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Introduction to Advanced Pharmacy Practice Experience

The Advanced Pharmacy Practice Experience (APPE) in Year 4 occurs over 12 months starting in May and finishing in May the following year. Students complete a total of 35 weeks of experiential rotations, preceded by a week-long Transition to APPE Course. Students will have 3 x 5 weeks of study blocks scheduled throughout the academic year. The 35 weeks of rotation consist of 1 x 10 weeks community required rotation, 2 x 5 weeks of institutional required rotations, 1 x 5 weeks of a direct patient care rotation and 2 x 5 weeks of elective rotations. Students are required to complete a minimum of 5 direct patient care rotations (25 weeks) in a variety of practice settings such as institutional practice, community practice and ambulatory care practice. The elective rotations can be direct patient care or non-direct patient care placements. Students will be expected to travel to placement sites across Ontario.

The PharmD for Pharmacists (PFP) program is designed for experienced pharmacists and recent graduates who have a Bachelors’ degree (or equivalent) in Pharmacy degree and wish to obtain a Doctor of Pharmacy degree. Students complete a minimum of four (20 weeks) or a maximum of five (25 weeks) of experiential rotations. PFP rotation schedules will follow the same designated time blocks as the APPE rotations for the entry-to-practice program. For more information on experiential policies and procedures specific to the PharmD for Pharmacists program, please go to Tab 5 in the manual (p. 80-86).

Students in APPE rotations are assessed according to the educational outcomes outlined by the Association of Faculties of Pharmacy of Canada (AFPC) for First Professional Degree Programs in Pharmacy. These educational outcomes are care provider, communicator, collaborator, manager, advocate, scholar and professional. Please visit the website for more information: http://www.afpc.info/sites/default/files/AFPC%20Educational%20Outcomes.pdf

Office of Experiential Education

The Office of Experiential Education (OEE) is responsible for planning, implementing, monitoring and evaluating all experiential education courses for students enrolled in our Professional Pharmacy Programs at the Leslie Dan Faculty of Pharmacy. In addition to supporting the students, we provide support for all preceptors, who represent a wide variety of sites including Academic Institutions, Community Hospitals, Family Health Teams, Community Pharmacy practice, as well as non-direct patient care sites including industry, consulting, educational, government, and others.

During placements, issues may arise that require clarification and we encourage preceptors to contact the OEE for guidance and support, using the following information:

- Office Hours: 8:45 a.m to 5:00 p.m
- General inquiries: 416-978-8761
- Email: oee.phm@utoronto.ca
- Fax: 416-946-3841
- Location: 144 College Street, Room 843 (8th floor), Toronto, ON M5S 3M2

The OEE is comprised of several faculty and administrative staff members and is overseen by Lalitha Raman-Wilms, Associate Dean, Professional Programs.

For more information about the Leslie Dan Faculty of Pharmacy, Office of Experiential Education, please visit: http://www.pharmacy.utoronto.ca/oee
Administrative Staff

The Staff at the OEE is led by Marvin James, Director of the Office of Experiential Education. The Office handles all administrative matters related to Early Practice Experience Year 1 (EPE-1), Early Practice Experience Year 2 (EPE-2) and Advanced Pharmacy Practice Experience (APPE) rotations for both the PharmD and PharmD for Pharmacist students. Preceptors are encouraged to contact the staff for assistance with any of the following issues:

- Preceptor or student rotation placements and schedules
- New preceptor and/or site applications
- Preceptor Development Program
- Submission of assessment forms
- Experiential database (RxPreceptor) access and user information
- Workplace insurance (WSIB), site agreements, and student immunization records
- General inquiries, mailing/faxing forms

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marvin James</td>
<td>Director, Office of Experiential Education</td>
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<td>RxPreceptor and general matters</td>
</tr>
</tbody>
</table>

Faculty Members

Faculty members are responsible for addressing issues related to rotation content or performance such as:

- Curricula and experiential rotation goals and related activities
- Monitoring of student performance and assessment
- Student or preceptor absence
- Personal (confidential) issues related to rotation

Note: For issues regarding personal injury or major illness during rotation, please immediately contact the appropriate faculty member and the OEE office (oee.phm@utoronto.ca).

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Department</th>
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</thead>
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For more information about the Leslie Dan Faculty of Pharmacy, Office of Experiential Education, please visit: http://www.pharmacy.utoronto.ca/oee
Preparation for APPE Rotations – Student Checklist

Prior to the start of each APPE rotation the student needs to:

• Check the RXpreceptor profile of the site and preceptor and read any posted information thoroughly, to guide some actions below
• Send an introductory email and a copy of the APPE resume to the preceptor at least 3-4 weeks prior to the start of the rotation
• Upload the most current version of the APPE resume to the Student Requirements section of RXpreceptor
• Submit site-specific requirements to the site prior to the placement as indicated in RXpreceptor. Note: some sites want these completed 1 month prior
• Ask the preceptor if there are any resource materials to read for the rotation (or confirm items that were posted on RXpreceptor)
• Ask the preceptor when and where to report on the first day and if you need to bring any documents (e.g. immunization, mask fit documents, police record check etc.)
• Ask the preceptor about parking, transit, dress code, usual hours and other relevant issues
• Let the preceptor know if a particular IPE activity may still need to be done, or if there is an opportunity to participate in an IPE Structured activity at the site

At the start of the APPE rotation (by the end of day 1):

• Go to the OCP website (www.ocpinfo.com) and enter your current rotation site. You will need to remove the previous placement site from the OCP website (see section in APPE Manual on OCP for more information).
### Roles and Responsibilities of Students in Community Direct Patient Care APPE Rotations

(See also “Benchmarking APPE Students” document for expectations of level of independence and workload)

<table>
<thead>
<tr>
<th>Student Perspective</th>
<th>Preceptor Perspective</th>
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</thead>
<tbody>
<tr>
<td>• Order entry of patient prescriptions</td>
<td>• Independent student work*</td>
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<tr>
<td>• If DTP identified, please see below for “Work up patients through patient care process” and “Presenting patients... to preceptor” below</td>
<td></td>
</tr>
<tr>
<td>• Processing of renewal requests</td>
<td>• Independent student work</td>
</tr>
<tr>
<td>• Extending and adapting prescriptions (as required)</td>
<td>• Preceptor to listen and ask questions</td>
</tr>
<tr>
<td>• Student to do appropriate assessment of patient and situation, provide recommendation to preceptor</td>
<td>• Preceptor to provide informal feedback**</td>
</tr>
<tr>
<td>• Troubleshooting insurance issues and educating patients on public/private drug plans and coverage</td>
<td>• Preceptor to approve recommendations</td>
</tr>
<tr>
<td>• Filling prescriptions</td>
<td>• Independent student work</td>
</tr>
<tr>
<td>• Checking filled prescriptions (technical and therapeutic checks)</td>
<td>• For technical aspect, preceptor to co-sign</td>
</tr>
<tr>
<td>• If DTP identified, please see below for “Work up patients through patient care process” and “Presenting patients ... to preceptor”</td>
<td>• See OCP guidelines for how and when to enable student to sign with no co-signature</td>
</tr>
<tr>
<td>• Patient education of new prescriptions</td>
<td>• Independent student work (see ‘Tool Kit’ in APPE Manual for suggested templates)</td>
</tr>
</tbody>
</table>
| • Work up patients through patient care process (involving both self-care and prescriptions):  
  o Information gathering  
  o Identify actual/potential DTPs  
  o Assessment of alternatives  
  o Create a final therapeutic recommendation with justification  
  o Create a follow-up and monitoring plan | • Preceptor to listen and ask questions  
  • Preceptor to provide informal feedback**  
  • Preceptor to approve recommendations |
| • Present patients and respective DTPs, recommendations and care plan to preceptor | |
| • Follow-up with existing patients in terms of monitoring plan | • Independent student work |
| • Present to preceptor any important medication-related updates on existing patients | • Preceptor to listen and ask questions  
  • Preceptor to approve any new recommendations made by student |
| • Making recommendations to physicians or other healthcare providers (verbally or non-verbally) | • Pre-approved by preceptor (see above) |
| • Answer drug information questions for patients and other health care providers | • Independent student work*  
  • Student to ask preceptor for guidance if unable to answer question |
| • Perform MedsChecks  
  • If DTP(s) identified, please see “Work up patient through patient care process” and “Presenting patients to preceptor” | • Independent student work  
  • Preceptor to co-sign |
| • Documentation of care provided | • Independent student work  
  • Preceptor may review various items of documentation |
| • Documentation to pharmacy team or other healthcare providers for appropriate follow-up issues | • Independent student work  
  • Preceptor may review various items of documentation |
| • Provide at least 1 presentation to the pharmacy | • Independent student work |
### Roles and Responsibilities of Students in Community Direct Patient Care APPE Rotations

(See also “Benchmarking APPE Students” document for expectations of level of independence and workload)

<table>
<thead>
<tr>
<th>staff, other health care professional, and/or patient audience</th>
<th>• Preceptor to guide and approve topic, review draft of presentation and provide feedback following</th>
</tr>
</thead>
<tbody>
<tr>
<td>• May contribute to additional objectives (e.g. small projects)</td>
<td>• <strong>Independent student work</strong></td>
</tr>
<tr>
<td>• Required IPE activities: complete 3 Flexible IPE activities or 1 “IPE Structured Placement” before the conclusion of final APPE rotation)</td>
<td>• <strong>Independent student work</strong></td>
</tr>
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</table>
Roles and Responsibilities of Students in Institutional and Ambulatory Direct Patient Care APPE Rotations
(See also “Benchmarking APPE Students” document for expectations of level of independence and workload)

<table>
<thead>
<tr>
<th>Student Perspective</th>
<th>Preceptor Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Take newly admitted patients onto caseload</td>
<td>• Divide newly admitted patients with student</td>
</tr>
<tr>
<td></td>
<td>• Ideally, present student with options of different patients (different diagnoses) to provide diverse learning opportunities</td>
</tr>
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</table>

| Conduct BPMH for new patients (if not already completed prior to transfer) | Independent student work* |

| Ensure medication reconciliation is completed appropriately | If recommendations made, preceptor to discuss/approve |

| Work up patients through patient care process | Preceptor to listen and ask questions |
| o Information gathering | Preceptor to provide informal feedback** |
| o Identify actual/potential DTPs | Preceptor to discuss/approve recommendations made by student |
| o Determine goals of therapy | |
| o Assessment of alternatives | |
| o Recommend specific interventions | |
| o Schedule for follow-up evaluation | |

| Present new patient(s) and respective DTPs, recommendations and care plan to preceptor | Independent student work (see ‘Tool Kit’ in APPE Manual for suggested templates) |

| Make recommendations to physicians (verbally or non-verbally) | Pre-approved by preceptor (as above) |

| Attend and participate in rounds | Independent student work (initial introductions and intermittent observation for assessment of team skills) |

| Use monitoring plan to follow-up daily with existing patients | Independent student work |

| Present to preceptor any important medication therapy-related updates on existing patients | Preceptor to listen and ask questions |
| | Preceptor to approve new recommendations made by student |

| Answer relevant drug information questions as requested by patients/caregivers, inter-professional team | Independent student work |
| | Student to seek preceptor for guidance if search strategy unable to answer question |

| Conduct discharge medication review(s), reconciliation and patient education (as required) | Independent student work |

| Documentation of relevant medication therapy actions provided for patients | Independent student work |
| | Preceptor may review various items of documentation |

| Communicate with healthcare team daily | Independent student work |

| Provide at least 1 in-service/presentation to the pharmacy or patient-care team | Independent student work |
| • May contribute additional objectives, e.g. small projects | Preceptor to guide and approve topic, review draft of presentation and provide feedback following |

| Required IPE activities: complete 3 Flexible IPE activities or 1 “IPE Structured Placement” before the conclusion of final APPE rotation | Independent student work |

* See guidelines from OCP – posted in RxPreceptor: Document Library and section in APPE manual
** Provision of informal feedback should be frequent and ongoing throughout rotation; formal feedback and assessment occurs at midpoint and final day of rotation.
Preceptor Responsibilities and Recognition

Preceptor Responsibilities

Students look to their preceptors for guidance and mentorship, as they apply knowledge, skills and professional values in a wide variety of practice environments. Before the rotation, the preceptor is expected to participate in the required modules of the Preceptor Development Program, and prepare for the student’s arrival (e.g. plan schedule, inform site managers/other staff). During the rotation, the preceptor will provide an orientation to the site, the team, and discuss mutual expectations. The preceptor will informally meet with the student regularly (e.g. daily), and formally (at mid-point and final day), to assess the student’s performance in meeting expectations. Ongoing, balanced feedback, and specific assessment of the student’s work is key to their development and success. It is also a requirement since APPE rotations are formal University of Toronto courses.

In direct patient care rotations, the preceptor’s role is reflected further in the “Roles and Responsibilities of Students in DPC Rotations” (see earlier documents in this section of the manual). While the preceptor is expected to take the lead throughout the rotation, he/she need not always be the one supervising the student; other team members can be asked to assist for some time periods or days of the rotation. The preceptor is asked to brief these colleagues prior to, and debrief after such times, to gather feedback about the student’s performance. The preceptor needs to hold the student accountable for their responsibilities to the practice site and their own learning. Should a student not be meeting these expectations, the preceptor needs to contact the Office of Experiential Education for further guidance and support in addressing these situations.

Preceptor Recognition

We have various methods to recognize our preceptors, including publication of preceptors and sites in our Leslie Dan Faculty of Pharmacy newsletters and other official communication channels. We have a formal preceptor award program where exemplary preceptors are nominated and celebrated annually. Further information regarding preceptor recognition will be available at: http://www.pharmacy.utoronto.ca/oee/preceptors.

For an ongoing acknowledgment of our collaborative relationship with our preceptors and sites, we will provide each practice site that is committed to our Advanced Pharmacy Practice Experience student rotations with a ‘Leslie Dan Faculty of Pharmacy – Teaching Site’ sign to display in the practice setting.

Preceptor Development Program

Preceptors will have access to, and be expected to participate in, our Preceptor Development Program (PDP). Its primary goal is to prepare preceptors to competently and confidently supervise year 4 students on Advanced Pharmacy Practice Experience (APPE) rotations. In addition to several required modules, there will be elective modules and formal Certificate Programs designed to further diversify the skills of practitioners. Details are included at this link: http://www.pharmacy.utoronto.ca/content/preceptor-development-program-pdp
Leslie Dan Faculty of Pharmacy, University of Toronto

Pharmacy Student Practice-Readiness Prior to Advanced Pharmacy Practice Experience (APPE)¹

Preamble:

This document is a guideline for preceptors and students in setting expectations in the Advanced Pharmacy Practice Experience (APPE) rotations. It outlines the capabilities of a student after completion of Year 3 courses, and ‘Transition to APPE’ course (35 hours).²

During Years 1 to 3 students will have completed courses in biomedical and pharmaceutical sciences, social and administrative pharmacy, as well as pharmacy practice. Throughout the curriculum five important themes are integrated horizontally and vertically: Critical Thinking, Critical Appraisal, Professionalism/Ethics, Patient Safety and the Patient Care Process. The pharmacy practice component of the curriculum consists of two main types of courses:

Pharmacotherapy courses:

Pharmacotherapy is a series of courses taught over three years of the program which provide the required knowledge and skills to effectively manage patients’ drug therapy. In addition to covering selected therapeutic topics, these courses integrate relevant pathobiology, pharmacology, clinical pharmacokinetics, selected pharmaceutics and principles of evidence-based pharmacotherapy required of a pharmacotherapy practitioner. Courses are taught using a variety of techniques including didactic lectures, online lectures, case-based learning and small interactive group learning.

Medication Therapy Management courses:

Medication Therapy Management (MTM) involves a partnership between the patient, pharmacist, and other healthcare providers to promote safe and effective medication use so that desirable patient outcomes are attained. It is founded on the philosophy of Pharmaceutical Care, and may encompass an array of services, whereby the pharmacist employs a systematic patient centered approach to define and achieve goals related to optimal pharmacotherapy. The Medication Therapy Management (MTM) series of courses are delivered longitudinally over three years of the undergraduate program. MTM courses allow students to apply and integrate materials learned through all courses in the curriculum. Lecture and laboratory (simulated practice) sessions are designed to facilitate guided, independent and collaborative learning and enhance skills needed to optimize the pharmacist’s roles and responsibilities as a care provider, communicator, collaborator and advocate that will be transferrable to diverse practice settings and prepare the student for their Advanced Pharmacy Practice Experience rotations.

¹ Please refer to similar documents describing Practice-Readiness at the End of Year 1 and Year 2, posted at this link: [http://www.pharmacy.utoronto.ca/oee/preceptors/epe](http://www.pharmacy.utoronto.ca/oee/preceptors/epe)
² Abilities have been grouped according to the AFPC Outcomes: [http://afpc.info/downloads/1/AFPC_Education_Outcomes_AGM_June_2010.pdf](http://afpc.info/downloads/1/AFPC_Education_Outcomes_AGM_June_2010.pdf)
Experiential Courses:

Students will have also completed at least 320 hours of Early Practice Experience Rotations at the end of year 1 (160 hours) and year 2 (160 hours)

For a more detailed outline of the new Pharm D curriculum, please see Appendix and http://pharmacy.utoronto.ca/pharmd/current-students

Prior to APPE placements, students are competent to:

Provide Care - Provide patient care using the Patient Care Process:

Assessment

- Use a systematic and multi-faceted (patient prescriptions/medical records/interviewing) approach to gather patient information (including performing medication histories)
- Conduct relevant physical assessment related to provision of pharmaceutical care (e.g. identify common abnormal findings when assessing the eye and ear; blood pressure, respirations and pulses; explore common abnormal findings when assessing head and neck, nose, mouth and throat)
- Complete assessment of the patient’s drug-related needs to identify drug therapy problems (DTPs)
- Identify DTPs for patients with conditions covered in years 1,2 and 3 of the curriculum (See Pharmacotherapy course topics in Appendix)
- Use the pharmacotherapy workup to identify and resolve DTPs at an introductory to intermediate level for therapeutic cases
- Use a structured approach to stating DTPs and prioritizing DTPs

Care Plan

- Develop patient care plans to achieve goals of therapy and resolve DTPs
- Provide fundamental medication-related patient education as appropriate for any medication (e.g. reviewing medication name, indication, dose, dosage form, instructions for use, side effects, and storage information for new prescriptions)
- Make recommendations on how to promote a healthy lifestyle and management of specific conditions covered in the curriculum
- Able to administer substances to patients by IM/SC injection or inhalation for the purpose of education and demonstration (consistent with OCP Expanded Scope of Practice regulations – available at http://www.ocpinfo.com/practice-education/practice-tools/collection/expanded-scope/)
- Utilize an evidence-based approach to patient workups
- Develop a plan for follow-up with patients
- Document provision of care appropriately

Follow-Up Evaluation

- Monitor specific efficacy and safety endpoints of drug therapy (i.e. interpret relevant laboratory findings such as electrolytes, A1C, SCr, CrCl, blood glucose results, liver enzymes)

Communicate

- Communicate effectively using verbal and non-verbal techniques in encounters with patients, their caregivers, advocates or health care professionals
- Use written communication clearly and concisely in all clinical and legal documentation
Collaborate

- Actively engage in a team-based approach to patient care
- Contribute to establishing or maintaining effective team relationships
- Demonstrate understanding of the role of, and how to work effectively with, other members of the inter-professional and intra-professional patient care teams
- Identify and address conflict situations arising in team-based care

Manage

- Structure workload to prioritize appropriately and adapt to changing demands.
- Describe the systems and infrastructure within institutional and community pharmacies
- Participate in the resolution of a medication-related error, including analysis of situation and recommendations to minimize re-occurrence
- Participate in formally reporting an adverse drug reaction to Health Canada
- Participate in a community pharmacy based drug distribution system, including accepting a prescription, processing (performing appropriate pharmaceutical calculations), preparing and/or collaborating with pharmacy technicians related to compounding of topical pharmaceutical products

Advocate

- Work within the existing scope of a registered pharmacy student; be familiar with new expanded roles and responsibilities of pharmacists
- Demonstrate awareness of basic ethical principles pertaining to professional ethics and discuss their relevance to pharmacy practice
- Demonstrate familiarity of other healthcare providers’ specific scope of practice and consult or refer, as appropriate
- Identify and suggest methods to overcome structural barriers related to the social determinants of health that may present challenges to particular patient populations
- Demonstrate thorough understanding of the importance of patient safety by identifying, discussing and participating in patient safety initiatives

Expand Knowledge (Scholar)

- Efficiently and effectively search and select appropriate drug information resources, (primary, secondary and tertiary), to address medication-related questions or issues
- Apply critical appraisal skills to answer medication-related questions
- Identify and discuss knowledge gaps (using scientific inquiry and critical thinking to formulate research questions) and develop strategies for self-directed knowledge gathering (such as establishing learning objectives and keeping a learning portfolio)

Display Professionalism

- Portray a professional attitude, behaviour, language and attire
- Display a sense of pride in the profession and its contributions to the healthcare system
- Self-identify situations where further expertise is warranted, and seek consultation as indicated
- Adapt practice to provide professional services as outlined in the pharmacist’s expanded scope of practice (available at http://www.ocpinfo.com/practice-education/practice-tools/collection/expanded-scope/)
- Continue professional development by self-reflecting on personal knowledge, skills and behaviours, and developing a learning plan to address specific areas requiring improvement
• Continue professional development by self-reflecting on personal knowledge, skills and behaviours, and developing a learning plan to address specific areas requiring improvement.
### Dates of APPE Rotation Blocks for 2015_2016 Academic Year

<table>
<thead>
<tr>
<th>APPE Block</th>
<th>Dates</th>
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<tbody>
<tr>
<td>APPE-Block 1</td>
<td>May 11 – June 12, 2015</td>
</tr>
<tr>
<td>APPE-Block 2</td>
<td>June 15 – July 17, 2015</td>
</tr>
<tr>
<td>APPE-Block 3</td>
<td>July 20 – August 21, 2015</td>
</tr>
<tr>
<td>APPE-Block 4</td>
<td>August 24 – September 25, 2015</td>
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<tr>
<td>APPE-Block 5</td>
<td>September 28 – October 30, 2015</td>
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<tr>
<td>APPE-Block 6</td>
<td>November 2 – December 4, 2015</td>
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<tr>
<td>APPE-Block 7*</td>
<td>December 7, 2015 – January 22, 2016</td>
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<tr>
<td>APPE-Block 8</td>
<td>January 25 – February 26, 2016</td>
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<tr>
<td>APPE-Block 9</td>
<td>February 29 – April 1, 2016</td>
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<td>APPE-Block 10</td>
<td>April 4 – May 6, 2016</td>
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*NOTE: There are 2 weeks of vacation from December 21, 2015 – January 1, 2016 (inclusive)*
# Timeline for Course Document Submissions

All submissions by student and preceptor will be through RXpreceptor

<table>
<thead>
<tr>
<th>Rotation Time Frame</th>
<th>Requirements and Submissions</th>
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</table>
| 3-4 weeks before rotation start      | • Student emails APPE resume to preceptor  
• Student consults with preceptor: obtains and completes any pre-rotation preparation/reading |
| Start of Rotation                    | • Student and preceptor review Rotation Orientation Checklist (in manual) within first week – no submission required  
• Student registers work site with OCP, via: www.ocpinfo.com |
| By Day 5                             | • Student uploads Learning Contract in Field Encounters to be reviewed by preceptor             |
| Day 12/13 (midpoint) *              | • Student submits Mid-point Self-Assessment  
• Preceptor submits Mid-point Assessment  
• Student and preceptor meet to discuss assessments |
| Day 25 (final)                      | • Student completes presentation before final day  
• Student submits Final Self-Assessment  
• Preceptor submits Final Assessment  
• Student submits Evaluations of Preceptor and Site (enables student to view preceptor assessment of student). NOTE: preceptor will NOT be able to see the Preceptor and Site evaluations on RXpreceptor until after Academic year is complete; will be anonymized also.  
• Student and preceptor meet to discuss assessments |
| Within one week after rotation finished | • Student submits Self-Reflection in Field Encounters                                          |
| By final day of last direct patient care APPE rotation | • Student has completed all required IPE Activities – 3 flexible activities or 1 structured IPE placement  
• For each flexible IPE activity: student submits a reflection in RXpreceptor (no preceptor review necessary)  
• If a structured IPE placement – student submits certificate through RXpreceptor (no preceptor review necessary) |

* For 10-week Community required rotations, the 2.5 and 7.5 week midpoint assessments are not mandatory; the forms will be present in RXpreceptor if desired to use. The end of week 5 ‘final’ form will be considered the midpoint for this rotation. Students are encouraged to seek feedback from the preceptor on a regular basis throughout the rotation.
PharmD Curriculum

Courses for Years 1 - 3

For a complete listing of courses in Years 1 – 3 of the PharmD curriculum please refer to Faculty Calendar which is available on the faculty website at:

http://www.pharmacy.utoronto.ca/pharmd/current-students

Click on the left hand menu for the Faculty Calendar link. Please refer to pages in the calendar regarding the Curriculum.

Courses for Year 4

Advanced Pharmacy Practice Experience (APPE) Course Descriptions

During the 4th year, from May to the following May, each student will complete 7 rotations of 5 weeks (total of 35 weeks) within the Advanced Pharmacy Practice Experience (APPE) program. The rotations consist of 5 direct patient care rotations (total 25 weeks) and 2 elective rotations (total of 10 weeks) that can be direct patient care or non-direct patient care.

Direct Patient Care (DPC) Rotations (see A,B,C below):

A. Institutional Practice DPC 1 and Institutional Practice DPC 2

All students will be required to complete 2 x 5 week institutional rotations – that can be scheduled at the same site or at different sites. These will occur within Academic Health Care Institutions, with at least 5 weeks occurring on an adult inpatient service, (which can include specialty adult care, such as geriatrics, psychiatry, intensive care, etc), with an emphasis on the provision of pharmaceutical care. Students will participate in, and take responsibility for, direct patient care activities including: patient assessment to identify and prioritize drug therapy problems, development of care plans that address desired patient outcomes, and patient monitoring including physical and laboratory assessment, and where feasible, carry out a follow-up evaluation and appropriate documentation. Students will communicate effectively with patients and care givers to monitor patient parameters, determine and assess target outcomes, and provide education. Students will work closely with members of the health care team in providing collaborative care, with regular communication with team members to share and document their assessment of the patient's medication related needs and recommendations to address those needs.

B. Community Practice DPC

All students will be required to complete a 10-week rotation in a community pharmacy setting. This type of rotation will ideally be held at an academic community pharmacy, with an emphasis on the provision of pharmaceutical care. Students will participate in, and take responsibility for, direct patient care activities including: patient assessment to identify and prioritize drug therapy problems, development of care plans that address desired patient outcomes, patient monitoring including physical and laboratory assessment, and carry out a follow-up evaluation and appropriate documentation. Students will educate and communicate effectively with patients and other health care providers, thereby providing
medication therapy management, promoting health and wellness, and ensuring patient safety. The collaboration with other health care disciplines and acting as a member of a patient care team will be vital in providing optimum patient care. Students will manage accurate and effective drug distribution under the supervision of the pharmacist and will participate in expanded scopes of pharmacy practice.

C. Selective DPC Institutional Practice, Selective DPC Community Practice and Selective DPC Ambulatory Practice

All students required to complete one 5-week Selective DPC rotation. These will occur in sites serving a variety of health care needs, including, for example, acute care, rehabilitation, pediatric, geriatric, chronic care and specialty populations. Care may be provided on inpatient services or in ambulatory clinics or in other types of patient care practices, with an emphasis on the provision of pharmaceutical care. Students will participate in, and take responsibility for, direct patient care activities including: patient assessment to identify and prioritize drug therapy problems, development of care plans that address desired patient outcomes, and patient monitoring including physical and laboratory assessment, and where feasible, carry out a follow-up evaluation and appropriate documentation. Students will communicate regularly with patients and care givers to monitor patient parameters, determine and assess target outcomes, and provide education. Students will work closely with members of the health care team in providing collaborative care, with regular communication with team members to share and document their assessment of the patient’s medication related needs and recommendations to address those needs.

Learning Objectives for Direct Patient Care Rotations:

Upon completion of the series of DPC courses (rotations), students will have achieved the following level of learning objectives:

(Note: While achievement of each of the following learning objectives will be expected during each DPC rotation, it may require the completion of the full 25 weeks DPC rotations until proficiency is attained.)

Introductory = knowledge and comprehension of concepts, definitions, Intermediate = application of concepts to simple situations Advanced = application of concepts to more complex situations with ability to synthesize and evaluate

- Care Provider [Advanced]
  - Provide pharmaceutical care
  - Demonstrate capabilities in the full scopes of practice that are practiced at the specific site
- Communicator [Advanced]
  - Communicate effectively, both in writing and verbally with patients and healthcare providers
- Collaborator [Advanced]
  - Participate in intra- and inter-professional collaboration, serving as an active member of patient care teams
- Manager [Intermediate]
  - Understand and take responsibility for operational, managerial and/or distribution activities
- Advocate [Advanced]
• Contribute to other professional responsibilities (e.g. committees, policy and guideline development)
• Contribute to patient advocacy by promoting health and wellness and by referring patients to other health care providers and external agencies

- Scholar [Advanced]
  - Educate students, healthcare providers, and patients
  - Participate in near-peer or peer-to-peer teaching models (as applicable)
  - Provide care and information using an evidence-informed approach

- Professional [Advanced]
  - Assume legal, ethical and professional responsibilities at all times
  - Maintain an updated professional learning portfolio, illustrating self-directed and lifelong learning

Non-Direct Patient Care (NDPC) Rotations:

This 5-week elective rotation is designed to allow the student to acquire insight into the structure and functions of various areas of pharmacy practice or the health care system, which may require different knowledge or skills (e.g. pharmacy administration, policy development, drug utilization review, research, etc.). The rotation will build on knowledge, skills, and behaviours acquired in earlier academic courses and experiential rotations. Each student may complete a maximum of two 5-week non-direct patient care (NDPC) rotations.

These will occur in practice areas or sites that do not primarily provide direct patient care, such as: Association/Advocacy/Leadership, Administration/Management, Consulting, Drug Use Evaluation, Drug Information, Drug/Medication/Patient Safety, Government/Health Services, Health Outcomes, Industry, Global/International Health, Pharmacoconomics, Research, Teaching and Education. Students will participate in, and take responsibility for acquiring knowledge and skills in the various structure and functions of pharmacy practice or health care systems. Students will communicate regularly and collaborate with members of the health care team and/or stakeholders to accomplish the objectives and goals of the rotation.

Learning Objectives for Non-Direct Patient Care Rotations:

Upon completion of this course, students will have achieved one or more of the following learning objectives:

Introductory = knowledge and comprehension of concepts, definitions,
Intermediate = application of concepts to simple situations
Advanced = application of concepts to more complex situations with ability to synthesize and evaluate

- Communicator [Advanced]
  - Communicate effectively, in writing and/or verbally with students, patients, pharmacists or other healthcare providers

- Collaborator [Advanced]
  - Participate in intra- and inter-professional collaboration, serving as an active team player

- Manager [Intermediate]
  - Understand and take responsibility for operational and managerial activities

- Advocate [Advanced]
Contribute to other professional responsibilities (e.g. committees, policy and guideline development)
- Promote health and wellness

- Scholar [Advanced]
  - Educate students, patients, or other healthcare providers
  - Participate in near-peer or peer-to-peer teaching models (as applicable)
  - Provide medical or drug information using an evidence-informed approach

- Professional [Advanced]
  - Assume legal, ethical and professional responsibilities at all time
As a component of the Advanced Pharmacy Practice Experience (APPE), students use the Learning Contract to identify learning objectives (LOs) that will meet their own learning needs. Specific actions are then identified that will allow these LOs to be met. Each rotation practice site affords unique opportunities for learning and students must articulate LOs clearly.

Students must submit a Learning Contract within the first week of the rotation. A sample Learning Contract is in the ‘Rotation Forms’ section of the manual.

The following document includes tips for assisting students in writing learning objectives and literature pertaining to learning objectives.

**Tips for Writing Learning Objectives**

Learning objectives can be knowledge or skills based. **Knowledge** related LOs are generally centred on certain therapeutic topics like infectious disease, nephrology, cardiology, etc. **Skills** based objectives pertain to learning “how” to do something. Skills based LOs often encompass:
- Patient care process
- Patient relationships
- Inter or intraprofessional collaboration
- Self-direction
- Communication

In the core (Faculty-based) curriculum, students have not received instruction during class time on writing LOs, however LOs have been presented in every course encountered at the Faculty. LOs are equally useful in experiential learning as in classroom-based learning. Students should review the two documents (references 1 and 2 below) in preparation for completing Learning Contracts.

Experiential rotations are an opportunity to move from “recall” and “comprehension” to “application”, “analysis”, “synthesis” and “evaluation”, and as such, the verbs used in experiential LOs shift from those used in classroom settings. Bloom’s taxonomy is a good place to find the verbs associated with these higher-level LOS. ¹

The “SMART” approach is commonly used to get learners started with the process. The third reference is an interesting publication on the use of SMART in pharmacy curricula.³

In writing learning objectives, select a verb from Bloom’s taxonomy and apply the SMART approach.

**What verbs should be avoided in stating learning objectives?**
- Some verbs, such as ‘to know, to feel, to understand, to be aware of, to plan, to interpret, should not be used, since these cannot be readily measured.
What is the process for writing useful learning objectives?

• The following are examples of processes for creating effective learning objectives.

**Example #1 (Knowledge)**

A student who is starting a community rotation wants to learn more about herbal medicines.

**Step 1:** Write down in general terms what you want to do or learn about, i.e. identify the ‘content’ that you wish to learn.

I want to learn more about herbal medicines.

**Step 2:** Restate the content as an objective about what you expect to know, to do, or to achieve.

By the end of the rotation, I will be able to:

• know more about herbal medicines

**Step 3:** Since learning objectives are not easily observable, activities are selected and stated using “action verbs” that are observable/measurable AND a defined timeline.

By the end of the rotation, I will be able to:

• describe herbal medicines for 3-5 of the most commonly-encountered conditions at this site
• provide pharmaceutical care to 10 patients receiving herbal medicines

**Step 4:** Determine (in discussion with the preceptor) whether the objectives stated in Step 3 is realistic and achievable within the context and limits of the rotation. If not, re-state.

By the end of the rotation, I will be able to:

• identify herbal treatments for 5 of the most commonly-encountered conditions at this site
• provide assessments or follow-up for 6 patients with commonly-encountered conditions that can be treated with herbal medications

**Example #2 (Skill)**

A student who is starting a hospital rotation wants to improve the ability to follow-up on his patients.

**Step 1:** Write down in general terms what you want to do or learn about, i.e. identify the ‘skill’ that you wish to learn.

I want to improve my ability to conduct follow-up on my patient cases.

**Step 2:** Restate the content as an objective(s) about what you expect to know, to do, or to achieve.

By the end of the rotation, I will be able to:

• consistently follow up on my patients
• be specific in my safety and efficacy endpoints
• accurately document follow-up
**Step 3:** Since learning objectives are not easily observable, activities are selected and stated using “action’ verbs that are observable/measurable.

By the end of the rotation, I will:
- develop/use a follow-up tracking sheet to ensure all my patients receive scheduled follow-up
- include safety and efficacy endpoints for monitoring on all my pharmaceutical work-ups
- document on the official patient record the pertinent details of the follow-up including when the next follow-up should occur

**Step 4:** Determine (in discussion with the preceptor) whether the objective stated in Step 3 is realistic and achievable within the context and limits of the rotation. If not, re-state.

By the end of the rotation, I will:
- develop (week 1) and use (week 2) a tracking sheet to ensure all my patients receive scheduled follow-up
- include safety and efficacy endpoints as well as timeframes for monitoring on all my pharmaceutical work-ups
- document clearly and concisely on the official patient record the pertinent details of the follow-up including when the next follow-up should occur

**References**

Provision of Patient Care

In direct patient care rotations, the focus of the rotation is provision of patient care through adaptation of pharmaceutical care practice. Students will participate in, and take responsibility for, direct patient care activities including: patient assessment to identify and prioritize drug therapy problems, development of care plans that address desired patient outcomes, patient monitoring including physical and laboratory assessment, and where feasible, carry out follow-up evaluation and appropriate documentation.

Students will communicate effectively with patients and caregivers when gathering information, monitoring patient parameters, determining and assessing target outcomes, and providing education. Students will work closely with members of the health care team in providing collaborative care, with regular communication with team members to share and document their assessment of the patient’s medication related needs and recommendations to address those needs.

Students will need to demonstrate competency in the provision of patient care and will be assessed with respect to the 3 main steps in the patient care process.

Steps in the Patient Care Process:

1. Assessment
   a. developing a therapeutic relationship
   b. gathering information
   c. identifying drug therapy problems

2. Care Plan
   a. organizing care plan
   b. identifying goals of therapy
   c. considering therapeutic alternatives
   d. recommending interventions and clinical decision making
   e. scheduling a follow-up evaluation

3. Follow-up Evaluation
   a. conducting a follow-up evaluation
   b. provision of continuity of care

Benchmarking Document

In order to help preceptors and students determine the expected level of performance in the provision of patient care, the benchmarking document will act as a guide. Preceptors must use their judgement to determine realistic expectations with regards to patient volume or workload (as applicable to the site or service, patient complexity and student progress). This document acknowledges that the complexity of patients and their care needs (drugs and diseases) varies across sites. Regardless of the sequence of the rotations assigned, students are expected to demonstrate increasing levels of independence, manage increasingly complex patients and larger numbers of patients as they progress through their DPC rotations.
A presentation is a required component for each rotation. The presentation will be formally assessed on the mid-point or final assessment form.

**Goal of Presentations:**
To prepare and deliver practice- or research-related presentations to health practitioners, patients, care providers, and/or other rotation site-specific audiences.

**Learning Objectives:**
To demonstrate the ability to:
1. Identify and understand the learning needs of a target audience
2. Select pertinent research/information to address learning needs of the audience
3. Evaluate information using an evidence-based approach
4. Organize and synthesize information to create a coherent and comprehensive presentation
5. Demonstrate appropriate verbal, non-verbal and written communication skills
6. Facilitate and/or respond to discussion on a topic

**Description:**
Presentations are effective teaching tools and build on communication skills that pharmacists will frequently utilize. This activity provides the student with the opportunity to develop and deliver a presentation designed to meet the learning needs of a specific audience. Feedback from both the audience and preceptor will enable the student to identify areas of strength and areas of improvement for future presentations. Students should be encouraged to attend other student presentations (where appropriate). Presentation categories and formats are negotiable between the preceptor and student.

Presentation categories include (but are not limited to):

A. **Health Promotion/Disease Prevention events**
   Pharmacists, particularly in community practice, are involved in many initiatives designed to promote health or prevent disease. Health promotion encourages people, individually and in groups, to define their health needs and to initiate appropriate measures to improve their health.

B. **Journal Club**
   This is an organized session designed to enable practitioners, educators and/or students to evaluate published research related to their practice area. In particular, thorough use of critical appraisal skills and facilitated discussion, a journal club aims to develop participants’ ability to interpret and apply evidence from practice-based research into actual patient care. Journal clubs are valuable in every practice setting whether community or institutional, direct patient care or non-direct patient care settings.

C. **Inservices to other health care practitioners**
   These presentations commonly occur in settings where members of a care team (either uni-professionally or multi-professionally) require targeted information on a medication/therapeutic related topic.
D. **Formal case presentations**
   This is an effective structure for presenting challenging or interesting patients and provides a context for applying evidence-based practice and improving patient care.

E. **Research/Project presentation**
   This category allows students to develop and deliver a presentation that meets the needs of the rotation site or team, as negotiated between preceptor and student. Presentations may include, but are not limited to, completed original research/projects, research/projects in progress, protocol development or novel techniques/materials applicable to the rotation.

Presentation formats include (but are not limited to):
- Lecture
- Interactive discussion
- Small group workshop
- Poster

The audience may vary for presentations. Potential audience groups may include:
- Patients
- Pharmacists
- Pharmacy students
- Research team
- Other groups of health care providers (e.g. physicians, technicians, nurses, etc.)

**Process**

**Preparation:**
The student and preceptor collaborate in determining the **topic, category, format, length and audience** for each presentation. Efforts should be made early in the rotation to ensure an interested audience type (clinician or patient), invitation to potential audience members, and appropriate time and venue. Students should also strive to tailor their presentation to the learning needs of the audience. Students should provide draft presentation to the preceptor at agreed-upon timelines so that alterations and improvements can be made in response to preceptor feedback.

**Delivery:**
The student presents to the given audience and encourages questions and comments pertaining to the material. Time should be allotted to allow for follow-up with audience members regarding their questions.

**Assessment/Feedback:**
The preceptor will assess the student’s presentation ability and provide the student with feedback of their presentation. Audience members should be encouraged to assess the presentation and provide feedback through verbal and/or written means.

A ‘Presentation Assessment’ form is available in RxPreceptor as a resource if students or preceptors require an assessment tool. This presentation assessment form does not need to be submitted to the faculty.
Resources

Journal Club:
1. Schwartz MD, Dowell D, Aperi J, Kalet A. Improving journal club presentations, or, I can present that paper in under 10 minutes. Evid Based Med. 2007; 12:66-68.
2. Guyatt GH, Sackett DL, Cook DJ. Users’ guides to the medical literature, II: how to use an article about therapy or prevention, part A: are the results valid? JAMA. 1993;270:2598-2601.
3. Guyatt GH, Sackett DL, Cook DJ. Users’ guides to the medical literature, II: how to use an article about therapy or prevention, part B: what were the results and will they help me in caring for my patients? JAMA. 1994;271:59-63.

Case Presentations:

Poster Presentations:
Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

The IPE Curriculum requirements are:

1. Four core learning activities:
   - Teamwork: Your Future in Interprofessional Healthcare
   - Conflict in Interprofessional Life
   - Case - Based Pain Curriculum
   - IPE Component in a Clinical Placement

   AND

2. Two Elective Learning Activities

   **IPE Component in a Clinical Placement:**

   As part of the experiential rotations, students must complete the **IPE Component in a Clinical Placement**. In order to complete this component, students must complete all 3 flexible activities (item A) or complete a structured activity (item B) during their experiential placements. Evidence of either activities in A or B must be documented in RxPreceptor.

   **A. Flexible Activities (all 3 must be completed):**
   - Participate in Interprofessional Team education
   - Interviewing/Shadowing a Team Member
   - Participate in Interprofessional Team meetings

   Outlines for all 3 flexible activities are located in the manual. A reflection for each activity must be uploaded in RxPreceptor. Ensure students discuss with their preceptors opportunities during the rotation to fulfil these activities.

   **B. Structured Placement:**

   The structured IPE placements are organized by the workplace when there are a group of health professional students that will be learning together. The health professional students meet several times over a course of 4-5 weeks. Usually the structured placement finishes off with a group presentation. A certificate of participation in the Structured IPE placement will be issued. This certificate needs to be uploaded in RxPreceptor.
IPE Component in a Clinical Placement - Flexible Activity 1: Participation in Interprofessional Team Education

Description:
In this experience, you (student) will have the opportunity to learn about, from and with colleagues (e.g. staff/students from other professions). Examples of educational sessions that may be appropriate include: interprofessional lunch and learn sessions, journal club discussions, patient/client team-based case discussions, and interprofessional grand rounds. Given the diversity of the sessions possible, the opportunities to address the objectives below may vary accordingly.

An interprofessional team education session should include:
- Involvement of 2 or more professions
- Significant interactivity between participants
- Opportunities to learn about, from and with one another
- Interprofessional teaching/learning moments are discussed/addressed

Learning Objectives:
- Consider how to contribute to advancing effective interprofessional team function through a variety of strategies including, but not limited to:
  - Reflection
  - Identification of factors that may contribute to or hinder team collaboration, including power and hierarchy
  - Assuming diverse roles in an interprofessional group and support others in their roles
- Reflect on how to establish and maintain effective interprofessional working relationship partnerships with others (e.g. team members) to support achievement of common goals

Structure:
A minimum of 1 hour participation in interprofessional (IP) team education is suggested in addition to written reflection and discussion (reflection could be with supervisor, or organization’s clinical IPE leader). You may wish to consider completing this activity near the beginning of the student placement to build on learning throughout.

Things to consider before you begin:
- The pre and post-session questions on page 2 are a suggested guide and may be modified.
- This activity does not have to be completed in one day.
- Review the learning objectives (above) interview and reflection questions (page 2) and modify as appropriate. Discuss these with your supervisor, along with any potential challenges you see arising.
- Record your pre-session reflections (questions provided on page 2) and share these with your clinical supervisor.
- Ensure that the session leaders are in agreement with your (student’s) participation.
Pre Session Reflections
It is recommended that students record for discussion with supervisor:
1. What is the purpose of the education session?
2. What do you hope to learn through participating in the education session:
   - About the topic?
   - About the team/other team members?

Post Session Reflections:
After completing this activity, consider the questions below in a written reflection (one page suggested).
1. Who was involved? (e.g. patient/client, team members, other health care staff, community members)
2. How was the patient/client’s voice/goals addressed?
3. What was the value for you in learning in a group with other professionals? What were the benefits of and challenges to learning together in this experience?
4. How has this experience caused you to reflect on your professional role with patient/clients and on teams?
5. In reflecting on this session, what do you think may enable additional interprofessional education or learning about, from and with each other?
6. What have you learned about this experience? How will you apply what you learned today in the future?

Debrief
Clinician Instructions:
- Ensure that the student discusses their reflections, either with you, another health care provider, and/or the clinical IPE Leader in the organization.
- Consider what surprised you in reviewing the reflections, what resonated with you and how can you continue to guide and support this student’s reflections and interprofessional education.

***Please note that a Supervisor/Staff IPE Tip Sheet for clinicians is available.
IPE Component in a Clinical Placement: Flexible Activity:
2 Interviewing a Team Member

Description:
Through interviewing, you (student) will have the opportunity to learn about, from and with other team members involved in the care of patients you serve.

Learning Objectives:
• describe own role, responsibilities, values and scope of practice effectively to a patient/client and know how other professions are involved in patient/client/family care
• establish an effective working relationship with a patient/client
• based on patient/client/family needs, consider that preferred practice is interprofessional collaboration
• explain the concept of a team
• perform as an effective team member by:
  - sharing information effectively
  - listening attentively
  - using understandable communications
  - reflecting on own learning needs in relation to team function
  - responding to feedback from others

Structure:
Suggested time to complete this activity is 2 hours total, to include an interview with at least one team member in a different role from the pharmacist (e.g. physician, dietician, nurse, dentist, etc). The interviewing may be completed individually or in conjunction with another student who may be at the same practice site on rotation.

Things to consider before you begin:
• Ensure that confidentiality and consent are addressed.
• The questions are a suggested guide and may be modified.
• Review the learning objectives, interview questions and reflection questions; modify as appropriate. Discuss this with your supervisor and any potential challenges that you see.
• You may wish to conduct additional research on the profession(s) you will be interviewing (e.g. review the professional association websites).

How do you select the team member(s)?
• List all of the members on this team and reflect on your knowledge about their roles.
• Discuss this list with your supervisor and together select at least 1 team member to interview.
• You may want to select the person in the profession that you know the least about.
• The clinical supervisor and/or student should explain the purpose of the interview to the team member(s) and obtain consent.

Adapted for Leslie Dan Faculty of Pharmacy, from IPE Curriculum developed by the Centre for Interprofessional Education – University Health Network, Toronto Western Hospital
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Interviewing Experience (suggest 1 hour per team member)
Suggested Questions:

A) Learning about you and your role:
1. How did you decide to enter your profession?
2. How would you describe your scope of practice and is this a typical role for your profession? On this team, what does your assessment & intervention usually involve?
3. What are the biggest challenges in enacting your role?
4. I would like to practice explaining my role (student’s professional role) to other team members. Please provide me with feedback on the following description of my role: . . .
5. I am also learning how to describe other team members’ roles. Knowing what I now know, here is how I would describe your role:. . .. What feedback do you have for my description of your role?

B) Learning about collaboration on this team:
1. How and when do you assess, plan and provide intervention collaboratively with others on this team? (e.g. in what types of situations).
2. Who do you collaborate most closely with on this team? Why? Can you provide a specific example/patient/client story to illustrate?
3. How do you in your professional role usually interact with mine on this team? What goals might we share?
4. How do you contribute to effective decision making on this team?
5. How do you work to establish and maintain relationships on this team?
6. How would you describe the teamwork here? (e.g. Does the work seem coordinated? Do the team members seem to be communicating well with each other?)

Reflection:
After completing this activity, consider the questions below in a written reflection. (one page suggested).
1. What did you learn about the roles on this team that you did not know previously?
2. What are the similarities & differences between the roles (including yours)?
3. What else do you want to learn about the team and its members? What new learning objectives have now emerged for you?
4. How was the patient’s voice/goals expressed?
5. How will this experience influence your role as a professional and team member?

Debrief:
Clinical supervisor Instructions:
• Ensure that the student discusses their reflections, either with you, or another health care provider.
• Consider what surprised you in reviewing the reflections, what resonated with you and how can you continue to guide and support this student’s reflections and interprofessional education.
IPE Component in a Clinical Placement - Flexible Activity 3: Participation in Team Meetings

Description:
In this experience, you (student) will participate in a minimum of 2 team meetings in which at least 2 team members are involved (ideally with the same team). Examples of team meetings include: patient/client rounds, discharge planning meetings, and patient/client/family meetings.

Learning Objectives:
• develop awareness of and contribute to continual improvement of interprofessional team dynamics and group processes through effective interprofessional communication
• advance effective interprofessional team function through identification of factors that contribute to or hinder team collaboration and addressing conflict
• work collaboratively with others to assess, plan and/or provide intervention to optimize patient/client outcomes and quality of care
• perform as an effective team member by promoting effective decision making and displaying flexibility and adaptability

Structure:
• Suggested time to complete this activity is 2 hours plus time for written reflection and discussion with clinical supervisor; however, this may vary based on your setting.

Things to consider before you begin:
• Review the objectives for this activity and add additional ones that may be important for you. Share with your supervisor.
• The clinical supervisor will select a minimum of 2 team interactions/meetings and ensure that the team is clear about the purpose of this activity and your role.

Pre-Meeting Questions
• Consider the following and discuss with your supervisor:
  1. What supports will you need to perform as an effective interprofessional team member and how you should prepare for collaborating in team meetings?
  2. What do you expect will happen through collaborating? (e.g. what type of information do you expect you will receive, what information will they expect from you?)
  3. What do you expect will happen when you participate in and observe the team meetings? (e.g. how will the team function, what will support the team to reach its goals)
Post-Meeting Reflection:
After completing this activity, consider the questions below in a written reflection (one page suggested).

Description of Team Meetings:
1. Briefly describe the team experiences (why/what was the reason for the meeting, what tasks were completed, were objectives for the meetings met, etc.)
2. Who was involved? (e.g. patient/client, team members, other health care staff, community members). Who wasn’t there and how was information from that person/profession shared? (e.g. how was the patient’s voice expressed)
3. How did the team conduct the meetings? (Including what 'group roles' were evident such as chair, facilitator, mediator, clarifier, etc.) Describe how you think the team facilitated the need for all members to have opportunities for active participation.
4. Describe your role in the meetings as a team member. How did you display flexibility and adaptability? How did you promote effective decision making?

Reflections on Team Collaboration:
1. How would you describe the relationship (anticipated or actual) between how the team functions in these meetings and the impact on patient/client care and team member satisfaction?
2. Describe the group process or how the team interacted. (For example, consider how team members behaved, communicated, solved problems, made decisions, provided and responded to feedback, addressed conflict, etc.)
3. What structures or supports impacted team collaboration? (e.g. attendance at meetings, having a clear and agreed upon meeting agenda, etc.)
4. What did you learn that you can apply to your own practice in your role? What learning will you take as a team member in the future?

Debriefing
Supervisor Instructions:
Review the student’s recorded reflections with the student. Consider what surprised you in reviewing the reflections, what resonated with you and how can you continue to guide and support this student’s reflections and interprofessional education.

***Please note that a Supervisor/Staff IPE Tips Sheet for clinicians is available.
Benchmarking APPE Students – Institutional Direct Patient Care Rotations

This document is a guide for preceptors and students to assist with determining the expected level of performance in an institutional direct patient care (DPC) rotation. It acknowledges that the complexity of patients and their care needs varies across sites.

Regardless of the sequence of the rotations assigned, students are expected to demonstrate increasing levels of independence and manage increasingly complex and larger numbers of patients as they progress through their institutional DPC rotations. With each rotation, students will continue to develop universally applicable patient care process and skills and be able to demonstrate increasing ease, efficiency and proficiency. The patient care setting may change (ambulatory, inpatient, intensive care) which will require new therapeutic (drug and disease) knowledge but the patient care process should continue to strengthen throughout subsequent rotations.

The table below serves as a guide for the level of independence and patient care volume that should be expected of a student as s/he progresses through the institutional experiential program. Level of supervision and expectations may be modified at the preceptor’s discretion based on rotation site, prior student experience and demands of the rotation. Expectations for patient load needs to be discussed and clear at the start of rotation.

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Skills and Level of Independence (by the end of rotation)</th>
<th>Patient Volume (by the end of rotation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution DPC 1</td>
<td>• Skills in the data gathering aspect of the patient care process should be fully developed. Students should be independent in data collection (including BPMH, medication reconciliation, gathering pertinent information from patient’s charts).&lt;br&gt;• Drug therapy problems (DTPs) for disease states that the students have been taught in school* (e.g. diabetes, heart failure, infections, etc) are consistently identified and reasonable care plans to manage these DTPs are developed. Preceptor intervention may be required for identification and resolution of DTPs for disease states not previously encountered in school or on rotation.&lt;br&gt;• Students should take initiative and maintain responsibility for carrying out care plans for their patients, including interaction with other members of the health care team and patients with minimal preceptor correction/redirection.&lt;br&gt;• While at the beginning of the rotation preceptor guidance may be required in order to identify and prioritize student activities, by the end of the rotation, students should be able identify and carry out a reasonable plan for each day and prioritize patient care and other responsibilities proactively.</td>
<td>The number and complexity of patients that students are responsible for should increase throughout the duration of rotation.&lt;br&gt;Students are expected to complete <strong>full pharmaceutical care</strong> work-ups for a minimum of 5 patients by the end of the rotation. Start with 1-2 patients in week 1 and increase by at least 1-2 new patients per week.&lt;br&gt;In addition to the full work-ups, students are expected to provide elements of pharmaceutical care (e.g. BPMH, Med Rec, therapeutic drug monitoring, medication counseling, etc.) for additional patients as assigned by preceptor.</td>
</tr>
</tbody>
</table>
### Institution DPC 2 (same clinical unit as DPC 1)

Students who complete a second 5 week rotation in the **same clinical unit** as DPC #1 are expected to continue to progress throughout the rotation.

- Data gathering skills should have been established in DPC#1.
- Continue to identify DTPs and develop care plans as in DPC#1.
- Exhibit more independence in developing and implementing care plans
- Independently identify and review drug or disease information required in order to identify DTPs for non-complex conditions they have not been formally taught or have not encountered previously.
- Need for preceptor correction/redirection should be minimal.
- Take a proactive role in patient care rounds and independently address questions from members of the health care team.
- Continue to independently develop a plan for each day and appropriately prioritize patient care and other responsibilities.

Students are expected to exhibit increasing ease, efficiency and proficiency in providing patient care as the rotation progresses.

### Patient Volume

The number and complexity of patients that students are responsible for should increase throughout the duration of rotation.

Students are expected to complete **full pharmaceutical care** work-ups for a **minimum of 8 patients** by the end of the rotation. Start with 2 patients in week 1 and increase by at least 1-2 new patients per week.

In addition to the full patient work-ups, students are expected to provide elements of pharmaceutical care (e.g. BPMH, Med Rec, therapeutic drug monitoring, medication counseling, etc.) for additional patients as assigned by preceptor.

### Institution DPC 2 (new institution and/or clinical unit)

Students who complete DPC #2 in a **different institution and/or clinical unit** will require some time to orient to the new environment.

- Data gathering skills from DPC#1 are transferrable once orientation has occurred.
- Identify DTPs and develop care plans for patients with conditions that they have previously learned with minimal preceptor correction/redirection.
- Independently identify and review drug or disease information in order to identify DTPs for non-complex conditions they have not been formally taught or have not encountered previously.
- Need for preceptor correction/redirection should be minimal.
- Take a proactive role in patient care rounds and independently address questions from members of the health care team.
- Continue to independently develop a plan for each day and appropriately prioritize patient care and other responsibilities.

Students are expected to exhibit increasing ease, efficiency and proficiency in providing patient care as the rotation progresses.

### Patient Volume

The number and complexity of patients that students are responsible for should increase throughout the duration of rotation.

Students are expected to complete **full pharmaceutical care** work-ups for a **minimum of 6 patients** by the end of the rotation. Start with 2 patients in week 1 and increase by at least 1-2 new patients per week.

In addition to the full patient work-ups, students are expected to provide elements of pharmaceutical care (e.g. BPMH, Med Rec, therapeutic drug monitoring, medication counseling, etc.) for additional patients as assigned by preceptor.
<table>
<thead>
<tr>
<th>Rotation</th>
<th>Skills and Level of Independence (by the end of rotation)</th>
<th>Patient Volume (by the end of rotation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPC 3/4/5</td>
<td>Students who are completing a third DPC rotation in a hospital environment should be able to quickly orient to the clinical unit. Skills and knowledge learned in DPC 1 and 2 should be transferrable to the new clinical area.</td>
<td>The number and complexity of patients that students are responsible for should increase throughout the duration of rotation.</td>
</tr>
<tr>
<td></td>
<td>• Data gathering skills should be well developed, efficient and comprehensive.</td>
<td>Students are expected to complete <strong>full pharmaceutical care</strong> work-ups for a minimum of 6 - 8 patients by the end of the rotation. (This number varies depending on complexity of patients and student’s previous exposure). Start with 2 patients in week 1 and increase by at least 1-2 new patients per week.</td>
</tr>
<tr>
<td></td>
<td>• DTPs should be identified and care plans should be developed and carried out independently and in an efficient manner for conditions that the student has previously encountered.</td>
<td>In addition to the full patient work-ups, students are expected to provide elements of pharmaceutical care (e.g. BPMH, Med Rec, therapeutic drug monitoring, medication counseling, etc.) for additional patients as assigned by preceptor.</td>
</tr>
<tr>
<td></td>
<td>• Independently identify and review drug or disease information in order to identify DTPs for conditions they have not been formally taught or have not encountered previously. Preceptor correction/redirection should be minimal.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Manage all types of patients in the clinical area including those that are complex.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Take ownership of their patients and be able to independently address questions from members of the health care team.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Continue to proactively and independently develop a plan for each day and appropriately prioritize patient care and other responsibilities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Students are expected to exhibit increasing ease, efficiency and proficiency in providing patient care as the rotation progresses.</td>
<td></td>
</tr>
</tbody>
</table>
Benchmarking APPE Students – Community Practice Direct Patient Care Rotations

This document is a guide for preceptors and students to assist with determining the expected level of performance in a community practice direct patient care (DPC) rotation. It acknowledges that the complexity and volume of patients and their care needs varies across sites.

Regardless of the sequence of the rotations assigned, students are expected to demonstrate increasing levels of independence, manage increasingly complex and larger numbers of patients as they progress through their community practice DPC rotations. With each rotation, students will continue to develop universally applicable patient care process and skills. The complexity of patient care area may change which may require new therapeutic (drug and disease) knowledge but the patient care process should continue to strengthen throughout subsequent rotations.

The table below serves as a guide for the level of independence and workload that should be expected of a student as s/he progresses through the community practice experiential rotations. Level of supervision and expectations may be modified at the preceptor’s discretion based on rotation site, prior student experience and demands of the rotation. **Expectations for workload and independence need to be discussed and clear at the start of rotation.**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Skills and Level of Independence (by the end of rotation)</th>
<th>Patient Volume (by the end of rotation)</th>
</tr>
</thead>
</table>
| Core Community DPC (10 weeks) | • Following initial orientation to the practice site, the student should be developing increasing proficiency in the technical aspects of order entry, dispensing, processing of renewal requests, checking and signing filled prescriptions and performing daily pharmacy operations tasks. See OCP supervision guidelines.  
• Activities included in the Expanded Scope of Practice should initially be directly supervised by the preceptor, and by the end of the rotation, student should be able to independently provide recommendations to the preceptor/other health care professionals.  
• Data gathering aspect of the patient care process should be fully developed. Students should be independent in data collection (gathering pertinent information from patient profiles/interviews and performing MedsChecks).  
• Drug therapy problems (DTPs) for disease states that the students have been taught in school (e.g. diabetes, heart failure, infections, etc) are consistently identified and reasonable care plans to manage these DTPs are developed. Preceptor guidance may be required for identification and resolution of DTPs for disease states not previously encountered in school or on rotation.  
• While at the beginning of the rotation preceptor guidance may be required in order to identify and prioritize student activities, by the end of the 10 week rotation, students should be able identify and carry out a reasonable plan for each day and prioritize patient care and other responsibilities independently.  
• Students should be proactive and maintain full responsibility for patient care, carrying out care plans for their patients which includes interaction with patients and other health care professionals without preceptor intervention. | The number and complexity of patients that students are responsible for should increase throughout the duration of rotation.  
Students are expected to complete full pharmaceutical care work-ups for a minimum of 11 patients by the end of the rotation. Start with 1-2 patients in week 1 and increase by at least 1-2 new patients per week.  
In addition to the full work-ups, students are expected be integrated into the workflow of the pharmacy and manage other aspects of patient care (e.g. checking and signing prescriptions, medication counseling, MedsChecks, etc.) as assigned by preceptor.  
By the end of rotation the student should be able to practice at approximately 50-70% capacity of a full-time pharmacist. |
<table>
<thead>
<tr>
<th>Rotation</th>
<th>Skills and Level of Independence (by the end of rotation)</th>
<th>Patient Volume (by the end of rotation)</th>
</tr>
</thead>
</table>
| Community DPC 2 (new practice site) (5 weeks) | Students who complete a second DPC rotation in a different practice site from the “core” community site will require some time to orient to the new environment.  
- Technical aspects of order entry, dispensing, processing of renewal requests, checking filled prescriptions and performing daily pharmacy operations tasks are transferrable once orientation has occurred. Student should be capable, accurate and proficient. See OCP supervision guidelines. ¹  
- Data gathering skills from DPC#1 are transferrable once orientation has occurred.  
- Students should be able to identify DTPs and develop care plans for patients for conditions that they are familiar with minimal preceptor intervention. Students should be able to independently identify and review drug or disease information in order to identify DTPs for non-complex conditions they have not been formally taught or have not encountered previously. Preceptor correction/redirection should be minimal.  
- Activities included in the Expanded Scope of Practice should initially be directly supervised by the preceptor, and by the end of the rotation, student should be able to independently provide recommendations to the preceptor/other health care professionals.  
- Students should take a lead role in patient education and be able to independently address questions from members of the health care team. Students should be able to independently develop a plan for each day and appropriately prioritize patient care and other responsibilities. | The number and complexity of patients that students are responsible for should increase throughout the duration of rotation.  
Students are expected to complete full pharmaceutical care work-ups for a minimum of 6 patients by the end of the 5-week rotation. Start with 1-2 patients in week 1 and increase by at least 1-2 new patients per week.  
In addition to the full work-ups, students are expected be integrated into the workflow of the pharmacy and manage other aspects of patient care (e.g. checking and signing prescriptions, medication counseling, MedsChecks, etc.) as assigned by preceptor.  
A minimum # of filled prescriptions independently checked and signed by the student may be established between students and preceptors.  
By the end of rotation the student should be able to practice at 60 - 80% capacity of a full-time pharmacist. |
Students who are completing a third, fourth or fifth DPC rotation in a community practice environment should be able to quickly orient to the new site. Skills and knowledge learned in DPC 1 and 2 should be transferrable.

- Technical aspects of order entry, dispensing, processing of renewal requests, checking filled prescriptions and performing daily pharmacy operations tasks are transferrable once orientation has occurred. Student should be capable, accurate and proficient. See OCP supervision guidelines.¹
- Data gathering skills should be well developed, efficient and comprehensive.
- DTPs should be identified and care plans should be developed and carried out independently and in an efficient manner for conditions that the student has previously encountered. Students should be able to independently identify and review drug or disease information in order to identify DTPs for conditions they have not been formally taught or have not encountered previously. Preceptor correction/redirection should be minimal.
- Students should be managing all types of patients including those that are most complex. Students should take a lead role in patient care activities such as patient education, expanded scope of practice, practice management, and be able to independently address questions from members of the health care team. Students should continue to be able to independently develop a plan for each day and appropriately prioritize patient care and other responsibilities.

The number and complexity of patients that students are responsible for should increase throughout the duration of rotation.

Students are expected to complete full pharmaceutical care work-ups for a minimum of 6 - 8 patients by the end of the rotation. (This number varies depending on complexity of patients and student's previous exposure). Start with 2 patients in week 1 and increase by at least 1-2 new patients per week.

In addition to the full work-ups, students are expected be integrated into the workflow of the pharmacy and manage other aspects of patient care (e.g. checking and signing prescriptions, medication counseling, MedsChecks, etc.) as assigned by preceptor.

A minimum # of filled prescriptions independently checked and signed by the student may be established between students and preceptors.

By the end of rotation the student should be able to practice at greater than 80% capacity of a full-time pharmacist.

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Skills and Level of Independence (by the end of rotation)</th>
<th>Patient Volume (by the end of rotation)</th>
</tr>
</thead>
</table>
| Community DPC 3/4/5 | Students who are completing a third, fourth or fifth DPC rotation in a community practice environment should be able to quickly orient to the new site. Skills and knowledge learned in DPC 1 and 2 should be transferrable.  
- Technical aspects of order entry, dispensing, processing of renewal requests, checking filled prescriptions and performing daily pharmacy operations tasks are transferrable once orientation has occurred. Student should be capable, accurate and proficient. See OCP supervision guidelines.¹  
- Data gathering skills should be well developed, efficient and comprehensive.  
- DTPs should be identified and care plans should be developed and carried out independently and in an efficient manner for conditions that the student has previously encountered. Students should be able to independently identify and review drug or disease information in order to identify DTPs for conditions they have not been formally taught or have not encountered previously. Preceptor correction/redirection should be minimal.  
- Students should be managing all types of patients including those that are most complex. Students should take a lead role in patient care activities such as patient education, expanded scope of practice, practice management, and be able to independently address questions from members of the health care team. Students should continue to be able to independently develop a plan for each day and appropriately prioritize patient care and other responsibilities. | The number and complexity of patients that students are responsible for should increase throughout the duration of rotation.  
Students are expected to complete full pharmaceutical care work-ups for a minimum of 6 - 8 patients by the end of the rotation. (This number varies depending on complexity of patients and student's previous exposure). Start with 2 patients in week 1 and increase by at least 1-2 new patients per week.  
In addition to the full work-ups, students are expected be integrated into the workflow of the pharmacy and manage other aspects of patient care (e.g. checking and signing prescriptions, medication counseling, MedsChecks, etc.) as assigned by preceptor.  
A minimum # of filled prescriptions independently checked and signed by the student may be established between students and preceptors.  
By the end of rotation the student should be able to practice at greater than 80% capacity of a full-time pharmacist. |
ATTENDANCE REQUIREMENTS

Students are required to be present at their APPE site a **minimum of 40 hours per week over 5 days per week** (usually consecutive). For direct patient care rotations, the majority of this time is to be spent on patient care activities. To facilitate patient care, students should be prepared to align their hours with their preceptor’s schedule. This means that students may be asked to be at the site on weekends and/or evenings as determined on an individual ‘preceptor/student’ pair basis. Students are expected to spend a minimum of an additional ten (10) hours weekly, outside of regular rotation time, on rotation related activities.

**LATENESS**

Students must notify their preceptor, as soon as possible, if they will be delayed in arriving at the site. Ongoing issues with lateness, and/or failure to notify the preceptor of impending lateness can impact the student’s professionalism assessment and overall grade for the rotation.

**ADVERSE WEATHER CONDITIONS**

In the event of adverse weather where travel may be inadvisable, students should call their preceptor and discuss the best course of action. If there is concern about the preceptor’s instructions, students should contact the Office of Experiential Education immediately. If a student does not feel that it is safe to travel, the preceptor should allow the student to make up the missed time at a mutually agreed upon day prior to the conclusion of the rotation.

**VACATIONS**

Students may have two, but not three consecutive vacation blocks. Students will have December 21, 2015 to January 1, 2016 as vacation time. Note that there is no reading week during the APPE rotations.

**ABSENCES**

Students must notify their preceptor as soon as possible if they will not be present at the site as expected. Failure to do so, can impact a student’s professionalism assessment and overall grade for the rotation. APPE students must enter any absences, planned or unplanned, into RXpreceptor. When the student completes an entry, the preceptor will notice this on logging in. He/she will have a yellow arrow on the ‘student absences’ menu. By clicking, they can review and confirm or deny the entry, and make any comment. The preceptor will also receive an email alert that an item is posted to review.

Students are permitted one day absence/rotation due to a medical or an emergency issue with proper notification/approval from the preceptor. Time missed for this one day does not need to be made up later.

If more than one day of a rotation is missed, the Office of Experiential Education must be notified immediately and arrangements made to make up the missed time. For more than one missed day, a petition and appropriate documentation must be submitted to the Registrar’s office.
Documentation forms can be found at this link:

http://www.pharmacy.utoronto.ca/pharmd/petitions

PERMITTED ABSENCES

Preceptors and the Office of Experiential Education acknowledge that extenuating circumstances occasionally occur that can prevent student attendance during an APPE rotation. Planned or unplanned absences may not be permitted except only under the following circumstances in conjunction with an approved petition (by the Registrar’s Office). Any missed time will need to be made up for that rotation.

1) Medical Necessity:

Medical necessity refers to an unpredictable or serious illness of the student or an immediate family member. Appropriate documentation must be submitted to the Registrar’s office. Official documentation forms can be found at the previously listed link.

2) Bereavement:

In circumstances when a student is absent from the site due to the death of an immediate family member (parent, child, spouse, grandparent, or sibling), appropriate documentation must be submitted to the Registrar’s office.

3) Professional Development/Practice Conferences (PDW, PPC etc.):

Students who wish to attend the Professional Development Weekend conference (PDW) or attend a professional practice conference (e.g. CSHP’s Professional Practice Conference) must submit a Conference Request Form at least one week before the conference and communicate their expected absence to the preceptor. Students should indicate on their Learning Contract the learning objectives being met through attendance at professional conferences.

4) Religious Observances:

Students who request a day off from a rotation due to a religious observance will be granted such, provided it is also approved by the preceptor. The missed hours will need to be made up.

STUDENT PROFESSIONAL OBLIGATIONS

If students are absent from their site, for any reason, they are expected to take necessary measures to ensure that their patients’ care is continued. Failure to take responsibility would indicate non-compliance with the University of Toronto Standards of Professional Practice Behaviour and will impact the student’s professionalism assessment and rotation grade. Breach of these standards may be cause for dismissal from a course or program or for failure to promote.

http://www.pharmacy.utoronto.ca/pharmd/policies-regulations
Students are not expected to be scheduled at their sites on statutory holidays recognized by the University of Toronto.

The following are statutory holidays at the University of Toronto:

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>May 1, 2015 to May 8, 2016</strong></td>
<td></td>
</tr>
<tr>
<td>Victoria Day</td>
<td>May 18, 2015</td>
</tr>
<tr>
<td>Canada Day</td>
<td>July 1, 2015</td>
</tr>
<tr>
<td>Civic Holiday</td>
<td>August 3, 2015</td>
</tr>
<tr>
<td>Labour Day</td>
<td>September 7, 2015</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
<td>October 12, 2015</td>
</tr>
<tr>
<td>Christmas/New Year</td>
<td>Monday, December 21, 2015 to Friday, January 1, 2016 inclusive</td>
</tr>
<tr>
<td>Family Day</td>
<td>February 15, 2016</td>
</tr>
<tr>
<td>Good Friday</td>
<td>March 25, 2016</td>
</tr>
</tbody>
</table>
Professionalism

Professionalism is an overarching quality that must be consistently present throughout the rotation as various activities are performed. Students must take responsibility for acting professionally and demonstrate this in all interactions, behaviours and attitudes, i.e. in accordance with the required standards. It is important to note that while baseline behaviours are cited explicitly in these standards, it is implicit that conduct consistent with a high level of professional behaviour is expected.

Students are expected to be familiar with and to adhere at all times to the policies, standards, guidelines and regulations set out within:

1. The Leslie Dan Faculty of Pharmacy Pledge of Professionalism
2. The University of Toronto’s Standards of Professional Practice Behaviour for all Health Professional Students which can be found at the link below: http://www.pharmacy.utoronto.ca/sites/default/files/upload/bscphm/Standards%20of%20Professional%20Practice%20Behaviour%20for%20All%20Health%20Professional%20Students.pdf
3. The Ontario College of Pharmacy’s (OCP) Code of Ethics for Members of the Ontario College of Pharmacists which can be found at: http://www.ocpinfo.com/client/ocp/OCPHome.nsf/d12550e436a1716585256ac90065aa1c/fd4c299cfd1271cf852572eb0052aa67?OpenDocument&Highlight=2,code,of,ethics
4. Each rotation site’s corporate, institutional, departmental or practice documents pertaining to professionalism. Contact your preceptors for these documents.

Adherence to these standards is mandatory for students and will be assessed throughout each rotation. All professional activities and interactions must be characterized by honesty, integrity, conscientiousness, responsibility, and reliability. Recognizing that their involvement in the health care system may put them in positions of power with patients/clients, students must not take advantage of this position to advocate for their personal gain, values or beliefs.

Poor professional behaviour will impact upon the student’s professionalism assessment and may be grounds for a grade of ‘fail’, require remedial work, delay of promotion and graduation, or dismissal from the program as per the University’s Standards of Professional Practice Behaviour. In addition, unacceptable professional behaviour may be reportable to and merit intervention by the Ontario College of Pharmacists, discipline for breach of site (institution or practice) policy and/or prosecution or a lawsuit for damages as a result of a contravention of the Personal Health Information Protection Act (PHIPA).

Reporting

All professionals have a collective professional duty to assure appropriate behaviour, particularly in matters of privacy and confidentiality. A student who has reason to believe that another person (student, preceptor, colleague etc.) has contravened these guidelines should approach his/her immediate preceptor or an experiential coordinator at the Faculty. If the issue is inadequately addressed, he/she may complain in writing to the Associate Dean at the Leslie Dan Faculty of Pharmacy. Complaints about breaches of privacy may also be filed with the Information and Privacy Commissioner of Ontario and the Ontario College of Pharmacists (under the Regulated Health Professions act 1991).

1 Standards of Professional Practice Behaviour for all Health Professional Students, University of Toronto. (Approved by Governing Council June 17, 2008)

Assessment of Professionalism

Professional Behaviour is assessed within the mid-point and final assessment form. The preceptor shall immediately report to the Office of Experiential Education any unacceptable behaviours/attitude or any major concerns they have with the student’s level of professionalism. See Example A chart for Appropriate Behaviours and Example B chart for Unacceptable Behaviours.
### Definition and Examples of Expectations in Professionalism – Example A

<table>
<thead>
<tr>
<th>1. Empathy, consideration and compassion:</th>
<th>6. Recognition of the importance of self-evaluation and life long learning:</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ is sincere in understanding and responding to others’ feelings</td>
<td>♦ listens to, acknowledges, accepts and applies constructive criticism</td>
</tr>
<tr>
<td>♦ puts others needs above his/her own</td>
<td>♦ takes initiative in undertaking tasks</td>
</tr>
<tr>
<td>♦ takes necessary time to explain information</td>
<td>♦ accepts responsibility and demonstrates accountability without repeated reminders</td>
</tr>
<tr>
<td>♦ is able to identify underlying feelings</td>
<td>♦ recognizes limitations and seeks help</td>
</tr>
<tr>
<td></td>
<td>♦ attends learning events/rounds</td>
</tr>
<tr>
<td></td>
<td>♦ inquisitive - seeks to understand</td>
</tr>
<tr>
<td></td>
<td>♦ goes beyond minimum expectations; shows desire to learn</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Respect for human rights:</th>
<th>7. Awareness of the effects that differences in age, gender and cultural and social background may have:</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ acknowledges and respects different belief systems and lifestyles</td>
<td>♦ individualizes approach to, and treatment of, patients to reflect sensitivity to their unique differences</td>
</tr>
<tr>
<td>♦ avoids assumptions based on stereotypes or prejudgement</td>
<td>♦ demonstrates understanding of these effects through discussion with TA</td>
</tr>
<tr>
<td>♦ strives to provide equal access to information, assistance, and care</td>
<td></td>
</tr>
<tr>
<td>♦ contributes to an inclusive and welcoming environment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Respect for and the ability to work harmoniously with the patient/client:</th>
<th>8. Respect for colleagues and others:</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ acts courteously</td>
<td>♦ completes assigned tasks on time/fulfils obligations without prompting</td>
</tr>
<tr>
<td>♦ listens actively</td>
<td>♦ displays open-ness to other's views</td>
</tr>
<tr>
<td>♦ is patient</td>
<td>♦ non-judgmental</td>
</tr>
<tr>
<td>♦ uses appropriate language and non-verbals (e.g. speaks effectively, not condescending, meek or overly assertive)</td>
<td>♦ conscientious</td>
</tr>
<tr>
<td></td>
<td>♦ appreciative of other's experiences</td>
</tr>
<tr>
<td></td>
<td>♦ is tactful and modest</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Concern for the psycho-social aspects of the patient/client's illnesses:</th>
<th>9. Appropriate professional and personal conduct:</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ explores, discusses and supports issues from the patient's perspective (e.g. does explicitly in care plans)</td>
<td>♦ all behaviour embodies honesty, integrity, conscientiousness and reliability</td>
</tr>
<tr>
<td>♦ is able to identify individual's social and psychological context of illness</td>
<td>♦ dresses professionally</td>
</tr>
<tr>
<td></td>
<td>♦ is punctual - arrives on time for shifts and meetings; notifies TA if unable to arrive on time or meet a deadline</td>
</tr>
<tr>
<td></td>
<td>♦ acts competently and confidently</td>
</tr>
<tr>
<td></td>
<td>♦ attends to personal hygiene and appropriate grooming (as defined by the TA, site policies and professional norms)</td>
</tr>
<tr>
<td></td>
<td>♦ complies with fragrance sensitivity policies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Respect for confidentiality:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ does not discuss any patient information in 'public' area where may be overheard</td>
<td></td>
</tr>
<tr>
<td>♦ removes all patient identifiers on documentation or in verbal case presentations</td>
<td></td>
</tr>
<tr>
<td>♦ discreet/cautious with all information related to individual patients and site-specific information</td>
<td></td>
</tr>
<tr>
<td>♦ complies with all site policies related to patient information and documentation</td>
<td></td>
</tr>
</tbody>
</table>
Definition and Examples of Unacceptable Behaviours – Example B

- violating the Criminal Code
- referring to oneself as, or holding oneself to be, more qualified than one is
- failing to be available while on call or on duty
- failing to respect patient’s/client’s rights
- breaching confidentiality
- failing to keep proper records
- failing to accept responsibility and/or communicate the need for preventing or resolving a drug-related problem
- failing to provide transfer of responsibility for patient/client care
- falsifying records
- conducting sexual impropriety with a patient, caregivers, their families or colleagues
- being impaired by alcohol or drug while participating in patient/client care, on duty or on call
- demonstrating any other conduct unbecoming of a practising pharmacist
- demonstrating infractions of the Human Rights Code

Revised 2003, 2006, 2007 incorporating ideas/examples (with permission) from Faculty of Medicine, UofT; D. Hammer, University of Washington; C.Boyle, University of Maryland School of Pharmacy Experiential Learning Program
STANDARDS OF PROFESSIONAL PRACTICE BEHAVIOUR
FOR ALL HEALTH PROFESSIONAL STUDENTS

(Approved by Governing Council June 17, 2008)

Preamble

Health professional students engage in a variety of activities with patients/clients under supervision and as part of their academic programs. During this training, the University, training sites, and society more generally expect our health professional students to adhere to appropriate standards of behaviour and ethical values. All health profession students accept that their profession demands integrity, exemplary behaviour, dedication to the search for truth, and service to humanity in the pursuit of their education and the exercise of their profession.

These Standards express professional practice and ethical performance expected of students registered in undergraduate, graduate and postgraduate programs, courses, or training (for the purposes of this policy, students includes undergraduate/graduate students, trainees including post doctoral fellows, interns, residents, clinical and research fellows or the equivalents) in the:
(a) Faculty of Dentistry;
(b) Faculty of Medicine;
(c) Lawrence S. Bloomberg Faculty of Nursing;
(d) Leslie Dan Faculty of Pharmacy;
(e) Faculty of Physical Education and Health;
(f) Factor-Inwentash Faculty of Social Work;
(g) Ontario Institute for Studies in Education (OISE Programs in School and Clinical Child Psychology; Counseling Psychology for Psychology Specialists; Counseling Psychology for Community and Educational Settings).

By registering at the University of Toronto in one of these Faculties or in courses they offer, a student accepts that he/she shall adhere to these Standards. These Standards apply to students in practice-related settings such as fieldwork, practicum, rotations, and other such activities arranged through the Faculty, program of study, or teaching staff. Other Faculties that have students engaged in such activities in health settings may also adopt these standards.

These Standards do not replace legal or ethical standards defined by professional or regulatory bodies or by a practice or field setting, nor by other academic standards or expectations existing at the University of Toronto. Action respecting these Standards by the Faculty responsible for the program or course does not preclude any other action under other applicable University policies or procedures, action by program regulatory bodies, professional bodies, or practice/field settings, or action under applicable law including the Criminal Code of Canada.

Breach of any of these Standards may, after appropriate evaluation of a student, and in accordance with applicable procedures, be cause for dismissal from a course or program or for failure to promote.
Standards of Professional Behaviour and Ethical Performance

(a) All students will strive to pursue excellence in their acquisition of knowledge, skills, and attitudes in their profession and will uphold the relevant behavioural and ethical standards of his or her health profession or Faculty, including:

1. Keeping proper patient/client records
2. Where patient/client informed consent to an action is required, the student will act only after valid informed consent has been obtained from the patient/client (or from an appropriate substitute decision-maker)
3. Providing appropriate transfer of responsibility for patient/client care
4. Being skilful at communicating and interacting appropriately with patients/clients, families, faculty/instructors, peers, colleagues, and other health care personnel
5. Not exploiting the patient/client relationship for personal benefit, gain, or gratification
6. Attending all mandatory educational sessions and clinical placements or provide appropriate notification of absence
7. Demonstrating the following qualities in the provision of care:
   (a) empathy and compassion for patients/clients and their families and caregivers;
   (b) concern for the needs of the patient/client and their families to understand the nature of the illness/problem and the goals and possible complications of investigations and treatment;
   (c) concern for the psycho-social aspects of the patient’s/client’s illness/problem;
   (d) assessment and consideration of a patient’s/client’s motivation and physical and mental capacity when arranging for appropriate services;
   (e) respect for, and ability to work harmoniously with, instructors, peers, and other health professionals;
   (f) respect for, and ability to work harmoniously with, the patient/client and all those involved in the promotion of his/her wellbeing;
   (g) recognition of the importance of self-assessment and of continuing education;
   (h) willingness to teach others in the same specialty and in other health professions;
   (i) understanding of the appropriate requirements for involvement of patients/clients and their families in research;
   (j) awareness of the effects that differences in gender, sexual orientation, cultural and social background may have on the maintenance of health and the development and treatment of illness/problems;
   (k) awareness of the effects that differences in gender, sexual orientation, and cultural and social background may have on the care we provide;
   (l) respect for confidentiality of all patient/client information; and,
   (m) ability to establish appropriate boundaries in relationships with patients/clients and with health professionals being supervised.

These Standards articulate the minimum expected behaviour and ethical performance; however, a student should always strive for exemplary ethical and professional behaviour.

(b) A student will refrain from taking any action which is inconsistent with the appropriate standards of professional behaviour and ethical performance, including refraining from the following conduct:

8. Misrepresenting or misleading anyone as to his or her qualifications or role
9. Providing treatment without supervision or authorization
10. Misusing or misrepresenting his/her institutional or professional affiliation
11. Stealing or misappropriating or misusing drugs, equipment, or other property
13. Unlawfully breaching confidentiality, including but not limited to accessing electronic records of patients/clients for whom s/he is not on the care team
14. Being under the influence of alcohol or recreational drugs while participating in patient/client care or on call or otherwise where professional behaviour is expected
15. Being unavailable while on call or on duty
16. Failing to respect patients’/clients’ rights and dignity
17. Falsifying patient/client records
18. Committing sexual impropriety with a patient/client
19. Committing any act that could reasonably be construed as mental or physical abuse
20. Behaving in a way that is unbecoming of a practising professional in his or her respective health profession or that is in violation of relevant and applicable Canadian law, including violation of the Canadian Criminal Code.

Assessment of Professional Behaviour and Ethical Performance

The Faculties value the professional behaviour and ethical performance of their students and assessment of that behaviour and performance will form part of the academic assessment of health professions students in accordance with the Grading Practices Policy of the University of Toronto. Professional behaviour and ethical performance will be assessed in all rotations/fieldwork/practicum placements. These assessments will be timely in relation to the end of rotation/fieldwork placement/practicum and will be communicated to the student.

Each Health Science Faculty will have specific guidelines related to these Standards that provide further elaboration with respect to their Faculty-specific behavioural standards and ethical performance, assessment of such standards and relevant procedures.

Breaches of these Standards or of Faculty-specific guidelines related to these Standards are serious academic matters and represent failure to meet the academic standards of the relevant health profession program. Poor performance with respect to professional or ethical behaviour may result in a performance assessment which includes a formal written reprimand, remedial work, denial of promotion, suspension, or dismissal from a program or a combination of these. In the case of suspension or dismissal from a program, the suspension or dismissal may be recorded on the student’s academic record and transcript with a statement that these Standards have been breached.

With respect to undergraduate students, appeals against decisions under this policy may be made according to the guidelines for such appeals within the relevant Faculty.

In the case of graduate students, the procedures for academic appeals established in the School of Graduate Studies shall apply. Recommendation to terminate registration in a graduate program must be approved by the School of Graduate Studies. Decisions to terminate registration in a graduate program may be appealed directly to the School of Graduate Studies Graduate Academic Appeals Board (GAAB) in accordance with its practices and procedures.

1 Students who have (or have had) a close personal relationship with a colleague, junior colleague, member of administrative staff or other hospital staff should be aware that obligations outlined in the Provost’s Memorandum on Conflict of Interest and Close Personal Relations pertain to these Standards. http://www.provost.utoronto.ca/policy/relations.htm
In cases where the allegations of behaviour are serious, and if proven, could constitute a significant disruption to the program or the training site or a health and safety risk to other students, members of the University community, or patient/clients, the Dean of the Faculty responsible for the program or course is authorized to impose such interim conditions upon the student, including removal from the training site, as the Dean may consider appropriate.

In urgent situations, such as those involving serious threats or violent behaviour, a student may be removed from the University in accordance with the procedures set out in the Student Code of Conduct.
Policies on Communicable Diseases and Immunizations
For Pharmacy Students

Students

1. The Faculty of Pharmacy will inform students that:

- they may be required to take part in the care of patients with various communicable diseases including hepatitis, TB, and HIV, during their clinical rotations;
- they will be instructed regarding methods of preventing the spread of communicable diseases;
- there is a risk that they may contract a communicable disease during the course of their rotations;
- they have a responsibility to prevent the spread of communicable diseases to others;
- they will be required to comply with Faculty immunization requirements;
- students with a communicable disease may participate in experiential placements only as long as their (continued) involvement does not pose a health or safety hazard to themselves or to others;
- students will be required to comply with provincial communicable diseases surveillance protocols developed under the Public Hospitals Act/Regulation 965;
- students may be required to give body fluid specimens if they are exposed to or contract certain diseases while working in practice sites.

2. Students with tuberculosis, hepatitis B, hepatitis C or HIV infection are required, prior to beginning practical experience rotations, to inform the Associate Dean, Professional Programs of their condition. Strict confidentiality concerning the student’s state of health will be maintained.

Students With A Communicable Disease

1. All students are expected to be in a state of health such that they may participate in the academic program, including patient care, without posing a risk to themselves or to others. Students with a communicable disease may participate in experiential placements only as long as their continued involvement does not pose a health or safety hazard to themselves or others.

2. Students who acquire a communicable disease are required to seek medical opinion.

3. In addition to complying with other regulations, students with tuberculosis, hepatitis B, hepatitis C or HIV infection must notify the Associate Dean, Professional Programs who may consult with experts as appropriate.

4. The health status of the students shall remain confidential.

Student Participation In Care Of Patients With Communicable Diseases

1. Students are required to participate in the care of all patients assigned to them, including patients with communicable diseases, to a level commensurate with their level of training. Such participation is necessary for the student’s learning as well as for satisfactory completion of academic requirements.

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1 This document is drawn in large part from the Faculty of Medicine, University of Toronto’s ‘Policy Regarding Communicable Diseases and Occupational Health For Applicants To and Students Of the Undergraduate Medical Program, the Program in Occupational Therapy and the Program in Physical Therapy.’
2. All students are expected to understand and adhere to infection control policies, including the principles of body substance precautions, when participating in the assessment and care of all patients, regardless of the patient’s diagnosis.

3. Students are responsible for conducting themselves in a manner which is consistent with the health and safety of themselves and others and shall be given appropriate training to do so. Students who fail to meet these responsibilities may, depending on the circumstances, face sanctions under the provisions of the Standards of Professional Practice Behaviour for All Health Professional Students.

4. Students are required to comply with the immunization policies of the Faculty.

**Students Who Are Exposed To A Communicable Disease In The Course Of An Experiential Placement**

1. Students who incur an injury or other medically related incident that may place them at risk of acquiring a communicable disease, during the performance of activities as a part of their experiential placement, must immediately seek medical attention. The incident must be reported by the student, at the earliest opportunity, to their preceptor who will contact appropriate institutional/corporate offices and to the Associate Dean, Professional Programs. Required documentation must be completed. The Associate Dean, Professional Programs will follow up to assure that documentation is completed and that appropriate counselling is provided.

**Co-Responsibility with Practice Sites**

The Faculty of Pharmacy and the practice sites each are responsible for ensuring that students are adequately instructed in infection control as it relates to communicable diseases. This will include the following:

1. The Faculty will provide information on body substance precautions and infection control and inform students as to their responsibilities with respect to infection control.

2. Affiliated institutional practice sites are required to comply with the Communicable Disease Surveillance Protocols for Ontario Hospitals developed under the Public Hospitals Act/Regulation 965. Compliance with these Protocols requires the hospitals to provide instruction in infection control precautions.

**Immunization Requirements**

Notice of the specific immunization requirements, including deadlines for submission of documentation, is provided to pharmacy students prior to starting experiential placements.

Documentary proof of current *required* immunization against specific diseases must be submitted by the specified date. In addition, chest X-ray and titre results and documentation of history of specific infections, where relevant, are also required.

**STUDENTS WHO FAIL TO COMPLY WITH IMMUNIZATION AND DOCUMENTATION REQUIREMENTS WILL NOT BE PERMITTED TO PROCEED TO EXPERIENTIAL PLACEMENTS.**
1. Requirements:

a) Tuberculosis:

Students whose tuberculin status is unknown, and those previously identified as tuberculin negative (with only ONE single-step Mantoux), require a baseline two-step Mantoux skin test with PPD/5TU. However, if the student has a documented negative PPD test during the preceding 12 months a single-step test may be given.

For students who have had ≥2 previously documented negative single step PPD tests or 1 previously documented 2-step PPD test, a single-step test may be given.

Annual TB testing is a requirement for individuals who have previously tested negative.

Students who have had previous Bacille Calmette-Guerin (BCG) vaccine may still be at risk of infection and should be assessed. **A history of BCG vaccine is not a contraindication to tuberculin testing.**

**Documented positive tuberculin skin test**

If a student has a previously documented positive tuberculin skin test, the student does not need to receive another tuberculin skin test, but requires additional documentation.

A chest X-ray should be taken on students who:

i. are TB skin test positive and have never been evaluated for the positive skin test;

ii. had a previous diagnosis of tuberculosis but have never received adequate treatment for TB; and/or

iii. have pulmonary symptoms that may be due to TB.

b) Measles, Mumps, Rubella, Varicella:

Proof of 2 vaccinations with documented date or positive titre results for antibodies is required.

c) Diphtheria/Tetanus/Acellular Pertussis:

Proof of current immunization status is required. Immunization against diphtheria/tetanus is effective for approximately ten years. Vaccination with acellular pertussis as an adolescent or adult is recommended.

d) Polio:

Proof of a complete primary series of polio vaccinations is required. Should immunization be required prior to the commencement of experiential placements, inactivated poliomyelitis vaccine (IPV) is indicated rather than oral poliomyelitis (OPV) vaccine because people receiving OPV may shed the virus and inadvertently expose immunocompromised patients to live virus. Persons who have not received a full primary course should have the series completed with IPV regardless of the interval since the last dose.

e) Hepatitis B:

Documented immunization of a complete series of Hepatitis B, including lab evidence of immunity

**Antibodies to HBsAg (Anti-HBsAg over 10 IU/L = immune)** must be provided at least one month after the vaccine series is complete.

i. **Individuals who are non-immune** (i.e. do not have the antibodies against HBsAg after immunization), must be screened for the surface antigen (HBsAg). If the HBsAg result is positive, a further screen for e-antigen (HBeAg) must be performed.

ii. **Individuals who are non-immune and HBsAg negative** must undergo a second COMPLETE series of HB immunization, and subsequent lab results recorded. If lab evidence (anti-HBs) does not demonstrate immunity after the second series ("non-responder"), individual consideration should be given to the case, depending on the professional requirements.

Routine booster doses of vaccine are not currently recommended in persons with previously demonstrated antibody as immune memory persists even in the absence of detectable anti-HBs, however periodic testing should be conducted in hepatitis B responders who are immunosuppressed to ensure they are maintaining their anti-HBs titre.
2. **Recommendations:**
   
a) **Influenza vaccination:** is strongly recommended for all pharmacy students participating in experiential placements. Students who choose not to have an annual influenza vaccination should be aware that they may be limited from clinical placements in sites requiring the vaccination.

3. **Site Specific Requirements:**
   
a) Students must comply with institutional/corporate policy of the site to which they are assigned. Individual institutions and practice sites may have immunization, testing or documentation requirements for student placements beyond those required by the Faculty. Information regarding these requirements will be provided to students when site assignments are confirmed.
Policy on Cardiopulmonary Resuscitation (CPR)/First Aid Requirements

All graduates must be able to perform first aid and CPR. To meet this requirement all students must provide evidence of certification or re-certification, in the course or combination of courses suggested by the Faculty prior to commencing experiential placements.

Students must provide a copy of their certificate, showing successful completion of an approved program, to the Office of Experiential Education prior to commencing experiential placements.

Origin of Courses

It is recommended that students take courses from either St. John Ambulance or Red Cross. If students take courses from other organizations, it is the responsibility of the student to submit documentation from the instructor and/or organization indicating that:

- the course(s) they took is/are equivalent in content and instruction methods to the courses provided by any of the two organizations listed above and
- the CPR instructor is registered with the Heart and Stroke Foundation and
- the CPR that is taught is according to Heart and Stroke Foundation guidelines.

This documentation is to be submitted along with the student’s copy of their certificate as indicated above.

Specific Course Requirements

Students must complete a Standard First Aid and a Basic Rescuer CPR (Level C or HCP) course which is at least equivalent to the courses listed below.

St. John Ambulance

Combined Standard First Aid/Basic Rescuer CPR (Level C or HCP)*
CPR Basic Rescuer CPR (Level C or HCP)* or Re-certification (Level C or HCP)*

Red Cross Society

Combined Standard First Aid/Basic Rescuer CPR (Level C or HCP)*
CPR Basic Rescuer CPR (Level C or HCP)* or Re-certification (Level C or HCP)*

* Level C or HCP = CPR for adult, child and infant by one rescuer and for adult and child by two resucers
The University is required to comply with government Workplace Safety and Insurance Board (WSIB) policies related to student accident coverage during students’ unpaid placements. The Ministry of Training, Colleges and Universities (MTCU) has implemented a new streamlined process for students enrolled in an approved Ontario university program that requires them to complete placements in the workplaces as part of their program of study.

The Workplace Educational Placement Agreement (WEPA) Form has been replaced by the Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form. Placement Employers and Training Agencies (universities) are not required to complete and sign the online Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form for each placement that is part of the student’s program of study in order to be eligible for WSIB coverage. Instead, this form only needs to be completed when submitting a claim resulting from an on-the-job injury/disease.

In the event of an injury/disease we ask that the site sign a ‘Letter to Placement Employers’ and ‘Letter of Authorization to Represent Employer’. Sites are also required to complete the accident report form and submit to the Office of Experiential Education within 24 hours of the incident. We have on file a copy of each student’s signed declaration of understanding form which confirms they are aware of their WSIB coverage.

The Letter to Placement Employers, Accident Reports and Letter of Authorization to Represent Employer are posted on our website: http://www.pharmacy.utoronto.ca/oee/policies

Within 24 hours of an event of injury/disease:

Students:
- Immediately seeks medical attention
- Reports incident to preceptor at earliest opportunity

Preceptor:
- Contacts appropriate institutional/corporate offices
- Contacts the OEE office – oee.phm@utoronto.ca and relevant faculty member

Office of Experiential Education:
- Follows up with site to ensure that documentation is completed
- Submits the appropriate documentation to the Provost’s office
**Documentation required in the event of an injury/disease**

1) Sites with WSIB coverage - email to oee.phm@utoronto.ca or fax: 416-946-3841:
   - a signed *Letter to Placement Employers – clinical sites with WSIB coverage*
   - a completed *U of T Accident Report* form

2) Sites without WSIB coverage - email to oee.phm@utoronto.ca or fax: 416-946-3841:
   - A signed *Letter to Placement Employers – clinical sites without WSIB Coverage*
   - a completed *ACE INA Accident Report* form
   - a completed *Letter of Authorization to Represent Employer* form

If you have any questions about the above please contact oee.phm@utoronto.ca or call 416-978-0280.
We greatly appreciate your involvement with, and support of, our student placements.

April 2015
UNIVERSITY OF TORONTO
Students on Unpaid Work Placements Accident Report

Submit completed form within 24 hours to the Office of Experiential Education – 416-946-3841

A: Accident Type:
- o No Injury
- o First Aid
- o Health Care
- o Lost Time
- o Critical Injury
- o Occupational Disease

B: Student (Training Participant) Injured:
- Last Name: 
- First Name: 
- Sex: M or F
- Home Address: 
- Postal Code: 
- DOB: (dmy): 
- Social Insurance Number: 
- Placement start date: (dmy): 
- Home Phone: 
- Program enrolled in: 
- Depart/Faculty/Address: 

C: Reporting:
- Date and time of injury: (dd/mm/yy): 
- Date reported: (dd/mm/yy): 
- To whom was injury reported: (name/title): 
- If injury not reported immediately – state reason: 
- Was medical attention sought? 
  - o Yes 
  - o No 
  If yes provide name/address of attending physician 

D: Accident/Occupational Disease Details – State exactly (continue on back or attach letter if required)
1. What happened to cause the injury? 

2. Explain what the training participant was doing and the effort involved? 

3. Describe the injury, part of body involved and specify left or right side. 

4. Identify the size, weight, and type of equipment or materials involved. 

5. Where did the accident occur? (location, building, room #) 

6. What conditions attributed to the accident and what steps have been taken to prevent recurrence? 

7. Name and work address of any witnesses who were aware of the accident. 

E: Please answer all questions – Explain yes answers on back 
1. Did the accident occur outside of Ontario? If yes, state where. 
   - o Yes 
   - o No 
2. Was anyone not in the University’s employ responsible? 
   - o Yes 
   - o No 
3. Do you have any reason to doubt the history of the injury? 
   - o Yes 
   - o No 
4. Was employee doing work other than for the university? 
   - o Yes 
   - o No 
5. Was there serious and wilful misconduct involved? 
   - o Yes 
   - o No 
6. Do you know if employee had a similar previous disability? 
   - o Yes 
   - o No 

F Complete if any Lost Time from Work 
- Date and time last worked: (dmy): 
- Date returned: (dmy): 

G To be Signed by Placement Employer 
- Name and address of placement employer: 
- Completed by: (please print) 

Signature: 

Date: 

Phone:
Name of Work Placement Employer

Name of Training Participant

Date Work Commenced

Is the Training Participant covered by the Workplace Safety Insurance Board Coverage? Yes No

Date last worked

Reason Training Participant ceased work

Description of accident:

Witness to accident:

If Training Participant has returned to work, give date of return

Describe exact duties of Training Participant prior to the date of accident or attach copy of job description

If Training Participant has returned to work, have you modified the duties due to the accident? Yes No

If “Yes”, please describe

Date

Name of Work Placement Employer’s Authorized Representative

By

Signature

Name of Training Agency’s Authorized Representative

By

Signature
Workplace Safety and Insurance Board or Private Insurance Coverage

Students on Program Related Placements

Student coverage while on placement

The government of Ontario, through the Ministry of Training, Colleges and Universities (MTCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (university). Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on placements that are required by their program of study. MTCU also provides private insurance to students should their unpaid placement required by their program of study take place with an employer who is not covered under the Workplace Safety and Insurance Act.

Furthermore, MTCU provides limited private insurance coverage for students in Ontario publicly supported postsecondary programs whose placements are arranged by their postsecondary institution to take place outside of Ontario (international and other Canadian jurisdictions).

Declaration

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Training, Colleges and Universities while I am on a placement as arranged by the university as a requirement of my program of study.

I understand the implications and have had any questions answered to my satisfaction.

Student name (print): ________________________ Student signature: ________________________

Program/School: ________________________ Date: ________________________

Parent/Legal Guardian’s Signature (for student less than 18 years of age)

Name (print): ________________________ Date: ________________________

Signature: ________________________
Grading Policy for Advanced Pharmacy Practice Experience

Overview:

Student assessment and grading policies and procedures in the Experiential courses of the entry-to-practice PharmD programs will be guided by the University of Toronto Assessment and Grading Practices Policy (January 2012). In particular, Part B, item #7 described below is relevant:

Assessment of Student Performance in Placements (e.g. Clinical and Field settings)

The assessment of the performance of students in clinical or field settings should be conducted in line with this Policy. Accordingly, where a student’s performance in a placement, clinical or field setting is to be assessed for credit, the evaluation must encompass, as a minimum:

- a formal statement describing the evaluation process, including the criteria to be used in assessing the performance of students and the appeal mechanisms available. This statement should be available to all students before or at the beginning of the clinical or field experience;
- in the case of undergraduate placements, a mid-way performance evaluation with feedback to the student and written documentation of the final assessment.

In addition, for such clinical and field experiences, divisions must ensure that:

- clinical and field assessors are fully informed regarding University, divisional and course policies concerning evaluation procedures, including the specific assessment procedures to be applied in any particular field or clinical setting.

Students in experiential rotations will be assessed (evaluated) by the preceptor(s) with written documentation at the mid-point and final-point, using standardized assessment tools. These tools will measure the student’s ability to meet specific learning objectives as demonstrated through relevant performance indicators that are aligned with program-level expectations. Global rating scales will be used.

If any required domain and/or the overall mid-point performance is ‘below satisfactory’ as determined by the preceptor, the student will be required to develop a revised learning contract, in consultation with the preceptor and Experiential Course Coordinator and implement a plan to address the identified area(s) of deficiency.

If, at any time during the rotation, there is concern that a student is at risk of failing the rotation, an Experiential Course Coordinator should be contacted as soon as possible.

If a student does not meet final-point performance expectations, leading to a recommendation of ‘Fail’ for the rotation, an Experiential Course Coordinator will review the student’s assessments for evidence to support the evaluation. Where evidence is unclear or where extenuating circumstances may have led to not meeting requirements, the Associate Dean, Professional Programs will be consulted to determine
a process for grade review, prior to submission of grade recommendations. Students who ‘fail’ a rotation will normally be permitted to complete a supplemental rotation.

The reason(s) for the failure, and the extent of learning development needed to meet expectations will determine the type of remediation that is required.

Objectives and activities for the supplemental rotation will usually be those from the same type of rotation that was initially undertaken; and/or, they may be customized to address areas identified in the student’s performance during the failed rotation. The length of the supplemental rotation will be the same length as the original rotation for 5 week rotations. If a student fails the Community Pharmacy Direct Patient Care 10 week rotation (PHM 414), the length of the supplemental rotation will be 5 or 10 weeks as recommended by the Experiential Course Coordinator to address areas of student weaknesses. The student will be required to develop a learning contract in consultation with the preceptor and Experiential Course Coordinator and a plan to address the identified area(s) of deficiency.

### Policy breaches:

Situations involving breaches of the Standards of Professional Practice Behaviour for All Health Professional Students, Code of Student Conduct, and/or the Code of Behaviour on Academic Matters require consultation with the Associate Dean, Academic and, where appropriate, the Associate Dean, Professional Programs. These matters will be dealt with as per University guidelines. Consequences for a breach of professional behaviour, including confidentiality, may lead to a formal written reprimand, remedial work, denial of promotion, suspension, or dismissal from the Program, or a combination of these. One or more of these sanctions may be linked to or concomitant with failure in the course. In any specific situation, the consequences for a breach of professional behavior will be determined by the Associate Dean, Professional Programs. A recommendation may be made by the Associate Dean to consult with others, such as the Professionalism and Ethics Theme Coordinator.

### Advanced Pharmacy Practice Experience (APPE) Program

1) Grading Policy

The student’s final grade for each rotation is based on the ratings on assessment forms and the comments to support those ratings. Preceptor ratings and comments are reviewed by the Office of Experiential Education, and formal grade recommendations, guided by the preceptor’s overall rating and the following policy, are decided by the Experiential Course Coordinator. Grade recommendations are submitted to the Year 4 Board of Examiners and the Academic Standing Committee for approval.

#### Pass Grade

A grade of ‘Pass’ will be recommended when all these criteria are met:

- All rotation objectives and outcomes are achieved within the specified time
- All rotation activities are completed, and related documentation is submitted
- All required hours are completed
• ‘Standards of Professional Practice Behaviour for All Health Professional Students’ are maintained at all times during the rotation. Any minor lapses in professional behavior are addressed appropriately by the time of the final assessment.
• Ratings are ‘satisfactory’ to ‘excellent’ in all required domains of the assessment form
• Overall rating on final assessment form is ‘satisfactory’ or ‘good’.

**Honours Grade**

A grade of ‘Honours’ will be recommended when all these criteria are met:
• All rotation objectives and outcomes are achieved within the specified time
• All rotation activities are completed, and related documentation is submitted
• All required hours are completed
• ‘Standards of Professional Practice Behaviour for All Health Professional Students’ are maintained at all times during the rotation. Any minor or major lapses in professional behavior will prevent the student from receiving a grade of honours.
• Ratings are ‘good’ to ‘excellent’ in all required domains of the assessment form
• Overall rating on final assessment form is ‘Excellent’

**Fail Grade**

A grade of ‘Fail’ will be recommended in the event of one or more of the following.
The student:
• does not complete all required activities within the specified time
• does not submit all required documentation within the specified time
• does not complete the required number of hours
• does not demonstrate the minimal expected level of performance in one or more of the required rotation domains, as indicated on the final assessment form
• receives an overall FAIL grade on the final assessment (Unsatisfactory or Needs Improvement)
• is removed by the Faculty, before the scheduled completion date, due to serious concerns (see section on Serious Concerns) in the delivery of patient care, identified by site personnel

ii) Progression through APPEs

If a student fails one rotation and the Experiential Course Coordinator or site personnel have not identified ‘serious concerns’ regarding the student’s delivery of patient care (see section on Serious Concerns), the student may be permitted to continue in subsequently scheduled rotations. At the start of the next rotation scheduled (in a similar rotation type), the student will be required to develop a learning contract and a plan, in consultation with the preceptor and experiential coordinator, to address the area(s) of deficiency identified in the previous rotation.

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1 Required assessment domains of the assessment form include (1) Patient Care (2) Communication (3) Professionalism
2 Overall rating takes into account all learning domains on the final assessment form
3 The Experiential Course Coordinator(s) will consult with the Associate Dean, Professional Programs and take extenuating circumstances (e.g. technical malfunction) into consideration before recommending a ‘Fail’ grade
If a student receives a failing grade on two direct patient care rotations, the student is not permitted to continue to subsequent rotations until successfully completing remediation and 2 supplemental rotations.

iii) Serious Concerns

If a student receives an ‘Unsatisfactory’ or ‘Needs Improvement’ rating on the final rotation assessment, and the Experiential Course Coordinator or site personnel have identified ‘serious concerns’, the student would not be permitted to automatically proceed to the next scheduled rotation. Also, if a decision is made to permit the student to undertake a supplemental rotation, specific remedial work will be required.

Serious concerns may include, but are not limited to, the following situations:

a) Preceptors expect students to have and demonstrate the knowledge, skills and attitudes of a Fourth year Pharmacy student, ready to take on the responsibilities outlined in the APPE Manual. Should the preceptor identify concerns during the rotation that the student may be compromising patient care, e.g. if a student's ability to provide, or assume responsibility, for their patients’ care is deemed well below expectations, then the preceptor may request that the rotation be ended early. The decision to end the rotation early is made by the Experiential Course Coordinator in consultation with the Associate Dean, Professional Programs. If this should occur, the student will be removed from the site and the rotation would be graded as 'Fail'.

b) Site personnel identify that the student is putting the patient, the preceptor and/or the site, at risk or harm. Should this occur during the rotation, the Experiential Course Coordinator in consultation with the Associate Dean, Professional Programs, may remove the student from the site and the rotation would be graded as ‘Fail’.

c) If a student breaches the Code of Student Conduct, Code of Behaviour on Academic Matters and/or Standards of Professional Practice Behaviour for all Health Professional Students (see section on Policy Breaches).

iv) Students who fail a course in Year 3

a) Fall term courses: Students who fail a Fall term Year 3 course will be required to write a supplemental exam in late June/early July following Year 3. The student may begin or be scheduled for a block 1 rotation, pending experiential faculty discussion and approval.

b) Winter term courses: Students who fail a Winter term Year 3 course will be required to write a supplemental exam in late June/early July. If the student has already begun an APPE rotation, the student may continue the rotation, pending experiential faculty and preceptor approval. The student will not be able to continue future APPE rotations until a passing grade is obtained on the supplemental exam.

c) APPE Transition Course: All students completing Year 3, including those in (a) above, are permitted, and expected, to undertake the APPE Transition course, scheduled for the first week of May, since this course may not be offered in its entirety again in the academic year.
v) **Supplemental Rotations**

a) A student who **fails a rotation** during the APPE period will normally be given the opportunity to undertake a supplemental rotation. The supplemental rotation will be the same type as the failed rotation. For students that fail APPE rotations, the student **must** successfully complete remedial work during a subsequent rotation(s) or prior to a supplemental rotation(s) or concurrent with supplemental rotation(s). Note: see Remedial Work section for further information.

If the student fails the supplemental rotation, s/he may be given up to one further opportunity to take another rotation at the earliest opportunity when an available site can be confirmed. **If the student fails the rotation in this third attempt, s/he will be dismissed from the program.**

b) A student who **fails 2 x 5 weeks** of Direct Patient Care (DPC) rotations, and subsequently fails one supplemental DPC rotation, must re-enroll in up to 5 required courses within the curriculum as determined by a panel of faculty members convened for this purpose. Upon successful completion of these courses, s/he will have the opportunity to complete the APPE rotations to fulfill a total of 7 x 5 week rotations. **If the student fails one further rotation, he/she will be dismissed from the program.**

c) Supplemental rotations will be scheduled at the earliest opportunity when an available site can be confirmed. These rotations are arranged by the Experiential Course Coordinator, in consultation with the student. Geographic preference and timeliness of beginning will be considered; however, students should expect some delays and difficulties in satisfying these preferences due to limited preceptor/site availability on relatively short notice.

d) The fee to complete a 5 week supplemental rotation is equivalent to the academic fee for a half credit course and the fee to complete a 10 week supplemental rotation is equivalent to the academic fee for a full credit course.

vi) **Petition Process**

If the student experiences exceptional circumstances during the APPE rotation period, potentially affecting the student’s ability to undertake fully the rotation objectives and activities, a petition and required documentation should be submitted to the Faculty Registrar **within 7 calendar days of the occurrence of the circumstance.**

vii) **Remedial Work**

The specific type and duration of remedial work will be based on the student’s learning needs as determined by the experiential faculty, in conjunction with the Director, Student Experience and Academic Progress and others as required.

If a student is removed from a rotation due to serious concerns (see section under Serious Concerns), the student must undertake successful remedial work **prior** to being placed in supplemental rotations.
If a student fails one or more APPE rotations, the student must successfully complete remedial work. Remedial work must be successfully completed during a subsequent rotation(s) or prior to supplemental rotation(s) or concurrent with supplemental rotation(s).
APPE Remediation Process

1. Preceptor, Student or OEE Faculty identifies need for support/remediation

2. OEE Faculty is contacted immediately (oee.phm@utoronto.ca)

3. Type of support/remediation is determined depending on individual needs*

4. Support/remediation plans may be completed during*: 
   - a) Current rotation
   - b) Subsequent rotation
   - c) Prior to a supplemental rotation

*as per APPE Grading Policy 2015
TITLE: Supervision of Pharmacy Students & Interns

FACT SHEET

Published: July 2014
Legislative References: Pharmacy Act, O. Reg 202/94
Additional References: Drug & Pharmacies Regulation Act, R.S.O., 1990, Chapter H.4
College Contact: Pharmacy Practice / Registration Programs

Pharmacy Act Regulations

1. “direct supervision” means supervision that is provided by a person [i.e. pharmacist] who is physically present on the premises where the practice that is being supervised is being carried out.

Drug & Pharmacies Regulation Act

149. (1) “no person shall compound, dispense or sell any drug in a pharmacy other than,
   (a) a pharmacist;
   (b) an intern under the supervision of a pharmacist who is physically present; or
   (c) a registered pharmacy student acting under the supervision of a pharmacist who is physically present; or
   (d) a pharmacy technician acting under the supervision of a pharmacist who is physically present”

Interpretation

The requirement for supervision of students and interns by a pharmacist is outlined in the terms, conditions and limitations of their certificates of registration; and the type of supervision, direct or otherwise, is reflective of the accreditation status of the pharmacy. Accredited pharmacies require a pharmacist to be physically present where the authorized acts of compounding, dispensing and selling are occurring.

The model of graduated experiential learning leading to pharmacist registration recognizes that the degree of oversight on the student/intern’s practice is adjusted based on his or her demonstration of competence. Supervision is not a one-size-fits-all approach, and requires the active engagement of all participants to ensure a quality learning environment while maintaining best possible patient care.

The principles outlined below are provided to assist in determining the level of supervision required and to fulfill the requirements of the Act and Regulations. They will also facilitate student/intern learning through more independent practice.
Principles:

1. Supervising pharmacist(s) to assess each student/intern individually by:
   a. Considering student/intern’s level of education and experience
   b. Evaluating student/intern’s competence in relevant areas of practice.

2. Supervising pharmacist(s) and student/intern to discuss and agree to:
   a. Types of activities that can be performed independently
   b. Extent to which these activities can be performed without the physical presence of a supervising pharmacist (off-site)
      Exceptions:
      • Authorized acts of compounding, dispensing, selling cannot be done without a pharmacist physically present
      • Student / intern cannot practice remotely on an exclusive basis
   c. Extent of communication and collaboration expected between the supervising pharmacist(s) and student/intern when engaging in various activities
   d. Common understanding of expectations and consequences of independent practice
      • Supervisor takes on accountability / responsibility for student/intern’s practice by granting more independence based on their assessment
      • Student/intern takes on significant accountability / responsibility by practicing independently. Should only engage in independent practice when competent, and seek assistance from the supervising pharmacist as needed.

3. Document & retain:
   a. Details and date of the agreement as outlined in # 2 above
   b. All future re-assessments that may impact level of supervision required

   Written agreement should be shared with other individuals supervising the practice of the student/intern for acknowledgement

4. Supervising pharmacist(s) should be clearly identified and auditable
   a. Documentation should be available to readily determine who the supervising pharmacist was at any point the student/intern was engaging in independent practice

Key Words: supervision, student, intern
### Legal Authority for Scope of Practice / Authorized Acts

<table>
<thead>
<tr>
<th>Pharmacist (R.Ph) in Part A</th>
<th>Registered Pharmacy Student(^1) / Intern(^1)</th>
<th>Pharmacy Technician (R.Ph.T)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide info &amp; educate patients</td>
<td></td>
<td>Not if clinical or therapeutic</td>
</tr>
<tr>
<td>Accept verbal Rx</td>
<td>![checkmark] (students)</td>
<td>Cannot accept verbal Rx for narcotics, controlled drugs, benzodiazepines or other targeted substances.</td>
</tr>
<tr>
<td>Authorize Rx transfers (narcotics &amp; controlled drugs cannot be transferred; benzodiazepines &amp; other targeted substances can only be transferred once; refer to Prescription Transfers)</td>
<td>![cross] (students)</td>
<td>Cannot authorize transfers for benzodiazepines or other targeted substances</td>
</tr>
<tr>
<td>Delegate a Controlled Act</td>
<td>![cross] (students)</td>
<td>![cross] (students)</td>
</tr>
<tr>
<td>Accept delegation of a Controlled Act (refer to the Medical Directives and the Delegation of Controlled Acts Policy)</td>
<td>![cross] (students)</td>
<td>![checkmark] (interns)</td>
</tr>
<tr>
<td>Supervision of a Pharmacy</td>
<td>![cross] (students)</td>
<td>![cross] (students)</td>
</tr>
</tbody>
</table>

\(^1\) Under supervision; level of supervision to be determined by supervising pharmacist.
<table>
<thead>
<tr>
<th>Pharmacist (R.Ph) in Part A</th>
<th>Registered Pharmacy Student(^1)/ Intern(^1)</th>
<th>Pharmacy Technician (R.Ph.T)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribe specified drug products for smoking cessation only</td>
<td></td>
<td>X</td>
</tr>
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</table>
| Renew & Adapt Prescriptions  
(alter dose, dosage form, regimen, or route of administration)  
Excludes narcotics, controlled, targeted and monitored substances  
No therapeutic substitution | | |
| Perform a procedure on tissue below dermis  
(piercing with a lancet-type device) | | |
| Administer a substance\(^*\) by injection or inhalation for the purpose of education and demonstration  
\(^*\)specified in Regulation  
\(^*\)with approved training only | | X |
| Administer influenza vaccine\(^*\) to patients (five years of age or older)  
\(^*\)with approved training only | | X |

\(^1\) Under supervision; level of supervision to be determined by supervising pharmacist
THE ROLE OF SUPERVISION IN PROFESSIONAL TRAINING
In December 2013, College Council approved a draft revised professional misconduct regulation for submission to government. The proposed draft regulation, which is currently under review by government, contains both new and revised provisions. One of the new provisions makes it an act of professional misconduct to fail to appropriately supervise a person whom the member is professionally, or legally, obligated to supervise. The addition of this condition into the draft regulation emphasizes the importance of supervision in protecting patient safety. This article will discuss the role of supervision in health professional training, review the instances in which supervision occurs in pharmacy practice, and identify some considerations for a member when responsible for supervision.

Supervision is an important element in health professional training and practice and is central to the learning process as it incorporates opportunities for self-evaluation as well as the development of analytical and reflective skills in the person being supervised. When the topic of supervision is raised in the context of the health professions, it is most often in relation to supervising students and interns; however, there are additional instances where supervision occurs. Supervision may be ordered where a member of a College requires mentorship to bring his or her practice up to the generally accepted standard of practice. Specific to pharmacy, the Designated Manager (DM) of a pharmacy is legally obligated to supervise pharmacy personnel, including both member and non-member staff.

**SUPERVISION OF STUDENTS AND INTERNS**

The professional obligations of both pharmacists and pharmacy technicians are outlined in standards of practice and College policies and guidelines. Experiential learning is an important...
aspect of health professional training and helps to develop the competency of the student/intern, as demonstrated by the use of his or her knowledge, skills and abilities in providing patient care. Irrespective of the context in which students/interns are supervised, supervisors must ensure that they have the appropriate amount of time to allocate to this activity in order to provide an enriching experience for themselves and the student/interns.

A supervisor is expected to meet with a student/intern regularly to discuss the progress of his or her performance, give feedback on how to further develop competence, and provide formal assessments throughout the supervision period. The degree of oversight required by the student/intern can be adjusted as his or her professional judgment develops. Patient safety and the delivery of efficient and effective patient care is paramount, and will guide the supervisor’s determination of how much autonomy the student/intern will have in the execution of their duties. Also factoring into this consideration is the complexity of the patient’s condition and the level of risk in clinical decision-making.

The application of a model of graduated experiential learning will ensure that the student/intern is prepared to provide patient-centred care, which is dependent upon the development of clinical practice skills, critical thinking skills and decision-making skills under conditions of uncertainty. The supervisor has a great deal of latitude in the assignment of a student/intern’s duties and his or her autonomy. Documented assessments demonstrating the student/intern’s progress is evidence of the student/intern’s readiness to participate in enhanced practice opportunities. As the student/intern’s clinical judgment develops, he or she can be permitted to practice off-site and counsel patients, for example, by conducting a MedsCheck at home, with the availability of the supervisor for consultation by telephone as required.

**SUPERVISION OF A MEMBER’S PRACTICE**

Another aspect of supervision is that which follows a review of a member’s practice and finding that the level of care provided by the member has fallen below the acceptable standard. If this is the case, an order may be issued permitting a member to work only under the supervision of another member in good standing. The mentor will review the member’s practice, identify areas requiring remediation, develop a learning plan and monitor the member’s progress in meeting goals. In some cases, supervision may include standing side-by-side with the member in active practice situations. At the completion of the program, the results are reported to the College.

**SUPERVISION DUTIES OF THE DM**

The duties of the DM are addressed both through legislation and College policy. The DM’s human resources duties are both functional and strategic. The DM is responsible for ensuring that staff members are fulfilling their duties and that they are providing good quality care. While regulated health professionals are responsible for their own practice, in a pharmacy the DM ensures that only a registered member, within the terms, conditions and limitations imposed on his or her certificate of registration, performs controlled acts. The DM must ensure that the staffing in the pharmacy supports the pharmacists(s) in their cognitive and patient care functions, and allows the pharmacists(s) to collaborate as needed with other health professionals.

**INTER-PROFESSIONAL CARE**

Given the adoption of shared scopes of health professional practice and the emphasis on the inter-disciplinary team in care delivery, new models of supervision are emerging. Regulations under the Pharmacy Act include a provision permitting the direct supervision of a pharmacy student by any regulated health professional in premises that is not a pharmacy, if within a clinical component of an education or training program. Regulation itself will need to adjust to the pressures of the future. A recent publication identified a number of trends that will have an impact on professional regulation (and supervision) in the near future. In addition to an emphasis on career-long competency and continuous quality improvement, expect a transition into an integrated and fluid regulatory process, with a greater emphasis on teams. How this trend to collaborative and joint accountability will be accomplished is uncertain, but it will be essential to maintaining the public trust.

**Reference**

Adding / Editing / Removing a Workplace

Step 1: Login to My Account

Access the login from the OCP website (www.ocpinfo.com).

Step 2: Select Workplaces
**Step 3: Add / Edit / Delete Workplace(s)**

All current workplaces are listed. Follow the instructions to make any changes to the profile.

**Step: 4 Add Workplace(s)**

This step requires that you know the accreditation number of the workplace. Use the link to the public register to identify the workplaces accreditation number.
Students participating in Advanced Pharmacy Practice Experience (APPE) rotations may, with approval of the Faculty of Pharmacy\(^1\), participate in educational activities that are identified to be within the overall academic goals of the program and student (according to student’s Learning Contract document) and which occur at other\(^2\) sites. Students and preceptors who wish to participate in / arrange such visits must complete the following NPS form and submit it to the Faculty of Pharmacy for approval.

**PROCEDURE**

1. Student and / or preceptor identify learning opportunities at the non primary site (NPS).
2. Student and preceptor discuss and articulate specific leaning objectives and student records them on their learning contract.
3. The NPS is used to confirm and approve the proposed visit.
4. Student completes the NPS form and submits it to the Faculty of Pharmacy.
5. Faculty reviews the NPS form and either approves or denies the request. If the request is denied the rationale will be provided.
6. OEE office will follow up with student upon review.

Student Name:  
Preceptor Name:  
APPE Primary Site Name:  
Name and title of supervisor\(^3\) at non primary site:  
Non primary site name:  
Date(s) and duration of student visit  
Description of activities that are planned for the visit and list of learning objectives:  
Dated submitted to Faculty:  
Fax: 416-946-3841 or email: oee.phm@utoronto.ca

The University of Toronto’s comprehensive liability insurance covers students for ‘harm to others’ during approved activities at non primary sites. If a student incurs an injury during a visit to a non primary site, medical attention should be sought (OHIP covers this) and the incident reported as set out in the APPE syllabus.

\[\text{FACULTY USE ONLY}\]

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<table>
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<tbody>
<tr>
<td>[ ] The proposed site visit is approved.</td>
<td>[ ] The proposed site visit is denied.</td>
</tr>
<tr>
<td>Approved/denied by: (Print name)</td>
<td>Signature: _____________________</td>
</tr>
<tr>
<td>Date:</td>
<td>Notes/comments</td>
</tr>
<tr>
<td>Dates student / preceptor notified:</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) APPE Coordinators  
\(^2\) These sites are locations other than the primary site to which the student is assigned.  
\(^3\) ’Supervisor’ is the individual who oversees the student’s visit. This could be a health care practitioner, site manager, etc.

Updated March 2014
Conference Request Form

The Faculty recognizes the value of student participation in national professional conferences (eg. PDW, PPC) however, APPE rotations are a mandatory academic requirement and thus careful consideration must be given to allowing students absences from the rotation. APPE faculty will approve requests for modification to the ‘standard’ rotation schedule provided this form is completed and with the understanding that:

- the student and their preceptor, together, will manage this change and potential disruption
- plans to compensate for missed time and issues resulting from attendance at professional conferences are provided to the Faculty
- patient care will not be compromised as a result of student absence or schedule modification
- conference content contributes to the student successfully meeting one or more learning objectives as indicated on the student’s Learning Contract

Procedure:
1. Parts A & B must be completed, signed and submitted to the Faculty for approval at least a week before the conference date.
2. Student is responsible for contacting his/her preceptor to discuss and agree upon make-up dates.
3. Both preceptor and student will sign Part B.
4. Student will ensure the completed form is submitted to the Faculty (fax or scanned & e-mailed) by the deadline.
5. The Office of Experiential Education will inform student of decision.

Part A: Student Completes

Student Name: _______________________ Preceptor Name & Site Name: ___________________

Dates student expects to be away from rotation: ______________________________________

Represents _________ number of days of the rotation.

Part B: Student and Preceptor Complete

Proposed make-up dates to compensate for these days: ___________________________________

Student and preceptor to sign below to indicate agreement with the make-up dates.

Student Signature: __________________________ Preceptor Signature_______________________

Date: ____________________________

Faculty Use

_________________________________________ _______________________
Faculty Approved                                                                               Date Student & Preceptor Notified

Comments:  _______________________________________
Guidelines for International Experiential Placements

Most experiential rotations in the Pharmacy program will occur within the Province of Ontario. There may be a small number of rotation opportunities that arise outside of Canada. In order to participate in any international experiential placements, the faculty must approve the placement and screened the potential candidates. Once approved, students must fulfill the international placement requirements.

Students are expected to arrange their own travel, accommodations, insurance, etc. and ensure all other site-specific requirements are fulfilled.

**International Placement Requirements**

**Students must complete the requirements 2 months prior to departure in order to be eligible to proceed to the placement.** Students must be registered with the Safety Abroad Database (http://www.cie.utoronto.ca/Safety/Safety-Abroad-Database.htm).

An APPE rotation is considered Department Travel, therefore, students must:

1. Fill in Online Registration Request form. The SAO will register you and send you a confirmation email.
2. Sign in to the Safety Abroad Database and input Emergency Contact, Passport and Travel Health insurance information
3. Attend a Safety Abroad Workshop (valid for 1.5 years). For workshop dates, go online to: http://www.cie.utoronto.ca/Safety/Student-Workshops.htm
4. Sign & submit consent form (signed by Safety Abroad Officer) and waivers to Lucy Gabinet in the Office of Experiential Education
5. Get Supplementary Health Insurance

**Safety Abroad Manual: Key Points for Students**

In preparation for participating on a University of Toronto’s out-of-country program:

- **Review and consent to health and safety risks.** All participants are required to familiarize and consent to the risk of the particular out-of-country activity, and take appropriate precautions as needed. Students should consider any personal information that may be relevant to travel (e.g. medical history, special needs, sexual orientation). The participant is strongly encouraged to discuss any concerns with the activity sponsor or the Safety Abroad Office.

- **Health and Safety Workshops.** Participants are required to complete all designated training and preparatory sessions. Additional workshops are available through the Safety Abroad Office. If possible, participants should attend an onsite orientation or otherwise conduct their own onsite safety audit.
☐ **Immunization / Prophylaxis.** Participants are responsible for obtaining appropriate immunizations/prophylaxis for their regional destinations and ensure that their routine immunizations are up to date. Participants are strongly encouraged to consult with a travel medical clinic and health care providers.

☐ **Comprehensive health insurance.** Participants are required to obtain comprehensive and sufficient health insurance appropriate to their travel and work abroad.

☐ **Travel documents.** Participants are responsible for ensuring that they have the appropriate documents for travel, including passport and visas (work visa if required). Participants should consult with the Consulate from the host country where they will be travelling to.

☐ **Communicating while abroad.** Participants are required to regularly check their utoronto email during their placement. In an emergency, it may also be necessary for the University to contact the participant by phone. When possible, a current number should be listed in the database profile. If either phone or email becomes unavailable, an alternative communication plan should be discussed with your activity sponsor.

☐ **Consent forms and terms of participation.** Participants are required to acknowledge that they have read, understood and agree to the Consent Forms and Terms of Participation as articulated by the activity sponsor (submit signed consent to Faculty).

☐ **Report Problems.** Participants are asked to report to the activity sponsor or safety abroad advisor any newly identified hazards in a timely manner. Participants have the right and responsibility to refuse to participate in any activity that they deem unsafe and report this immediately to the onsite supervisor or activity sponsor, as appropriate. ALL health and safety incidents should be reported to the onsite supervisor, activity sponsor or safety abroad advisor. Participants are to familiarize themselves with the University’s emergency procedures.
Experiential Policies and Procedures specific to the PharmD for Pharmacists Program

The PharmD for Pharmacists program is specifically designed for experienced pharmacists and recent graduates who have a Bachelors’ degree (or equivalent) in Pharmacy degree and wish to obtain a Doctor of Pharmacy degree. Students have up to 4 years to complete the degree, so rotations can be scheduled at various times during the program.

PharmD for Pharmacist student rotation schedules will follow the same designated time blocks as the Advanced Pharmacy Practice Experience rotation blocks of the entry-to-practice program.

For more information about the PharmD for Pharmacists curriculum and educational outcomes, please see the following link: [http://pharmacy.utoronto.ca/pharmdforpharmacists/degree-requirements](http://pharmacy.utoronto.ca/pharmdforpharmacists/degree-requirements)

Degree Requirements (Experiential rotations)

- Students must successfully complete a total of four (4) rotations
- Students may opt to complete a fifth (5th) rotation elective in place of their pharmacotherapy course elective
- Each rotation is five (5) weeks in length, as follows:
  a. Direct patient care rotations (DPC) – 3 rotations
  b. Elective rotation (Direct or Non-Direct Patient Care) – 1 rotation
  and
  c. Optional – DPC rotation elective - 1 rotation
- Each rotation is approximately 200 contact hours in an experiential placement setting.
- Usual rotation hours are 40 hours per week, over 5 consecutive weeks.
- Students will have the ability to select from a variety of elective rotations, including: drug information, research, project, administration, education, consulting, industry, global health, and direct patient care.

Rotations will be scheduled through the Office of Experiential Education (OEE) at the Leslie Dan Faculty of Pharmacy. Students must ensure the OEE has received all required “pre-rotation” documentation at least 2 months prior to starting their rotations.

Scheduling rotations

1. Students must inform the OEE and PharmD for Pharmacists Program Coordinator of their intent to request a schedule for one or more rotations by submitting a rotation placement request at least 4 months prior to the 1st rotation placement, and include a proposed schedule for subsequent rotation placements.

2. Rotations can be completed concomitantly or interspersed with didactic course work once a student has completed one (1) pharmacotherapy course. The final two (2) DPC rotations can only be undertaken once all didactic work is completed.

3. Elective rotation: students can take one elective rotation. It can be direct patient care or non-direct patient care rotation.
4. Optional direct patient care rotation elective:
   To satisfy this requirement, students must successfully complete one (1) of the following:
   a. Pharmacotherapy course, or
   b. DPC Rotation
   If students opt for the DPC Rotation elective, the OEE must be notified by submitting a rotation placement request at least 4 months prior to the rotation placement.

5. The OEE will be responsible for arranging the best possible schedule based on the student’s request and rotation availabilities. Confirmed rotations will be communicated to students approximately 1-2 months prior to the first rotation start date.

Pre-Rotation Requirements

All students enrolled in the PharmD for Pharmacist program must complete the requirements listed below at least 2 months prior to the start of the first rotation. If the requirements are not completed by the deadline, the scheduled rotation(s) will be cancelled.

It is the student’s responsibility to ensure all requirements remain current throughout the rotation time periods. Rotations will be cancelled if students do not have valid documentation.

The required forms to be completed are included in the admissions package and also posted on the Office of Experiential Education (OEE) website: http://www.pharmacy.utoronto.ca/oee/policies. Forms and required documents (i.e certificates) are submitted or emailed (preferred) to the Office of Experiential Education. If you have any questions, please contact OEE at oee.phm@utoronto.ca.

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Record</td>
</tr>
<tr>
<td>Complete and submit a photocopy of the immunization document. See ‘Policies on Communicable Diseases and Immunizations’ at <a href="http://www.pharmacy.utoronto.ca/oee/policies">www.pharmacy.utoronto.ca/oee/policies</a></td>
</tr>
<tr>
<td>Basic Rescuer Level C CPR and Standard First Aid Certification</td>
</tr>
<tr>
<td>Submit photocopy of certificate. CPR/First Aid certificate is valid for 3 years. See information at <a href="http://www.pharmacy.utoronto.ca/oee/policies">www.pharmacy.utoronto.ca/oee/policies</a></td>
</tr>
<tr>
<td>Mask Fit Testing</td>
</tr>
<tr>
<td>Mask fit testing can be done at St. Michael’s Hospital for a fee. For more information go to <a href="http://www.pharmacy.utoronto.ca/oee/policies">www.pharmacy.utoronto.ca/oee/policies</a>. (Generally, the mask fit test is valid for 2 years.)</td>
</tr>
<tr>
<td>Police Record Check/ Vulnerable Sector Screening (PRC/VSS)</td>
</tr>
<tr>
<td>This is a site-specific requirement – check RxPreceptor under each assigned site. For policy &amp; procedures go to <a href="http://www.pharmacy.utoronto.ca/oee/policies">www.pharmacy.utoronto.ca/oee/policies</a></td>
</tr>
<tr>
<td>WSIB Student Declaration of Understanding Form</td>
</tr>
<tr>
<td>Submit signed copy of form to OEE. The form is available at <a href="http://www.pharmacy.utoronto.ca/oee/policies">www.pharmacy.utoronto.ca/oee/policies</a></td>
</tr>
<tr>
<td>Registration with the Ontario College of Pharmacists</td>
</tr>
<tr>
<td>All students must be registered with OCP for experiential placements. See <a href="http://www.pharmacy.utoronto.ca/oee/policies">www.pharmacy.utoronto.ca/oee/policies</a></td>
</tr>
<tr>
<td>Drug Profile Viewer (DPV)</td>
</tr>
<tr>
<td>All students must be registered with eHealth to access the Drug Profile Viewer. To register for DPV, please contact OEE at <a href="mailto:oee.phm@utoronto.ca">oee.phm@utoronto.ca</a>.</td>
</tr>
</tbody>
</table>
Grading Policy (Experiential):

Please see overall guiding principles and policies for Experiential Education for all degree-granting professional pharmacy programs at the Leslie Dan Faculty of Pharmacy (LDFP) which apply to PharmD for Pharmacists:

Overview:

Student assessment and grading policies and procedures in the Experiential courses of the PharmD programs will be guided by the University of Toronto Assessment and Grading Practices Policy (January 2012). In particular, Part B, item #7 described below is relevant:

Assessment of Student Performance in Placements (e.g. Clinical and Field settings)

The assessment of the performance of students in clinical or field settings should be conducted in line with this Policy. Accordingly, where a student’s performance in a placement, clinical or field setting is to be assessed for credit, the evaluation must encompass, as a minimum:

- a formal statement describing the evaluation process, including the criteria to be used in assessing the performance of students and the appeal mechanisms available. This statement should be available to all students before or at the beginning of the clinical or field experience;
- in the case of undergraduate placements, a mid-way performance evaluation with feedback to the student and written documentation of the final assessment.

In addition, for such clinical and field experiences, divisions must ensure that:

- clinical and field assessors are fully informed regarding University, divisional and course policies concerning evaluation procedures, including the specific assessment procedures to be applied in any particular field or clinical setting.

Guidelines for Experiential Programs:

Students in experiential rotations will be assessed (evaluated) by the preceptor(s) with written documentation at the mid-point and final-point, using standardized assessment tools. These tools will measure the student’s ability to meet specific learning objectives as demonstrated through relevant performance indicators that are aligned with program-level expectations. Global rating scales will be used.

If any required domain and/or the overall mid-point performance is ‘below satisfactory’ as determined by the preceptor, the student will be required to develop a revised learning contract, in consultation with the preceptor and Experiential Course Coordinator and implement a plan to address the identified area(s) of deficiency.

If, at any time during the rotation, there is concern that a student is at risk of failing the rotation, an Experiential Course Coordinator should be contacted as soon as possible.

If a student does not meet final-point performance expectations, leading to a recommendation of ‘Fail’ for the rotation, an Experiential Course Coordinator will review the student’s assessments for evidence to support the evaluation. Where evidence is unclear or where extenuating circumstances may have led to not meeting requirements, the Director of the PharmD for Pharmacists program will be consulted to determine a process for grade review, prior to submission of grade recommendations. In some circumstances, a grade of ‘Incomplete’ may be used until a final grade is confirmed.
The reason(s) for the failure, and the extent of learning development needed to meet expectations will determine the type of remediation that is required.

Objectives and activities for the supplemental rotation will usually be those from the same type of rotation that was initially undertaken; and/or, they may be customized to address areas identified in the student’s performance during the failed rotation. The length of the supplemental rotation will be the same length as the original rotation. The student will be required to develop a learning contract in consultation with the preceptor and Experiential Course Coordinator and a plan to address the identified area(s) of deficiency.

Policy breaches:

Situations involving breaches of the Standards of Professional Practice Behaviour for All Health Professional Students, Code of Student Conduct, and/or the Code of Behaviour on Academic Matters require consultation with the Director of the PharmD for Pharmacists program. These matters will be dealt with as per University guidelines. Consequences for breach of professional behaviour, including confidentiality, may lead to a formal written reprimand, remedial work, denial of promotion, suspension, or dismissal from the Program, or a combination of these. One or more of these sanctions may be linked to or concomitant with failure in the course. In any specific situation, the Director of the PharmD for Pharmacists program will determine the consequences for a breach of professional behavior. A recommendation may be made by the Director of the PharmD for Pharmacists program to consult with others, such as the Professionalism and Ethics Theme Coordinator.

i) Grading Policy

The student’s final grade for each rotation is based on the ratings on assessment forms and the comments to support those ratings: Pass/Honours/Fail. Preceptor ratings and comments are reviewed by the Office of Experiential Education, and formal grade recommendations, guided by the preceptor’s overall rating and the following policy, are decided by the Experiential Course Coordinator. Grade recommendations are submitted to the PharmD for Pharmacists Board of Examiners and the Academic Standing Committee for approval.

Pass Grade

A grade of ‘Pass’ will be recommended when all these criteria are met:
- All rotation objectives and outcomes are achieved within the specified time
- All rotation activities are completed, and related documentation is submitted
- All required hours are completed
- ‘Standards of Professional Practice Behaviour for All Health Professional Students’ are maintained at all times during the rotation. Any minor lapses in professional behavior are addressed appropriately by the time of the final assessment.
- Ratings are ‘satisfactory’ to ‘excellent’ in all required 1 domains of the assessment form
- Overall rating 2 on final assessment form is ‘satisfactory’ or ‘good’.

Honours Grade

A grade of ‘Honours’ will be recommended when all these criteria are met:
- All rotation objectives and outcomes are achieved within the specified time
- All rotation activities are completed, and related documentation is submitted

1 Required assessment domains of the assessment form include (1) Patient Care (2) Communication (3) Professionalism
2 Overall rating takes into account all learning domains on the final assessment form
• All required hours are completed
• ‘Standards of Professional Practice Behaviour for All Health Professional Students’ are maintained at all times during the rotation. Any minor or major lapses in professional behavior will prevent the student from receiving a grade of honours.
• Ratings are ‘good’ to ‘excellent’ in all required\textsuperscript{a} domains of the assessment form
• Overall rating on final assessment form is ‘Excellent’

**Fail Grade**

A grade of ‘Fail’ will be recommended in the event of one or more of the following.
The student:
• does not complete all required activities within the specified time
• does not submit all required documentation within the specified time\textsuperscript{3}
• does not complete the required number of hours
• does not demonstrate the minimal expected level of performance in one or more of the required\textsuperscript{a} rotation domains, as indicated on the final assessment form
• receives an overall FAIL grade on the final assessment (Unsatisfactory or Needs Improvement)
• is removed by the Faculty, before the scheduled completion date, due to serious concerns (see section on Serious Concerns) in the delivery of patient care, identified by site personnel

**ii) Progression through experiential rotations**

If a student fails one rotation and the Experiential Course Coordinator or site personnel have not identified ‘serious concerns’ regarding the student’s delivery of patient care (see section on Serious Concerns), the student may be permitted to continue in subsequently scheduled rotations. At the start of the next rotation scheduled (in a similar rotation type), the student will be required to develop a **learning contract and a plan**, in consultation with the preceptor and experiential coordinator, to address the area(s) of deficiency identified in the previous rotation.

If a student receives a failing grade on a direct patient care rotation, the student is not permitted to continue to subsequent rotations until successfully completing remediation and 1 supplemental rotation.

**iii) Serious Concerns**

If a student receives an ‘Unsatisfactory’ or ‘Needs Improvement’ rating on the final rotation assessment, and the Experiential Course Coordinator or site personnel have identified ‘serious concerns’, the student would not be permitted to automatically proceed to the next scheduled rotation. Also, if a decision is made to permit the student to undertake a supplemental rotation, specific remedial work will be required.

Serious concerns may include, but are not limited to, the following situations:

a) Preceptors expect students to have and demonstrate the knowledge, skills and attitudes of a Fourth year Pharmacy student, ready to take on the responsibilities outlined in the APPE Syllabus. Should the preceptor identify concerns during the rotation that the student may be compromising patient care, e.g. if a student’s ability to provide, or assume responsibility, for their patients’ care is deemed well below expectations, then the preceptor may request that the rotation be ended early. The decision to end the rotation early is made by

\textsuperscript{3} The Experiential Course Coordinator (s) will consult with the Director of the PharmD for Pharmacists Program, and take extenuating circumstances (e.g. technical malfunction) into consideration before recommending a ‘Fail’ grade.
the experiential coordinator in consultation with the Associate Dean, Professional Programs. If this should occur, the student will be removed from the site and the rotation would be graded as ‘Fail’.

b) Site personnel identify that the student is putting the patient, the preceptor and/or the site, at risk or harm. Should this occur during the rotation, the experiential coordinator in consultation with the Associate Dean, Professional Programs, may remove the student from the site and the rotation would be graded as ‘Fail’.

c) If a student breaches the Code of Student Conduct, Code of Behaviour on Academic Matters and/or Standards of Professional Practice Behaviour for all Health Professional Students (see section on Policy Breaches).

The following pertains specifically to the PharmD for Pharmacists program as approved by Academic Standing:

iii) Students who fail a term course:

Students who fail a pre-requisite course will be required to write a supplemental exam. This may necessitate a delayed start to rotations.

iv) Supplemental Rotations

- A student who fails an experiential rotation may undertake a supplemental rotation as scheduled by the Office of Experiential Education. The student would be allowed to proceed to following academic activities conditionally.
- If the mark on the supplemental rotation is Pass, the student will be allowed to proceed as normal.
- If the mark on the supplemental rotation is Fail, the student will be deemed to have failed the rotation and may be allowed to repeat the rotation.
- If the student is allowed to repeat the rotation, he/she may request to repeat the same rotation or take another one of the same kind.

- The maximum number of supplemental rotations that a student can attempt over the duration of the program is 1 (one).
- The maximum number of rotations that a student can repeat throughout the program is 1 (one).

- Supplemental rotations will be scheduled at the earliest opportunity when an available site can be confirmed. The Experiential Course Coordinator, in consultation with the student, arranges these rotations. Geographic preference and timeliness of beginning will be considered; however, students should expect some delays and difficulties in satisfying these preferences due to limited preceptor/site availability on relatively short notice.

- The fee to complete a supplemental rotation is equivalent to the academic fee for a half credit course.

v) Petition Process

If the student experiences exceptional circumstances during the rotation period, potentially affecting the student’s ability to undertake fully the rotation objectives and activities, a petition and required documentation should be submitted to the PharmD for Pharmacists program coordinator within 7 calendar days of the occurrence of the circumstance.

vi) Remedial Work

The specific type and duration of remedial work will be based on the student’s learning needs as determined by the experiential faculty, in conjunction with the Director, Student Experience and Academic Progress and others as required.
If a student is removed from a rotation due to serious concerns (see section under Serious Concerns), the student must undertake successful remedial work prior to being placed in a supplemental rotation.

If a student fails a rotation and a supplemental rotation, the student must successfully complete remedial work prior to their final attempt at a rotation. Remedial work can be completed during or concurrent with the supplemental rotation.
Student’s Name

Contact information:
Email:
Phone Number:
Address (Optional):

Profile:
- Short introduction of yourself to your preceptors which may include:
  - General areas of Interest: Community, Hospital, Industry, Research, etc.
  - Topic areas of interest: Infectious disease, Cardiology, Neuropsychiatry, Oncology, etc.
  - Any key goals and objectives you wish to achieve through experiential program (further details and discussion will occur upon starting the rotation, as part of your Learning Contract).

This profile should be revised as you progress through APPEs.

Education:
- Include previous post-secondary degrees (Degree name, university/college name, start – end date that you were in that program)
  - e.g.: BHSc, McMaster University, 2008-2012

Relevant Pharmacy Experience (for EPE, see further below):
Site name: Name of site
Location: Include City, Province or Country
Start-End date: include month and year
Main responsibilities: Include 2-3 points

Strengths you bring to the rotation:
- e.g. level of independence, amount of patient care experience, specific skills, keen interest in practice/topic area ‘X’, experiences working in a team setting, etc

Current/planned objectives:
- Summary of areas for improvement or new learning objectives you identified through prior rotations (things you wish to achieve in next/future APPEs)

Completed Advanced Pharmacy Practice Experiences:

<table>
<thead>
<tr>
<th>APPE #</th>
<th>Date: Start date – End date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation Type:</td>
<td>Type of rotation, e.g. DPC (elective or required; community or institutional) or NDPC</td>
</tr>
<tr>
<td>Site:</td>
<td>Site’s name</td>
</tr>
<tr>
<td>Preceptor:</td>
<td>Preceptor’s name</td>
</tr>
</tbody>
</table>
| Rotation summary/highlights/accomplishments: | Describe (as applicable):
- primary patient populations/research topic, etc
- number of patients you were responsible for (per day)
- your role at the site (e.g. delivering patient care, or member of research team, etc.)
- list of your main responsibilities/tasks |
| Presentation: | Title and brief description of your presentation (topic, objective, format, audience) |
# APPE Resume

<table>
<thead>
<tr>
<th>APPE #</th>
<th>Date: Start date – End date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Rotation Type:</strong> Type of rotation, e.g. DPC (elective or required; community or institutional) or NDPC</td>
</tr>
<tr>
<td></td>
<td><strong>Site:</strong> Site’s name</td>
</tr>
<tr>
<td></td>
<td><strong>Preceptor:</strong> Preceptor’s name</td>
</tr>
</tbody>
</table>
|        | **Rotation summary/highlights/accomplishments:** Describe (as applicable):  
  - primary patient populations/research topic, etc  
  - number of patients you were responsible for (per day)  
  - your role at the site (e.g. delivering patient care, or member of research team, etc.)  
  - list of your main responsibilities/tasks |
|        | **Presentation:** Title and brief description of your presentation (topic, objective, format, audience) |

## Completed EPE placements:

<table>
<thead>
<tr>
<th>EPE 1</th>
<th>Date: Start date – End date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Site:</strong> Site’s name</td>
</tr>
<tr>
<td></td>
<td><strong>Preceptor:</strong> Preceptor’s name</td>
</tr>
</tbody>
</table>
|        | **Rotation Summary**  
  - Please include 2-3 main responsibilities at site |
|        | **Presentation:** Title and brief description of your presentation (topic, objective, format, audience) |

<table>
<thead>
<tr>
<th>EPE 2</th>
<th>Date: Start date – End date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Site:</strong> Site’s name</td>
</tr>
<tr>
<td></td>
<td><strong>Preceptor:</strong> Preceptor’s name</td>
</tr>
</tbody>
</table>
|        | **Rotation Summary**  
  - Please include 2-3 main responsibilities at site |
|        | **Presentation:** Title and brief description of your presentation (topic, objective, format, audience) |

## Future Advanced Pharmacy Practice Experiences:

<table>
<thead>
<tr>
<th>APPE #</th>
<th>Date: Start date – End date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Rotation Type:</strong> Type of rotation, e.g. DPC (elective or required; community or institutional) or NDPC</td>
</tr>
<tr>
<td></td>
<td><strong>Site:</strong> Site’s name</td>
</tr>
<tr>
<td></td>
<td><strong>Preceptor:</strong> Preceptor’s name</td>
</tr>
</tbody>
</table>

Updated: Month/Year
Rotation Orientation Checklist

To facilitate effective preceptor/student communication regarding rotation expectations, we encourage the following activities and discussions to occur at the beginning (within first week) of an experiential rotation. Submission of this completed checklist is NOT required.

Orienting the Learner to the Preceptor:

☐ Name and contact information of primary supervisor
  ☐ Exchange phone numbers, e-mail addresses, pager numbers (as applicable)
☐ Best way to contact preceptor
☐ Communication process for “what ifs” (illness, emergency, bad weather, other unanticipated situations)
☐ Preceptor expectations including, but not limited to:
  ☐ Student’s responsibilities and accountability for patient care
  ☐ Professional behavior at the site
  ☐ Amount of self-directed learning
☐ Expected number of patients student will interact with each day and types of interaction
☐ How feedback will occur
☐ When feedback will occur

Orienting the Preceptor to the Learner:

☐ Level of education/training of the learner
☐ Prior learning experiences
☐ Review student’s resume
☐ Review student’s learning contract and provide feedback
☐ Additional activities or objectives (e.g. IPE activities, other requirements)
☐ Career plans/ideas

Orienting the Learner to the Setting:

☐ Tour/map of site
☐ Washrooms, kitchen, cafeteria, coffee shop locations
☐ Where to leave personal belongings (lockers, rooms, etc.) for secure storage
☐ Introduction to staff/team members and roles
☐ Schedule of activities/events occurring at site
☐ Rotation site policies including:
  ☐ Dress Code, ID badges
  ☐ Patient confidentiality
  ☐ Medication incident reporting
  ☐ Documentation process/forms
☐ Where to leave patient information for secure storage (e.g. hard copies of patient profiles, patient medication lists, patient work-up/care plans, etc.)
☐ Parking, phone systems, email, computer access
☐ Online technology/programs/software
☐ Emergency/safety procedures
**LEARNING CONTRACT**

(Word Version posted in RXpreceptor – Documents library)

Student: ________________________________  Rotation Type: ________________________________

Preceptor: ________________________________  Site: ________________________________

Date: ________________________________

The following objectives for this rotation are the result of negotiation between the student and the preceptor and include objectives identified in previous learning contract(s) from other rotation(s). Include specific ways in which objectives will be addressed. Student uploads Learning Contract to be reviewed by preceptor by Day 5 of each rotation.

<table>
<thead>
<tr>
<th><strong>LEARNING OBJECTIVES</strong></th>
<th><strong>SPECIFIC WAYS IN WHICH OBJECTIVES WILL BE ADDRESSED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of the rotation I will be able to:</td>
<td></td>
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</tbody>
</table>

* Consider: S – Specific, M – Measurable, A – Attainable, R – Realistic, T - Timely
**Presentation Assessment Form**

Date: ________________________  Name of Presenter: _________________________________________  
Presentation topic: _________________________________________________________________________

Please circle the number that you think best describes the presentation in each of the following categories.

**TOPIC SELECTION**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited or insufficient level of relevance Doesn’t meet the appropriate level of complexity</td>
<td>Moderate level of relevance Meets the appropriate level of complexity</td>
<td>Relevant to the field Exceeds the appropriate level of complexity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited and/or inconsistent or wrong sense of purpose</td>
<td>Vague, but mostly consistent sense of purpose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inappropriate judgement of audience and/or time/space constraints</td>
<td>Mostly appropriate judgement of audience and time/space constraints</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBJECT MATTER**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited grasp of the subject matter in breadth and/or depth</td>
<td>Moderate grasp of major relevant aspects of the subject matter; may express some deficiencies in breadth and/or depth</td>
<td>Thorough, mature and insightful grasp of the subject matter (breadth and depth)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CRITICAL APPRAISAL SKILLS**

**Information Selection**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited and/or inadequate or irrelevant</td>
<td>All major relevant components are present; may contain some poorly chosen information</td>
<td>Thorough, precise and consistently relevant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Interpretive and Inferential Skills**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited or undeveloped level of skill</td>
<td>Moderate level of skill, exhibiting some clarity, but minimal depth of thought</td>
<td>Superior level of skill, exhibiting clarity, maturity, depth, freshness, and insight</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FOCUS, ORGANIZATION, AND DEVELOPMENT**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited control; mostly ineffective – major components missing</td>
<td>Some control, moderately effective – all major relevant components present</td>
<td>Precise control; consistently effective Coherent and integrated organizational strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited and/or weak organizational strategy</td>
<td>Formulaic and/or inconsistent, vague organizational strategy; little or no coherent integration of information, ideas and concepts</td>
<td>Interesting, insightful development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited, inadequate and/or inappropriate support</td>
<td>All major points adequately supported</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### PRESENTATION SKILLS AND USE OF AUDIO/VISUAL SUPPORT

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited level of skill: somewhat effective; selection and use of audio/visual equipment detracts from the quality of the presentation</td>
<td>Moderate level of skill: somewhat effective; selection and use of audio/visual equipment does little to enhance the quality of the presentation, but does not detract from it</td>
<td>Superior level of skill: effective, stimulating, insightful presentation; selection and use of audio/visual enhances the quality of the presentation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### VERBAL, TONAL, NON-VERBAL AND WRITTEN EXPRESSION

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited command of one or more forms of expression that seriously impacts the effectiveness of the presentation</td>
<td>Moderate and/or inconsistent command of one or more forms of expression, but does not seriously impact the effectiveness of the presentation</td>
<td>Superior and consistent command of all forms of expression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### RESPONSES TO QUESTIONS AND COMMENTS

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited level of effectiveness and an inadequate level of listening skill</td>
<td>Moderately effective with a developing level of listening skill.</td>
<td>Precise, mature, insightful and effective. Superior with well-developed level of listening skill.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OVERALL IMPRESSION OF THE PRESENTATION

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Average</td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Life-long learning is an expectation of all health professions. Reflective practice skills are critical to enable you to identify strengths and areas for growth to foster a rich and rewarding career in your pharmacy profession.

This form will help you to document your development during each APPE rotation. At the end of each rotation at a DIFFERENT practice site (e.g. may be 5 or 10 weeks), each student will complete a reflection, and upload into Rxpreceptor ‘Field Encounters’. The OEE Faculty will be able to read, while your preceptors will NOT. However, you may wish to share some of your ‘reflections’ with current or future preceptors, as this may facilitate a meaningful discussion of your rotation goals and objectives.

<table>
<thead>
<tr>
<th>Strengths/Things you did well during this APPE rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas for Growth/Things you want to work on during next APPE rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

Describe a situation/experience during your APPE rotation that has left a memorable impression on you. Consider what made it memorable? What you learned and how it may influence your practice in the future?

<p>| |</p>
<table>
<thead>
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<tbody>
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</tbody>
</table>

| Student Name: _______________________________________  Date: _____________________ |
| APPE Rotation Site: _______________________  Date: _____________________ |

93
COMMUNITY Direct Patient Care – APPE Assessment Forms

Subject:
Evaluator:
Site:
Dates of Course/Rotation:
Course/Rotation:
Evaluation Type: Preceptor Assessment of Student

This assessment form is used twice to grade each student during a rotation – once at midpoint and again at the conclusion of the rotation. The form consists of 10 assessment domains, each with a rating scale. Please rate the student in each learning domain, and then provide an overall student assessment rating at the end of this form.

Please note that the following 3 domains must be rated at least ‘Satisfactory’ to pass the rotation: 1. Patient Care  2. Communication  3. Professionalism

Assessment Domains

1) Provides Patient Care

A. Assessment

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs Improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Therapeutic Relationship**
- Significant difficulty engaging patients. Paternalistic approach to patients and/or lack of empathy/sensitivity.
- Discussions with patients lack focus and/or communication is one-way (i.e. Information download). Expressions of empathy/sympathy and caring not always recognized.
- Effectively engages patients. Puts the patient’s needs first. Expresses appropriate empathy/sensitivity with mutual respect with some guidance.
- Effectively engages patients with a focused approach. Puts patient’s needs first. Expresses appropriate empathy/sensitivity with mutual respect with minimal guidance.
- Effectively engages patients, with an individualised approach. Expresses appropriate empathy/sensitivity with mutual respect consistently without guidance.

**Information Gathering**
- Disorganised, inaccurate, incomplete or inappropriate gathering of patient, disease and/or drug information.
- Formulaic, copious, and/or disorganised information gathering related to patient, disease and/or drug information.
- Information gathering is coherent, and mostly relevant to patient, disease and/or drug therapy.
- Fluid, comprehensive, appropriate gathering of information that is relevant to patient, disease and/or drug therapy.
- Fluid, precise, perceptive, appropriate gathering of information that is relevant to patient, disease and/or drug therapy.

**Drug Therapy Problems (DTP)**
- Difficulty identifying significant DTPs.
- Inconsistently identified.
- Patient’s significant current DTPs are consistently identified and stated appropriately. Potential DTPs are inconsistently identified.
- Current and potential DTPs are consistently identified, appropriately, stated and prioritised.
- All DTPs are consistently identified, appropriately stated, justified and prioritised.

Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):
<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization</strong></td>
<td></td>
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</tr>
<tr>
<td>Disorganized with poor structure</td>
<td></td>
<td>Sections with missing information and difficult to follow by another practitioner.</td>
<td>Includes relevant sections and information. Understandable by another practitioner.</td>
<td>Includes relevant sections and appropriate information that is concise and easily understandable by another practitioner.</td>
<td>Includes sections and appropriate information that is precise and concise. Comprehensive care plan is created for each indication with minimal guidance.</td>
<td></td>
</tr>
<tr>
<td><strong>Goals of Therapy</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Unable to identify goals of therapy for each indication</td>
<td></td>
<td>Identifies some goals; goals are inconsistently stated.</td>
<td>Goals are mostly complete and includes all components</td>
<td>Goals are determined for each indication for drug therapy and are complete with clinical parameters, desired values in the parameters, and a time frame for achievement</td>
<td>Goals for each indication are complete with justifiable measurement parameters and timeframes. Goals are individualized to the patient through negotiation.</td>
<td></td>
</tr>
<tr>
<td><strong>Therapeutic Alternatives</strong></td>
<td></td>
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</tr>
<tr>
<td>Did not consider all relevant alternatives or only to a minimal extent</td>
<td></td>
<td>Includes some relevant alternatives; however, some key considerations missed</td>
<td>Selects therapeutic alternatives based on efficacy, safety and/or cost/adherence but has difficulty narrowing down choices</td>
<td>Explores common options and chooses logically, considering efficacy, safety and/or cost resulting in appropriate recommendations</td>
<td>Always analyses all options efficiently and rationally; using current literature and all patient considerations. Always justifies choices based on effectiveness, safety and adherence considerations as criteria.</td>
<td></td>
</tr>
<tr>
<td><strong>Specific Interventions to be recommended/Clinical decision making</strong></td>
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<tr>
<td>Difficulty arriving at decisions or fail to make use of relevant data</td>
<td></td>
<td>Inconsistently considers all relevant patient data, sometimes leading to poor judgment or difficulty arriving at decision</td>
<td>Considers most patient factors, shows good judgment and usually arrives at sound decisions</td>
<td>Considers all patient factors, shows good judgment and arrives at sound decisions</td>
<td>Considers all patient factors, shows superb and timely judgment and arrives at sound decisions</td>
<td></td>
</tr>
<tr>
<td><strong>Schedule for Follow-up Evaluation</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rarely identifies appropriate efficacy and safety parameters for follow-up</td>
<td></td>
<td>Inconsistently identifies appropriate efficacy and safety parameters for follow-up</td>
<td>Usually identifies appropriate efficacy and safety parameters for follow-up</td>
<td>Consistently identifies appropriate efficacy and safety parameters for follow-up with realistic timeframes</td>
<td>Always identifies efficacy and safety parameters that are clinically appropriate with realistic timeframes</td>
<td></td>
</tr>
</tbody>
</table>

Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):
### Follow-up Evaluation

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Follow-Up (Resolution of DTPs/identify new DTPs)</strong></td>
<td></td>
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</tr>
<tr>
<td>Patients are not followed up appropriately to determine if goals of therapy are met</td>
<td>0</td>
<td>Unsatisfactory</td>
<td>Needs improvement</td>
<td>Satisfactory</td>
<td>Good</td>
<td>Excellent</td>
</tr>
<tr>
<td>Determines and monitors some outcome parameters related to the goals of therapy</td>
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<tr>
<td>Measures specific parameters to determine positive and undesirable outcomes and adherence of drug therapy. Makes an appropriate clinical judgement on outcomes and identifies some new DTPs.</td>
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<tr>
<td>Measures specific parameters to efficiently and appropriately make a judgement on the patient’s clinical status. Identifies who is responsible for different components of the plan. Identifies all new DTPs.</td>
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<tr>
<td>Independently measures outcome parameters in a timely manner and uses clinical judgement for effective and efficient decision making. Identifies any new DTPs and develops a care plan to address them.</td>
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<tr>
<td><strong>Continuity of Care</strong></td>
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<tr>
<td>Does not communicate with the patient care team (either written or verbally) to ensure the continuity of patient care.</td>
<td>0</td>
<td>Unsatisfactory</td>
<td>Needs improvement</td>
<td>Satisfactory</td>
<td>Good</td>
<td>Excellent</td>
</tr>
<tr>
<td>Inconsistently communicates with the patient care team (either written or verbally) to ensure the continuity of patient care.</td>
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<tr>
<td>Consistently communicates with the patient care team (either written or verbally) to ensure the continuity of patient care.</td>
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<tr>
<td>Consistently, and effectively, communicates with the patient care team (either written or verbally) to ensure the continuity of patient care</td>
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<tr>
<td>Consistently, effectively and efficiently, communicates with the patient care team (either written or verbally) to ensure the continuity of patient care</td>
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</table>

**Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):**

---

### 2. Communication (written and verbal) with patients and healthcare providers

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization</strong></td>
<td></td>
<td></td>
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<tr>
<td>Formulaic, incoherent and/or rambling</td>
<td>0</td>
<td>Unsatisfactory</td>
<td>Needs improvement</td>
<td>Satisfactory</td>
<td>Good</td>
<td>Excellent</td>
</tr>
<tr>
<td>Inconsistently rational and coherent</td>
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<tr>
<td>Rational, coherent, focused</td>
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<tr>
<td>Consistently accurate, precise, comprehensive and takes into account the recipient’s culture, language and health literacy</td>
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<tr>
<td>Creativity plus characteristics identified in ‘Good’</td>
<td></td>
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<tr>
<td><strong>Content</strong></td>
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<tr>
<td>Rambling with some omissions. Inconsistently tailored to the recipient’s culture, language and health literacy</td>
<td>0</td>
<td>Unsatisfactory</td>
<td>Needs improvement</td>
<td>Satisfactory</td>
<td>Good</td>
<td>Excellent</td>
</tr>
<tr>
<td>Usually accurate but imprecise. Recipient’s culture, language and health literacy may be considered in interaction</td>
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<tr>
<td>Usually accurate and precise, and takes into account recipient’s culture, language and health literacy</td>
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<tr>
<td>Consistently accurate, precise, comprehensive and takes into account the recipient’s culture, language and health literacy</td>
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<tr>
<td>Always accurate, precise, succinct, comprehensive and takes into account the recipient’s culture, language and health literacy</td>
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<tr>
<td><strong>Listening Skills</strong></td>
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<tr>
<td>Inconsistent ability to be attentive, sometimes misses information</td>
<td>0</td>
<td>Unsatisfactory</td>
<td>Needs improvement</td>
<td>Satisfactory</td>
<td>Good</td>
<td>Excellent</td>
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<tr>
<td>Sometimes attentive and usually able to focus on messages</td>
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<tr>
<td>Usually attentive and usually sensitive to key messages and meaning intended</td>
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<tr>
<td>Almost always attentive and sensitive to key messages and meaning intended</td>
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<tr>
<td>Always attentive and sensitive to key messages and meaning intended. Consistently displays active listening skills</td>
<td></td>
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<tr>
<td><strong>Written</strong></td>
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</tr>
<tr>
<td>May contain omissions or significant errors in grammar or sentence structure</td>
<td>0</td>
<td>Unsatisfactory</td>
<td>Needs improvement</td>
<td>Satisfactory</td>
<td>Good</td>
<td>Excellent</td>
</tr>
<tr>
<td>Usually complete and clear with an occasional grammatical or spelling error</td>
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<tr>
<td>Usually complete, clear, precise</td>
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<tr>
<td>Consistently complete, clear, precise</td>
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<tr>
<td>Excellent command of expression</td>
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<tr>
<td><strong>Presentation</strong></td>
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</tr>
<tr>
<td>Unable to prepare and/or deliver a basic presentation</td>
<td>0</td>
<td>Unsatisfactory</td>
<td>Needs improvement</td>
<td>Satisfactory</td>
<td>Good</td>
<td>Excellent</td>
</tr>
<tr>
<td>Lacks focus, mastery of subject, and clarity</td>
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<tr>
<td>Contains basic information for the audience but lacks focus/depth at times</td>
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<tr>
<td>Information is clear and complete. It is geared appropriately to the audience.</td>
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<tr>
<td>Easy to follow, with focus and appropriate information for the specific audience. Questions are handled effectively.</td>
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</tbody>
</table>

**Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):**
### 3. Professionalism:

<table>
<thead>
<tr>
<th></th>
<th>Does not meet expectations</th>
<th>Meets Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student communicates and interacts appropriately with colleagues/peers, faculty/preceptor, patients/clients, families, caregivers and health care providers. See link for definitions and examples of expectation: Professionism_Expectations_Guidance.pdf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student has NOT demonstrated any behaviours UNACCEPTABLE to the professional practice of pharmacy. See link for definitions and examples of expectations: Unacceptable_Behaviour_Guidance.pdf</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments (MANDATORY if a student rated “Does not meet expectations” in either section):**

### 4. Participate as active member of patient care teams:(**PLEASE NOTE that students must complete all IPE activities prior to graduation – see rotation manual for details)**

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attitude and behaviour</strong></td>
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<tr>
<td></td>
<td></td>
<td>Finds difficulty in developing interand intra-professional relationships</td>
<td>Open tinter and Intra-professional relationships. Difficulty handling conflict situations.</td>
<td>Invites inter and intra-professional relationships. Conflict is managed, but with some hesitation/difficulty.</td>
<td>Fosters linkages inter and intra-professionally. Conflict is appropriately managed.</td>
<td>Fosters development and maintenance of inter and intra-professional relationships between all members of the team. Conflict is effectively and efficiently managed.</td>
</tr>
<tr>
<td><strong>Leadership</strong></td>
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<tr>
<td></td>
<td>Ability is limited.</td>
<td>Ability is developing.</td>
<td>Ability is appropriately displayed.</td>
<td>Ability is evident. Flexible and adapts to the required role within the team.</td>
<td>Recognised as a leader within the team.</td>
<td></td>
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</tbody>
</table>

**Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):**

### 5. Educate students, healthcare providers and patients:

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsibility</strong></td>
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<tr>
<td></td>
<td>Does not recognize role as educator.</td>
<td>Accepts patient educator role for common medications and conditions. Unsure, unaware and unprepared for role in educating healthcare providers and students (if applicable).</td>
<td>Accepts and is prepared for role in educating patients, other healthcare providers and students (if applicable).</td>
<td>Seeks educator role in the learning of patients, healthcare providers and students (if applicable).</td>
<td>Embraces and excels in the role of educator in all populations.</td>
<td></td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Provides inaccurate education or at a level in inappropriate format to recipient.</td>
<td>Inconsistently provides inaccurate and unsafe information (written and verbal).</td>
<td>Usually provides accurate and safe information (written and verbal).</td>
<td>Consistently provides accurate and safe information (written and verbal). Teaching is insightful and tailor-made to audience.</td>
<td>Consistently provides accurate, safe and focused information (written and verbal). Creative and passionate in teaching opportunities.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):**
6. Use of evidence-informed approach in providing care and information

<table>
<thead>
<tr>
<th>Process</th>
<th>N/A</th>
<th>Unsatisfactory 1</th>
<th>Needs Improvement 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
<th>Excellent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>Search strategy is disorganised and lacks structure</td>
<td>Search strategy and response structure is inconsistently organized and/or not systematic.</td>
<td>Usually able to identify knowledge gap and formulate clinical question to address. Search strategy is usually organized.</td>
<td>Self-identified knowledge gap often sparks formulation of focused, rational inquiry that leads to formulation of responses.</td>
<td>Self-identified knowledge gaps routinely spark formulation of focused, rational inquiry that lead to effective formulation of responses that can be justified.</td>
</tr>
<tr>
<td>Quality</td>
<td></td>
<td>Inaccurate or superficial or inappropriate references utilized</td>
<td>Inconsistencies with approach and usefulness of information. Basic/tertiary references such as CPS, AHFS DI, Up-to-date, etc. predominate.</td>
<td>Utilizes tertiary references (guidelines, compendiums, reviews) with some primary and secondary literature of acceptable quality.</td>
<td>Literature identified as potentially relevant to query is critically appraised for application, quality, validity and reliability. The utility is accurately determined.</td>
<td>Resulting information is Appropriately appraised and utility is accurately and consistently determined.</td>
</tr>
<tr>
<td>Application</td>
<td></td>
<td>Cannot discern whether findings apply to clinical situation</td>
<td>Difficulty determining whether findings apply to clinical situation and difficulty interpreting where evidence in particular area is lacking</td>
<td>Can discern whether findings apply to clinical scenario but has difficulty interpreting where evidence in particular area is lacking</td>
<td>Uses reasonable judgment in applying evidence in most practice situations.</td>
<td>Uses reasonable judgment in applying evidence and where evidence lacking, seeks expert opinion to formulate a response or propose further questions.</td>
</tr>
</tbody>
</table>

Comment (Mandatory if a rating of 'Unsatisfactory' or 'Needs Improvement' given):

7. Management principles of pharmacy practice

<table>
<thead>
<tr>
<th>Comprehension of Drug Interchangeability Principles</th>
<th>N/A 0</th>
<th>Unsatisfactory 1</th>
<th>Needs Improvement 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
<th>Excellent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to comprehend basic concepts of drug interchangeability principles</td>
<td>Comprehends some of the following drug interchangeability concepts: documentation requirements for &quot;No Sub&quot; prescriptions, patient notification of generic substitutions, ODB reimbursement process vs. interchangeability, Off-Formulary Interchangeability (OFI).</td>
<td>Understands most of the following drug interchangeability concepts: documentation requirements for &quot;No Sub&quot; prescriptions, patient notification of generic substitutions, ODB reimbursement process vs. interchangeability, Off-Formulary Interchangeability (OFI).</td>
<td>Understands all of the following drug interchangeability concepts: documentation requirements for &quot;No Sub&quot; prescriptions, patient notification of generic substitutions, ODB reimbursement process vs. interchangeability, Off-Formulary Interchangeability (OFI).</td>
<td>Understands and displays a detailed understanding of the following drug interchangeability concepts: documentation requirements for &quot;No Sub&quot; prescriptions, patient notification of generic substitutions, ODB reimbursement process vs. interchangeability, Off-Formulary Interchangeability (OFI).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comprehension of Ontario’s publicly funded drug programs and third party private payers</th>
<th>N/A 0</th>
<th>Unsatisfactory 1</th>
<th>Needs Improvement 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
<th>Excellent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to comprehend Ontario’s publicly funded drug programs and basic concepts of coordination of benefits, co-pays, deductibles of third party private payers</td>
<td>Comprehends some of Ontario’s publicly funded drug programs and some concepts of coordination of benefits, co-pays, deductibles of third party private payers</td>
<td>Comprehends most of Ontario’s publicly funded drug programs and most concepts of coordination of benefits, co-pays, deductibles of third party private payers</td>
<td>Comprehends Ontario’s publicly funded drug programs and concepts of coordination of benefits, co-pays, deductibles of third party private payers</td>
<td>Comprehends and recognizes specific situations/patients in practice where Ontario’s publicly funded programs may be beneficial; understands and capable to explain to patients concepts of coordination of benefits, co-pays, deductibles of third party private payers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roles and responsibilities</td>
<td>N/A</td>
<td>Unsatisfactory 0</td>
<td>Needs improvement 1</td>
<td>Satisfactory 2</td>
<td>Good 3</td>
<td>Excellent 4</td>
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<tr>
<td>Unable to identify tasks within the scope of practice for other members of the health care team (including pharmacy technicians versus pharmacy assistants)</td>
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<tr>
<td>Able to identify basic tasks within the scope of practice for other members of the health care team (including pharmacy technicians versus pharmacy assistants)</td>
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<tr>
<td>Able to identify most tasks within the scope of practice for other members of the health care team (including pharmacy technicians versus pharmacy assistants)</td>
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<tr>
<td>Able to identify all tasks within the scope of practice for other members of the health care team (including pharmacy technicians versus pharmacy assistants)</td>
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<tr>
<td>Able to identify tasks within the scope of practice for other members of the health care team (including pharmacy technicians versus pharmacy assistants), and to expand workflow to maximize support skills within the practice site</td>
<td></td>
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<tr>
<td>Time Management</td>
<td></td>
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<tr>
<td>Unable to prioritize activities; Does not manage time efficiently</td>
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<tr>
<td>Requires frequent coaching in determining which activities are priorities; Is able to manage time only with assistance</td>
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<tr>
<td>Requires occasional coaching in determining which activities are priorities; Is able to manage time only occasional assistance</td>
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</tr>
<tr>
<td>Requires rare coaching in determining which activities are priorities; Is able to manage time with minimal assistance</td>
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<tr>
<td>Independently prioritizes activities; Manages time efficiently without assistance</td>
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<tr>
<td>Patient Safety</td>
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</tr>
<tr>
<td>Unable to recognize continuous quality assurance as safe medication practices</td>
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</tr>
<tr>
<td>Rarely able to recognize continuous quality assurance as safe medication practices</td>
<td></td>
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</tr>
<tr>
<td>Sometimes able to recognize continuous quality assurance as safe medication practices</td>
<td></td>
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</tr>
<tr>
<td>Often able to recognize continuous quality assurance as safe medication practices</td>
<td></td>
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<tr>
<td>Always able to embrace continuous quality assurance as safe medication practices. Always aware of limitations and knows when to seek help.</td>
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</tbody>
</table>

**Comments** (Mandatory if a rating of 'Unsatisfactory' or 'Needs Improvement' given):

**8. Patient Advocacy**

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory 1</th>
<th>Needs improvement 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
<th>Excellent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identiﬁes opportunity for patient health and wellness promotion</td>
<td>Fails to identify opportunities; poor knowledge of areas for patient health and wellness promotion</td>
<td>Occasionally identiﬁes opportunities for patient health and wellness promotion</td>
<td>Usually identiﬁes opportunities for patient health and wellness promotion</td>
<td>Consistently identiﬁes opportunities for patient health and wellness promotion</td>
<td>Consistently identiﬁes opportunities for patient health and wellness promotion tailoring to speciﬁc patient needs</td>
</tr>
<tr>
<td>Dissemination of information</td>
<td>Unable to provide information and/or information is usually inaccurate, inappropriate, or incomplete</td>
<td>Information provided is sometimes inaccurate, inappropriate, or incomplete</td>
<td>Information provided is accurate and appropriate but may be incomplete</td>
<td>Information provided is accurate, appropriate, and generally complete</td>
<td>Information provided is consistently accurate, appropriate, and complete</td>
</tr>
<tr>
<td>Referring patients to other health care providers and external agencies</td>
<td>Does not identify when patients should be referred to other health care providers and external agencies</td>
<td>Occasionally identiﬁes when patients should be referred to other health care providers and external agencies</td>
<td>Usually identiﬁes when patients should be referred to other health care providers and external agencies</td>
<td>Consistently identiﬁes when patients should be referred to other health care providers and external agencies</td>
<td>Consistently identiﬁes when patients should be referred to other health care providers and external agencies and initiates the</td>
</tr>
</tbody>
</table>
9. Management of accurate drug distribution (Core Community Rotations only)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):

- Awareness of safe and effective drug supply systems
- Awareness of the ordering requirements for narcotics, controlled drugs and targeted substances
- Awareness of how to obtain medications not licensed for sale in Canada for compassionate or emergency use
- Understands site’s procedure and documentation requirements in dealing with temporary drug shortages and recalls
- Awareness of drug storage and security requirements
- Familiarity with requirements for faxing and electronic transmission of prescriptions/orders
- Interpretation of medication orders/prescriptions
- Development of a logical thought process to resolve illegible prescriptions/orders
- Handling of prescriptions from prescribers outside of Ontario or the hospital to ensure continuity of care
- Pharmaceutical calculation and technique performance related to compounding various types of preparations
- Familiarity with the documentation requirements for compounded products
- Awareness of issues regarding calculating pediatric doses
- Awareness of repackaging requirements (compliance/multidose packaging, pre-drawn oral syringes, pre-mixed IV bags)
- Awareness of the delivery requirements for prescription medications (community)
- Aware of proper drug disposal procedures
- Understands the procedures and underlying principles for handling medication dispensing errors at the practice site
- Familiarity with post-marketing surveillance drug safety initiatives
- Understands how to handle self-prescribing and diversion by health care professionals
- Understands how to detect and handle forged prescriptions

(Adapted from OCP Internship Manual 2010)

Comments (MANDATORY is “unable to perform at satisfactory level”):
10. Full scopes of pharmacy practice (Community Rotations Only)

<table>
<thead>
<tr>
<th>Task Description</th>
<th>N/A 0</th>
<th>Unable to perform at satisfactory level 1</th>
<th>Able to perform at satisfactory level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing specified drug products for the purpose of smoking cessation</td>
<td></td>
<td>Has inadequate knowledge of smoking cessation drug products OR does not identify when prescribing would be appropriate</td>
<td>Has good knowledge of smoking cessation products, and identifies when prescribing would be appropriate</td>
</tr>
<tr>
<td>Renewal and/or adaptation (alter dose, dosage form, regimen, or route of administration) prescriptions</td>
<td></td>
<td>Does not renew and/or adapt prescriptions OR inconsistently identifies when renewal and/or adaptation of prescription is appropriate</td>
<td>Identifies when renewal and/or adaptation of prescription is appropriate and completes the tasks with assistance</td>
</tr>
<tr>
<td>Performance of a procedure on tissue below the dermis to support patient self-care and chronic disease monitoring</td>
<td></td>
<td>Unable to perform a procedure on tissue below the dermis OR requires repeated assistance</td>
<td>Usually able perform a procedure on tissue below the dermis independently</td>
</tr>
<tr>
<td>Administration, by injection or inhalation, substances listed in the regulation for the purpose of education and demonstration</td>
<td></td>
<td>Unable to administer, by injection or inhalation, substances listed in the regulation for the purpose of education and demonstration OR requires repeated assistance</td>
<td>Usually able to administer, by injection or inhalation, substances listed in the regulation for the purpose of education and demonstration independently</td>
</tr>
</tbody>
</table>

Comments (optional):

**Overall Student Assessment**

Please provide an overall student assessment:

| N/A 0 | Unsatisfactory 1 | Needs improvement 2 | Satisfactory 3 | Good 4 | Excellent 5 |

At the mid-point of rotation, if performance is below ‘Satisfactory’, the student is required to develop a revised learning contract, in consultation with the preceptor and Experiential Course Coordinator and implement a plan to address the identified area(s) of deficiency.

At the final point of rotation, if performance is ‘Satisfactory’ or ‘Good’, this will support a grade of ‘Pass’; an overall rating of ‘Excellent’ will support a grade of ‘Honours’.

If performance is below ‘Satisfactory’, this will support a grade of ‘Fail’. At the start of the next rotation scheduled (in a similar rotation type), the student will be required to develop a learning contract and a plan, in consultation with the new preceptor and Experiential Coordinator, to address the area(s) of deficiency identified in the failed rotation.

Comments and recommendations to address areas requiring improvement: (MANDATORY if overall student assessment is “Unsatisfactory” or “Needs Improvement”).

101
**APPE Direct Patient Care – (Institution, Ambulatory, FHT) - Assessment Form**

Subject:  
Evaluator:  
Site:  
Dates of Course/Rotation:  
Course/Rotation:  
Evaluation Type: Preceptor Assessment of Student  

This assessment form is used twice to grade each student during a rotation – once at midpoint and again at the conclusion of the rotation. The form consists of 8 assessment domains, each with a rating scale. Please rate the student in each learning domain, and then provide an overall student assessment rating at the end of this form.

Please note that the following 3 domains must be rated at least ‘Satisfactory’ to pass the rotation:  
1. Patient care  
2. Communication  
3. Professionalism

### Assessment Domain

1) Provides Patient Care

A. Assessment

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Therapeutic Relationship**  
Significant difficulty engaging patients. Paternalistic approach to patients and/or lack of empathy/sensitivity.  
Discussions with patients lack focus and/or communication is one-way (i.e. Information download). Expressions of empathy/sympathy and caring not always recognized.  
Effectively engages patients. Puts the patient’s needs first. Expresses appropriate empathy/sensitivity with mutual respect with some guidance.  
Effectively engages patients with a focused approach. Puts patient’s needs first. Expresses appropriate empathy/sensitivity with mutual respect with minimal guidance.  
Effectively engages patients, with an individualised approach. Expresses appropriate empathy/sensitivity with mutual respect consistently without guidance.

**Information Gathering**  
Disorganised, inaccurate, incomplete or inappropriate gathering of patient, disease and/or drug information  
Formulaic, copious, and/or disorganised information gathering related to patient, disease and/or drug information  
Information gathering is coherent, and mostly relevant to patient, disease and/or drug therapy  
Fluid, comprehensive, appropriate gathering of information that is relevant to patient, disease and/or drug therapy  
Fluid, precise, perceptive, appropriate gathering of information that is relevant to patient, disease and/or drug therapy

**Drug Therapy Problems (DTP)**  
Difficulty identifying significant DTPs  
Inconsistently identified  
Patient’s significant current DTPs are consistently identified and stated appropriately. Potential DTPs are inconsistently identified.  
Current and potential DTPs are consistently identified, appropriately, stated and prioritised.  
All DTPs are consistently identified, appropriately stated, justified and prioritised

Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):
<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Unsatisfactory 1</th>
<th>Needs improvement 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
<th>Excellent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization</strong></td>
<td></td>
<td>Disorganized with poor structure</td>
<td>Sections with missing information and difficult to follow by another practitioner</td>
<td>Includes relevant sections and information. Understandable by another practitioner</td>
<td>Includes relevant sections and appropriate information that is concise and easily understandable by another practitioner</td>
<td>Includes sections and appropriate information that is precise and concise. Comprehensive care plan is created for each indication with minimal guidance.</td>
</tr>
<tr>
<td><strong>Goals of Therapy</strong></td>
<td></td>
<td>Unable to identify goals of therapy for each indication</td>
<td>Identifies some goals; goals are inconsistently stated</td>
<td>Goals are mostly complete and includes all components</td>
<td>Goals are determined for each indication for drug therapy and are complete with clinical parameters, desired values in the parameters, and a timeframe for achievement</td>
<td>Goals for each indication are complete with justifiable measurement parameters and timeframes. Goals are individualized to the patient through negotiation.</td>
</tr>
<tr>
<td><strong>Therapeutic Alternatives</strong></td>
<td></td>
<td>Did not consider all relevant alternatives or only to a minimal extent</td>
<td>Includes some relevant alternatives; however, some key considerations missed</td>
<td>Selects therapeutic alternatives based on efficacy, safety and/or cost/adherence but has difficulty narrowing down choices</td>
<td>Explores common options and chooses logically, considering efficacy, safety and/or cost resulting in appropriate recommendations</td>
<td>Always analyses all options efficiently and rationally; using current literature and all patient considerations. Always justifies choices based on effectiveness, safety and adherence considerations as criteria.</td>
</tr>
<tr>
<td><strong>Specific Interventions Recommended/Clinical Decision Making</strong></td>
<td></td>
<td>Difficulty arriving at decisions or fail to make use of relevant data</td>
<td>Inconsistently considers all relevant patient data, sometimes leading to poor judgment or difficulty arriving at decision</td>
<td>Considers most relevant factors, shows good judgment and usually arrives at sound decisions</td>
<td>Considers all patient factors, shows good judgement and arrives at sound decisions</td>
<td>Considers all patient factors, shows superb and timely judgement and arrives at sound decisions</td>
</tr>
<tr>
<td><strong>Schedule for Follow-up Evaluation</strong></td>
<td></td>
<td>Rarely identifies appropriate efficacy and safety parameters for follow-up</td>
<td>Inconsistently identifies appropriate efficacy and safety parameters for follow-up</td>
<td>Usually identifies appropriate efficacy and safety parameters for follow-up</td>
<td>Consistently identifies appropriate efficacy and safety parameters for follow-up with realistic timeframes</td>
<td>Always identifies efficacy and safety parameters that are clinically appropriate with realistic timeframes</td>
</tr>
</tbody>
</table>

Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):
### C. Follow-up Evaluation

<table>
<thead>
<tr>
<th>Follow-up (Resolution of DTPs/identify new DTPs)</th>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients are not followed up appropriately to determine if goals of therapy are met</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Determines and monitors some outcome parameters related to the goals of therapy</td>
<td></td>
<td></td>
<td></td>
<td>Measures specific parameters to determine positive and undesirable outcomes and adherence of drug therapy. Makes an appropriate clinical judgement on outcomes and identifies some new DTPs.</td>
<td>Measures specific parameters to efficiently and appropriately make a judgement on the patient’s clinical status. Identifies who is responsible for different components of the plan. Identifies all new DTPs.</td>
<td>Independently measures outcome parameters in a timely manner and uses clinical judgement for effective and efficient decision making. Identifies any new DTPs and develops a care plan to address them.</td>
</tr>
</tbody>
</table>

#### Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):

2. Communication (written and verbal) with patients and healthcare providers

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Formulaic, incoherent and/or rambling</td>
<td>Inconsistently rational and/or coherent</td>
<td>Rational, coherent, focused</td>
<td>Rational, coherent, focused, tailored</td>
<td>Creativity plus characteristics identified in ‘Good’</td>
</tr>
<tr>
<td>Content</td>
<td>Rambling with some omissions. Inconsistently tailored to the recipient’s culture, language and health literacy</td>
<td>Usually accurate but imprecise. Recipient’s culture, language and health literacy may be considered in interaction</td>
<td>Usually accurate and precise, and takes into account recipient’s culture, language and health literacy</td>
<td>Consistently accurate, precise, comprehensive and takes into account the recipient’s culture, language and health literacy</td>
<td>Always accurate, precise, succinct, comprehensive and takes into account the recipient’s culture, language and health literacy</td>
</tr>
<tr>
<td>Listening Skills</td>
<td>Inconsistent ability to be attentive, sometimes misses information</td>
<td>Sometimes attentive and usually able to focus on messages</td>
<td>Usually attentive and usually sensitive to key messages and meaning intended</td>
<td>Almost always attentive and sensitive to key messages and meaning intended</td>
<td>Always attentive and sensitive to key messages and meaning intended. Consistently displays active listening skills.</td>
</tr>
<tr>
<td>Written</td>
<td>May contain omissions or significant errors in grammar or sentence structure</td>
<td>Usually complete and clear with an occasional grammatical or spelling error</td>
<td>Usually complete, clear, precise</td>
<td>Consistently complete, clear, precise</td>
<td>Excellent command of expression</td>
</tr>
<tr>
<td>Presentation</td>
<td>Unable to prepare and/or deliver a basic presentation</td>
<td>Lacks focus, mastery of subject, and clarity</td>
<td>Contains basic information for the audience but lacks focus/depth at times</td>
<td>Information is clear and complete. It is geared appropriately to the audience.</td>
<td>Easy to follow, with focus and appropriate information for the specific audience. Questions are handled</td>
</tr>
<tr>
<td>N/A</td>
<td>Unsatisfactory</td>
<td>Needs improvement</td>
<td>Satisfactory</td>
<td>Good</td>
<td>Excellent</td>
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</tr>
</tbody>
</table>

**3. Professionalism**

The student communicates and interacts appropriately with colleagues/peers, faculty/preceptor, patients/clients, families, caregivers and health care providers. See link for definitions and examples of expectation: [Professionism_Expectations_Guidance.pdf](#).

The student has NOT demonstrated any behaviours UNACCEPTABLE to the professional practice of pharmacy. See link for definitions and examples of expectations: [Unacceptable_Behaviour_Guidance.pdf](#).

**Comments (MANDATORY if a student rated "Does not meet expectations" in either section):**

**4. Participate as active member of patient care teams:** (Please note that the student is required to complete IPE activities – see rotation manual for details)

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Attitude and behaviour**

- Finds difficulty in developing interand intra-professional relationships.
- Open tointer and intra-professional relationships. Difficulty handling conflict situations.
- Invites inter and intra-professional relationships. Conflict ismanaged, but with some hesitation/difficulty.
- Fosterslinkages inter and intra-professionally. Conflict isappropriately managed.
- Fosters development and maintenance of inter and intra-professional relationships between allmembers of the team. Conflict iseffectively andefficiently managed.

**Leadership**

- Ability is limited.
- Ability is developing.
- Ability is appropriately displayed.
- Ability is evident. Flexibleread and adapts to therequired rolewithin the team.
- Recognised as a leader within the team.

**Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):**
5. Educate students, healthcare providers and patients:

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Responsibilit y</td>
<td></td>
<td>Does not recognize role as educator.</td>
<td>Accepts patient educator role for common medications and conditions. Unsure, unaware and unprepared for role in educating health care providers and students (if applicable).</td>
<td>Accepts and is prepared for role in educating patients, other healthcare providers and students (if applicable).</td>
<td>Seeks educator role in the learning of patients, healthcare providers and students (if applicable).</td>
<td>Embraces and excels in the role of educator in all populations.</td>
</tr>
<tr>
<td>Quality</td>
<td></td>
<td>Provides inaccurate education or at a level inappropriate for recipient.</td>
<td>Inconsistently provides accurate and safe information (written and verbal).</td>
<td>Usually provides accurate and safe information (written and verbal).</td>
<td>Consistently provides accurate and safe information (written and verbal). Teaching is insightful and tailored to audience.</td>
<td>Consistently provides accurate, safe and focused information (written and verbal). Creative and passionate in teaching opportunities.</td>
</tr>
</tbody>
</table>

Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):

6. Use of evidence-informed approach in providing care and information

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Process</td>
<td></td>
<td>Search strategy is disorganised and lacks structure</td>
<td>Search strategy and response structure is inconsistently organized and/or not systematic.</td>
<td>Usually able to identify knowledge gap and formulate clinical question to address. Search strategy is usually organized.</td>
<td>Self-identified knowledge gap often sparks formulation of focused, rational inquiry that leads to formulation of responses.</td>
</tr>
<tr>
<td>Quality</td>
<td></td>
<td>Inaccurate or superficial or inappropriate references utilized</td>
<td>Inconsistencies with approach and usefulness of information. Basic/tertiary references such as CPS, AHFS DI, Up-to-date, etc. predominate.</td>
<td>Utilizes tertiary references (guidelines, compendiums, reviews) with some primary and secondary literature of acceptable quality.</td>
<td>Literature identified as potentially relevant to query is critically appraised for application, quality, validity and reliability. The utility is accurately determined.</td>
</tr>
<tr>
<td>Application</td>
<td></td>
<td>Cannot discern whether findings apply to clinical situation</td>
<td>Difficulty determining whether findings apply to clinical situation and difficulty interpreting where evidence in particular area is lacking</td>
<td>Can discern whether findings apply to clinical scenario but has difficulty interpreting where evidence in particular area is lacking</td>
<td>Uses reasonable judgment in applying evidence in most practice situations.</td>
</tr>
</tbody>
</table>

Comment (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):
7. Management principles of pharmacy practice

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roles and responsibilities</td>
<td></td>
<td>Unable to identify tasks within the scope of practice for other members of the health care team</td>
<td>Able to identify basic tasks within the scope of practice for other members of the health care team</td>
<td>Able to identify most tasks within the scope of practice for other members of the health care team</td>
<td>Able to identify all tasks within the scope of practice for other members of the health care team</td>
<td>Able to identify tasks within the scope of practice for other members of the health care team, and to expand workflow to maximize support skills within the practice site</td>
</tr>
<tr>
<td>Time Management</td>
<td></td>
<td>Unable to prioritize activities; Does not manage time efficiently</td>
<td>Requires frequent coaching in determining which activities are priorities; Is able to manage time only with assistance</td>
<td>Requires occasional coaching in determining which activities are priorities; Is able to manage time only occasional assistance</td>
<td>Requires rare coaching in determining which activities are priorities; Is able to manage time with minimal assistance</td>
<td>Independently prioritizes activities; Manages time efficiently without assistance</td>
</tr>
<tr>
<td>Patient Safety</td>
<td></td>
<td>Unable to recognize safety culture and risk assessment strategies as required organizational practices</td>
<td>Rarely able to recognize safety culture and risk assessment strategies as required organizational practices</td>
<td>Usually able to recognize safety culture and risk assessment strategies as required organizational practices</td>
<td>Often able to recognize safety culture and risk assessment strategies as required organizational practices</td>
<td>Always able to embrace safety culture and risk assessment strategies as required organizational practices. Always aware of limitations and knows when to seek help.</td>
</tr>
</tbody>
</table>

Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):

8. Patient Advocacy

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies opportunity for patient health and wellness promotion</td>
<td></td>
<td>Fails to identify opportunities; poor knowledge of areas for patient health and wellness promotion</td>
<td>Occasionally identifies opportunities for patient health and wellness promotion</td>
<td>Usually identifies opportunities for patient health and wellness promotion</td>
<td>Consistently identifies opportunities for patient health and wellness promotion</td>
<td>Consistently identifies opportunities for patient health and wellness promotion tailoring to specific patient needs</td>
</tr>
<tr>
<td>Dissemination of information</td>
<td></td>
<td>Unable to provide information and/or information is usually inaccurate, inappropriate, or incomplete</td>
<td>Information provided is sometimes inaccurate, inappropriate, or incomplete</td>
<td>Information provided is accurate and appropriate but may be incomplete</td>
<td>Information provided is accurate, appropriate, and generally complete</td>
<td>Information provided is consistently accurate, appropriate, and complete</td>
</tr>
<tr>
<td>Referring patients to other health care providers and</td>
<td></td>
<td>Does not identify when patients should be referred to other health care</td>
<td>Occasionally identifies when patients should be referred to other health care</td>
<td>Usually identifies when patients should be referred to other health care</td>
<td>Consistently identifies when patients should be referred to other health care</td>
<td>Consistently identifies when patients should be referred to other health care</td>
</tr>
</tbody>
</table>
Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):

**Overall Student Assessment**

Please provide an overall student assessment:

<table>
<thead>
<tr>
<th></th>
<th>N/A 0</th>
<th>Unsatisfactory 1</th>
<th>Needs improvement 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
<th>Excellent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>providers and external agencies</td>
<td>providers and external agencies</td>
<td>providers and external agencies</td>
<td>providers and external agencies</td>
<td>providers and external agencies and initiates the referral process</td>
</tr>
</tbody>
</table>

At the mid-point of rotation, if performance is below ‘Satisfactory’, the student is required to develop a **revised learning contract**, in consultation with the preceptor and Experiential Course Coordinator and implement a plan to address the identified area(s) of deficiency.

At the final point of rotation, if performance is ‘Satisfactory’ or ‘Good’, this will support a grade of ‘Pass’; an overall rating of ‘Excellent’ will support a grade of ‘Honours’.

If performance is below ‘Satisfactory’, this will support a grade of ‘Fail’. At the start of the next rotation scheduled (in a similar rotation type), the student will be required to develop a **learning contract and a plan**, in consultation with the new preceptor and Experiential Coordinator, to address the area(s) of deficiency identified in the failed rotation.

Comments and recommendations to address areas requiring improvement: (MANDATORY if overall student assessment is “Unsatisfactory” or “Needs Improvement”).
**Non-Direct Patient Care APPE Assessment Forms**

STUDENT NAME: _____________________________________________  PRECEPTOR NAME: _____________________________________________  SITE: __________________________

ROTATION NAME/COURSE: ___________________________ DATES of ROTATION/COURSE: ______________________________

Evaluation Type: Preceptor Assessment of Student  □ Midpoint  □ Final

This assessment form is used twice to grade each student during a rotation – once at midpoint and again at the conclusion of the rotation. The form consists of 7 assessment domains, each with a rating scale. Please rate the student in each learning domain, and then provide an overall student assessment rating at the end of this form.

Rotation Specific Goals (if applicable):

<table>
<thead>
<tr>
<th>Please specify goals in the ‘Question Comment’ box.</th>
<th>N/A 0</th>
<th>Unsatisfactory 1</th>
<th>Needs improvement 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
<th>Excellent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Please note that the Professionalism domain must be rated ‘Meets Expectations’ and the Communication domain must be rated at least ‘Satisfactory’ to pass the rotation:

1. Professionalism:

<table>
<thead>
<tr>
<th>Does not meet expectations 1</th>
<th>Meets Expectations 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student communicates and interacts appropriately with colleagues/peers, faculty/preceptor, patients/clients, families, caregivers and health care providers. See link for definitions and examples of expectation: Professionism_Expectations_Guidance.pdf</td>
<td>The student has NOT demonstrated any behaviours UNACCEPTABLE to the</td>
</tr>
</tbody>
</table>
professional practice of pharmacy. See link for definitions and examples of expectations: Unacceptable_Behaviour_Guidance.pdf

Comments (MANDATORY if a student rated "Does not meet expectations" in either section):

2. Communication (written and verbal):

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory 1</th>
<th>Needs improvement 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
<th>Excellent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Formulaic, incoherent and/or rambling</td>
<td>Inconsistently rational and coherent</td>
<td>Rational, coherent, focused</td>
<td>Rational, coherent, focused, tailored</td>
<td>Creativity plus characteristics identified in ‘Good’</td>
</tr>
<tr>
<td>Content</td>
<td>Rambling with some omissions. Is not tailored to the recipient's culture, language and health literacy</td>
<td>Usually accurate but imprecise. Inconsistently tailored to the recipient's culture, language and health literacy</td>
<td>Usually accurate and precise, and takes into account recipient's culture, language and health literacy</td>
<td>Consistently accurate, precise, Comprehensive and takes into account the recipient’s culture, language and health literacy</td>
<td>Always accurate, precise, succinct, comprehensive and takes into account the recipient's culture, language and health literacy</td>
</tr>
<tr>
<td>Listening Skills</td>
<td>Inconsistent ability to be attentive, often misses key information</td>
<td>Sometimes attentive and able to focus on key messages</td>
<td>Usually attentive and sensitive to key messages and meaning intended</td>
<td>Almost always attentive and sensitive to key messages and meaning intended</td>
<td>Always attentive and sensitive to key messages and meaning intended. Consistently displays active listening skills</td>
</tr>
<tr>
<td>Written</td>
<td>May contain omissions or significant errors in grammar or sentence structure</td>
<td>Usually complete and clear with an occasional grammatical or spelling error</td>
<td>Usually complete, clear, precise</td>
<td>Consistently complete, clear, precise</td>
<td>Excellent command of expression</td>
</tr>
<tr>
<td>Presentation</td>
<td>Unable to prepare and/or deliver a basic presentation</td>
<td>Information is incomplete, lacks focus and clarity</td>
<td>Contains basic information for the audience but lacks focus/depth at times</td>
<td>Information is clear and complete. It is geared appropriately to the audience</td>
<td>Easy to follow, with focus, clarity and appropriate information for the specific audience. Evidence of mastery of subject. Questions are handled effectively</td>
</tr>
</tbody>
</table>

Comments: (Mandatory if a rating of 'Unsatisfactory' or 'Needs Improvement' given):

3. Participate as an active team member:

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory 1</th>
<th>Needs improvement 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
<th>Excellent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal relationships</td>
<td>Unable to contribute to positive inter and intra-</td>
<td>Inconsistently contributes to a positive inter and intra-</td>
<td>Invites inter and intra-professional relationships.</td>
<td>Fosters inter and intra-professionally linkages</td>
<td>Fosters development and maintenance of inter and intra-</td>
</tr>
<tr>
<td><strong>Conflict Management</strong></td>
<td>Unable to identify existence of conflict / no awareness.</td>
<td>Conflict is recognized but avoids it.</td>
<td>Conflict is managed with difficulty (or needing assistance).</td>
<td>Conflict is appropriately managed with little assistance</td>
<td>Conflict is effectively and efficiently managed for positive outcomes for all with no assistance</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
</tbody>
</table>

**Comments (Mandatory if a rating of 'Unsatisfactory' or 'Needs Improvement' given):**

4. **Project Work (If applicable):**

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Responsibility**

Unaware of or avoids project work;
Inconsistently accepts duties of project work. Sometimes shows interest in assigned project work.
Readily accepts duties of project work. Usually shows interest in assigned project work.
Seeks out duties of project work. Generally shows interest in assigned project work.
Embraces duties of project work, seeks out and initiates additional project work.

**Quality**

Poor to unacceptable. Work is irrelevant and based off of inappropriate resources. Requires major preceptor intervention to complete work.
Often poor. Work is inconsistently accurate and useful. Often requires preceptor intervention to complete work.
Acceptable. Work is usually relevant, useful and timely. Appropriate level of intervention by preceptor.
Work is consistently relevant, useful, organised, precise, insightful and timely. Is able to balance this work with other duties. Minimal intervention preceptor required.
Work is always relevant, useful, organised, precise, insightful and timely. Work displays critical thinking abilities. Effectively balances other obligations with project work. Minimal to no preceptor intervention required.

**Time Management**

Unable to prioritize activities; Does not manage time efficiently
Requires frequent coaching in determining which activities are priorities; Is able to manage time only with assistance
Requires occasional coaching in determining which activities are priorities; Is able to manage time with occasional assistance
Requires rare coaching in determining which activities are priorities; Is able to manage time with minimal assistance
Independently prioritizes activities; Manages time efficiently without assistance

**Comments (Mandatory if a rating of ‘Unsatisfactory’ or ‘Needs Improvement’ given):**

5. **Educates others (e.g. healthcare providers, patients, students):**

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Responsibility**

Does not recognize role as educator.
Accepts patient educator role for common medications and conditions. Unsure, unaware and unprepared for role in
Accepts and is generally prepared for role in educating patients, other healthcare providers and students (if
Seeks educator role in the education of patients, healthcare providers and students (if applicable).
Embraces and excels in the role of educator in all populations.
<table>
<thead>
<tr>
<th>Quality</th>
<th>Un satisfactory</th>
<th>Needs improvement</th>
<th>Satisf actory</th>
<th>Goo d</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides inaccurate education or at an inappropriate level</td>
<td>Inconsistently provides accurate and safe information (written and verbal).</td>
<td>Usually provides accurate and safe information (written and verbal).</td>
<td>Consistently provides accurate and safe information (written and verbal). Teaching is insightful and tailored to audience</td>
<td>Always provides accurate, safe and focused information (written and verbal). Creative and passionate in teaching opportunities.</td>
<td></td>
</tr>
</tbody>
</table>

Comments (Mandatory if a rating of 'Unsatisfactory' or 'Needs Improvement' given):

6. Use of evidence-informed approach in providing information:

<table>
<thead>
<tr>
<th>Process</th>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to start research process. Researching strategy is disorganised. Unaware of which resources to consult for relevant information.</td>
<td>Research and response structure is inconsistently organized and rational. Sometimes aware of which resources to consult for relevant information.</td>
<td>Able to identify knowledge gap and formulate appropriate research query. Research strategy is somewhat successful in identifying relevant literature. Usually aware of which resources to consult for relevant information.</td>
<td>Self-identified knowledge gap sparks formulation of focused, rational research inquiry that student can describe/explain. Often aware of which resources to consult for relevant information.</td>
<td>Self-identified knowledge gaps routinely spark formulation of focused, rational clinical inquiry that student can justify and describe. Always aware of which resources to consult for relevant information.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments (Mandatory if a rating of 'Unsatisfactory' or 'Needs Improvement' given):

7. General Research Related Objectives (if applicable):

| Establishes meaningful and specific goals (in conjunction with the preceptor) related to the component of the research for which she/he has assumed responsibility | N/A | Unsatisfactory | Needs improvement | Satisfactory | Good | Excellent |
| Develops a critical pathway (in conjunction with the preceptor) to ensure that goals are attained within the assigned timeframe | | | | | | |
| Understands and executes the basic knowledge, techniques, skills and procedures required to perform the major activities of the research | | | | | | |
| Completes all/some literature search to support research | | | | | | |
Review and discussion of the protocol and relevant background information to ensure understanding of the basis of the hypothesis and protocol
Review and discussion of protocol development phases (e.g. design, methodology, etc.)
Completes all/some data collection or demonstration of a basic understanding of data collection
Completes a preliminary data/literature analysis or demonstrates a basic understanding of the principles data/literature analysis
Demonstrates understanding of and adheres to ethical research principles while working on the project
Prepares appropriate written summary of the work
Demonstrates proficiency in her/his research responsibilities

Comments (optional):

**OVERALL STUDENT ASSESSMENT** - Please provide an overall student assessment:

<table>
<thead>
<tr>
<th>N/A</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

At the mid-point of rotation, if performance is below 'Satisfactory', the student is required to develop a revised learning contract, in consultation with the preceptor and Experiential Course Coordinator and implement a plan to address the identified area(s) of deficiency.

At the final point of rotation, if performance is 'Satisfactory' or 'Good', this will support a grade of 'Pass'; an overall rating of 'Excellent' will support a grade of 'Honours'.

If performance is below 'Satisfactory', this will support a grade of 'Fail'. At the start of the next rotation scheduled (in a similar rotation type), the student will be required to develop a learning contract and a plan, in consultation with the new preceptor and Experiential Coordinator, to address the area(s) of deficiency identified in the failed rotation.

(See complete Grading Policy for APPE for details.)

Comments and recommendations to address areas requiring improvement: (MANDATORY)
# Pharmacotherapy Workup + Care Plan Flowsheet

## Pharmacotherapy Work-up and Care Plan

<table>
<thead>
<tr>
<th>General Category</th>
<th>Sub-Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Review of Systems</strong></td>
<td>Enables pharmacist to identify any new signs or symptoms or abnormal laboratory values</td>
</tr>
<tr>
<td>Could any of the abnormal signs or symptoms or lab values be due to drug therapy?</td>
<td></td>
</tr>
<tr>
<td>• What medications can cause these abnormalities?</td>
<td></td>
</tr>
<tr>
<td>• What is the usual timeframe that these medications would cause the abnormalities?</td>
<td></td>
</tr>
<tr>
<td>• Is the patient taking any of these medications and is the timeframe consistent?</td>
<td></td>
</tr>
<tr>
<td>Are there abnormal symptoms or signs (including laboratory values) that should be incorporated into the Care Plan or Follow-up Evaluation?</td>
<td></td>
</tr>
<tr>
<td><strong>II. Pharmacotherapy Work-Up:</strong> A systematic approach to identify problems related to patient’s drug therapy with respect to:</td>
<td></td>
</tr>
<tr>
<td>1. Indication, 2. Effectiveness, 3. Safety, 4. Adherence/Compliance</td>
<td></td>
</tr>
<tr>
<td>1. Drug INDICATION?</td>
<td></td>
</tr>
<tr>
<td>• Is there an indication for each medications being taken by the patient?</td>
<td></td>
</tr>
<tr>
<td>• Is each of the patient’s medical conditions being treated with drug therapy?</td>
<td></td>
</tr>
<tr>
<td>• Are there medical conditions that could benefit from drug therapy not presently being treated?</td>
<td></td>
</tr>
<tr>
<td>• Is the patient’s current problem being caused by drug therapy, or can it be treated with drug therapy?</td>
<td></td>
</tr>
<tr>
<td><strong>How to assess?</strong></td>
<td></td>
</tr>
<tr>
<td>• List the patient’s medications and match to medical conditions</td>
<td></td>
</tr>
<tr>
<td>• List the patient’s other medical conditions which do not appear to be treated with drug therapy</td>
<td></td>
</tr>
<tr>
<td>• List other drugs which do not appear to have an indication</td>
<td></td>
</tr>
</tbody>
</table>

---

Adapted from Therapeutics Case Work-Up Template by Natalie Kennie (2006), Summary of PCP Meeting minutes June 24/2013 and Pharmacotherapy Workup Worksheet by VincentTeo 2013
Adapted from PCT 1: Patient Care Process Part II Pharmacotherapy Work-Up by Sharon Yamashita and Part III Care Plan and Follow Up Evaluation by Lalitha Raman-Wilms
## Pharmacotherapy Work-up and Care Plan

<table>
<thead>
<tr>
<th>General Category</th>
<th>Sub-Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmcotherapy Work-Up continued...</td>
<td>2. Drug EFFECTIVENESS?</td>
</tr>
</tbody>
</table>

- Is drug therapy achieving the goals of therapy?
- Is the most effective drug, dose and drug regimen being used?

**How to assess? For each medical condition:**

- Ask yourself “whether the patient’s signs and symptoms consistent with a specific disease state/syndrome?”
  - Discuss the pathophysiology, differential diagnosis, signs and symptoms, risk factors
- Does this medical condition require therapy? If so, Why?
  - What complications would arise if the condition was not treated?
- List the nonpharmacologic and pharmacologic options
- Compare the pharmacologic options with respect to Efficacy, Onset, Safety, Drug Interactions, Convenience and Cost
  - Is the patient receiving any of these effective medications?
  - Have the goals of therapy been met with the current drug regimen (eg drugs, drug products, dose, frequency of administration?)
- If the goals of therapy have not been met with the current drug regimen:
  - Is the patient taking any medications for this indication?
  - Is the patient taking the most appropriate drug product(s)?
  - Is the patient receiving the most appropriate dosage regimen?

---

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Adapted from PCT 1: Patient Care Process Part II Pharmacotherapy Work-Up by Sharon Yamashita and Part III Care Plan and Follow Up Evaluation by Lalitha Raman-Wilms
<table>
<thead>
<tr>
<th>General Category</th>
<th>Sub-Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmcotherapy Work-Up</td>
<td>3. Drug SAFETY?</td>
</tr>
</tbody>
</table>
|                          |   - Is the patient experiencing an undesirable effect caused by drug therapy?  
|                          |   - Is the problem being caused by too high a dose of the drug?  
|                          |   - Is the drug unsafe for the patient?  
|                          |   - Is there a potential drug interaction?  
|                          | How to assess? For each drug that the patient is receiving:  
|                          |   - List the side effects (common, relevant) of each drug  
|                          |   - Determine which side effects are dose related  
|                          |   - What is the time frame of the adverse effect relative to past and current drug use?  
|                          |   - Does the adverse effect or drug toxicity required management?  
| Pharmcotherapy Work-Up   | 4. Patient ADHERENCE/COMPLIANCE?  
|                          |   - Is the patient able to take the drug as indicated?  
|                      |   - Does taking medications go against patient’s beliefs?  
|                          |   - Is the drug available?  
|                          |   - Is the drug too expensive for the patient?  
|                          | How to assess? Discuss with patient/caregiver and consider:  
|                          |   - Does the patient understand the directions for use?  
|                          |   - Can the patient remember to take medications?  
|                          |   - Can the patient swallow/administer the drug product?  

Adapted from Therapeutics Case Work-Up Template by Natalie Kennie (2006), Summary of PCP Meeting minutes June 24/2013 and Pharmacotherapy Workup Worksheet by Vincent Teo 2013  
Adapted from PCT 1: Patient Care Process Part II Pharmacotherapy Work-Up by Sharon Yamashita and Part III Care Plan and Follow Up Evaluation by Lalitha Raman-Wilms
### Pharmacotherapy Work-up and Care Plan

<table>
<thead>
<tr>
<th>General Category</th>
<th>Sub-Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>III. Drug Therapy Problem(s)</td>
<td></td>
</tr>
<tr>
<td>Indication</td>
<td>Needs Additional Drug Therapy</td>
</tr>
<tr>
<td></td>
<td>Unnecessary Drug Therapy</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Ineffective Drug</td>
</tr>
<tr>
<td></td>
<td>Dose too Low</td>
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<td>Dose too High</td>
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<tr>
<td>Safety</td>
<td>Adverse Drug Reaction</td>
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<tr>
<td>Adherence</td>
<td>Adherence</td>
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</tbody>
</table>

#### MAIN DTP(s):

1)  
2)  

#### Other DTP(s):

3)  
4)  

☐ No DTPs at this time

### IV. Care Plan

**Indication:** __________________________

#### Goals of Therapy

- Standard Structure
  - Clinical parameters (signs & symptoms) and/or lab values which are observable, measurable and realistic
  - A desired value or observable change in the parameter
  - A specific timeframe in which the goal is to be met

- Categories of Goals:
  1. Cure a disease
  2. Reduce or eliminate signs and symptoms
  3. Slow or halt the progression of a disease
  4. Prevent a disease (this by itself is not a goal of therapy)
  5. Normalize laboratory values
  6. Assist in the diagnostic process

<table>
<thead>
<tr>
<th>Clinical Parameter</th>
<th>Degree of Change</th>
<th>Timeframe</th>
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<tbody>
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*Can also be stated as a statement*

---

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## Pharmacotherapy Work-up and Care Plan

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<tr>
<th>General Category</th>
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</table>
| **Interventions** | May include one of more of the following:  
- Starting new therapy for the indication  
- Increasing or decreasing dose of a current medication  
- Changing the dosing interval  
- Changing drug product  
- Discontinuing therapy  
- Referring the patient to another health care provider  
  - Consider:  
    - Non-drug interventions  
    - Patient education, health promotion strategies  
    - Clear instructions for optimal use of medication or product |
| **Follow-up Evaluation** | Monitoring – What is patient’s response to drug therapy?  
- How will you determine if positive (beneficial) outcomes and/or negative (undesirable) outcomes have occurred?  
- Consider  
  - Clinical parameter (sign/symptom/lab) to address effectiveness and safety  
  - Degree of Change or Target  
  - Timeframe  
- Evaluate Patient’s Status – Are goals of therapy  
  - Resolved: once goals are achieved; discontinue therapy  
  - Stable: goals achieved, continue therapy  
  - Improved: progress being made, continue therapy  
  - Unimproved: no progress yet (may be too soon to see an effect), continue therapy  
  - Worsened: decline in health, adjust therapy  
  - Failure: Goals not achieved, change therapy  
- Reassess for new problems |

### Analysis

#### Effectiveness

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Degree of Change</th>
<th>Time Frame</th>
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</table>

#### Safety

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<th>Degree of Change</th>
<th>Time Frame</th>
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</tbody>
</table>
Drug and Disease Information Question – Sample Format

Dates:
- Date that inquiry is received
- Date that response is sent/given

Source of Question: Name of individual – patient, physician, etc.

Contact Information:
Telephone number, fax number, mailing address to acquire further information, to clarify question(s), and for sending response

Background Information:
- Provides the general context from which the question arises.
- May emanate from a patient issue in which a problem is potentially drug-related
- May relate to issues with management of a disease.
- This general context may help the pharmacist to formulate the real question (see “Question” section below) that needs to be answered and anticipate other information needs

Question: Students must carefully and precisely articulate and examine the question to which they will be providing a specific answer.

Research:
- Consider the type/nature of the question (e.g. dosing, drug-interaction, adverse effects) to help guide the use of appropriate resources
- Map out the search strategy in advance
- Including primary resources where possible
- Search the literature
- Document search strategy used

Response:
- Summarize in no more than two or three paragraphs
- A brief synopsis of the answer should be given in the first one or two sentences followed by relevant details and additional information as necessary and appropriate.
- Concise and to the point; clearly answers the question that has been asked.
- Clear and easy for the reader to understand or interpret.

Documentation:
Responses should be filed (paper or electronic) according to the site’s protocol so that further queries or future questions of a similar nature can be responded to in an efficient manner

References:
- All references used to procure the answer must be listed
- The search strategy is also included
Principles of Patient Care Documentation

Please review the following link for the Ontario College of Pharmacists standards and guidelines for documentation: [http://www.ocpinfo.com/regulations-standards/policies-guidelines/documentation-guidelines/](http://www.ocpinfo.com/regulations-standards/policies-guidelines/documentation-guidelines/)

The following information has been adapted from the IMPACT (Integrating Family Medicine and Pharmacy to Advance Primary Care Therapeutics) Clinical Documentation Guidelines: [http://www.impactteam.info/documents/ClinicalDocumentationGuidelines.pdf](http://www.impactteam.info/documents/ClinicalDocumentationGuidelines.pdf) (developed by Natalie Kennie, Barbara Farrell and Lisa Dolovich, Impact Project 2006)

Essential Components
- Date of note
- Identification of person(s) involved
- Discipline Focus (e.g. Pharmacy Note)
- Why the patient was seen or reason for consult (e.g. consult for a medication assessment, for a specific concern, follow up, etc)
- Patient complaint or concern
- Background patient information/data collected
- Drug-therapy problem or issue identified
- Pharmacist’s assessment, interventions and recommendations
- Care plan developed
- Collaboration undertaken with other health care provider (HCP)
- Follow-up
- Identification: Signature

Legal Considerations
- Documentation should occur immediately after the activity. Do not add information out of sequence at a later date. If documentation of an intervention is delayed, an indication that the note is a “late entry” can be made.
- Do not omit significant information purposefully. Include all information deemed necessary to support the drug-related problem and recommendations.
- Notes should not be deleted, removed or rewritten from any part of the record.
- Do not add to another health care provider’s note.
- Ensure that writing is clear, logical and precise.
- Communication should be diplomatic with an appropriate tone.
- All abbreviations used should be clear and common to all health care providers.
- All documentation must to legible and non-erasable.
- If an error is made in a manual record, the error may be crossed out with a single line and initialled.
<table>
<thead>
<tr>
<th>General Category</th>
<th>Key Components</th>
<th>Sample Formats*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>• Date, time&lt;br&gt;• Identification of pharmacy note&lt;br&gt;• Patient name&lt;br&gt;• Referring health care provider&lt;br&gt;• Brief description of reason for referral (e.g. who initiated consult and patient contact)</td>
<td></td>
</tr>
<tr>
<td><strong>Heading or Summary of Problems and Solutions</strong></td>
<td>• Drug-Therapy Problem/ Issue statement&lt;br&gt;• List of main drug therapy problems/issues identified and statement of pharmacist recommendations</td>
<td>D: Drug therapy problem</td>
</tr>
<tr>
<td><strong>Findings:</strong> Compilation of subjective and objective data and medication history</td>
<td>• Chief compliant or patient concern&lt;br&gt;• Pertinent demographic information about the patient.&lt;br&gt;• <strong>Subjective (S):</strong> include patient complaints or concerns that are reported by the patient or by other health care providers and are based on subjective observations and experiences.&lt;br&gt;• <strong>Objective (O):</strong> data based on measurements or documented facts&lt;br&gt;• Medical History&lt;br&gt;• Medication History (e.g. current and past medications)&lt;br&gt;• Compliance Assessment (if applicable)&lt;br&gt;• Drug Allergies/Intolerances&lt;br&gt;• Relevant family or social history</td>
<td>S: subjective / O: objective&lt;br&gt;D: Data</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td>• A description of the actual or potential drug therapy problem.&lt;br&gt;• Supporting rationale for drug therapy problem.&lt;br&gt;• Brief discussion of therapeutic alternatives including relevant considerations (e.g. efficacy, precautions, drug interactions, side effects, cost and convenience) if appropriate.&lt;br&gt;• Identification of goals or desired outcomes of therapy</td>
<td>A: Assessment&lt;br&gt;R: Rationale</td>
</tr>
<tr>
<td><strong>Recommendation(s)</strong></td>
<td>• Brief summary of recommendation and therapeutic plan to resolve the patient’s drug therapy problem(s).</td>
<td>R: Recommendation(s)</td>
</tr>
<tr>
<td><strong>Plan</strong></td>
<td>• Patient desired outcomes that the plan is aimed at achieving&lt;br&gt;• What action you have taken (e.g. patient education, discussion with physician) or needs to be taken by the physician or by the patient&lt;br&gt;• Plan for monitoring (e.g. efficacy, side effects)&lt;br&gt;• Follow up that will be performed by yourself or another health care provider (e.g. what, when and who will be responsible)</td>
<td>P: Plan&lt;br&gt;M: Management</td>
</tr>
<tr>
<td><strong>Closing</strong></td>
<td>• Closing statement (if appropriate)&lt;br&gt;• Signature, designation and contact information</td>
<td></td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>• Citation and attachment of evidence selected (if appropriate)</td>
<td></td>
</tr>
</tbody>
</table>

* SOAP: Subjective, Objective, Assessment and Plan; FARM: Findings, Assessment, Recommendations, Monitoring; DRP: Drug-Therapy Problem, Rationale Plan; DAP: Data Assessment Plan; DDAP: Drug-Therapy Problem, Data, Assessment Plan.
Practical Suggestions

- List DTP’s in order of importance (consider that the physician may not have time to read beyond the first page)
- For information obtained directly from the patient, write “patient states”
- Be concise
  - Include information the reader needs to make a decision about following your recommendation. This may involve including the pros and cons of options and the patient’s wishes.
  - Don’t include information that is extraneous to the drug-related issue identified, especially information that the physician already knows
- Consider using plain language to make it easy to read your notes quickly (i.e. one or two syllable words instead of three or four syllable words, a few examples below):

<table>
<thead>
<tr>
<th>Instead of → Try this</th>
<th>Instead of → Try this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accomplished → Finished</td>
<td>Endeavour → Try</td>
</tr>
<tr>
<td>Anticipate → Expect</td>
<td>Initiate → Begin</td>
</tr>
<tr>
<td>Ascertain → Find out</td>
<td>Notwithstanding → In spite of</td>
</tr>
<tr>
<td>Circumvent → Avoid</td>
<td>Terminate → Stop</td>
</tr>
<tr>
<td>Commence → Start</td>
<td></td>
</tr>
</tbody>
</table>

- Be diplomatic (i.e. how to avoid having the identification of drug-related problems come across like criticism):

<table>
<thead>
<tr>
<th>Use terms such as:</th>
<th>Avoid wording such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• May benefit from</td>
<td>• Wrong</td>
</tr>
<tr>
<td>• May improve with</td>
<td>• Unnecessary</td>
</tr>
<tr>
<td>• Suggest</td>
<td>• Must</td>
</tr>
<tr>
<td>• Consider</td>
<td>• Patient does not want</td>
</tr>
<tr>
<td>• May no longer require</td>
<td>• Inappropriate / not appropriate</td>
</tr>
<tr>
<td>• Patient unlikely to comply with</td>
<td></td>
</tr>
<tr>
<td>• Patient would prefer</td>
<td></td>
</tr>
</tbody>
</table>

- Avoid unnecessary words and unauthorized abbreviations (could we put a reference here to an ISMP doc on this topic?)

<table>
<thead>
<tr>
<th>Rather than this:</th>
<th>Try this:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• am of the opinion that</td>
<td>• think, believe</td>
</tr>
<tr>
<td>• as a general rule</td>
<td>• generally</td>
</tr>
<tr>
<td>• at the present time</td>
<td>• now, at present</td>
</tr>
<tr>
<td>• attention is called to</td>
<td>• here is</td>
</tr>
<tr>
<td>• consider favorably</td>
<td>• approve</td>
</tr>
<tr>
<td>• despite the fact that</td>
<td>• though</td>
</tr>
<tr>
<td>• feel free to</td>
<td>• please</td>
</tr>
<tr>
<td>• for the purpose of</td>
<td>• for</td>
</tr>
<tr>
<td>• in all probability</td>
<td>• probably</td>
</tr>
<tr>
<td>• It is recommended that consideration be given to</td>
<td>• I recommend that</td>
</tr>
</tbody>
</table>
The following is a self-assessment checklist that can be used for reviewing documentation.

<table>
<thead>
<tr>
<th>Format</th>
<th>Descriptors</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction or Heading or Problem and Solution Summary</td>
<td>All components present and accurate.</td>
<td></td>
</tr>
<tr>
<td>Data Collection (compilation of subjective and objective data)</td>
<td>Relevant information collected is accurate, complete and supports the assessment. Only information directly related to the assessment is included. Source of information (e.g. patient, medical chart, etc.) is specified. Data is presented in a logical manner.</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>Drug-therapy problem statement is appropriate for the audience. Drug-therapy problem is adequately justified. Therapeutic alternatives are adequately described (e.g. efficacy, precautions, drug interactions, side effects, cost and convenience, when relevant) and supported. Relevant clinical evidence is cited (if applicable). Level of detail is appropriate for the intended audience. Data is presented in a logical manner.</td>
<td></td>
</tr>
<tr>
<td>Recommendation</td>
<td>Recommendation(s) is(are) clear and complete (e.g. drug, dose, route frequency, duration of therapy). Recommendations are appropriate and supported by the assessment.</td>
<td></td>
</tr>
<tr>
<td>Plan</td>
<td>Patient desired outcomes are clear and appropriate (if applicable). Actions performed by the pharmacist are clear, complete and appropriate. Activities to be performed by the physician are clearly indicated. Patient instruction and education (if applicable) content is summarized. Plan for monitoring is complete (e.g. what will be monitored, who will monitor, how often monitoring will occur). Plan for follow up is complete.</td>
<td></td>
</tr>
<tr>
<td>Closing</td>
<td>All relevant components are present.</td>
<td></td>
</tr>
<tr>
<td>Expression</td>
<td>Language usage and choice of professional terminology are correct, clear and understandable to any health care professional reading this note.</td>
<td></td>
</tr>
</tbody>
</table>
References:

<table>
<thead>
<tr>
<th>Reason for Referral:</th>
<th>Workup date:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission date:</td>
<td>Unit:</td>
<td>Admitted from:</td>
</tr>
<tr>
<td>Age:</td>
<td>Sex:</td>
<td>Ht/Wt/BMI:</td>
</tr>
<tr>
<td>History of Present Illness:</td>
<td></td>
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</tbody>
</table>

**Social History:**  
Smoker: o No o Yes: ________________  
Alcohol use: o No o Yes: ________________  
Recreational Drugs: o No o Yes: ________________  
Special Diet: o No o Yes: ________________  
☼ Do any of these require treatment or affect current/future therapeutic plan?  
Language/Communication barriers?: ________________  

**Allergy History:**  
Drugs | Reaction (date) | CI to therapy? |
|------|----------------|----------------|

**Compliance History:**  
Med administration: o Self o Other: ________________  
History of non-compliance? o No o Yes: ________________  
Home Pharmacy: ________________ Drug Plan (Y / N) Details: ________________  

**Potential Drug Therapy Problems:**  
☼ Based on the information above, is this patient predisposed to specific diseases that may require drug treatment? If so, what signs and symptoms would you monitor?  
☼ Based on the information above, does the patient have actual or potential alterations in drug efficacy or are they predisposed to specific drug toxicities?
<table>
<thead>
<tr>
<th>Medical Problem</th>
<th>Onset</th>
<th>Drug Therapy</th>
<th>Start</th>
<th>Stop</th>
<th>Comments</th>
<th>Home Medications</th>
<th>Transferring Institution</th>
<th>DTP?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☉ Yes</td>
<td>☉ Yes</td>
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### Laboratory and Monitoring Parameters

<table>
<thead>
<tr>
<th>Lab</th>
<th>Range</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>BS</td>
<td>4-8 mmol/L</td>
<td></td>
</tr>
<tr>
<td>Na</td>
<td>135 - 145</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>3.2 - 5.0</td>
<td></td>
</tr>
<tr>
<td>Cl</td>
<td>96 - 106</td>
<td></td>
</tr>
<tr>
<td>HCO₃⁻</td>
<td>22 - 28</td>
<td></td>
</tr>
<tr>
<td>BUN</td>
<td>3–7 mmol/L</td>
<td></td>
</tr>
<tr>
<td>S₇Cr</td>
<td>60-110 umol/L</td>
<td></td>
</tr>
</tbody>
</table>

Used with permission from UHN Pharmacy Department (B. Allan-Fletcher, K. Leblanc, K.Cameron) updated March 2015
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ClCr</strong></td>
<td>Check Doses</td>
</tr>
<tr>
<td><strong>Ca\textsubscript{corrected}</strong></td>
<td>0.02 (40 - Alb) + Ca</td>
</tr>
<tr>
<td><strong>Ca</strong></td>
<td>2.2-2.6 mmol/L</td>
</tr>
<tr>
<td><strong>Mg</strong></td>
<td>0.7 - 1.1</td>
</tr>
<tr>
<td><strong>PO4</strong></td>
<td>0.8 - 1.4</td>
</tr>
<tr>
<td><strong>AST</strong></td>
<td>&lt; 35 U/L</td>
</tr>
<tr>
<td><strong>ALT</strong></td>
<td>&lt; 40</td>
</tr>
<tr>
<td><strong>ALP</strong></td>
<td>50 - 100</td>
</tr>
<tr>
<td><strong>Bilirubin</strong></td>
<td>&lt; 20umol/L</td>
</tr>
<tr>
<td><strong>Albumin</strong></td>
<td>38 - 50 g/L</td>
</tr>
<tr>
<td><strong>Hb</strong></td>
<td>140-180 g/L</td>
</tr>
<tr>
<td><strong>WBC</strong></td>
<td>4 - 11 bil/L</td>
</tr>
<tr>
<td><strong>Platelets</strong></td>
<td>150 - 400</td>
</tr>
<tr>
<td><strong>INR</strong></td>
<td>Target =</td>
</tr>
<tr>
<td><strong>aPTT</strong></td>
<td></td>
</tr>
<tr>
<td><strong>HR</strong></td>
<td>beats/min</td>
</tr>
<tr>
<td><strong>SBP</strong></td>
<td>mmHg</td>
</tr>
<tr>
<td><strong>DBP</strong></td>
<td>mmHg</td>
</tr>
<tr>
<td><strong>Temp</strong></td>
<td>ºC</td>
</tr>
<tr>
<td><strong>RR</strong></td>
<td>breaths/min</td>
</tr>
<tr>
<td>Date</td>
<td>Test</td>
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<thead>
<tr>
<th>Date</th>
<th>Test</th>
<th>Result</th>
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<tr>
<td>DTP/Issue</td>
<td>Goals of Therapy (clinical parameter/degree of change/timeframe)</td>
<td>Assessment of Alternatives/Determine Interventions</td>
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Page 1:

Reason for referral (RFR): This is the reason for admission to hospital which may be the patient or caregiver’s main complaint. It does not necessarily have to be a diagnosis as this may not be evident right away. RFR may also be the reason you were asked to see the patient (ie. a specific drug question related to this particular patient or a need for a full medication review)

Workup date: The date you started the patient work up. May or may not be the same as admission date.

Name: self-explanatory – this is the patient’s name

Admission date: date patient admitted to hospital. This may or may not be the date that you are seeing the patient.

Unit: Nursing unit or ward that patient is currently on. Could also be used in an ambulatory setting (ie. Hemodialysis unit, family health team etc.) in which case you would indicate the location in which you are seeing the patient.

Admitted from: This is where the patient came from (home, nursing home, shelter, another hospital unit etc.). Will help to give you a perspective on patient level of functioning prior to admission and also information about medications. For example: if patient came from home they are likely to be getting medications from a community pharmacy whereas if they came from a nursing home they may have meds administered to them by a nurse.

Discharged to: This is where the patient is likely to go once discharged. This may or may not be the same location from which the patient came. This information is helpful for discharge planning. Will they return to the community and their regular community pharmacy? Are they going to need rehab? Long term care?

MRN: Medical record number (hospital specific). May also be used as a check for positive patient identification.

Age: self-explanatory. You may list patient’s actual age or date of birth in this field.

Sex: self-explanatory (male or female)

Height/Weight/BMI: self-explanatory. If not available this field may be left blank and filled in at a later date. Important for drug dosing, BSA calculation, renal function assessment etc.
**BPMH completed:** Tick this box once BPMH completed. This shows at quick glance that this has been done. Please follow the unit specific procedure for documenting BPMH in the patient’s chart.

**History of Present Illness (HPI):** This is a description of the relevant signs and symptoms experienced by the patient in the time leading up their presentation to hospital. This should be summarized in chronological order. Note this is NOT the location to list all current and past medical problems (see next page).

**Social History:** This information may lead to DTPs arising while in hospital. Patients may experience withdrawal from alcohol etc. that requires treatment. You should also consider whether using any of the substances in this category may impact on care plans you develop for the patient. (ie. drug interactions, monitoring, compliance etc.). Note any language issues in addition to potential family members/translators that the patient may have.

**Allergy History:** Patient allergies, reaction and date of reaction should be noted. You should also be considering the impact of this information on current and future care plans that you may develop for your patient. (ie. Will this penicillin allergy impact use of beta-lactams while in hospital or upon discharge?)

**Compliance History:** The person responsible for medication administration should be identified if it is not the patient themselves (could be family member, caregiver, nursing home staff etc.) Compliance can be assessed during your BPMH and may be noted here. Include name and contact information for community pharmacist/pharmacy and whether the patient has a drug plan (i.e. include any information that will help determine if actual or potential DTPs exist)

**Potential Drug Therapy Problems (DTPs):**
As you learn about your patient’s information in all the domains noted on page one of the workup you can use the information to postulate what types of DTPs the patient is likely to encounter. For example: an 80 year old female admitted with hypoglycemia to a general medicine ward should bring to mind a host of DTPs that you might expect she could encounter (i.e. osteoporosis requiring treatment, adverse effect of antihypertensive meds, risk of CAD requiring treatment, etc.). By contrast, a 32 year old male admitted for knee surgery will bring to mind a different set of potential DTPs. (i.e. may need VTE prophylaxis, treatment for post-surgical infection, etc.) The social, allergy, compliance and language domains should also trigger thoughts about what types of DTPs may be encountered by that patient. You should also consider DTPs that may arise simply due to hospitalization (i.e. risk of VTE, difficulty sleeping requiring therapy, prevention or treatment of nosocomial infections etc.). Also consider concerns related to alterations in drug efficacy or toxicity (i.e. renal impairment, low albumin, hepatic disease etc.)

**IMPORTANT TIP #1:** Please keep in mind that you are NOT simply COPYING information from the patient’s chart. The idea of the work up tool is to assist you with gathering and organizing information related to the patient that will assist you in identifying and preventing drug therapy problems. **You should be THINKING about each piece of information that you transcribe and how this could potentially affect the care plans you develop and the DTPs you identify.**
This section is used to provide an up-to-date and detailed view of the patient’s current medical issues and their associated drug therapies. Past medical problems and past medications (as at home and any transferring institution) should be reconciled against the patients’ current medical problems and medications. Use the information gathered here to begin assessing for actual DTPs.

**Medical problem:** This can be a disease condition (ie. hypertension) or a symptom (ie. pain). Note this is a dynamic list. All medical conditions that the patient comes to hospital with as well as those arising during their hospital stay should be documented here. Consider the answers to the questions noted in the top of the column as you document the medical problems here. You also may find that you don’t know much about this medical problem or how to monitor or treat it (ie. primary pulmonary hypertension which wasn’t reviewed in class). In that case, you should make a note to read up on this condition in order to be able to properly assess and care for your patient.

**Onset:** Refers to the onset of the medical problem. You can be very general (“x years”) which is appropriate for chronic medical conditions. This will give you an idea of how long the patient has had the problem. Sometimes it is appropriate to be more specific, such as if this is the new problem that brought the person to hospital (ie. admitted for hypoglycemia) or if it arises during the time you are caring for the patient (ie. insomnia – you may put a specific date ie. March 24).

**Drug therapy:** This is the medication(s) that the patient takes for the medical problem. Note that patients could have problems with no medication or medications for no discernable problem. This tool will help you identify these types of DTPs. You should also consider the answers to the questions noted in the top of the column as you document the medications here. As you identify what types of things you need to monitor to assess efficacy and toxicity of the medication you can note these on the monitoring form (page 3). You may also find that you are not familiar with a medication that your patient is taking. In that case you will need to read about the medication in order to assess for proper dose, monitoring for efficacy and toxicity, drug interactions etc. Note the answer to the question: prophylactic therapy needed? This is meant to remind you to assess whether the patient may require prophylaxis as a result of this current therapy (eg. GI protection with NSAID use, etc.)

**Start:** This refers to when the DRUG was started. Again, this could be very specific (March 24) or very general (many years) depending on the particular situation.

**Stop:** This refers to when the drug was stopped. This may be blank (if the drug is still ongoing), may have been recently stopped prior to hospitalization or may be discontinued during their hospital stay.

**Comments:** allows you to make a quick note of relevant info. Could include things to research, a note about the drug (recent dose change) etc.

**IMPORTANT TIP #2:** Please keep in mind that you are NOT simply COPYING diseases and drugs from the patient’s chart. You should be THINKING about each piece of information that you transcribe and how this could potentially affect the care plans you develop and the DTPs you
You should also be IDENTIFYING drugs and diseases that you are not familiar with so you can learn about them in order to apply the information to your patient.

**Past medications:** This allows you the space to reconcile home vs hospital meds. If current therapy is the same as home you can simply tick off the box. If the medication at home (or from the transferring institution) was different this space allows you to record this. This may be relevant when planning for discharge to assess if a medication should be switched back to one they were on at home (ie. hospital therapeutic substitution).

**IMPORTANT TIP #3:** You may need more than one copy of this page if your patient is on many medications or they have a long hospital stay. Feel free to print out extra copies of this page and insert into your patient work up.

**Page 3:**
This is your monitoring page. Note that many commonly monitored items are pre-printed on the form. You should add on any parameters that you identify need to be monitored. You may identify monitoring parameters from multiple areas in the work up tool including:
- potential DTP section on page 1
- medical conditions
- efficacy and toxicity monitoring parameters from current medications
- monitoring parameters determined in your pharmacy care plan

**IMPORTANT TIP #4:** You may also need more than one copy of this page if your patient has a long hospital stay. Feel free to print out extra copies of this page and insert into your patient work up.

**IMPORTANT TIP #5:** Just because something is pre-printed on the form does not mean it MUST be noted. **YOU decide** what is necessary to monitor for each individual patient that you are caring for.

**Page 4:**
This page includes extra space for noting the results of other tests, consults, drug levels or microbiology.

**Page 5:**
Progress notes can be used to document any additional issues chronologically. This area is not intended to be for care plan documentation. It should be limited to information about the patient that is not already included under labs, diagnostic tests, microbiology etc.
Examples of items that could be documented here:
June 19: DI question asked by Dr. Smith about use of LMWH in this patient.
June 20: patient had a line inserted for hemodialysis; line is usable right away
June 21: family and team meeting scheduled for Wednesday June 25 to determine discharge plan

**IMPORTANT TIP #6:** Progress notes do NOT replace appropriate chart documentation.

**Page 6:**
The care plan worksheet is the most important part of the profiling tool. The information gathered on the preceding pages should be used to assess for drug therapy problems. A care plan for each issue identified should be outlined in this section. You may also need to print out multiple copies of this worksheet for your patient.

DTP/Issue: Description of the drug therapy problem or medication issue identified

Goals of therapy: This is the overall goal you and the patient are trying to achieve with pharmacotherapy. Refer to your pharmaceutical care textbook for full explanation. Remember to be specific. Consider the parameter, desired degree of change and timeframe. (eg. reduce fever to normal within 48 hours, prevent herpes zoster infection for the next 5 years)

Assessment of alternatives/determine interventions: Use this area to assess the alternatives that could be used to resolve the DTP. You can consider drug and non-drug interventions (ie. education, preventative therapy, referrals etc.) Don’t forget to consider interventions that prevent further related DTPs. You may consider multiple interventions but must consider all aspects of the patient (patient wishes, goals of therapy, concurrent medications and medical conditions etc.) in coming to the best alternative.

Plan/recommendation: After discussion with preceptor and team, provide a summary of the plan for the DTP. Include all details of the plan (when to start/stop a medication, education required, referrals etc.)

Follow up/monitoring plan: This should be clear and specific. Include parameters to monitor (considering efficacy and toxicity) and time frame. You should refer to your goals of therapy to assess if they are being met. This should also include an assessment for any new DTPs.

**IMPORTANT TIP #7:** When creating your follow up plan, it should be clear and specific enough for another pharmacist or student to pick up your plan and know exactly what needs to be monitored and when.

**IMPORTANT TIP #8:** Don’t forget to assess for any new DTPs while doing daily patient monitoring.
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<th>Allergies:</th>
<th>Community Pharmacy:</th>
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<th>Acute Medical Problems/HPI/Dx:</th>
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<th>Date</th>
<th>Temperature</th>
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<th>HR</th>
<th>WBC (ANC) (3 –10 x10⁹/L)</th>
<th>Hgb (110-150 g/L)</th>
<th>MCV(80-96fL) / RDW (36-50fL)</th>
<th>Platelets (130-400 x10⁹/L)</th>
<th>BG (4-7 mmol/L)</th>
<th>Na (135-147 mmol/L)</th>
<th>K (3.5-5mmol/L)</th>
<th>Cr (50-110 umol/L)</th>
<th>BUN (3-7 mmol/L)</th>
<th>CrCl (mL/min)</th>
<th>Albumin (35-50 g/L)</th>
<th>Ca (2.2-2.6 mmol/L)</th>
<th>PO₄ (0.9-1.45 mmol/L)</th>
<th>Mg (0.7-1.06 mmol/L)</th>
<th>BG (4-7 mmol/L)</th>
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**Cultures for follow-up:**

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**Positive Results:**

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**Medication (Indication)**

| PTA? | (DVT prophylaxis) |
Care Plan

Name:                                                                                                  Student Number:

Topic:

**Drug Therapy Problems:** *(listed in order of priority)*

**Goals of Therapy:** *(should generally include a parameter, value and timeframe)*

List interventions to resolve the drug therapy problem *(interventions can include initiation or modification of pharmacologic and non-pharmacologic therapy, as well as specific patient instructions or education)*

Justify your recommendations (interventions) considering efficacy, safety, convenience & cost. *

**Follow-up Plan**

Your follow-up plan should address specific parameters *(including clinical signs & symptoms and/or laboratory values)* to monitor & assess both efficacy and safety. You should provide a target value, and specific time frame for follow-up.

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<th>Timeframe for follow-up</th>
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