable and stable off-campus internet service/Wi-Fi and check that your computer meets our needs by comparing it to the information about Zoom's system requirements [HERE](#). You must also have Google Chrome installed to take pharmacy exams with your device. Please read the guidelines and requirements for online exams with SEM [HERE](#).

Participating in Online Sessions - Synchronous sessions will be delivered online; in this case, the chat functions and breakout rooms might be used as a part of the teaching. It is expected that everyone will participate in any online sessions in a respectful and professional manner. The following expectations should be adhered to when participating in online sessions:

- Your first and last name must be displayed and you are encouraged to share your pronouns.
- Your camera must be on during sessions that involve active group work (if you have a reason that prohibits you from being able to turn on your webcam, contact your instructor to let them know, as exceptional circumstances will be accommodated).
- For your privacy, it is recommended that you remove identifiable and personal belongings from the space in which you are participating in video conferencing activities.

If you are unable to attend a required session, you should inform your instructor and your group members *as soon as possible*. You may be required to complete alternate work for missed activities or assessments as per specific course requirements outlined in the course outline or LMS.

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 (phpped@ualberta.ca) with a "Letter of Accommodation". PPP 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. Student services will share requirements with all primary and/or lab instructors that have contact with the student for the term. Assessment services will follow up with students and instructors to facilitate approved exam accommodations.

Exam Accommodations - Students with registered exam accommodations must keep track of [deadlines and regulations](#). If you do not follow the procedures or meet the deadlines, it may not be possible to provide the necessary space and/or services. In these cases, the affected exam or exams may be required to be written with peers during the allotted time according to the standard plan for delivery. The Faculty will always do what it can within the limits of our resources and capacity to support students in accessing what they need to take exams fairly.

Attendance

The Faculty recognizes that occasionally life events occur that require a student to miss required sessions, term work, term examinations, or final examinations. As a result, we provide accommodations for planned and unplanned absences according to the University [Academic Regulations about Attendance](#). Note that excused absences are not granted automatically and the following procedures should be followed when different types of absences occur.

Planned Absences

A healthy learning experience involves maintaining balance in multiple life pursuits. In the event that students have planned activities such as commitments based on religious beliefs, formal athletic events and competitions, or very important life events, the Faculty will try to make reasonable accommodations that minimize disruptions to teaching and learning.

Religious Observances - The University and Faculty will arrange reasonable accommodation for students who observe religious holidays other than those already accommodated by ordinary scheduling and statutory holidays. **Students with planned absences due to religious observations must contact Student Services** (phpped@ualberta.ca) **within two weeks of the start of Fall or Winter classes; and within three days of the start of Spring or Summer classes to inform faculty of upcoming religious observances and anticipated absences.** Student Services will contact the impacted instructors to determine any requirements for missed term work that result from the absence. In the event that the absence conflicts with a midterm or final exam, the exam will typically be rescheduled to the designated deferred exam dates described below. In some cases, the instructor may require other arrangements (e.g. shifting of weight for a missed activity to the final exam). For learning purposes, the instructor may require students to complete the missed activity.

Other Important Life Events - **Students with planned absences related to important commitments during a term must email Student Services** (phpped@ualberta.ca) **within two weeks of the start of Fall or Winter classes; and within three days of the start of Spring or Summer classes to describe the request.** Requests that are deemed unreasonable (e.g. vacations or travel arrangements) will be denied. For those that are granted, Student Services will contact the impacted instructors to determine any requirements for missed term work that result from the absence. In the event that the absence conflicts with a midterm or final exam, the exam will typically be rescheduled to the designated deferred exam dates described below. In some cases, the instructor may require other arrangements (e.g. shifting the weight for a missed activity to the final exam). For learning purposes, the instructor may require students to complete the missed activity.

Unplanned Absences

Use the following procedures if you are required to miss sessions, term work, term examinations, or final examinations due to incapacitating mental and/or physical illness, severe domestic affliction, or for circumstances as described in the [University's Discrimination, Harassment and Duty to Accommodate Policy](#).

Note: for absences from placement, please refer to the [PharmD for Practicing Pharmacists Experiential Education Manual](#) for more information and procedures.

Missed Sessions and Required Training/Orientation - Contact your instructor as soon as possible BEFORE the scheduled session or as soon as you are able afterwards to describe the reason for the absence. Some instructors may require the completion of alternate work for missed activities or assessments as per specific

course requirements to ensure important learning is not missed, as described in the course outline and/or LMS.

Missed Term Work and Midterms - If you miss a term activity or assessment (e.g. midterm) with a graded component worth greater than 5%, an [Absence Form](#) should be completed and provided to the instructor and Student Services (phpped@ualberta.ca) within 2 business days, or as soon as you are able. If approved, Student Services will consult with instructors to determine if and how alternate work or deferrals will be provided.

Deferred Final Exams - Students who miss a final exam for an acute unexpected reason as described above must notify their instructor and Student Services (phpped@ualberta.ca) by emailing a completed [Absence Form](#) within 48 hours of missing the exam or as soon as they are able. The Instructor will set Deferred Final Exam dates.

[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”

Learners are expected to follow the [Student Code of Conduct](#). Additional information about pharmacy student code of conduct can be found in the CCPP learner handbook in the CCPP Gateway. Importantly, students should be aware of the [Code of Student Behaviour](#) and the [Student Academic Integrity Policy](#) (including associated appendices). [The Student Academic Integrity Policy Appendix A: Academic Misconduct](#) provides additional clarity on prohibited conduct and for which a report of academic misconduct could be made. Examples of academic misconduct include plagiarism, examination cheating, contract cheating, unauthorised collaboration, misrepresentation, unauthorized resubmission, misuse of University academic materials or other assets, and research and scholarship misconduct.

Course Policy Related to Artificial Intelligence (AI) Use

See Use of Generative Artificial Intelligence section above, under Evaluation of Assignments.

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 students' 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 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).

Appendix 1: Assessment Timelines

Assessment/Responsibility	Timeline
Pre-Placement <i>Student responsibility:</i> ● Upload learning plan into CORE ELMS under Requirements	1 week prior to placement
Midpoint Assessments <i>Preceptor responsibility:</i> ● Student Performance Assessment– Midpoint in CORE ELMS (complete and discuss with student) <i>Student responsibility:</i> ● Student Self-Assessment in CORE ELMS and discuss with preceptor ● Student Evaluation of Preceptor and Site – Midpoint in CORE ELMS and discuss with preceptor ● Update Learning Plan - complete the “Progress at Midpoint” column incorporate new goals or update/refine existing ones as appropriate and discuss with preceptor	End of 120 hours (week 3)
Final Assessment: <i>Preceptor Responsibility</i> ● Student Performance Assessment– Final in CORE ELMS and discuss with student <i>Student responsibility:</i> ● Student Self-Assessment in CORE ELMS and discuss with preceptor ● Student Evaluation of Preceptor and Site – Final in CORE ELMS and discuss with the preceptor)	End of 240 hours (week 6)
Post-Placement ● Post Course Evaluation of Preceptor and Practice Setting (on CORE ELMS) ● Complete the “Progress at Final” column of the learning plan & upload final learning plan on Canvas ● Upload completed clinical assignment rubrics and/or feedback on Canvas ● Upload final reflection on Canvas ● (<i>optional</i>): Nominate for Preceptor Recognition Award	3 days after placement end date

Appendix 2: Assessment Outcomes

Outcome	Expected Behavior
Professional	
Displays professional behaviour.	• Demonstrates honesty, integrity, humility, commitment, altruism, compassion & respect towards others. • Does not engage in distracting behavior. • Maintains privacy and confidentiality • Maintains appropriate professional boundaries. • Is accessible, diligent, timely and reliable.
Demonstrates professional responsibility and accountability and practices to full scope.	• Takes responsibility and accountability for actions and inactions. • Manages time and prioritizes activities to balance patient care, workflow and course requirements. • Responds appropriately to ethical issues encountered in practice; preceptor support may be required initially. • Applies standards of practice, policies and codes that govern the profession.
Demonstrates initiative, self-directed learning and commitment to excellence in the practice of pharmacy.	• Takes initiative to learn, enhance skills and integrate knowledge. • Sets personal goals to develop professional skills, knowledge and attitudes. • Accepts, incorporates and provides feedback in an effective and constructive manner.
Communicator	
Demonstrates effective non-verbal and verbal communication to instill trust and confidence.	• Speaks clearly, effectively and respectfully, tailoring responses to the context and audience. • Uses appropriate non-verbal communication. • Listens, actively solicits and responds appropriately to ideas, opinions and feedback from others. • Uses appropriate language, pace and tone that is suitable for the complexity, ambiguity, urgency of the situation. • Expresses recommendations, facts, evidence, opinions and positions accurately and effectively, with clarity and confidence, may require preceptor support early in placement.
Effectively communicates in writing.	• Provides appropriate level of detail and complexity, breadth and depth. • Uses appropriate tone for type of written communication and the intended audience. • Prepares timely, clear documentation that maximizes safety and understanding.
Care Provider	
Establishes and maintains professional relationships with patients/care givers.	• Engages patients independently. • Exhibits sensitivity, respect and empathy with patients and caregivers. • Responds to patient cues • Determines when it is ethically and professionally appropriate to involve or exclude caregivers and/or family members.

Outcome	Expected Behavior
Gathers & interprets relevant, necessary information about a patient's health related needs	• Employs effective interviewing techniques and uses motivational interviewing when appropriate. • Employs a systematic process to gather data accurately based on the Patient care Process. • Gathers and interprets appropriate amount of information including relevant physical exam, lab test, point of care and diagnostic assessments • Clarifies and manages conflicting data
Formulates an assessment of actual and potential issues in collaboration with the patient, caregivers and other health care team members; priorities issues to be addressed.	• Prioritizes medication-related needs based on urgency, patient preference and available resources. • Determines patient's medical condition(s) and determines those where medication needs are not currently being addressed. • Assess drug therapy for indication, efficacy, safety, and adherence.
Develops a care plan that addresses medication and health needs.	• Uses a systematic approach to develop care plans for patients with multiple comorbidities. • Addresses the breadth of issues in the case. • Establishes goals in collaboration with the patient that are relevant, realistic and timely. • Generates a realistic set of alternatives and thoroughly assesses the pros & cons. • Develops & defends a safe and effective plan, (recommendation, monitoring & follow-up). • Anticipates treatment failures and complications.
Implements the care plan.	• Implements specific actions for managing medication specific needs (e.g. dispense, adapt and prescribe). • Engages the patient or caregiver through education, empowerment & self-management.
Follow ups and evaluates the care plan.	• Evaluates data to assess safety, adherence as well as progress towards achieving goals of therapy. • Adjusts the care plan, if needed, in collaboration with the patient and healthcare team.
Scholar	
Demonstrates the fundamental knowledge required for pharmacists.	• Has minimal gaps in therapeutic knowledge required to provide patient care. • Uses experience(s) and knowledge gained in the placement to solve previously encountered problems.
Uses best available evidence to provide information and patient care.	• Uses a systematic approach to search for best available evidence • Analyzes and appraises health related research and literature • Provide an appropriate, accurate and practical answer or recommendation.
Integrates clinical judgment and critical thinking.	• Apply knowledge and professional judgment to provide safe and effective patient care. • Make decisions using an evidence-informed approach. • Provide rationale and logically defend rationale related to patient care decisions. • Anticipates the outcome of decisions and actions.
Collaborator	

Outcome	Expected Behavior
Works effectively with members of the team including patients and their families, pharmacy colleagues and individuals from other professions	- Establishes and maintains positive relationships. - Negotiates overlapping & shared responsibilities with other team members. - Facilitates respectful, effective shared decision making - Provides care and services as agreed upon with the patient and team, and seeks new opportunities for collaboration. - Plans or contributes to the provision of care with other healthcare team members appropriately and in an organized manner - Accepts leadership roles where appropriate.
Hand over the care of a patient to other pharmacy and non-pharmacy team members to facilitate continuity of safe patient care	- Proactively identifies when to complete patient handover and what information to communicate. - Demonstrates safe handover of all patient care issues or information using appropriate communication processes.
Demonstrates relational competence required for interprofessional teams	- Respectfully shares expertise and points of view using appropriate language - Listens to the opinions of others - Demonstrates a reflective process in professional and team practice. - Manages disagreements or conflict in a way that supports collaborative culture
Advocate	
Advocates for patients within and beyond patient care environments.	- Facilitates timely access to services or resources through advice, education and/or guidance to address determinants of health. - Integrates health promotion into patient care and works with patients to adopt healthy behaviors. - Provides patients with health and wellness strategies that include screening and educational services. - Promotes the impact of the pharmacist on patient outcomes and the healthcare team.
Near Peer Teaching (if Student in a Senior Learner Role)	
Demonstrates a commitment to precepting	- Engages in learning with and from junior learners - Applies effective precepting skills/techniques (i.e. modeling, coaching, clinical questioning) - Encourages the student to engage in self-reflection
Provide feedback to enhance the junior student's learning & performance.	- Provides feedback that is specific and provides guidance on how to improve - Feedback is focused on the behavior and not the individual - Delivers feedback in a timely manner
Clearly sets expectations with the junior learner	- Acts a role model for clinical expectations - Define objectives or expectations for a teaching/learning activity - Adapts expectations of learners when required - Consistently accountable for meeting expectations

Appendix 3: Placement Learning Plans

Learning Plan – Pharm 511-14 PharmD for Practicing Pharmacists

Name:	Placement Site:	Block:	Course #
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Learning Goal	Resources & Strategies	Indicators of Progress	Progress at MIDPOINT (Completed by student at 120 hr)	Progress at FINAL (Completed by student at 240 hrs)
- Indicate what knowledge or skill(s) you would like to obtain/develop in this practice setting. - Use SMART format – objectives must be specific and measurable/observable by you and your preceptor.	Specify the activities, tasks, or deliverables you will do, participate in or complete in order to achieve your learning goal.	- How will you evaluate if you have achieved or are making progress towards the goal? - Examples include debriefing with preceptor, receiving feedback from team members, self-reflection or evaluation, etc.	Summary - Key accomplishments - Important next steps - Behaviours/skills/knowledge requiring further improvement	Summary - Key accomplishments - Important next steps - Behaviours/skills/knowledge requiring further improvement
1.				
2.				
3.				
4.				
Previous Feedback: Strengths			Previous Feedback: Areas for improvement	

Learning Plan – Pharm 511-14
Post Professional Doctor of Pharmacy Program

Learning Objective	Related Activities	Indicators of Progress	Progress at MIDPOINT (Completed by student at 120 hr) Summary	Progress at FINAL (Completed by student at 240 hrs) Summary
1. Demonstrate a consistent process for conducting and documenting a thorough initial assessment at patient admission by the midpoint of the rotation. Continue to refine these skills until the end of the rotation.	• Timely medication reconciliation • Conducting physical assessment as appropriate • Developing/utilizing a care plan monitoring sheet or documentation system • Completing timely, specific, and concise documentation in patient chart	• Self-evaluate whether I have established a process and how comfortable I am with using this process • Review my assessment chart notes with my preceptor and seek feedback from them • Ask my preceptor to evaluation to evaluate my physical assessment techniques	• With self-reflection, I feel I have established my process and time management to complete these tasks for each new admission. Improvements include more consistent use of the pharmacy monitoring sheets (sometimes I run out of time to update them at the end of the day and rely on my memory the next day – this would be challenging with a full roster!) • I would like to further review some of my chart notes with my preceptor. My notes are quite comprehensive but can be lengthy. I would like to improve on efficiency & making my notes more succinct.	My preceptor and I reviewed some of my chart notes and I received feedback on my documentation style. In particular, my preceptor commented that she thinks that it is useful for me to include more detail in the “Data” portion of my notes, but that my “Assessment” and “Plan” portions can be briefer so that it is clear to other team members. I was also given the feedback to avoid using pharmacy jargon. I improved my efficiency in documenting and found that my process and workflow was well managed in the second half of the rotation.

NOTE – This is an example of 1 goal only. Learning Plans will typically have several goals.

Appendix 4: Clinical Assignments

Journal Club (<http://ebm.bmj.com/content/12/3/66.2.full.pdf+html>)

1. Describe the patient case or problem that attracted you to this paper
2. Explain how you came across the study
3. Describe the study (i.e. methods, location, unique features)
4. Describe the research question (PICO)
5. Describe the importance/relevance/context of the study
6. Describe the methods by giving more detail on the question components
7. State your answers to the critical appraisal questions on validity
8. Summarize the results
9. Describe why the results can or cannot be applied to your patient, scenario or context
10. Conclude with your own decision about the utility of the study in your practice by resolving the case or question you began with
11. Prepare a 1-page summary of the outline as a handout

Case Presentation

(Adapted with permission from APPRC Education Manual, Pharmacy Services, Alberta Health Services)

The purpose of the case presentation is to demonstrate an integrated pharmaceutical care approach that reflects the student's evidence-based pharmacotherapy knowledge, literature evaluation skills and respect for unique patient factors that demand individualization of therapy. Students should select a patient case where their direct interaction allowed them to assess the patient's drug-therapy problems (DTPs) and where the intervention significantly affected, or potentially will affect, outcomes.

Every case presentation should include:

- a. Introduction/outline
- b. Presentation of patient case and data
- c. Listing of all DRPs and selection of main DRP
- d. Disease state background
- e. Goals of therapy
- f. Therapeutic alternatives
- g. Focused clinical question (PICO format) or Disease State Review
- h. Therapeutic recommendation
- i. Monitoring plan (efficacy/toxicity) and resolution of patient case

a. Introduction

Introduce the case briefly with remarks that explain 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. and learning objectives for the audience. If the case presentation components will be presented in a non-standard order, explain why that approach was chosen.

b. Patient Data

Present concise summary of the patient's history based on the Patient Care Process & How to Present a Patient (Suggested Readings). summarizing and/or providing additional details where appropriate to establish the focus topic:

- summarize relevant medical and drug therapy history, prior to the events which are the focus of the case presentation
- summarize presenting symptoms, physical assessment, labs tests, diagnostic exams (e.g. chest x-ray) pertaining to the focus of the presentation
- describe the patient's drug therapy relating to the case presentation focus, including:

- indications for drug therapy
- specifics of the drug therapy regimen (e.g. dose, route, duration)
- describe the patient's progress related to the case presentation focus

c. Listing of all DTPs and Selection of Main DTP

List ALL DTPs related to that patient and highlight the DTP that will be the focus of the presentation. The DTP selected does not need to be the most important DTP; it will simply be the focus of your presentation. Please note that you should be familiar with all aspects of this patient's case and prepared to answer any questions related to any of the DTPs, regardless of whether it was the main focus of your presentation.

d. Disease State Background

Briefly review the disease state relevant to your main DTP. Your review should include pathophysiology, therapeutic alternatives and any therapeutic controversies relevant to your patient case.

e. Goals of Therapy

Describe the individualized goals of drug therapy for your main DTP. Include the patient perspective where possible.

f. 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.

g. Focused Clinical Question Or Syndrome/Disease state review

Focused Clinical question

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

Example:

P atient	I ntervention	C omparator	O utcome
In a mechanically ventilated ICU patient...	...would administering IV ranitidine...	...compared to sucralfate given via NG tube...	...reduce clinically important bleeding?

- Describe the search strategy

Outline what search strategy was employed to answer your focused clinical question. You should include databases searched, key words used, any limits or mesh terminology applied and results of your search. The expectation is that a search of primary literature is performed.

- Review and summarize the evidence

Review each of the meta-analyses, studies or case reports you have selected as being relevant to answer your clinical question. Each review should include the patient population (number of patients, characteristics, inclusion/exclusion criteria), the intervention, results, and your interpretation of the validity of the study.

Summarize the evidence you have reviewed and explain the relevance to your patient where applicable.

Syndrome/Disease State Review

- Relate the patient case to the disease state by describing the following aspects of the disease:
 - Definition
 - Incidence
 - Prevalence
 - Etiology
 - Pathology
 - Major symptoms/Clinical presentation
 - Diagnostic laboratory tests
 - Prognosis: treated and untreated
- Describe recommended pharmacological and non-pharmacological management (mechanism of action, pharmacokinetics, clinical indications, drug interactions, adverse drug reactions, dosing, monitoring parameters and patient information)

h. Therapeutic Recommendation

Outline the recommendation(s) you made for the patient to achieve the individualized therapeutic goals for the patient's main DTP. Explain why this was chosen as the best solution(s) for the patient incorporating best evidence principles and patient-specific factors.

i. Monitoring Plan and Resolution of Case

Describe monitoring parameters and activities that were/would be done to determine the outcome of any drug therapy recommendations made for the main DTP. Where possible, present the results of follow-up monitoring to illustrate the patient outcome.

Journal Club Rubric: PharmD Experiential Learning

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. This form is intended to support the overall assessment of the student's performance in the placement.

1 – Unacceptable	2 – Needs Improvement	3 – Acceptable	4 – Exceeds Expectations		
Outcome measure clearly not achieved. Information substantially incomplete, missing, or at an inappropriate depth and/or breadth.	Outcome measure partially achieved. Some important information or skills incomplete, missing, or suboptimal depth and/or breadth.	Outcome measure generally achieved. Includes important information, but depth and/or breadth may be suboptimal for some aspects.	Outcome measure achieved in exemplary fashion. Exceptionally complete and succinct presentation at an appropriate depth & breadth		
Criterion (Ideal Exemplar)		Scale			
Background - Clearly describes the case or problem in a focused clinical question & the reason for selecting the article (study hypothesis, gap in literature) - Topic is relevant to pharmacy practice and the audience - Defines relevant, action-orientated learning objectives		1	2	3	4
Description of Article/Study - States specific research question (PICO) - Clearly describes the study’s methodology (including type of study, relevant statistics & outstanding/limiting features) - Summarizes the primary results & relevant secondary findings (includes relevant parameters, i.e. CI, p-values)		1	2	3	4
Critical Appraisal - Skillfully applies critical appraisal questions & appropriate tools - Insightfully identifies the strengths & limitations of the study - Correctly interprets impact of critical appraisal on the results		1	2	3	4
Conclusion - Presents the authors’ conclusions - Formulates & rationalizes individual conclusion based on appraisal - Applies the study to the problem or patient case considering patient factors & values		1	2	3	4
Presentation Skills - Speaks clearly; uses appropriate pace & tone - Uses language that is appropriate for the audience - Consistently maintains eye contact with the audience - Gestures & body language enhance the presentation - Confident, poised & maintains focus throughout - AV materials & handouts enhance the presentation - Adheres to time limits (____ min)		1	2	3	4
Questions - Quickly grasps the intent of questions - Answers are concise & complete		1	2	3	4
Overall Impression		1	2	3	4

Case Presentation Rubric: PharmD Experiential Learning

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. This form is intended to support the overall assessment of the student's performance in the placement.

1 – Unable to rate Could not evaluate or missing.	2 – Needs Improvement Outcome measure partially achieved. Some important information or skills incomplete, missing, or suboptimal depth and/or breadth.	3 – Meets Expectations Outcome measure generally achieved. Includes important information, but depth and/or breadth may be suboptimal for some aspects.	4 –Exceeds Expectations Outcome measure achieved in exemplary fashion. Exceptionally complete and succinct information at an appropriate depth & breadth
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Criterion (Ideal Exemplar)	Scale			
Patient Data •Presents a concise summary of the patient's history •Presents only relevant data •Accurately interprets physical assessment, laboratory & diagnostic data	1	2	3	4
Care Plan I • Accurately identifies primary drug related problems • Identifies and prioritizes other relevant DRPs/medical conditions with consideration to patient factors • Develops realistic, patient-centered goals of therapy	1	2	3	4
Evidence Presentation (Focused Clinical Question Format) •States the focused clinical question •Review the most relevant supporting evidence & applies principles of EBM •Formulates an accurate summary based on a balance of the evidence & the context of the problem Disease State Presentation (Disease State Review Format) •Presents thorough summary of relevant facets of the disease •Summarizes the pharmacological & non-pharmacological management •Adapts assessment and management strategies to the case	1	2	3	4
Care Plan II (for the primary DRP) •Weighs the risks and benefits of treatment choices •Recommends a course of action for the main drug related problem that is based on evidence & patient specific factors •Develops comprehensive monitoring plans	1	2	3	4
Presentation Skills •Speaks clearly; uses appropriate pace & tone •Uses language that is appropriate for the audience •Gestures & body language enhance the presentation •Poised & maintains focus •AV materials & handouts enhance the presentation •Adheres to time limits (____ min)	1	2	3	4
Development & Organization •Topic is relevant to the audience •Defines relevant, action-orientated learning objectives	1	2	3	4

● Key points link to the objectives with minimal or no irrelevant information ● Key points are presented in a logical, coherent way; uses transitions well ● Content is appropriate for the audience				
Questions ● Quickly grasps the intent of questions ● Answers are concise & complete ● Appropriately addresses questions beyond their scope of knowledge	1	2	3	4
Overall Impression	1	2	3	4
Comments				

Presentation Evaluation Rubric

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 – Unacceptable Outcome measure clearly not achieved. Information substantially incomplete, missing, or at an inappropriate depth and/or breadth.	2 – Needs Improvement Outcome measure partially achieved. Some important information incomplete, missing, or suboptimal depth and/or breadth.	3 – Acceptable Outcome measure generally achieved. All important information included, but depth and/or breadth may be suboptimal for some aspects.	4 – Remarkable Outcome measure achieved in exemplary fashion. Exceptionally complete and succinct presentation at an appropriate depth & breadth.
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Criterion (Ideal Exemplar)	Scale			
Development & Organization				
●Topic is relevant to the audience ●Defines relevant, action-orientated learning objectives ●Selects the most relevant supporting evidence ●Key points link to the objectives with minimal or no irrelevant information ●Key points are presented in a logical, coherent way; uses transitions well ●Content is appropriate for the audience	1	2	3	4
Presentation Skills				
●Speaks clearly; uses appropriate pace & tone ●Uses language that is appropriate for the audience ●Consistently maintains eye contact with the audience ●Gestures & body language enhance the presentation ●Poised and maintains focus ●AV materials & handouts enhance the presentation ●Adheres to time limits	1	2	3	4
Questions				
●Quickly grasps the intent of questions ●Answers are concise & completes ●Effectively answers questions to enhance presentation	1	2	3	4
Total	/16			
Comments (constructive criticism of presentation content or skills with thoughtful suggestions of how to improve and/or exemplar(s) of content or skills that were particularly well done)				

Teaching Session - Feedback Form

Presenter	Evaluator
Topic	
Content – was the subject matter relevant & appropriately tailored to the audience? Please comment if the learning objectives, scope, content and complexity were appropriate for the audience. How could the presenter improve?	
Style – was the information communicated effectively? Please describe how the format of the presentation facilitated audience learning? How could the presenter improve?	
Interaction- was effective interaction established with the members of the audience? Were learners adequately engaged? (either via the teaching methods, question/ answer portions, etc.) How could the presenter improve?	
Other Strengths & Weaknesses Please describe any highlights and/or areas of improvement for the student.	