MEMORIAL UNIVERSITY
School of Pharmacy

Pharmacy 605P/606P/607P/608P

Advanced Pharmacy Practice Experience (APPE)
Manual

2025-26

Pharmacy Practice Experience Program Staff

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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 APPE by the student and preceptor in order to ensure that the necessary items are covered. Check as the task is completed.

Before Starting the APPE   **(√)**

	(√)
Student is registered as a Pharmacy Student with the appropriate provincial licensing body; proof of registration has been uploaded to CORE	
Student has contacted preceptor to provide introduction and make arrangements for 1st day arrival	

First Day

	(√)
Preceptor discusses with student daily schedule, including timing of rounds/group sessions, breaks, lunch, etc.	
Student is introduced to staff members	

Student is given a tour of the workplace which includes location of important areas, including:
   • Equipment and supplies, including telephone, fax, computer workstations
   • Reference materials and other resources
   • Washroom/Lunch room/Coat storage	

Preceptor reviews with student relevant policies and procedures (e.g., dress code, site security and access, telephone answering procedures, internet access, emergency procedures/exits, other relevant site-specific information)	
Student and preceptor review plans for the APPE, bearing in mind the learning objectives	
Student and preceptor discuss preferences for feedback and assessment (e.g., how often, timing, etc.)	

During APPE

	(√)
Preceptor provides regular, ongoing feedback to student	
Student completes/discusses with the preceptor activities/documentation & submits required work	
Student completes midpoint *Self-Assessment* and reviews it with the preceptor **Note:** An assessment rating of 1 *(Needs Improvement)* at midpoint necessitates both student and preceptor contacting PPE Coordinator directly so strategies may be implemented to enable student success	
Student and preceptor discuss student's performance at midpoint and review plan for meeting learning objectives	

End of APPE

	(√)

Student completes/submits required documentation
   • Required assignments
   • S*tudent's Self-Assessment (Final)*
   • S*tudent's Evaluation of the Preceptor & Site*
   • *Student's Evaluation of APPE (CORE survey)*
   • *Documentation of Completion Checklist*	

Preceptor completes/submits required documentation
   • *Preceptor's Final Evaluation of the Student*, including *Attendance Certification*
   • *Preceptor's Evaluation of the APPE*	

Student and preceptor discuss student's goals/priorities heading into next APPE (or practice)	

Introduction

Pharmacy Practice Experience (PPE) is the experiential learning component of the Pharmacy curriculum. The **Advanced Pharmacy Practice Experiences (APPEs)** take place during the final year of the program (following Academic Term 11). Students are required to complete four (4) practice experience courses totaling **thirty (32) weeks** of advanced experiential learning.

The student's role is one of **active learning** and participation in the activities of the practice experience site. Students completing APPEs take responsibility and accountability for delivering high-quality care to patients, communities, and society through application and integration of the knowledge, skills and behaviour developed through the pharmacy program.

Students are expected to demonstrate increased independence and decision-making skills as they progress in the program.

Mentorship of junior students may be a component of the APPE courses.

Course Descriptions

Pharmacy 605P Advanced Pharmacy Practice Experience: Direct Patient Care is an eight week (320 hours) practice experience in *any* pharmacy setting, where **pharmacist care** is provided to patients. Practice sites may be institution, clinic, or community based.

Pharmacy 606P Advanced Pharmacy Practice Experience: Acute Care/Hospital is an eight week (320 hours) practice experience in an acute care setting, where students will become an integral member of the patient care team.

Pharmacy 607P Advanced Pharmacy Practice Experience: Community Pharmacy is an eight week (320 hours) practice experience in a **community pharmacy**, where students will provide patient care by applying expanded scope of practice skills.

Pharmacy 608P Advanced Pharmacy Practice Experience: Elective is an eight week (320 hours) experience which may occur in either a **direct or non-direct patient care** setting.

This manual serves as a **guide** for students and preceptors. The outlined l**earning objectives** may be achieved through participation in suggested and required learning activities noted in the corresponding sections of the manual. In addition, **the preceptor may assign other activities or tasks to facilitate achievement of the outcomes and maximize the student's experience**.

The Pharmacy Program of Study, including required courses, is outlined in the *Appendix C.*

Tools and Forms referenced in the manual are available in the students' course Brightspace.

Preceptor Resources are available in CORE ELMS (Preceptor Menu < Login page)

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.)

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 AFPC Educational Outcomes have been adopted by the School of Pharmacy and guide the curriculum and experiential learning in the program.

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

Professional Competencies[1]

The **National Association of Pharmacy Regulatory Authorities (NAPRA)** document, *Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada,* outlines entry-to-practice requirements for pharmacy professionals in Canada. The foundation for all competencies is provided through the knowledge, skills and attitudes gained during the completion of the pharmacy degree program. Logically, the NAPRA competencies and the AFPC Educational Outcomes for pharmacy graduates are closely aligned, as summarized below.

Professional Competency (NAPRA)	**Educational Outcome (AFPC)**
Pharmacy Professionals…	**Pharmacy Graduates…**
Provide safe and appropriate clinical care that meets the patient's unique needs, goals, and preferences.	*Provide patient-centered pharmacy care* by using their knowledge, skills and professional judgement to facilitate management of a patient's medication and overall health needs.
Distribute quality products that are *safe and appropriate* for the patient.	
Communicate and document effectively to enable *partnership with the patient* and *collaboration with others* to promote optimal patient care.	*Communicate* effectively in lay and professional language, using strategies that take into account the situation, intended outcomes of the communication and diverse audiences.
	Work collaboratively with patients and intra- and inter-professional teams to provide safe, effective, efficient health care.
Provide *leadership, support, and supervision* to pharmacy colleagues.	Engage with others to *optimize the safety, effectiveness and efficiency of health care* and contribute to a vision of a high-quality health care system.
Preserve and support *community and population health* in Canada.	Demonstrate care for individual patients, communities and populations by using pharmacy expertise to *understand health needs and advance health and well-being of others.*
Engage in *continuous learning* and improvement to provide quality care based on the *best available evidence* and the application of *professional judgment.*	Take responsibility for excellence by *applying medication therapy expertise, learning continuously, creating new knowledge and disseminating knowledge* when teaching others.
Comply with legal, regulatory, and ethical requirements.	Deliver pharmacy care to patients, communities and society through *ethical practice and the high standards of behavior* that are expected of self-regulated professionals.
Commit to a *culture of patient safety* and promote a culturally and emotionally *safe work environment* for themselves and others.	

[1] **Competencies**
A combination of professional knowledge, skills, abilities, attitudes, and judgments required for safe and competent performance by members of a profession (as defined in NAPRA document, *Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada*, October, 2024).
https://www.napra.ca/wp-content/uploads/2024/10/NAPRA-Entry-to-practice-Competencies-October-2024-EN.pdf

APPE Learning Outcomes

The learning outcomes for the APPE courses have been developed in consideration of the *AFPC Educational Outcomes* and the *NAPRA Professional Competencies for Canadian Pharmacists at Entry to Practice*.

Competency may be demonstrated through **participation in the suggested and required learning activities.** In addition, the preceptor and student may have other ideas for useful activities to facilitate achievement of the outcomes and maximize the student's experience.

The core of the practice of Pharmacy is *Care Provider*. Students involved in **providing care** to patients in a variety of settings (community pharmacy, acute care hospital, ambulatory clinic, long-term care facility, other) for **Pharmacy 605P, 606P, 607P, or 608P** are expected to meet the following outcomes.

1. As **Care Providers,** students are expected to provide patient-centred pharmacy care by using their knowledge, skills and professional judgement in the management of a patient's medication and overall health needs.

Outcomes/Competencies

	The student is expected to:
CP1	• Practise within the pharmacist scope of practice and expertise. - Recognize and take appropriate action when problems that fall into the scope of practice of other health professionals are encountered.

CP2	• Provide patient-centred care.
	  - Collect and interpret patients' relevant health/medical information.
	  - Assess whether a patient's medication related needs are being met and, in collaboration with the patient and other health team members, as appropriate, identify and prioritize drug therapy problems to be addressed.
	  - Establish goals of medication therapy (desired endpoints, target values, timeframes).
	  - Assess treatment options and make recommendations to prevent, improve, or resolve issues in collaboration with the **patient** and other health team members, as appropriate.
	  - Implement care plans, including: obtaining consent; consulting others; deciding specific actions to be taken by the pharmacist such as adapting, initiating, continuing, discontinuing or administering medication as authorized[a]; dispensing and/or compounding medications; engaging the patient or care-giver through education and self-management.
	  - Perform follow-up, including: eliciting clinical or lab evidence of patient outcomes; evaluating progress towards achievement of the goals of therapy; evaluating safety of the care plan (e.g., presence of adverse drug reactions); and adjusting plans if needed.
	  - Support the continuity of patient care by documenting patient care activities and communicating them to patients or caregivers and other health team members.

CP3	• Actively contribute, as an individual and team member, to the continuous improvement of health care quality and patient safety.
	  - Report adverse events, errors, close calls and unsafe practices.
	  - Adopt strategies that promote patient safety.

May be demonstrated through	i) Patient interview and assessment, including conducting medication reviews; information gathering from other sources (e.g., chart/profile, electronic health record, laboratory data, consultation with caregivers and other health professionals) ii) Management of medication-related needs (e.g., dispensing, adapting, prescribing, deprescribing, continuing, discontinuing, administering medication as authorized[a], self-care recommendation; providing patient education, including device teaching) iii) Development/implementation of care plans iv) Medication reconciliation v) Participation in call-back programs, including medication adherence consultations

([a]= in accordance with relevant legislation)

To provide quality pharmacy care, students are expected to approach pharmacy practice by **skilfully integrating *Communicator, Collaborator, Leader-Manager, Scholar* and *Health Advocate roles*** in their Care Provider role and to demonstrate the ***Professional*** skills and personal attributes expected of Canadian pharmacists as described by the profession.

2. As **Communicators,** 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 manner that encourages trust and confidence.
	  - Demonstrate effective oral, non-verbal, or written communication skills using techniques suitable for the intended outcomes of the communication.
	  - Provide timely, clear responses tailored to the context and audience.
	  - Express facts, evidence, and opinions accurately and effectively.
	  - Listen, actively seek, and respond appropriately to ideas, opinions, and **feedback** from others.
	  - Seek clarification from others to ensure common understanding.
	  - Document and share information in a manner that optimizes patient safety and protects privacy.

CM2	• Communicate in a manner that supports a team approach to health care.
	  - Engage in respectful, empathetic, non-judgmental, culturally safe, tactful conversations with patients and health team members.
	  - Demonstrate awareness of the impact of one's own experience level, professional culture, and hierarchy within the health team on effective working relationships, and adapt appropriately to the situation.

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, including participation in rounds, responding to drug information requests iii) Delivery of reports or presentations (e.g., written notes or verbal summaries, educational sessions to a group) iv) Documentation of patient care activities

3. As Collaborators, 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.
	  - Establish positive, professional relationships.
	  - Recognize and respect the roles and shared/overlapping responsibilities of all team members.

CL2	• Be able to safely hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of care.
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 (e.g., Grand Rounds) v) Attendance and participation in patient rounds with medical team vi) Liaising with other health professionals as patient needs dictate, including in the facilitation of patient transitions from settings of care or providers of care vii) Clearly communicating a patient's issues in a written, verbal or electronic handover summary

4. As **Leader-Managers,** students are expected to engage with others to optimize the safety, effectiveness and efficiency of health care and contribute to a vision of a high-quality health care system.

Outcomes/Competencies

	The student is expected to:
LM1	• Contribute to optimizing pharmacy services.
LM2	• Contribute to the stewardship of healthcare resources.
LM3	• Demonstrate leadership skills.
LM4	• Demonstrate management skills.
May be demonstrated through	i) Participation in accurate, safe drug product distribution ii) Adherence to policies and procedures of the practice setting iii) Utilization of automation or technology (e.g., HealtheNL) to support safe medication use iv) Applying evidence to achieve cost-appropriate care v) Engagement in continuous quality improvement practices, including medication incident analysis and reporting vi) Completion of an adverse drug reaction report vii) Displaying organizational skills, ability to appropriately establish priorities and manage workload viii) Setting of educational and professional goals

5. As **Health advocates,** students are expected to demonstrate care for individual patients, communities, and populations by using pharmacy expertise to understand health needs and advance health and well-being of others.

Outcomes/Competencies

	The student is expected to:
HA1	• Respond to an **individual patient's** health needs by advocating with/for the patient.
HA2	• Advocate in partnership with **communities** (e.g. health promotion, disease prevention).
May be demonstrated through	i) Advocating for a patient by speaking on their behalf ii) Sourcing appropriate information or resources to assist people in improving health iii) Linking patients to an agency or resource to further address health needs iv) Incorporating disease prevention, health promotion, and health surveillance into interactions with <u>individual</u> patients v) Participation in <u>public</u> health initiatives aimed at disease prevention, risk factor reduction (e.g., health screening clinic)

6. As **Scholars,** students are expected to take responsibility for excellence by applying medication therapy expertise, learning continuously, creating new knowledge and disseminating knowledge when teaching others.

Outcomes/Competencies

	The student is expected to:
SC1	• Demonstrate understanding of core knowledge and apply it in practice to optimize pharmacy care. - Use problem-solving and decision-making skills to arrive at recommendations that are appropriate, accurate and practical.
SC2	• Integrate best available evidence into pharmacy practice. - Use a systematic approach in the search for best available evidence - Critically appraise literature.
SC3	• Contribute to the development of new knowledge or practices (e.g., by participating in research, when appropriate).
SC4	• Teach other pharmacy team members, the public, and other health care professionals, including students.
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 education to others (patients, colleagues) iv) Creation of medication teaching materials, patient education pamphlets, preparation of a newsletter v) Designing and delivering an educational session, or providing an in-service vi) Participation in journal club review vii) Participation in research activities, where applicable viii) Participation in mentorship of a junior pharmacy student, assistant

7. As **Professionals,** 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.

<div align="center">

Outcomes/Competencies

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	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	• Demonstrate self-awareness in the management of personal and professional well being.
May be demonstrated through	i) Exhibiting professional behaviour in day-to-day interactions with others, including exhibiting honesty and integrity; being diligent, timely and reliable in service to others; maintaining appropriate interpersonal boundaries; protection of patient confidentiality; maintaining professional composure and demeanor even in difficult situations; maintaining professional appearance (attire, personal hygiene) ii) Analysis and discussion with the preceptor of ethical, moral and social controversies as they occur in practice iii) The student accepting responsibility for own actions and performance iv) Honouring the laws and regulations that govern the profession of pharmacy v) Conducting self-assessment vi) Initiating, implementing (undertaking educational activities to achieve required learning) and documenting personal learning plans vii) Demonstration of ability to manage competing personal and professional priorities

❖ **Documentation of Completion of Required Activities**

Using the *Documentation of Completion Checklist,* students will check as activities are completed. This checklist must be **verified by the preceptor** and **submitted by the student to the appropriate dropbox in Brightspace** no later than 5:00 pm on the last day of each APPE rotation.

❖ **Required assignments for each course are required to be submitted** no later than 5:00 pm on the last day of the rotation for that course.

Section 1: Pharmacy 605P - Direct Patient Care APPE

During the **Direct Patient Care** APPE, the student will provide pharmacy care to patients by using their knowledge, skills and professional judgement to **help manage patients' medication and health needs.**

Mentorship of junior students may be a component of this experience.

Activities will **vary** depending on the practice site and, in general, will include:
- interviewing and assessing patients to determine medication-related needs
- critically reviewing the pharmacotherapy of patients
- making recommendations to prevent, improve, or resolve issues
- collaborating with patients and the health care team
- managing medication-related needs (e.g., dispensing medication, prescribing medication, recommending changes in medication, administering medication, self-care recommendation)
- providing education
- monitoring patient responses to drug therapy
- documenting patient care activities
- meeting the drug information needs of the team

A. Personal Learning Plan, Evidence, and Reflection

As a component of Pharmacy 605P, the student is expected to **develop personal learning objectives** noting individual learning goals they wish to achieve during the rotation. These will **complement** the learning outcomes outlined in the manual.   Students should develop a minimum of **two (2)** and a maximum of **four (4)** objectives.

The learning objectives may:
i)   be **identified by the student** as a gap in knowledge or skill.
ii) have been **identified by a preceptor** during a previous PPE as a specific gap in knowledge or skill requiring further development.
iii) take into account **specific activities/outcomes the preceptor/site wishes the student to achieve** during the rotation.

At the beginning of the rotation, the student should discuss their learning objectives with the preceptor and together determine how they will address and meet each goal.

The student should follow the SMART method for writing their learning objectives. Students are referred to the Appendix and Brightspace for guidance on writing learning objectives and creating a Learning Plan (ways in which objectives will be met). These must be documented using the *APPE Learning Plan* form and **submitted in the designated dropbox in Brightspace within one week of starting the rotation**.

At the midpoint of the rotation (i.e., as part of regular self-assessment), the student should revisit their learning goals to determine if any adjustments are required to be made to the original plan.

At the <mark>end</mark> of the rotation, the student is expected to **assess the progress** made towards their learning goals. This should be supported by **evidence**, i.e. at least **one (1)** example of an activity or encounter linked to the key competencies achieved for each learning objective (~ 6-8 sentences). The fully completed *APPE Learning Plan* must be **submitted in Brightspace by the end of the rotation.**

B. Additional Required Activities

The following additional activities are required to be completed by the student during the rotation:

1. Deliver an **educational presentation** to pharmacy staff, the health care team or other group on a relevant topic, provision of an in-service, or presentation to a patient/ community group. The topic should be of importance to the team, the details of which should be agreed upon by the student and preceptor.

    A *Pharmacy Student Presentation Evaluation* is required to be completed by the preceptor and **submitted by the student in the appropriate dropbox in Brightspace.** Additional evaluations may be completed by presentation attendees.

    [Note: If delivery of a presentation is not feasible in a particular setting, the student may **alternatively develop a resource or tool** (e.g., algorithm, chart) to support the pharmacy team in patient care. The subject matter should be of importance to the team, the details of which should be agreed upon by the student and preceptor. Applicable sections of the *Pharmacy Student Presentation Evaluation* should be used by the preceptor for assessment.]

2. Complete a **comprehensive workup of drug therapy** and submit in writing to the preceptor for a **minimum of one (1) patient.**

    It is recommended students use one of the following tools/formats for working up a patient's drug therapy:
    i) Tool commonly used at the practice site.
    ii) School of Pharmacy *Patient Care Workup Form* (Appendix B).

    For further information, students may refer to the **patient assessment and care plan** guide derived from Presenting Patient Cases: The Pharmacotherapy Patient Case Presentation Format, Chapter 10, *Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management Services*, 3e (Cipolle, Strand and Morley). http://accesspharmacy.mhmedical.com/content.aspx?bookid=491&sectionid=39674910#561 74208

    A *Patient Care Workup Evaluation* should be completed by the preceptor and is required to be submitted by the student in the appropriate dropbox in Brightspace.

3. **Complete a minimum of eight (8) patient care notes** (e.g. SOAP, DAR format) to document pharmacist-provided patient care.

    Documentation should be carried out under the direction of the preceptor and according to site policies, using the established format at the site. In some settings, documentation may be completed electronically, while other settings may use a paper system. Documentation must <u>not</u> be removed from the practice site. It should be filed at the pharmacy (or shredded at the end of the rotation).

4. Respond to drug information requests by the preceptor, pharmacy team, or other health care team members. Responses should include an evaluation of clinical literature, where applicable. Document using the student *Drug Information Response Form.* The preceptor should review and provide feedback for a minimum of **three (3) responses.**

    References must be cited appropriately. See MUN Libraries, Guidelines for Citing Resources, http://guides.library.mun.ca/c.php?g=501741&p=3434605.

    Plain language is the practice of communicating, verbally or in writing, in clear, simple terms that most people can easily understand. For example, it is recommended that written materials should at a Grade 6 reading level to improve the likelihood of patients following health instructions. When speaking, words with fewer syllables are easier for people with low health literacy to understand.

    It is suggested to view the following articles before completing the below activities.
    http://www.bcchildrens.ca/endocrinology-diabetes-site/documents/plainlanguage.pdf
    http://www.hqontario.ca/Portals/0/Documents/pe/quick-tools-checklist-communicating-clearly-pc.pdf

5. a. **Analyze** at least one (1) pharmacy software generated or manufacturer provided patient education handout for readability. As practice, revise it using the principles of **plain language.** A free online readability checker such as this one may be used to check the readability of your work, https://readabilityformulas.com/readability-scoring-system-old.php.

    b. **Consider your verbal communication** with patients and caregivers. Do you commonly use medical terminology, acronyms? Do you speak in short sentences? Think about a specific verbal communication interaction with a patient or their caregiver. Using a combination of self-assessment and preceptor feedback, **provide a brief reflection** in the appropriate dropbox in Brightspace (8-10 sentences) about the interaction. The reflection should include how you may or may not have used plain language, your perceptions of patient understanding, any learning you gained from the exercise, and actions you plan to take going forward in your verbal communication with the public.

The preceptor may assign additional activities or tasks to facilitate achievement of the outcomes and maximize the student's experience.

Section 2: Pharmacy 606P - Acute Care/Hospital APPE

During the **Acute Care/Hospital** APPE, students will collaborate in the provision of patient care as an integral member of the health care team. Students will work effectively with other team members, including patients, and will apply their medication therapy expertise and problem-solving skills to optimize pharmacy care in the acute care setting. Students will consider comprehensive patient-specific information (from patient/caregiver interviews, medical records, medication history reviews, physical exam findings, diagnostic and laboratory data) in making drug therapy decisions.

Mentorship of junior students may be a component of this experience.

Activities will **vary** depending on the practice site and, in general, will include:
- assignment to a medical/health care team and participation in patient care rounds, educational rounds and seminars
- collecting and assessing information to determine patients' medication-related needs; conducting medication histories and reviews, allergy assessments; critically reviewing the pharmacotherapy of patients
- creating plans and making recommendations to prevent, improve, or resolve issues; engaging the patient through education; monitoring patient responses to drug therapy
- documenting patient care activities
- provision of in-service presentations for colleagues and/or interdisciplinary audiences
- meeting the drug information needs of the team
- facilitation of the patient's transition from hospital into the community

Additional Required Activities

1. **a.** Complete a **comprehensive workup of drug therapy** and submit in writing to the preceptor for a **minimum of two (2) patients.** The preceptor should review and provide feedback to the student.

    It is recommended students use one of the following tools/formats for working up a patient's drug therapy:
    i) Format suggested by the practice site.
    ii) School of Pharmacy *Patient Care Workup Form* (Appendix B).

    For further information, students may refer to the **patient assessment and care plan** guide derived from Presenting Patient Cases: The Pharmacotherapy Patient Case Presentation Format, Chapter 10, *Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management Services*, 3e (Cipolle, Strand and Morley). http://accesspharmacy.mhmedical.com/content.aspx?bookid=491&sectionid=39674910#56174208

    b. Participate in regular **pharmacotherapy decision-making**/ **discussions of patient care plans.** These are intended to be informal discussions of cases with the preceptor or team and are not required to be formally written up. The number and frequency of discussions is at the discretion of the preceptor.

    Recommended tool: *Pharmacotherapy Decision Tool*

2. **Routinely complete documentation of pharmacist-provided patient care** during the rotation, as required. Documentation must be carried out according to **site policies**, using the **established format** at the site and **under the direction of the preceptor**. In some settings, documentation may be completed electronically, while other settings may use a paper system.

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

   b. *Where applicable*, under supervision of the preceptor, safely **handoff care** for a minimum of **one (1) patient** during the rotation, for example during transfer, change in setting, service, practitioner, or level of care. Clearly, completely and concisely **summarize a patient's issues** in a written/electronic or verbal handover summary to another care provider, including an accurate and complete reconciliation (or assessment) of the patient's medication regimen, as appropriate.

4. Present or lead a **journal club discussion.** Complete a critical appraisal of at least one published study and present it to an appropriate group at the APPE site.

   Recommended tool: *Critical Appraisal Tool*

   A *Journal Club Evaluation Form* is required to be completed by the preceptor and **submitted by the student in the appropriate dropbox in Brightspace.**

5. Participate in a **quality assurance/improvement** activity. This may involve the <u>analysis</u> of a medication incident or close call (i.e., identification of the problem, contributing factors, resolution, system changes, lessons learned). Or, it may involve participation in a quality improvement/ medication safety <u>initiative</u> at the practice site (e.g., drug-use review, adverse drug reaction report, participation in a Quality or Medication Safety committee, etc.).

   A brief **reflection** of this activity is required to be **submitted in the appropriate dropbox in Brightspace** (1-2 paragraphs, about 500 words). It should include a description of the activity, a reflection of the student's own learning, and how the QA/QI activity may have contributed to improved practices at the site and/or safe high-quality care for patients.

   The preceptor may assign additional activities or tasks to facilitate achievement of the outcomes and maximize the student's experience.

Section 3: Pharmacy 607P - Community Pharmacy APPE

During the **Community Pharmacy** APPE, students will provide pharmacy care by applying expanded scope of practice skills.

Students will use their knowledge, skills and professional judgement to help manage patients' medication and health needs by:

- evaluating and preparing prescriptions for dispensing to patients
- assessing appropriateness of drug therapy, including providing ongoing evaluation of drug therapy
- identifying, resolving, and preventing drug-related problems, including making evidence-based decisions, and monitoring for efficacy and adverse effects
- appropriately triaging patients for treatment or referral
- and providing drug information and education to patients.

Mentorship of junior students may be a component of this experience.

The scope of practice of pharmacists in NL includes authority to independently assess and **prescribe** for a specified list of minor ailments, a preventable disease, or other purpose; prescribe an interim supply of medication; extend a prescription; adapt a prescription or make a therapeutic substitution.

In addition, pharmacists authorized by the College of Pharmacy NL (CPNL) to do so may administer drugs by inhalation or injection. Pharmacy students and interns may administer drugs by inhalation or injection according to the criteria set out by CPNL in *Appendix A, Pharmacy Interns and Pharmacy Students Administering Drug Therapy by Inhalation or Injection* under the direct supervision of a pharmacist who has received authorization from the CPNL to administer drug therapy by inhalation or injection.

Resource
CPNL Standards of Pharmacy Operation - Community Pharmacy

Required Activities

1. **Engage in at least two (2) interprofessional activities** (for example, consultation with a prescriber, referral to another health care professional, joint collaboration on an issue) during the rotation. **Submit a brief reflection** (~ 6-8 sentences) **of one (1) of the interactions in the designated dropbox in Brightspace**

   Include/Consider the following points in your reflection: The type of interaction (e.g., face-to-face, by phone, etc.). Do you feel you communicated and/or were received as a colleague? Were you sufficiently prepared for your encounter? Were you efficient and effective? Was it a positive interaction? What was one thing you learned or realized from the activity?

2. Provide **medication counselling** to patients, on a variety of medications. **Document** using the paper-based and/or electronic documentation systems at your site when patient counselling is provided.

Perform regular **self-assessment** using the *APPE Field Note* form and **review with the preceptor for their feedback. Submit a minimum of two (2)** *Field Notes* **in the designated dropbox in Brightspace.**
[Supplementary Tool: *Self-assessment of Prescription Counselling Form*]

3. Conduct a minimum of **one (1) medication review**, under the guidance of the preceptor.

Discuss the results of the review with preceptor and **advise the patient and/or care providers of any follow-up or recommendations.** Note: Your recommendations must be **supported by evidence**, with sources of information appropriately referenced. See MUN Libraries, Guidelines for Citing Resources,
http://guides.library.mun.ca/c.php?g=501741&p=3434605.

After the consultation, **complete a self-assessment** using the *APPE Field Note* form and **review with the preceptor for their feedback. Submit the assessment in the designated dropbox in Brightspace.**
[Supplementary Tool: *Self-assessment of Interview Form*]

4. Using the QuEST communication process, assist patients seeking **non-prescription medications** and give appropriate instructions on their use

The QuEST process, developed by the American Pharmacists Association (APhA) *helps the pharmacist to **Qu**ickly and accurately assess the patient, **E**stablish that the patient is an appropriate self-care candidate, **S**uggest appropriate self-care strategies to the patient, and **T**alk with the patient about those strategies*
https://www.researchgate.net/publication/6398005_A_Structured_Approach_for_Teaching_Students_to_Coun sel_Self-care_Patients

Perform regular **self-assessment** using the *APPE Field Note* form and **review with the preceptor for their feedback. Submit a minimum of two (2)** *Field Notes* **in the designated dropbox in Brightspace.**
[Supplementary Tool: *Self-assessment of Self-care Form*]

5. **a.** Participate in the **prescribing** process, as opportunities arise.
Perform **self-assessment** using the *APPE Field Note* form and **review with the preceptor for their feedback. Submit a minimum of two (2)** *Field Notes* **in the designated dropbox in Brightspace.**

  b. Administer drugs by inhalation or injection, as opportunities arise.

  c. Discuss with the preceptor the **documentation** procedures at your site related to **expanded scopes** of practice such as administration of drug therapy, prescribing, and opioid dependence treatment. **Under direction of the preceptor or supervising pharmacist, perform documentation related to these activities, as required.**

6. **Complete a minimum of four (4) patient care notes** (e.g., SOAP, DAR format) to document pharmacist-provided patient care. **Documentation should be carried out according to site policies, using the established format at the site.** In some settings, documentation may be completed electronically, while other settings may use a paper system. **Documentation must not be removed from the practice site.** It should be filed at the pharmacy (or shredded at the end of the rotation).

   Submit a brief reflection (~ 4-6 sentences) **in the designated dropbox in Brightspace** about your ability to incorporate documentation of patient care activities into the workflow of a busy practice setting and the role of technology to facilitate it.

7. Where feasible, participate in **deprescribing** activities.

   *An important component of the **assessment of the appropriate use of medications** involves reducing, stopping, or changing medications that may be causing harm or are no longer necessary. **Deprescribing** is a planned and supervised process that involves a coordinated effort between patients, caregivers, and healthcare professionals.*

   *Previously, Memorial's School of Pharmacy partnered with the [Canadian Deprescribing Network](#) and the Government of Newfoundland & Labrador to create and implement "SaferMedsNL". This initiative served to promote the appropriate use of medications, with a focus on **Proton Pump Inhibitors and Sedative-Hypnotics**. The SaferMedsNL public awareness campaign and research study has since concluded and the [SaferMedsNL website](#) and the resources are no longer being updated and maintained.*

   [Resources for pharmacists](#), [deprescribing algorithms](#), and other [useful tools](#) are available through the [Canadian Medication Appropriateness and Deprescribing Network](#). The algorithms, along with additional resources and education materials for healthcare providers are also available on the website [deprescribing.org](#).

8. Engage in a **health promotion activity** with a <u>patient or group</u>.

   This may be through one-on-one discussion with an individual patient or through the development/implementation of a health promotion activity in your pharmacy or community.

   Provide a written reflection (~ 1 page in length) which briefly details the activity and **submit into Brightspace.** Include the following points in your reflection:
   • Who was involved? A single patient or a group?
   • What did you do?
   • Why? e.g., was it in response to an identified need in a patient or group?
   • How did you collaborate with others? (Patient? Community? Other health care providers?)
   • How will/might it advance the health and well-being of the patient/ others?
   • How would you rate its level of success or effectiveness?

Medication Safety through Error Prevention (MedSTEP NL) is a mandatory continuous quality improvement (CQI) and medication incident reporting (MIR) program for community pharmacies in NL. The minimum standards for the program are described in [CPNL's Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting](#)

MedSTEP NL includes elements of reporting, analyzing, documenting, and shared learning from medication incidents and near-miss events with the objective to continuously review and improve the quality and safety of pharmacy practice in the province. Community pharmacies are expected to report medication incidents and near-misses to the [National Incident Data Repository](#). CPNL will receive de-identified, anonymous provincial data summaries from [ISMP Canada](#). This data will advise of trends and will be shared to communicate error prevention and safety improvement approaches.

9. **a.** Provide a **brief summary** of your participation in a **quality improvement** activity. This may involve:
- i. Analysis of a medication incident or close call (i.e., identification of the problem, contributing factors, resolution, system changes, lessons learned).
- ii. Or, it may involve participation in a quality improvement/ medication safety initiative at the practice site (e.g., adverse drug reaction report to Health Canada).

   The summary should be **submitted in the appropriate dropbox in Brightspace** (1-2 paragraphs, about 500 words), and include a description of the activity, a reflection of the student's own learning, and how the QI activity may contribute to improved practices at the site and/or safe high-quality care for patients.

   b. Review **policies and procedures** and complete any **training** that is available/offered so that you can play an **active role** in CQI and MIR and comply with MedSTEP NL. (Students in other provinces should complete similar activities appropriate for their location).

   c. MedSTEP NL requires documentation to be retained at the pharmacy in an auditable format. This includes communications with patients/prescribers regarding medication incidents or near-miss events; CQI improvement plans; formal CQI staff meeting minutes; safety self-assessment. *Where applicable*, **complete required documentation**, under supervision of an appropriate staff member.

10. Discuss with your preceptor **challenging communication situations** encountered or observed during the rotation (e.g., with patients, co-workers or other health professionals). Consider: What factors led to the difficult communication situation? How did you handle the situation? What was effective? How might you better manage a similar situation in the future?

11. Discuss with the preceptor **pharmacy management** matters, including:
- procedures for inventory ordering and receiving, and how drug shortages are handled.
- narcotics and controlled substances security, record keeping, inventory management.
- procedures to handle expired medications, and disposal of expired/hazardous substances.
- procedures for personnel scheduling and performance evaluation.

The preceptor may assign additional activities or tasks to facilitate achievement of the outcomes and maximize the student's experience.

Section 4: Pharmacy 608P - Elective APPE

Pharmacy 608P may take place in <u>EITHER</u> a **Patient Care** <u>OR</u> a **Non-direct Patient Care Setting.**

A. Patient Care Setting
Students completing Pharmacy 608P in a *Patient Care* environment are expected to meet the objectives common to all practice experiences in patient care settings as described in the *APPE Learning Outcomes* section.

The student will integrate *Communicator, Collaborator, Leader-Manager, Scholar and Health Advocate* roles in their *Care Provider* role while demonstrating the *Professional* skills and personal attributes expected of pharmacists.

<u>Personal </u>Learning Objectives, Evidence and Reflection

The student is also required to **develop personal learning objectives** noting individual learning goals they wish to achieve during the rotation. These will **complement** the learning outcomes referenced above. Students should develop a minimum of **two (2)** and a maximum of **four (4)** objectives.

The learning objectives may:
i)   be **identified by the student** as a gap in knowledge or skill.
ii) have been **identified by a preceptor** during a previous PPE as a specific gap in knowledge or skill requiring further development.
iii) take into account **specific activities/outcomes the preceptor/site wants the student to achieve** during the rotation.

At the beginning of the rotation, the student should discuss their learning objectives with the preceptor and together determine <u>how they will address and meet each goal</u>.

The student should follow the SMART method for writing their learning objectives. Students are referred to the Appendix and Brightspace for guidance on <u>writing learning objectives</u> and creating a <u>Learning Plan (ways in which objectives will be met)</u>. These must be documented using the *APPE Learning Plan* form and **submitted in the appropriate dropbox in Brightspace** within one week of starting the rotation.

At the midpoint of the rotation (i.e., as part of regular self-assessment), the student should revisit their learning goals and determine if any adjustments are required to be made to the original plan.

At the end of the rotation, the student is expected to **assess the progress** made towards their learning goals. This should be supported by evidence, i.e. at least **one (1)** example of an activity or encounter linked to the key competencies achieved for <u>each</u> learning objective (~ 6-8 sentences per reflection). The fully completed *APPE Learning Plan* must be **submitted in Brightspace by the last day of the rotation.**

B. Non-direct Patient Care Setting

Students completing Pharmacy 608P in a ***Non-direct Patient Care*** environment are expected to meet the **general learning objectives** below:

1. **Communicate effectively** using strategies that take into account the situation, intended outcomes of the communication and diverse audiences.

2. **Work collaboratively** with others.

3. **Demonstrate leadership and management skills**. This includes:
   i)   adherence to policies and procedures of the practice setting
   ii) demonstration of organizational skills, ability to appropriately establish priorities and manage workload
   iii) setting of educational and professional goals

4. *Where applicable*, serve as a **health advocate**. This may include:
   i)   contributing to other professional responsibilities (e.g., committees, policy and guideline development)
   ii) promoting health and wellness

5. Serve as **scholars** through **applying their knowledge and expertise**, **learning** continuously, **creating** new knowledge, and **disseminating knowledge** when teaching others.

6. Demonstrate **professionalism** by adhering to high standards of behaviour, fulfilling their responsibilities to others, and being accountable in their work.

Site-Specific Learning Objectives, Evidence and Reflection

At the beginning of the rotation, the student, in consultation with the preceptor, should identify a minimum of **two (2)** and a maximum of **four (4)** *site-specific* learning objectives intended to be met during rotation, and together determine how the student will address and meet each goal.

The student should follow the SMART method for writing their learning objectives. Students are referred to the Appendix and Brightspace for guidance on writing learning objectives and creating a Learning Plan. These must be documented on the *APPE Learning Plan* form and **submitted in the designated dropbox in Brightspace** within one week of starting the rotation.

At the midpoint of the rotation, the student should revisit their learning goals and determine if any adjustments are required to be made to the original plan.

At the end of the rotation, the student is required to provide **documentation** of meeting the outcomes of the rotation, by completing the *APPE Learning Plan* form and **submitting it in the designated dropbox in Brightspace.** As part of the reflection, the student should describe their experiences/activities during the placement (i.e., what they did) and detail how the experience enabled their professional growth and contributed towards meeting the goals of the rotation by providing examples with explicit connections made between specific activities and the key competencies learned. (~ 6-8 sentences per goal).

Evaluation

Advanced Pharmacy Practice Experiences are academic courses and must be successfully completed in order to graduate. For criteria regarding promotion status in Academic Year 5 and graduation, students are referred to the *Pharmacy Promotion Regulations*, *Section 7.2.3 of the University Calendar,* https://www.mun.ca/university-calendar/st-johns-campus/school-of-pharmacy/7/2/.

Overall evaluation of each APPE course (Phar 605P, 606P, 607P, 608P) will result in a grade of **Pass or Fail**. The preceptor(s) responsible for supervising the student during the APPE conducts evaluation of the student's performance using the evaluation tools supplied by the School. The School of Pharmacy determines the grade for each APPE.

A passing grade for Phar 605P, 606P, 607P, 608P 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, Professional Suitability Regulations, 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 by assigned deadlines**, 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 APPE 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).

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

Evaluation Components

1. **Feedback**

    Preceptors are encouraged to provide **feedback** to students on their performance on an **ongoing basis throughout the rotation.** Regular, constructive feedback 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 required to perform **self-assessment** at the midpoint and end of each rotation, as well as upon completion of certain specified activities, and to discuss their assessments with the preceptor.

3. **Evaluation**

    Key assessment points occur at the **midpoint** and **end** of each APPE rotation.

    a. **Midpoint Evaluation**

        An evaluation of the student's performance using the *Preceptor's Evaluation of Student* form is required to be conducted by the preceptor and discussed with the student at the **mid-point** of the rotation. This is a **vital opportunity** for communication between the preceptor and student and enables the student to better judge their progress. It may also help to identify activities in which the student has not yet been involved.

        If performance issues are identified (including an assessment rating of 1 *(Needs Improvement)* in any competency area)**, a copy of the completed evaluation must be forwarded directly to the PPE Coordinator by the preceptor**. **It is <u>critical</u> that potential problems are acknowledged and communicated in a timely manner so that appropriate measures can be taken to help the student succeed.**

    b. **Final Evaluation**

        The *Preceptor's Evaluation of Student* form is required to be completed in full by the preceptor at the **end** of each rotation to assess if the student has met the required competencies. The **final evaluation** should be submitted by the **last day** of the rotation.

APPE Policies & 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. Each practice experience requires a full-time commitment. **A minimum time requirement of 40 hours per calendar week is expected.**

Students are expected to begin their APPE rotations on the set dates and to complete them during the assigned period.
- It is not possible to put in "extra" hours each day in order to finish the rotation early.
- **Any changes in the start/end dates or requests for absences must be approved by the PPE Coordinator**. A student requiring a change in the start/end date, or in the case of other *anticipated* nonattendance, must make a request for approval to the PPE Coordinator at least two weeks in advance of the date(s) affected, outlining the reason for the change/absence.

Scheduling of hours should be undertaken by the preceptor and student. Students may be expected to complete shifts similar to the preceptor's, including evenings and weekends. Schedule changes of a minor nature (e.g., less than half a day) may be approved by the preceptor. Students should not leave the practice site during scheduled hours without the knowledge or approval of the preceptor. Normally, missed time is expected to be made up.

Punctuality is expected. In the unlikely event of a **delayed arrival** (e.g., due to an unavoidable circumstance or emergency) on any day of the APPE, 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 other acceptable cause (e.g., family emergency), duly authenticated in writing with supporting documents, except in the case of illness lasting less than 5 days.
- Students are responsible to **notify the preceptor** *as soon as it is determined that they are not able to attend* the practice experience, as well as to directly **inform the PPE Coordinator** (ppeprogram@mun.ca) of the absence.
- For illnesses or medical conditions of **five days or longer**, students must complete and submit to the PPE Coordinator the *Student Health Certificate* form found under **Forms**, at the following link: http://www.mun.ca/regoff/forms.php. This is in accordance with Memorial's General Regulations 6.16.6 "Information Required in Certificates from Health Professionals" https://www.mun.ca/university-calendar/university-regulations-undergraduate/6/16/#6.16.6
- **Preceptors are requested to note any absences on the attendance section of the student evaluation form.**

Normally, missed time is expected to be made up. The preceptor in consultation with the student (and PPE Coordinator, if asked) will determine a plan for the make-up of time missed to fulfil the requirements of the practice experience.

Absences related to **professional development** (e.g., professional meetings) will not normally be required to be made up. These absences **must be approved**, prior to the activity, by <u>both </u>the preceptor and the PPE Coordinator.

Pharmacy Practice Experiences may be scheduled outside of the academic semester and will not necessarily follow the University Diary. Therefore, **semester or other university breaks may not apply during practice experiences.**

Should a **statutory holiday** fall within the timeframe of the practice experience, students are expected to attend the rotation, if the pharmacy is open/operational, unless the preceptor directs otherwise. The closing of the University for a statutory holiday does not necessarily determine a day off for the student.
- The statutory holidays pertain to those in the province or country in which the student is completing the rotation.
- If the student is required to attend the PPE on a statutory holiday, usually no other day off will be provided in lieu.
- If the practice site is closed, the student is not required to make up the day.

Employment conflicts are **not** considered legitimate reasons for excusing a student from the PPE. Where applicable, work schedules must be adjusted to accommodate rotation requirements.

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 in determining whether to travel to the site. 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 APPE.

Communication

Students are expected to check their MUN email accounts regularly. Communications with the preceptor or PPE Coordinator should be via the student's **MUN email account**.

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

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.

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

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 and preceptors are encouraged to discuss **conflicts** that may arise during the practice experience with each other directly at the time of the concern. Conflicts may result from differences in expectations and can often be resolved positively through early intervention.

Students and preceptors may also choose to inform the PPE Coordinator or request guidance or support in any troublesome situation, regardless of the severity. However, **serious or unresolved difficulties or problems concerning student performance necessitate the notification and involvement of the PPE Coordinator**!

The following tips are provided which may be useful in handling a troublesome situation:
1. Address the issue promptly; bring the concern directly to the attention of the other person and attempt to resolve the issue together.
2. Listen carefully and thoughtfully to the other person.
3. Be as clear and specific as possible when identifying a problem and remember to focus on the situation, not the person.
   - If the preceptor has a specific issue with a student, an attempt should be made to discuss this with the student as part of the regular feedback process.
   - Discussion may include restating the rotation goals or professional expectations, outlining steps to help the student overcome the problem and explaining to the student how they will be evaluated to assess improvement.

Generally, concerns should be shared amongst only the individuals involved (± the PPE Coordinator), not publicized to other students, other pharmacy staff, etc.
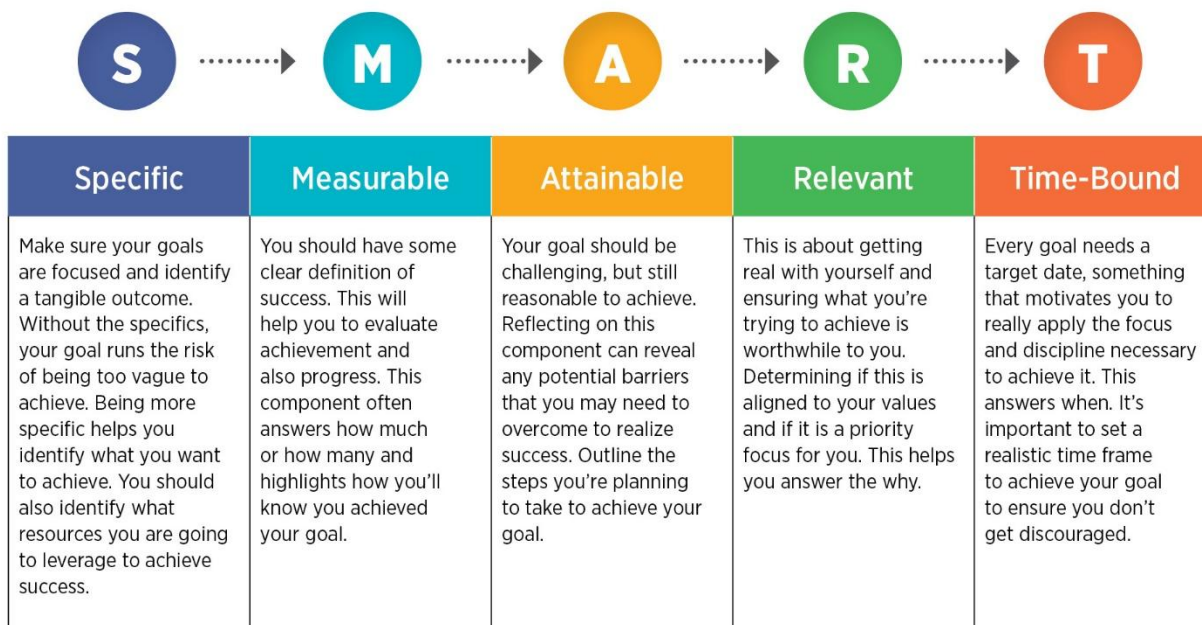
Appendix A

Writing Learning Objectives

S.M.A.R.T. Goals

Outlining your Learning Plan using the SMART criteria will help you to complete your specific learning objectives and enable you to assess your achievement of the objectives throughout the APPE.

This method of writing and evaluating your goals, or learning objectives, uses the acronym SMART to define what needs to be considered in the development of good learning objectives or goals:

Specific	Measurable	Attainable	Relevant	Time-Bound
Make sure your goals are focused and identify a tangible outcome. Without the specifics, your goal runs the risk of being too vague to achieve. Being more specific helps you identify what you want to achieve. You should also identify what resources you are going to leverage to achieve success.	You should have some clear definition of success. This will help you to evaluate achievement and also progress. This component often answers how much or how many and highlights how you'll know you achieved your goal.	Your goal should be challenging, but still reasonable to achieve. Reflecting on this component can reveal any potential barriers that you may need to overcome to realize success. Outline the steps you're planning to take to achieve your goal.	This is about getting real with yourself and ensuring what you're trying to achieve is worthwhile to you. Determining if this is aligned to your values and if it is a priority focus for you. This helps you answer the why.	Every goal needs a target date, something that motivates you to really apply the focus and discipline necessary to achieve it. This answers when. It's important to set a realistic time frame to achieve your goal to ensure you don't get discouraged.

[Graphic from Canadian Management Centre, May 2019: https://cmcoutperform.com/setting-smart-goals]

You are encouraged to think about what you want to learn while on rotation. Consider whether there are skills that you would like to improve upon. It is suggested to start the process of writing your learning objectives by reflecting on these and on what you have learned in the EPPD academic program. Write some general goals, then follow the SMART process to write more specific, focused learning objectives for the APPE.

A template for a Learning Plan is on the next page and in Brightspace.

APPE Personal Learning Plan

Student: _____

Course: ☐PHAR 605P   ☐ PHAR 608P

Block: ☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8

Learning Objective #	
Learning Objective (LO)	*Activities (ways/actions in which LO will be met)*
Reflection (evidence with linkages between activities & key competencies learned)	**Preceptor Evaluation:** Learning Objective was ☐ Met ☐ Not Met Comments: Preceptor Signature: _____

Learning Objective #	
Learning Objective (LO)	*Activities (ways/actions in which LO will be met)*
Reflection (evidence with linkages between activities & key competencies learned)	**Preceptor Evaluation:** Learning Objective was ☐ Met ☐ Not Met Comments: Preceptor Signature: _____

Appendix B

Patient Care Workup Form

Chief Complaint:		
History of Present Illness:		
Past Medical History: **Surgical History:** **Family History:** **Social History:**	**Current Medications:** **Allergies:** **Immunizations:** **Relevant Past Medications:**	**Drug Therapy Problems (High/Moderate/Low):**

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, etc.):
Etc.		

Appendix C

Program of Study

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 or Winter 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 I 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 II 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 5275 Symposium in Pharmacy PHAR 5815 Pharmacology III PHAR 5830 Applied Pharmacokinetics
Winter Year 4	PHAR 5251 Pharmacy Practice VIII PHAR 5271 Advanced Pharmacotherapy PHAR 5430 Pharmacy Management II PHAR 5640 Social Justice and the Pharmacist
Pharmacy Year 5	
Spring/Summer, Fall, Winter Year 5 From May (immediately following Winter Year 4) until April of the following year	Advanced Pharmacy Practice Experiences (APPE) PHAR 605P: Direct Patient Care (8 weeks) PHAR 606P: Acute Care Hospital (8 weeks) PHAR 607P: Community Pharmacy (8 weeks) PHAR 608P: Elective (8 weeks)

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

Appendix D

Preceptor Responsibilities

The preceptor accepts responsibility for **teaching** and **supervising** the student during the practice experience.

The preceptor:

- Reviews the Pharmacy Practice Experience Manual, learning objectives, activities and assignments, together with the assessment and evaluation forms.
- Provides an **orientation** to the practice experience site.
- Discusses expectations for the rotation with the student (e.g., specific tasks, conduct, scheduling).
- Supports the student in achieving the goals and objectives of the practice experience program by **planning activities** and ensuring the student is given the opportunity, under the **preceptor's supervision**, to **actively participate** in the practice of pharmacy and contribute meaningfully to patient care at a level appropriate to their education and experience.
- Is open to questions from the student.
- Serves as a role model and mentor by exhibiting high standards of ethical and professional practice.
- Monitors student progress and provides regular and constructive feedback to the student. This may include keeping notes (with specific examples) on the student's performance.
- Evaluates student performance using tools provided by School and determines whether the student has met the stated learning objectives.
- Communicates concerns about student performance to the PPE Coordinator as soon as possible to allow for assistance and support to be provided.

Student Responsibilities

Students are responsible for their own learning. Preceptors volunteer their time to teach students. Their primary obligation is to their patients, colleagues, and employer. Students must respect this.

Students are expected to:

- Review the Pharmacy Practice Experience Manual, learning objectives, activities and assignments, together with the assessment and evaluation forms, prior to the PPE.
- Discuss learning goals with the preceptor.
- Exhibit initiative and a self-directed approach to learning (i.e. seek and become involved in learning opportunities as they arise and within the guidelines set by the preceptor).
- Maintain open communication with the preceptor.
- Ask for help when needed.
- Show respect and be courteous toward all pharmacy staff, patients and their families, and other health professionals.
- Clearly identify themselves as pharmacy students (not pharmacists). Accept only appropriate roles. Professional decisions or judgments must not be made by the student without the approval or consent of a pharmacist.
- **Prepare adequately and be punctual for all scheduled activities**.
- Seek regular feedback. Accept and act upon constructive criticism.
- Perform self-assessment regularly, especially prior to mid-point and final evaluations; recognize when additional learning is required and take action to achieve it.
- Adhere to university, School of Pharmacy, and site policies and guidelines.
- Comply with the ethical, legal and regulatory requirements of practice.
- Demonstrate flexibility and appreciate that sites and rotations will differ in activities, expectations, and workload.

Appendix E

Appointment as *Professional Associate*

Memorial University encourages pharmacists who serve as preceptors in the School of Pharmacy to apply for appointment as a Professional Associate.

The appointment as Professional Associate will enable preceptors to access the university's library resources, including the Health Sciences Centre Library, which will support them in their contribution to the professional and educational development of pharmacy students. This appointment is for three (3) years and is renewable.

https://www.mun.ca/pharmacy/community/professionalassociate.php

To apply, applicants must submit an expression of interest that includes:
- A personal statement regarding anticipated involvement in the education of pharmacy students
- A CV or completed CV form
- Documentation of completion of an approved preceptor education program.
    - Free online courses (e.g., UWO Health Sciences Preceptor Education Program) are listed at https://www.mun.ca/pharmacy/pharmacy-practice-community/practice-experience-program/preceptor-resources/

Applications may be directed to ppeprogram@mun.ca.