Pharmacy 508P
Practice Experience IV
Manual

Winter 2024

Pharmacy Practice Experience Program
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Acknowledgment

The Pharmacy Practice Experience (PPE) program is an integral component of the course of study leading to the Doctor of Pharmacy degree at Memorial University of Newfoundland.

We appreciate the support of all the dedicated pharmacists who volunteer their time and share their knowledge and experiences by serving as preceptors in the program.

It is also acknowledged that while each student has a primary preceptor, they learn valuable information and skills from others at the site and we are grateful for your contribution.

Thank you!

Our program materials continue to develop and evolve. We thank preceptors and students for their constructive feedback and invite you to continue to offer your comments and suggestions for improvement.

We hope that participation in the practice experience program is rewarding and enjoyable for all.

PPE Checklist

This checklist should be referred to at the beginning and during the PPE by the student and preceptor in order to ensure the necessary items are covered. Check as the task is completed.

Before Starting the PPE (√)

Student has contacted preceptor to provide introduction and make arrangements for 1st day arrival	
Student has prepared for practice (e.g., completed orientation modules, pre-readings; gathered tools and resources)	

First Day

Preceptor discusses with student daily schedule, including timing of rounds, group sessions, breaks, lunch, etc.	
Student is introduced to care team members	
Student is given a tour of the workplace which includes location of important areas, including: • Patient charts, electronic or paper • Computer workstations (verify access) • Washroom/Lunch room/Coat storage	
Preceptor reviews with student relevant policies and procedures (e.g., fire plan, emergency codes, site security and access, PPE, other relevant site-specific information)	
Student and preceptor review plans for the practice experience, keeping in mind the learning objectives	

During PPE

Preceptor provides immediate and specific feedback to student, as required	
Student and preceptor discuss student's performance at end of Week 1 and review plan for meeting learning objectives	
Student completes self-assessment and shares with preceptor no later than Day 8	

End of PPE

Student completes/submits required documentation • *Student's Evaluation of Preceptor & Site* • *Student's Evaluation of PPE IV*	
Preceptor completes/submits required documentation • *Preceptor's Evaluation of the Student*, including *Attendance Certification* • *Preceptor's Evaluation of PPE IV*	
Student and preceptor discuss student's goals/priorities heading into APPEs	

Educational Outcomes

The Association of the Faculties of Pharmacy in Canada (AFPC) sets the standards for pharmacy education. The goal is to graduate **Professionals** whose core role is to serve as **Care Providers** who use their medication therapy expertise to benefit patients, communities, and populations through the integration of **Communicator, Collaborator, Leader-Manager, Scholar** and **Health Advocate** roles. (See Figure 1.) The AFPC Educational Outcomes have been adopted by the School of Pharmacy and guide the curriculum and experiential learning in the program.

Our professional ethos
- *Professional*

How we approach practice
- *Communicator*
- *Collaborator*
- *Leader – Manager*
- *Scholar*
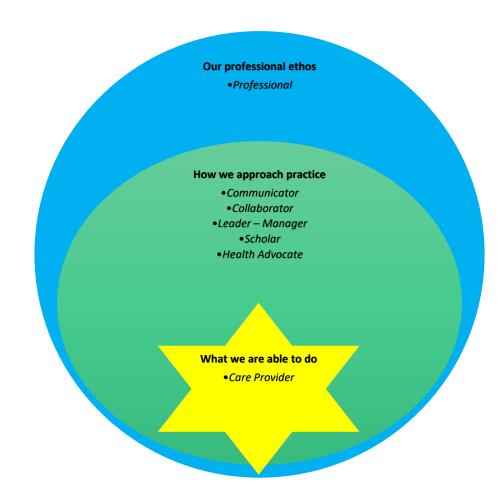- *Health Advocate*

What we are able to do
- *Care Provider*

Figure 1. Conceptual framework for AFPC Educational Outcomes

The full document outlining the AFPC Educational Outcomes is available at
http://afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017_final%20Jun2017.pdf

Pharmacy Practice Experience IV

Pharmacy Practice Experience (PPE) IV takes place **during the fourth year** of the entry-to-practice Pharm. D. program and consists of a 2-week placement (80 hours) in an acute care setting.

This course serves as a **transition** to the *Advanced Pharmacy Practice Experiences (APPEs)*. Under mentorship of a preceptor, the student will contribute to patient care alongside members of the health care team. Effective communication skills, professionalism, and teamwork are expected.

The student's role is one of **active learning** and participation in professional activities of the practice experience site. Student activities, in general, will include:
- assignment to a medical team and participation in patient care rounds and educational discussions.
- gathering and assessing information to determine patients' medication-related needs.
- reviewing the pharmacotherapy of patients.
- providing drug information/education.
- documenting patient care activities.

Pharmacy 508P Policies and Guidelines

Students and preceptors are referred to the ***PPE Program Handbook*** for information about the practice experience program structure, administration, and policies.

Attendance, Punctuality, and Absenteeism

Attendance is required. Students are expected to begin PHAR508P on the set dates and to complete it during the assigned period.   **A minimum time requirement of 40 hours per week is mandatory during the PPE.**

Students are expected to be **punctual** and in attendance at the practice site according to the schedule arranged with the preceptor.
   • In the unlikely event of a **delayed arrival** (e.g., due to an unavoidable circumstance or emergency) on any day of the PPE, the student is expected to **contact the preceptor directly as soon as possible** and let them know. Students should review with the preceptor the best way to advise of a late arrival.

Absences are permitted only in the case of illness, bereavement or family emergency.
   • Any student who must be absent during the PPE is required to **notify both the preceptor and the PPE Coordinator** (phone, 864-7900, or email, ppeprogram@mun.ca) as soon as it is determined that they are not able to attend.
   • **Preceptors are requested to note any absences on the attendance section of the student evaluation form.**

Procedure in the Event the University Closes Due to Inclement Weather

Weather-related cancellations occur at Memorial University from time to time, particularly during the winter months. However, the functions of experiential learning sites often continue despite inclement weather. **Students completing practice experiences should follow the attendance policies of the practice site**.

Safety is a priority and students must use their best judgement regarding travelling in inclement weather. Safety concerns in severe weather should be discussed with the preceptor, and where applicable, alternative arrangements made.

Absence due to poor weather does not necessarily mean that work cannot be completed or important deadlines met. The direction of the preceptor should be followed regarding learning and patient care activities (for example, technology may be used to connect to the site or to submit assigned work; work may be assigned to complete at home, etc.).

The student is expected to communicate weather-related absences (and alternative plans) to the PPE Coordinator.

If the site is closed and the preceptor cannot attend, then students are not expected to attend the PPE.

Communication

Students are expected to communicate in a **professional manner**.

Students should make notes in patient charts or records **only upon direction** of the preceptor. All documentation should adhere to site-specific policies.

The manner and conditions under which students communicate information to the health care team, patients, or respond to drug information requests should be discussed with the preceptor at the beginning of the rotation.

Regarding **cell phones and electronic devices**, the student and preceptor should discuss and review any site-specific policies relating to cell phone use and electronic devices. Where site policies exist and/or where device use for educational purposes is permitted, students are expected to follow the policies of the site or the directions of the preceptor.
   - The use of cell phones and other electronic devices for personal calls, text messaging, or web surfing while on rotation is not permitted, except while on scheduled breaks. If directed by the preceptor, the device may be used to contact the preceptor for practice experience related matters.

Students are expected to check their **MUN email and course Brightspace page** daily for course-related communication and postings.

Section 1: Pharmacy Care

*The core of the discipline of Pharmacy is **Care Provider**.*

*As **Care Providers**, pharmacy graduates provide patient-centred pharmacy care by using their knowledge, skills and professional judgement to facilitate management of a patient's medication and overall health needs.*

Outcomes/Competencies

	The student is expected to:
CP2	• Contribute to the provision of patient-centered care.
CP2.1	• Collect, interpret and assess relevant, necessary information about a patient's health-related care needs.
CP2.2	• In collaboration with the patient and other health team members, as appropriate, identify and prioritize drug therapy problems.
CP2.3	• Determine desired therapeutic outcomes. Assess treatment strategies and provide recommendations to prevent, improve, or resolve issues in collaboration with the patient and other health team members, as appropriate.
CP2.5	• Determine monitoring parameters to evaluate the efficacy and safety of a care plan. Follow-up by eliciting clinical or lab evidence of patient outcomes, where applicable.

Activities

The student should complete the following activities:

1. Collect and interpret relevant medical information for a **minimum of two (2) patients** and assess its relevance in the provision of pharmacy care.

   This activity will allow students to practice gathering information from a variety of sources, including **Meditech** (hospital-based electronic health record system), patient chart, HealtheNL, patient/caregiver interview, rounds, case discussion.

   Knowing where and how to access patient health information is fundamental in performing the functions of a pharmacist. In particular, the student should know how to:
   • Look up medication history and current medications
   • Look up labs, check what labs are coming up for a patient
   • Search previous discharge summaries, progress notes, prior admissions, consults
   • Print a current medication order sheet for a patient

[*For the preceptor:* ideas for engaging students in Meditech data collection:
   • Recommend a patient who you will see in clinic/provide care for later in the week.
   • In acute care, consider assigning the student the patient you worked up yesterday/or the day before. Discuss the information to be gathered and allow the student to seek it out.]

Assessment of the patient is a vital step in ensuring appropriate care is provided to the patient, and includes gathering the following information:
(See *Appendix A*)

- Patient description (age, gender, appearance, other relevant demographics)
- Chief complaint and history of present illness
- Current medical conditions
- Current medications; immunization status
- Allergies (food and drug) and adverse drug reactions
- Family/Social/Compliance history (relevant information, including alcohol, tobacco, other recreational drug use)
- Medical insurance/drug coverage information
- Relevant past medical history and medications
- Review of systems and relevant laboratory findings

2. **a**. For **one (1) or more patients** for whom assessment is completed, identify actual and/or potential drug therapy problems (DTPs). Present or discuss your findings with the preceptor.

    b. For a **minimum of one (1) DTP**, determine the desired therapeutic outcome(s). Explore treatment options and make an evidence-based recommendation to prevent, improve, or resolve the issue. *Where applicable*, engage the patient or care-giver through education, empowerment and self-management.

    Recommended tools: *Pharmacotherapy Decision Tool*
                               School of Pharmacy Patient Care Workup Form (Appendix B).

3. Participate in regular day-to-day discussions about patient care. This is intended to be informal discussion of patient cases with the preceptor or team. The number and frequency of discussions is at the discretion of the preceptor.

4. Participate in **medication reconciliation** for a **minimum of one (1) patient**. Complete under supervision of a health professional a **Best Possible Medication History (BPMH)** at admission, transfer, and/or discharge. **Use HealtheNL to facilitate the process.**

Medication Reconciliation is the process of creating the most accurate list possible of all medications a patient is taking and comparing that list against admission, transfer, or discharge orders, with the goal of providing correct medications to the patient as they make transitions within the healthcare system.

*The **BPMH** consists of an accurate list of all medications a patient takes at home and is a vital step in the medication reconciliation process.*

5. **Complete sample documentation** as it would be done at the site (i.e. using the RHA format) to be reviewed/edited by the preceptor, for **a minimum of one (1)** patient care activity. (Note: In some settings, documentation may be completed electronically, while other settings may use a paper system.)

Section 2: Integration of Other Roles in Care Provider Role

*To provide quality pharmacy care, **graduates are expected to approach pharmacy practice by skilfully integrating other key roles** in the care provider role and to demonstrate the **professional** skills and personal attributes expected of Canadian pharmacists as described by the profession.*

A. Communicator (CM)

Students are expected to communicate effectively in lay and professional language, using strategies that take into account the situation, intended outcomes of the communication and diverse audiences.

Outcomes/Competencies

	The student is expected to:
CM1	• Communicate in a responsible and responsive manner that encourages trust and confidence.
CM2	• Communicate in a manner that supports a team approach to health care.
May be Demonstrated Through	i) communication with patients/caregivers (e.g., gathering information, patient interview, provision of patient education) ii) interaction with preceptor, intra-and inter-professional team members iii) delivery of reports or presentations (e.g., written notes or verbal summaries) iv) documentation of patient care activities

B. Collaborator (CL)

Students are expected to work collaboratively with patients and intra- and inter-professional teams to provide safe, effective, efficient health care.

Outcomes/Competencies

	The student is expected to:
CL1	• Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.
May be Demonstrated Through	i) effective collaboration with patients ii) effective collaboration with pharmacy colleagues iii) making expertise available to others by providing drug information iv) attendance and participation in educational rounds or sessions v) liaising with other health professionals as patient needs dictate

C. Leader-Manager (LM)

Students are expected to engage with others to optimize the safety, effectiveness and efficiency of health care.

Outcomes/Competencies

	The student is expected to:
LM1, 2	• Contribute to optimizing health care delivery and pharmacy services, including the stewardship of resources.
LM3	• Demonstrate leadership skills.
LM4	• Demonstrate management skills.
May be Demonstrated Through	i) adherence to policies and procedures of the practice setting ii) utilization of technology (e.g., HealtheNL) to support safe medication use iii) demonstration of applying evidence to achieve cost-appropriate care iv) demonstration of organizational skills, ability to appropriately establish priorities and manage workload v) setting of educational and professional goals

D. Scholar (SC)

Students are expected to apply medication therapy expertise, learn continuously, create new knowledge and disseminate knowledge when teaching others.

Outcomes/Competencies

	The student is expected to:
SC1	• Apply medication therapy expertise to optimize pharmacy care.
SC2	• Integrate best available evidence into pharmacy practice.
SC4	• Teach other pharmacy team members, the public, and other health care professionals.
May be Demonstrated Through	i) provision of drug information in response to requests and based on identified needs ii) making evidence-based recommendations iii) providing patient education

E. Professional (PR)

Students are expected to take responsibility and accountability for delivering pharmacy care through ethical practice and the high standards of behaviour that are expected of self-regulated professionals.

Outcomes/Competencies

	The student is expected to:
PR1	• Apply best practices and adhere to high ethical standards in the delivery of pharmacy care.
PR2	• Recognize and respond to societal expectations of regulated health care professionals.
PR3	• Be committed to self-awareness in the management of personal and professional well being.
May be Demonstrated Through	i) participation in day-to-day activities which includes: fulfilling responsibilities to patients and colleagues; honouring the laws and regulations that govern the profession of pharmacy; maintaining professional composure ii) conducting self-assessment iii) undertaking educational activities to achieve required learning

Pharmacy Practice Experience IV is an academic course and must be successfully completed in order to progress in the pharmacy program and move on to the APPE rotations.

Overall evaluation of the PPE will result in a grade of **Pass or Fail**. The final grade will be determined by the **PPE Evaluation Committee** of the School of Pharmacy.

A passing grade for PPE IV is contingent upon:

- Ability of the student to **meet the required competencies**, as assessed by the **preceptor** using the evaluation tools supplied by the School.
    - The competency of **professionalism**, in addition to being assessed by the preceptor using the *Preceptor's Evaluation of Student* form, includes professional behavior as demonstrated by adherence to:
        - *School of Pharmacy's Code of Professional Conduct for Pharmacy Students, Pledge of Professionalism*, *Professional Attire Guidelines,* and *Student Guidelines and Best Practices when Communicating Online*
        - *Memorial's Student Code of Conduct*
        - *Standards, Guidelines and Policies governing the Practice of Pharmacy* (i.e. as established by the provincial regulatory body)
        - adherence to relevant site policies.

- Satisfactory **completion of activities and questions**, as determined by preceptor's evaluation and/or submission of assignments and reflections to the preceptor and/or School.

- Satisfactory **attendance** record.

Students who conduct themselves in such a manner as to **cause their termination** from the PPE site will be assigned a grade of **Fail** for the rotation.

Preceptor's Evaluation of the Student

The purpose of the evaluation process is to:
- identify areas of strength
- identify areas of weakness and provide feedback on how to improve performance
- evaluate the extent to which the student has met the required competencies

Evaluation should be based on **observed** performance of student activities. As such, **if more than one preceptor is involved** with the student, it is important to determine who will complete the assessments and **how input will be provided from each preceptor** (and/or other team members).

Evaluation Components

1. Feedback

Preceptors are encouraged to provide **feedback** to students on their performance **daily or every few days**. Regular, constructive feedback provides a vital opportunity for communication between the preceptor and student and enables the student to consider and reflect on their progress.

It is important that concerns about a student's performance are directed to the Practice Experience Coordinator as soon as they are identified so appropriate measures can be taken to help the student succeed.

2. Student Self-Assessment

Students are expected to perform **self-assessment** (by no later than Day 8) and are encouraged to discuss this assessment with the preceptor.

3. Final Evaluation

The preceptor will assess the student at the **end** of the rotation (week 2) by completing the *Preceptor's Evaluation of Student* form.

Students and preceptors are encouraged to familiarize themselves with the evaluation criteria by reading the evaluation forms prior to the PPE.

Derived from <u>Presenting Patient Cases: The Pharmacotherapy Patient Case Presentation Format</u>, Chapter 10, *Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management Services*, 3e (Cipolle, Strand and Morley).

This tool is intended to serve as a guide to help direct the student in the patient assessment and care plan process. The format below may be a means to organize information.

Assessment of the Patient's Drug-Related Needs

1. **Patient Description** (age, gender, appearance, other relevant demographics)

2. **Chief Complaint and History of Present Illness**
   - Why did the patient seek medical attention?

3. **Current Medical Conditions & Medications**
   - List current medical conditions, including date of diagnosis.
   - List current medications, including start date and indication for each.
     - Note immunization status.

4. **Allergies and Adverse Drug Reactions**
   - List drug & food allergies. Describe allergic reaction, if known.
   - List and describe ADRs.

5. **Family/Social/ /Compliance History**
   - List information relevant to the case. Include medication insurance information.

6. **Relevant Past Medical History and Medications**
   - List/briefly review the patient's past medical conditions and course in hospital (where applicable) or background of relevant events in chronological order, including dates (e.g., date of admission; dates medications were initiated, stopped, or changed) and medication management (including indication, start date, reason for discontinuation of each).

7. **Brief Review of Systems and Relevant Laboratory Findings (where available, or applicable)**
   - Include dates and reference ranges for lab investigations.
   - State WNL for those findings which are within normal range/limits.
   - A description of the Review of Systems may be found in <u>Table 6-6. Pharmacotherapy Workup: Review of Systems</u> in Chapter 6 of *Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management Services*, 3e (Cipolle, Strand and Morley).
   <u>http://accesspharmacy.mhmedical.com/ViewLarge.aspx?figid=39676057&gbosContainerID=0&gbosid=0</u>

Pharmacotherapy Workup

1. **Identify DTPs**
   • List and prioritize (high, moderate, low) DTPs that you have identified.

2. **Care Plan**
   For DTP(s):
   • State the desired therapeutic outcomes.

   • Present at least 2-3 feasible pharmacological treatment options.
     ○ Briefly describe the evidence (where applicable) when discussing efficacy and safety (e.g., first-line therapy according to clinical practice guidelines).

   • Provide a patient specific recommendation.
     ○ Explain the rationale for your recommendation.
     ○ Propose how it might be implemented.
     ○ Outline any non-pharmacological treatment strategies which complement your recommendation, where appropriate.

   • Present a monitoring plan (table format is recommended)
     ○ Address efficacy & safety.
     ○ Include parameters, desired degree of change, timelines, persons who will monitor.

3. **Cite references appropriately**
   Refer to the *referencing guidelines* developed by Dr. Carla Dillon, School of Pharmacy and Ms. Alison Farrell, MUN Library.

   Available online, MUN Libraries, Guidelines for Citing Resources
   http://guides.library.mun.ca/content.php?pid=240311&sid=5622001

Appendix B: Patient Care Workup Form

Chief Complaint:

History of Present Illness:

Past Medical History:	Current Medications:	Drug Therapy Problems (High/Moderate/Low):
Surgical History:	Allergies:	
	Immunizations:	
Family History:	Relevant Past Medications:	
Social History:		

DTP #1	**Assessment and Rationale** (including brief discussion of goals of therapy and therapeutic alternatives):	**Plan** (evidence-based recommendation, implementation and monitoring, patient education, etc.):
DTP #2	**Assessment and Rationale** (including brief discussion of goals of therapy and therapeutic alternatives):	**Plan** (evidence-based recommendation, implementation and monitoring, patient education, etc.):
Etc.		

School of Pharmacy, Memorial University of Newfoundland

Appendix C: Courses Completed

- Courses Completed to Date

Courses Completed to Date

Course descriptions: https://www.mun.ca/regoff/calendar/sectionNo=PHAR-0462

Term	Required Courses
Pre-Pharmacy	Courses required for admission
Pharmacy Year 1	
Fall Year 1	CHEM 2400 Introductory Organic Chemistry I PHAR 2002 Anatomy and Physiology I PHAR 2201 Pharmaceutics I PHAR 2250 Pharmacy Practice I PHAR 2610 Health Systems
Winter Year 1	CHEM 2401 Introductory Organic Chemistry II PHAR 2003 Anatomy and Physiology II PHAR 2004 Introduction to Biochemistry PHAR 2202 Pharmaceutics II PHAR 2251 Pharmacy Practice II PHAR 2620 Social and Ethical Behaviour
Fall/Winter/Spring Year 1	PHAR 2010 Service Learning
Pharmacy Year 2	
Fall Year 2	PHAR 3111 General Biochemistry PHAR 3250 Pharmacy Practice III PHAR 3270 Pharmacotherapy I PHAR 3801 Pathophysiology I PHAR 3805 Pharmacology I
Winter Year 2	PHAR 3006 Immunology PHAR 3251 Pharmacy Practice IV PHAR 3271 Pharmacotherapy II PHAR 3410 Leadership and Health Promotion PHAR 3810 Microbiology of Infectious Diseases PHAR 3825 Medicinal Chemistry
Spring Year 2	PHAR 305P (PPE I): Community Pharmacy (6 weeks)
Pharmacy Year 3	
Fall Year 3	PHAR 4250 Pharmacy Practice V PHAR 4270 Pharmacotherapy III PHAR 4621 Applied Health Research l PHAR 4802 Pathophysiology II PHAR 4810 Pharmacology II PHAR 4860 Pharmacogenomics and Biotechnology
Winter Year 3	PHAR 4251 Pharmacy Practice VI PHAR 4271 Pharmacotherapy IV PHAR 4420 Pharmacy Management I PHAR 4622 Applied Health Research ll PHAR 4820 Pharmacokinetics
Spring Year 3	PHAR 406P (PPE II): Hospital Dispensary (2 weeks) PHAR 407P (PPE III): Pharmacy Direct Care (4 weeks)

Pharmacy Year 4	
Fall Year 4	PHAR 5250 Pharmacy Practice VII PHAR 5270 Pharmacotherapy V PHAR 5430 Pharmacy Management II PHAR 5815 Pharmacology III PHAR 5830 Applied Pharmacokinetics
Winter Year 4 (in progress)	PHAR 5251 Pharmacy Practice VIII PHAR 5271 Advanced Pharmacotherapy PHAR 5275 Symposium in Pharmacy PHAR 5640 Social Justice and the Pharmacist PHAR 508P PPE IV: Hospital Pre-APPE (2 weeks)

https://www.mun.ca/pharmacy/programs/pharmd/pharmdprogramofstudy.php