



*Faculty of Health  
College of Pharmacy*

# **PHARMACY 2081**

## **Hospital Rotation**

**(2 weeks @ minimum 35 hours per week)**

**\*\*To start a rotation a student must hold a valid Pharmacy Student License for the province of their rotation & where required by law individual personal professional liability insurance.\*\***

**PLEASE NOTE: Students in the third year Class of 2022 may have completed injection training. In Nova Scotia these students would also require a valid Technical Permit for Injection to be involved in any injections under the supervision/delegation of an injection certified pharmacist.**

**\*\*Students must file any needed preceptor/site forms for approval with the NB & PEI College of Pharmacists prior to the start of the rotation.\*\***

**Please review practice supervision reminder on page 3**

## **PRACTICE EXPERIENCE PROGRAM**

### **Second Year Hospital Rotation Manual**

### **Class of 2022 & 2023**

### **Summer 2021**

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*Enhancing health and wellness through pharmacy education, research and community service.  
Through our work, we support the conscientious use of medications in society.*

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CE Forms will be posted on the Dalhousie College of Pharmacy Website:  
<https://www.dal.ca/faculty/health/pharmacy/programs/related-resources.html>

## **Important Practice Supervision Reminder for Pharmacist Preceptors & Pharmacy Students**

Pharmacy students and preceptors are reminded that while on practice experience program rotations, pharmacy students must be under the supervision of their pharmacist preceptor. The pharmacist preceptor is professionally responsible for the pharmacy student.

Students and preceptors must review at the start of the rotation the strategy that will be followed to achieve the appropriate level of supervision to meet the pharmacy legislation requirements for the province of the rotation. **The definition of “supervision” may be different in each province and it would be prudent for both the student and preceptor to know and understand that definition prior to commencing the practice experience.**

Pharmacy students must clearly identify themselves as pharmacy students when in practice.

It is an expectation of the Dalhousie University College of Pharmacy that students are supervised by preceptors in a manner that maximizes opportunities for regular formative and summative feedback and the provision of safe and effective patient care at all times; and that satisfies the legal requirements for pharmacy practice in the province of the rotation.

Pharmacy students must be licensed in the province of their rotation and must hold personal professional liability insurance where required by law. Preceptors and pharmacy students must ensure that any required registration, preceptor and site documentation is filed with/approved by the provincial pharmacy regulator prior to the start of a practice experience program rotation.

### **\*\*PLEASE NOTE:**

#### **For Third Years:**

**Members of the Class of 2022 (3<sup>rd</sup> years) may have received immunization and injection training. Please review this with your student as a special early injection training program was offered on campus in April 2021 to members of the Class of 2022 who could attend. **PLEASE NOTE:** Students who are licensed as Pharmacy Students in Nova Scotia with NSCP would also need to secure a Technical Permit for Injection along with their Pharmacy Student license & personal professional liability insurance and must be supervised/delegated by an injection certified pharmacist\*\***

#### **For Second Years:**

**Members of the Class of 2023 (2<sup>nd</sup> years) have not received immunization and injection training and therefore, cannot administer medications by injection or any other route. This will be offered during the fourth-year curriculum for the Class of 2023.\*\***

## **THANK YOU, PRECEPTORS & OTHERS:**

Thank you to the hospital pharmacist preceptors and pharmacy team members who have worked tirelessly during uncertain times to provide health care to Canadians during COVID-19.

Thank you for taking on the critical role of being a preceptor during these busy times.

Welcome to the Practice Experience Program (PEP) at the College of Pharmacy, Dalhousie University, for the academic year 2020-2021.

Since March 2020 we have faced challenging times in our country and the world as we navigate the reality of the ongoing COVID-19 Pandemic.

Sincere thanks are sent to the large group of dedicated pharmacists who volunteer their time, expertise and energy as preceptors even during uncertain times. Working as a pharmacist is a busy and challenging job. The College of Pharmacy Practice Experience Program thanks you for taking the time to participate as a PEP preceptor. Preceptors, you are the heart of the Practice Experience Program and your dedication to the pharmacy profession is valued and appreciated.

Thank you to Dr. Stacey MacAulay who provided important work, support and guidance to the PHAR 2081 Introduction to Hospital Pharmacy Practice Course this winter and developed a strategy to support the delivery of this course using a hybrid online and onsite format that would allow this course to move forward.

Thank you to the Pharmacists who took the time take part in the Hospital Pharmacy Advisory Committee to help develop the hybrid course for this year.

Thank you to the hospital pharmacists and health care provider who agreed to present about and share their expert knowledge related to key introductory concepts in hospital pharmacy. Please see the extensive list of online presenters included in this manual.

In addition, I would like to acknowledge the advice and information shared by the University of British Columbia Faculty of Pharmaceutical Sciences Office of Experiential Education through Janice Yeung (Director) and Gabriella Wong (Lecturer-Coordinator), and from the School of Pharmacy at Memorial University of Newfoundland through Wanda Spurrell (Practice Experience Program Coordinator). Both programs shared their experiences supporting hospital courses virtually during the Pandemic.

Tracy Jollymore, Administrative Secretary, provides important support to the Practice Experience Program by looking after all things related to the administration and organization of PEP materials that reach both student and preceptor. Tracy's dedication and organizational abilities help this program run smoothly each year.

Thank you to Julie Chen for providing support this past term to PEP.

Thank you to the PEP Teaching Assistant Pharmacy Student Cecily Strongman (Class of 2022) who has helped PEP during the 2020-21 academic year.

Please contact me should you need assistance or have questions about current or future PEP curriculum.

Thank you for your support of the Practice Experience Program!

Sincerely,



Harriet Davies, BSc (Pharm), CDE, M.Ed.

Coordinator of Clinical Education

WORKING REMOTELY OFF-CAMPUS DUE TO COVID-19

E-Mail: [Harriet.Davies@dal.ca](mailto:Harriet.Davies@dal.ca)

Currently have no access to a fax machine.

## **AFPC EDUCATIONAL OUTCOMES: EXECUTIVE SUMMARY**

The Association of Faculties of Pharmacy of Canada (AFPC) Educational Outcomes (EOs) focus on what graduates are able to do at the end of a Baccalaureate or Doctorate program that is the first professional degree in pharmacy (i.e., entry-to-practice pharmacy degree programs). They signal curricular priorities and a framework for curriculum design without being overly prescriptive. The Educational Outcomes focus attention on outcomes that matter to patients, the profession of pharmacy and Canadian society. They aim to advance pharmacy education so that pharmacy graduates are prepared to meet the changing expectations of the communities they serve.

The AFPC Task Force on Educational Outcomes was struck by the AFPC Council of Faculties in mid-2016 to revise the 2010 version and they completed their work in spring 2017. The result was the development of a revised set of educational outcomes for all entry-to-practice pharmacy programs in Canada, regardless of the degree offered (Bachelor of Science in Pharmacy or PharmD). The work was informed by feedback from focus group discussions with representatives from faculties of pharmacy in Canada and literature from pharmacy and the other health professions. The Task Force sought feedback on the draft documents from all pharmacy faculties across Canada, national and provincial pharmacy organizations and external stakeholders. The final document includes modifications based on the recommendations from these groups.

The 2017 version of the AFPC Educational Outcomes retains CanMEDS terminology (Royal College of Physicians and Surgeons of Canada) and draws from several concepts in CanMEDS 2015 role statements. It also draws upon concepts described in other sources. The 2017 Educational Outcomes represent a conceptual shift since publication of the 2010 EOs. In the 2010 version, the expression of each role was independent of and had no particular relationship to one another. In the 2017 version, the relationship of the roles to one another is based on provision of patient care (Care Provider), which is at the heart (core) of the discipline of pharmacy in Canada. To meet the expectations of patients and society, graduates must take an appropriate approach to the core of the discipline, which is pharmacy care. To provide the quality of pharmacy care required, graduates are able to approach pharmacy practice by skilfully integrating Communicator, Collaborator, Leader-Manager, Scholar and Health Advocate roles in their Care Provider role. In addition, graduates are educated to fulfill roles beyond those required of pharmacists, acknowledging that the goal of university education extends beyond solely preparing graduates to enter into pharmacy practice. AFPC believes that pharmacy graduates must be grounded in a professional identity when being a Care Provider. Accordingly, the conceptual shift is that the Professional role is not one among many roles; rather it is the overarching ethos of the discipline of pharmacy – the spirit that guides graduates’ practice and their approach to practice regardless of the type of practice in the field of pharmacy.

The 2017 Educational Outcomes are significantly different from previous ones in organizing structure. The EOs comprises multiple Role Statements: Care Provider, Communicator, Collaborator, Leader-Manager, Health Advocate, Scholar and Professional. Within each Role Statement, the Key Competencies define what graduates need to achieve by the end of the program. These competencies focus on measurable behaviours that are the end product of the program. They reflect the expectation that there will be use or application of knowledge and skill acquired during the program. Enabling Competencies delineate specific sub-components of competencies that graduates need to achieve in order to attain the competency required at the end of the program. A complete listing of Concepts that underlie the EOs 2017 is available in each Role Statement. To support the EOs 2017, several documents are included in an Educational Outcomes 2017 User Manual: Orientation Resource – Conceptual Framework for Educational Outcomes for Canadian First Professional Degree Programs in Pharmacy; Crosswalk to Canadian Interprofessional Health Collaborative (CIHC) National Interprofessional Competency Framework; Sample Learning Objectives; and Glossary of Terms.

<b>SUMMARY: AFPC EDUCATIONAL OUTCOMES 2017 – ROLES and KEY COMPETENCIES</b>		
<b>ROLE</b>	<b>DEFINITION</b>	<b>KEY COMPETENCIES – Pharmacy Graduates are able to:</b>
<b>CARE PROVIDER (CP)</b>	As <b>Care Providers</b> , 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 across the care continuum. Care Provider is the core of the discipline of pharmacy.	<b>CP1:</b> Practise within the pharmacist scope of practice and expertise. <b>CP2:</b> Provide patient-centred care. <b>CP3:</b> Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety.
<b>COMMUNICATOR (CM)</b>	As <b>Communicators</b> , pharmacy graduates communicate effectively in lay and professional language, using a variety of strategies that take into account the situation, intended outcomes of the communication and diverse audiences.	<b>CM1:</b> Communicate in a responsible and responsive manner that encourages trust and confidence. <b>CM2:</b> Communicate in a manner that supports a team approach to health promotion and health care.
<b>COLLABORATOR (CL)</b>	As <b>Collaborators</b> , pharmacy graduates work collaboratively with patients and intra- and inter-professional teams to provide safe, effective, efficient health care, thus fulfilling the needs of the community and society at large.	<b>CL1:</b> Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions. <b>CL2:</b> Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.
<b>LEADER-MANAGER (LM)</b>	As <b>Leaders and Managers</b> , pharmacy graduates 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.	<b>LM1:</b> Contribute to optimizing health care delivery and pharmacy services. <b>LM2:</b> Contribute to the stewardship of resources in health care systems. <b>LM3:</b> Demonstrate leadership skills. <b>LM4:</b> Demonstrate management skills.
<b>HEALTH ADVOCATE (HA)</b>	As <b>Health Advocates</b> , pharmacy graduates demonstrate care for individual patients, communities and populations by using pharmacy expertise to understand health needs and advance health and well-being of others.	<b>HA1:</b> Respond to an individual patient’s health needs by advocating with the patient within and beyond the patient care environment. <b>HA2:</b> Respond to the needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner.
<b>SCHOLAR (SC)</b>	As <b>Scholars</b> , pharmacy graduates take responsibility for excellence by applying medication therapy expertise, learning continuously, creating new knowledge and disseminating knowledge when teaching others.	<b>SC1:</b> Apply medication therapy expertise to optimize pharmacy care, pharmacy services and health care delivery. <b>SC2:</b> Integrate best available evidence into pharmacy practice. <b>SC3:</b> Contribute to the creation of knowledge or practices in the field of pharmacy. <b>SC4:</b> Teach other pharmacy team members, the public and other health care professionals including students.
<b>PROFESSIONAL (PR)</b>	As <b>Professionals</b> , pharmacy graduates take responsibility and accountability for delivering pharmacy care to patients, communities and society through ethical practice and the high standards of behaviour that are expected of self-regulated professionals. The Professional role is the overarching ethos of the discipline of pharmacy.	<b>PR1:</b> Committed to apply best practices and adhere to high ethical standards in the delivery of pharmacy care. <b>PR2:</b> Able to recognize and respond to societal expectations of regulated health care professionals. <b>PR3:</b> Committed to self-awareness in the management of personal and professional well being.

AFPC Educational Outcomes 2017 – Executive Summary  
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**College of Pharmacy, Dalhousie University Bachelor of Science in Pharmacy Program  
Four-Year Overview of Curriculum Content**

<b>Program Year</b>	<b>Class Number &amp; Name</b>
First	PHAR 1060 Pharmacy Administration I PHAR 1071/2 Skills Lab I PHAR 1081/2 Community Experience Program (Service Learning) ANAT 1040 Basic Human Anatomy MICR 1050 Basic Microbiology & Immunology for Pharmacy CHEM 2442 Organic Chemistry PHYL 1400 Human Physiology BIOC 1040 Biochemistry for Pharmacy PHAC 1470 Pharmacology for Pharmacy
Second	PHAR 2011/2 Critical Appraisal Series IA & IB PHAR 2200 Topical Products (Eye & Ear & Derm)* PHAR 2035 Respiratory Tract Complaints* PHAR 2040 Gastrointestinal Disorders* PHAR 2045 Nutrition PHAR 2055 Drug Disposition PHAR 2060 Medication Use Management PHAR 2071/2 Skills Lab II PHAR 2081 Practice Experience I (Hospital 2 weeks: Class of 2022 rebooked to Summer 2021 due to COVID-19) PHAR 2082 Practice Experience II (Community 2 weeks: Class of 2022 rebooked to Summer 2021 due to COVID-19)
Third	PHAR 3011/2 Critical Appraisal Series II PHAR 3020 Women's Health Issues* PHAR 3030 Infectious Diseases* PHAR 3040 Cardiovascular Diseases* PHAR 3050 Pain and Rheumatology* PHAR 3055 CNS and Behavioral Disorders* PHAR 3060 Endocrine Disorders* PHAR 3071/2 Skills Lab III PHAR 3081/2 Practice Experience III (Community 4 weeks)
Fourth	PHAR 4010 Critical Appraisal Series III PHAR 4025 Pathocytologic Disorders* PHAR 4035 Disorders of the Liver and Genitourinary Systems* PHAR 4060 Advanced Patient Health Management PHAR 4070 Skills Lab IV <b>Injection Training for Class 2022: some third years may have completed injection training in April 2021</b> <b>Injection Training for Class 2023: second years will complete injection training in Fall 2022 during their fourth year</b> PHAR 4080 Practice Experience IV (Hospital/Long-Term Care 6 weeks) PHAR 4085 Practice Experience V (Community 6 weeks) IPHE 4900 Interprofessional Health Education Portfolio (Completed over 4 years)

\* These are multidisciplinary PBL units consisting of pharmaceutical sciences, pharmacotherapeutics, and pharmacy administration.

## Virtual Week Schedule (April 26-30, 2021)

Monday A.M.	Activities
<b>Course Introduction</b>	Welcome Video – Susan Mansour, College of Pharmacy, Dalhousie University
	Course Introduction & Expectations – Harriet Davies, College of Pharmacy, Dalhousie University
<b>Unit 1 (Professional &amp; Interpersonal Skills)</b>	Professional & Interpersonal Skills – Dr. Stacey MacAulay, Horizon Health Network
<b>Unit 2 (Hospital Pharmacy Practice)</b>	The Value of Hospital Pharmacists (CSHP Video) - <a href="#"><u>CSHP Video - The Value of Hospital Pharmacists on Vimeo</u></a>
	The Roles of a Hospital Pharmacist – Dr. Stacey MacAulay, Horizon Health Network
	Rural Hospital Pharmacy – Amanda MacIsaac, Nova Scotia Health Authority
	Clinical Pharmacy Key Performance Indicators – Dr. Michael LeBlanc, Horizon Health Network
Monday P.M.	Activities
<b>Unit 2 (Hospital Pharmacy Practice)</b>	Empathy: The Human Connection to Patient Care <a href="#"><u>Empathy: The Human Connection to Patient Care - YouTube</u></a>
	Documentation Standards – Heather Naylor, Horizon Health Network
	Community Pharmacist & Hospital Pharmacist Collaboration – Dr. Emily Johnston, Nova Scotia Health Authority
<b>Readings &amp; Self-reflection</b>	Time for readings and self-reflection
Tuesday A.M.	Activities
<b>Unit 3 (Hospital Pharmacy Drug Distribution Services)</b>	Virtual Tour of Drug Distribution Services, Dr. Everett Chalmers Regional Hospital – Dr. Carole Goodine
	Medication Shortages and Recall: An Interview with Faith Louis, Horizon Health Network
	Pharmacist Prescribing in Hospitals – Dr. Douglas Doucette & Dr. Michael LeBlanc, Horizon Health Network
	Narcotic Diversion – Ian MacFarlane, Nova Scotia Health Authority
	Health Canada’s Special Access Program – reading



<b>Tuesday P.M.</b>	<b>Activities</b>
<b>Readings &amp; Self-Reflection</b>	Time for readings and self-reflection
<b>Wednesday A.M.</b>	<b>Activities</b>
<b>Unit 4 (Sterile Compounding &amp; Parenteral Products in Hospital)</b>	<p>Sterile Compounding &amp; Parenteral Therapy - Dr. Ashley Sproul, Horizon Health Network</p> <p>Reading:  <a href="https://www.cshp.ca/building-a-culture-of-safety-for-compounding">Building a Culture of Safety for Compounding   Canadian Society of Hospital Pharmacists (cshp.ca)</a></p>
<b>Readings &amp; Self-reflection</b>	Time for readings & self-reflection
<b>Wednesday P.M.</b>	<b>Activities</b>
<b>Unit 6 (Drug Information)</b>	<p>Drug Information readings:</p> <p>Drug Information Services Guidelines - CSHP  Drug Information Resources - CSHP</p>
<b>Assignment</b>	<b>Assignment:</b> Submit one question related to hospital pharmacy for the live Preceptor Panel Event by 5:00pm AST today
<b>Readings &amp; Self-reflection</b>	Time for readings and self-reflection
<b>Thursday A.M.</b>	<b>Activities</b>
<b>Unit 5 (Patient Safety)</b>	<p>Patient Safety Lecture: Lisa Nodwell, NSHA</p> <p>Readings to complete:</p> <p>4 modules on the Mandatory Reporting of Serious ADRs and MDIs by Hospitals  <a href="https://www.patientsafetyinstitute.ca/en/toolsResources/Vanessas-Law/Pages/default.aspx">https://www.patientsafetyinstitute.ca/en/toolsResources/Vanessas-Law/Pages/default.aspx</a></p> <p><u>Vanessa's Law: Questions and Answers</u>  <a href="https://www.canada.ca/en/health-canada/services/drugs-health-products/legislation-guidelines/questions-answers-regarding-law-protecting-canadians-unsafe-drugs-act-vanessa-law.html">https://www.canada.ca/en/health-canada/services/drugs-health-products/legislation-guidelines/questions-answers-regarding-law-protecting-canadians-unsafe-drugs-act-vanessa-law.html</a></p>
<b>Thursday P.M.</b>	<b>Activities</b>
<b>Unit 5 (Patient Safety)</b>	<p>Familiarize yourself with the following resources:</p> <ol style="list-style-type: none"> <li>1. <a href="http://www.ismp.org">www.ismp.org</a></li> <li>2. <a href="http://www.ismp-canada.org/">www.ismp-canada.org/</a></li> <li>3. <a href="http://www.patientsafetyinstitute.ca">www.patientsafetyinstitute.ca</a></li> </ol>

	<p>4. Do Not Use' Dangerous Abbreviations, Symbols, and Dose Designations' document. <a href="#">Microsoft Word - 2018Jun-ISMPC-DangerousAbbreviations.doc (ismp-canada.org)</a></p> <p>5. <a href="#">ISMPCSB2018-05-DoNotUseList.pdf (ismp-canada.org)</a></p>
	<p>Complete the online Medication Reconciliation module:  <a href="#">Table of Contents - Medication Reconciliation: A Learning Guide (queensu.ca)</a></p>
<b>Friday A.M.</b>	<b>Activities</b>
<b>Specialty Topics</b>	Pandemic Planning in Hospital Pharmacy – Dr. Douglas Doucette, Horizon Health Network
	Antimicrobial Stewardship in Hospitals - Valerie Murphy, Nova Scotia Health Authority
	IV Lines for Pharmacy Students - Nadine Smith, Nurse Practitioner, IWK
	G-Tubes & Alternate Delivery Methods for Oral Medications - Jennifer Bessey, IWK
<b>Friday P.M.</b>	<b>Activities</b>
<b>Live Events</b>	1300-1430 AST - Preceptor Panel
	1430-1530 AST – COVID-19 Update, Dr. Tasha Ramsey, College of Pharmacy, Dalhousie University
<b>Evaluation &amp; Self-Declaration</b>	Evaluation and self-declaration to be completed and submitted

## Onsite Week Required Activities

***\*\*The following is a list of required activities to be completed onsite if possible. These are uncertain times and there may be challenges or limitations to what can be accomplished at individual sites due to the pandemic. The Dalhousie College of Pharmacy supports any needed adjustments due to COVID-19.\*\****

Focus	Activities and Discussions to be done Onsite
<b>Unit 1: Professional &amp; Interpersonal Skills</b>	<ul style="list-style-type: none"> <li>• Professional &amp; Interpersonal skills outlined in the manual can be observed by preceptors onsite.</li> </ul>
<b>Unit 2: Hospital Pharmacy Practice</b>	<ul style="list-style-type: none"> <li>• Discuss with your preceptor what you have learned about the pharmacist's patient care process (pharmaceutical care) at the College of Pharmacy.</li> <li>• During the rotation pharmacy students with the help of their preceptor should:               <ul style="list-style-type: none"> <li>- Participate in patient care rounds with their preceptor if possible.</li> <li>- Accompany their preceptor while the preceptor is providing clinical/direct patient care services to a specific hospital floor/service or affiliated patient clinic.</li> </ul> </li> <li>• Review the layout and design of the patient chart used at your site. Does the site use paper and/or electronic charts? Review with your preceptor who is allowed to read and access a patient chart at your site.</li> <li>• Which healthcare professionals document in the patients' chart?</li> <li>• Where does each health care professional document in the patient chart?</li> <li>• Review the pharmacy documentation standards followed by your site (paper and/or electronic).</li> <li>• Review and discuss with your preceptor the process you will follow to conduct a pharmacotherapy patient assessment</li> <li>• If possible, observe the preceptor or another pharmacist conducting a detailed pharmacotherapy patient assessment (patient interview and chart review).</li> <li>• Obtain with the help of your preceptor, the consent of a patient to conduct a pharmacotherapy patient assessment.</li> <li>• Conduct a brief review of the patient's chart (with the help of your preceptor) prior to the patient interview.</li> <li>• Conduct one detailed patient interview.</li> <li>• Following the patient interview review the patient chart again with your preceptor (if necessary) to gather or clarify any further information.</li> <li>• Identify with the help of your preceptor, any potential or actual drug related problems (DRPs) recognized as a result of the patient assessment process (detailed patient interview,</li> </ul>

	<p>chart review and preceptor discussions). Discuss possible solutions to any identified DRPs with your preceptor.</p> <ul style="list-style-type: none"> <li>• Complete the individual written pharmacotherapy patient case presentation exercise as outlined in the manual.</li> </ul>
<p><b>Unit 3: Hospital Pharmacy Drug Distribution Services</b></p>	<ul style="list-style-type: none"> <li>• Can pharmacy technicians become licensed in the province of your rotation? Are there pharmacy technicians who are licensed working within the pharmacy department?</li> <li>• Discuss with your preceptor or delegate the requirements for procurement, record keeping and distribution of the following: Medical Cannabis, Investigational/Study Drugs, Non-formulary drugs, antidotes, naloxone kits, and immunizations.</li> <li>• Review any special medication policies including: <ul style="list-style-type: none"> <li>- Automatic stop orders related to drug distribution at your site, automatic substitution orders, after hours staffing of pharmacy and Pharmacist on-call services</li> </ul> </li> <li>• Discuss with your preceptor the following questions as they pertain to any automated dispensing cabinet systems in place in the hospital: <ul style="list-style-type: none"> <li>- How are automated dispensing cabinets replenished?</li> <li>- How does the pharmacy department/hospital determine what medications should be provided in these cabinets?</li> </ul> </li> <li>• Discuss with your preceptor any medication administration policies that may be in place to allow medications to be under the direct control of the patient in their room.</li> <li>• Are patients allowed to bring medications to the hospital that they have been using at home? E.g. natural health products; non-formulary medications.</li> <li>• Does the province of your rotation operate a computer database linking community pharmacy profiles with hospitals and other health care providers?</li> <li>• How is permission obtained from a patient to gather patient information from their community pharmacy? <ul style="list-style-type: none"> <li>- If the patient is conscious?</li> <li>- If the patient is unconscious?</li> </ul> </li> </ul>
<p><b>Unit 4: Sterile Compounding &amp; Parenteral Therapy</b></p>	<ul style="list-style-type: none"> <li>• With the help of your preceptor schedule time with a medication nurse to observe the administration of medications, charting procedures, safety checks and other related procedures nurses follow when administering medication to a patient. Discuss the following questions/points with the medication nurse, and then review with your preceptor: <ul style="list-style-type: none"> <li>- Use of medication calendars, med cards, Medication Administration Record (MAR) on the floor/unit.</li> <li>- Is there a “double check” system in place at point of medication administration to patients?</li> <li>- Does the hospital use technology to assist with medication administration at the bedside? E.g. bar-code scanning.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Sharps Safety</b> <ul style="list-style-type: none"> <li>• Does the hospital have a sharps safety program?</li> <li>• What types of sharps safety devices are used at the hospital to protect workers/patients?</li> <li>• How are sharps disposed of in the pharmacy and patient care areas of the hospital?</li> <li>• Review some common safety procedures that should be followed to minimize sharps-related injuries?</li> <li>• What procedures must be followed if a person experiences a sharps-related injury while working or learning in the hospital?</li> </ul> </li> </ul>
<p><b>Unit 5: Patient Safety</b></p>	<ul style="list-style-type: none"> <li>• Is there a medication reconciliation program at the rotation site?</li> <li>• Arrange to meet with the medication reconciliation pharmacist or program leader to learn about the medication reconciliation process followed at the rotation site. You have learned about the concept of medication reconciliation at the College of Pharmacy. Please take the opportunity to learn about how medication reconciliation is achieved in a hospital practice setting. <ul style="list-style-type: none"> <li>- Review the process that is followed at the site to reconcile patient medication at points of admission, transfer and discharge.</li> <li>- Review any tools or forms that are used within the institution to collect Best Possible Medication Histories (BPMH).</li> <li>- Who at the site is trained to complete a BPMH?</li> <li>- Learn about the role of pharmacy technicians/assistants in the medication reconciliation process.</li> <li>- Which health professionals take part in the medication reconciliation process? How many different professions are involved in the process?</li> </ul> </li> <li>• Arrange to observe a health care professional completing a best possible medication history (BPMH) at admission, transfer <b>or</b> discharge. With the help and supervision of your preceptor complete a best possible medication history with a patient.</li> </ul>

	<ul style="list-style-type: none"> <li>• Review the infection control policies and procedures that must be followed by all health care professionals employed by the hospital.</li> <li>• Review the recommended hand washing technique for staff working in direct patient care areas. <ul style="list-style-type: none"> <li>- Can staff in direct patient care areas wear rings, bracelets or watches?</li> <li>- Can staff wear artificial nails or long fingernails working in patient care areas?</li> </ul> </li> <li>• Does the hospital provide alcohol hand wash for visitors and staff? Does alcohol hand wash remove all possible pathogens from a person’s hands?</li> <li>• Does the hospital require staff to receive an annual influenza vaccine?</li> <li>• When would a health care professional be required to glove, gown and/ or wear a mask to speak with a patient?</li> <li>• When would an employee or student be required to report to occupational health?</li> <li>• How does the hospital notify staff members of any potential exposures to communicable diseases?</li> <li>• Where can health care providers obtain information on bacterial resistance rates?</li> <li>• What do MRSA, VRE, <i>C. Diff</i> stand for?</li> <li>• What hospital programs or policies are in place to prevent the spread of <ul style="list-style-type: none"> <li>▪ MRSA</li> <li>▪ VRE</li> <li>▪ <i>C. Diff</i></li> </ul> </li> </ul>
<p><b>Unit 6: Drug Information</b></p>	<ol style="list-style-type: none"> <li>1. Complete an orientation to the hospital’s drug information resources both paper and electronic (as needed to respond to drug information questions).</li> <li>2. Complete at least <b>two</b> drug information requests as coordinated by the preceptor.</li> <li>3. Answer at least <b>two</b> drug information questions that cover IV compatibility, stability, dilution, and/or rate of flow. Questions may come from the preceptor’s current or past practice, or another health care professional. <b>All answers must be reviewed with the preceptor prior to communication with another health care professional.</b></li> </ol>
<p><b>Unit 7: Interprofessional Education Activity</b></p>	<ul style="list-style-type: none"> <li>• Identify with the help of your preceptor at least one IPE activity during the rotation.</li> <li>• Prior to attending the IPE activity and with the help of your preceptor, determine if any special preparation is required.</li> <li>• Once completed, review the IPE activity with your preceptor. Explore what interprofessional patient care opportunities exist for a pharmacist in the area observed or visited. What types of interprofessional collaboration and communication did you observe?</li> </ul>
<p><b>Evaluations</b></p>	<ul style="list-style-type: none"> <li>• Evaluation(s) as outlined in the manual.</li> </ul>

## **TO REVIEW: Rotation Orientation Checklist**

### *Student Specific Information to Review*

- Student is registered with the required pharmacy regulatory body and has a pharmacy student license including valid personal professional liability insurance where required by law; students must be licensed and insured where required by law to start the rotation.
- Important student supervision reminder provided in this manual reviewed and discussed.
- Student prepared to verbally identify them self during all professional interactions e.g. with patients, prescribers.
- IN NEW BRUNSWICK:** Apprenticeship Agreement filed with NB College of Pharmacists prior to the start of a rotation.
- IN PRINCE EDWARD ISLAND:** Preceptor form must be filed online through member portal with PEI College of Pharmacists prior to the start of a rotation.
- Student reports completing the ONLINE content provided for this course.
- IMPORTANT:** Faculty of Health Guidelines for the Student Use of Social Media & Electronic Communication in Practice Settings has been reviewed. A copy can be found here: <http://www.dal.ca/faculty/health/current-students/student-policies-and-procedures.html>.
- Resume and letter of introduction received from student and reviewed by preceptor
- Student emergency contact sheet completed and provided to preceptor

### *Important/Frequently Used Numbers*

- Pharmacy Department phone number: \_\_\_\_\_
- Best way to reach preceptor: \_\_\_\_\_
- Other important numbers: \_\_\_\_\_

### *Introductions*

- Hospital Pharmacy Staff
- Management
- Health care team members
- Patients you will be engaging with

### *Site Resources*

- Personal storage e.g., for coats and boots etc.

- Lunch/Staff Room/Microwave for food/fridge for food etc.
- Washrooms for staff
- Internet access/Wi-Fi access
- Parking/Public Transit Locations

### *Computer Information*

- Review of site's computer use policy
- Location of computers for patient information
- If applicable, location of computer for word processing, e-mail, online searching etc.
- If applicable, passwords assigned
- Review of site's policy re: hand held electronic devices e.g. cell phones, pagers, wireless internet, tablets etc.
- \_\_\_\_\_

### *Health and Safety*

- Hand washing stations and site policy on hand washing reviewed
- Site PPE and COVID-19 precautions have been reviewed
- Procedure to follow should a student receive a sharps injury or any other type of injury or develops COVID-19 while at the site. **PLEASE NOTE:** The College of Pharmacy must be contacted if a student is injured or develops COVID-19 during a PEP rotation course. Please email: [Harriet.Davies@dal.ca](mailto:Harriet.Davies@dal.ca).
- Procedure to follow should the student call in sick or have a personal emergency
- Procedure to follow if late arriving to the site e.g. who to contact
- Procedure to follow if there is a fire alarm, lockdown or shelter in place
- Site specific infectious disease updates (e.g., pandemic or other disease outbreak information)
- Review of hospital overhead paging codes e.g., code blue, code yellow etc.
- Information re: neighbourhood safety e.g. late-night departure

### *Dress Code*

- Student is wearing an ID badge at all times that clearly identifies them as a Pharmacy Student**
- Review of site's dress code policy (including footwear)
- If applicable, site ID badge assigned for duration of rotation and information provided on where and when to return the hospital ID badge
- Student is wearing Dalhousie University Clinical ID badge



*Privacy Policy*

- Site's privacy policy reviewed (electronic and paper)
- Process to access patient charts reviewed



**Student Emergency Contact Information Sheet for Preceptor/Site**

**Pharmacy 2081 Practice Experience Program**

\*Students please complete this form and provide to your preceptor on the first day of your Practice Experience Program Rotation

**Student Name:** \_\_\_\_\_

**In case of emergency please notify the following person:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime Phone Number:** Area Code :(    )- \_\_\_\_\_

**Evening Phone Number:** Area Code: (    )- \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

**College of Pharmacy Contact Numbers**

**Currently working off-campus due to COVID-19 with no access to fax machine or mail via Canada Post. Please email.**

**Coordinator of Clinical Education, Harriet Davies:** [Harriet.Davies@dal.ca](mailto:Harriet.Davies@dal.ca)

**Administrative Secretary, Tracy Jollymore:** [Tracy.Jollymore@dal.ca](mailto:Tracy.Jollymore@dal.ca)

**General PEP inquiries:** [pepadm@dal.ca](mailto:pepadm@dal.ca)

## **UPDATED FOR COVID-19:**

### **What needs to be returned ONLINE and when?**

Information about COVID-19 continues to evolve daily, students should monitor Public Health updates. Students should strategize with preceptors about ways to complete the rotation activities while protecting your health and the health of patients and the pharmacy team. **The College of Pharmacy Practice Experience Program understands and support that some activities may need to be modified in order to accommodate Public Health safety requirements.**

Please use the assessment forms within this manual for onsite assessment purposes. Both preceptors and students should keep copies of the onsite assessment forms for your records.

**The following is what needs to be returned to the College of Pharmacy ONLINE upon completion of the rotation:**

**NEW:** ONLINE Via Dal Brightspace from the Student:

Within 7 regular calendar days of completing the rotation

- Student Evaluation of PEP Program Content
- Student Evaluation of Site
- Student Evaluation of Preceptor
- On-site case write-up in WORD format uploaded as Brightspace assignment please see page 26 of this manual.

**NEW:** ONLINE Via Dal Online Assessment Link from the Preceptor: Within 7 regular calendar days of completing the rotation (assessment link will be emailed)

- Preceptor Final Assessment of Student completed via online link
- Preceptor Evaluation of PEP Program Content completed via online link

**NEW:** The preceptor CE form will be posted on the College of Pharmacy website.

<https://www.dal.ca/faculty/health/pharmacy/programs/related-resources.html>

Thank you to Pharmacists for taking on the critical role of a preceptor during these busy times, and for your support of the Practice Experience Program.

## UNIT 1 – PROFESSIONAL AND INTERPERSONAL SKILLS

This unit involves a fulfillment of objectives as a continuum over the course of all practice experience program (PEP) rotations. PEP rotations provide opportunities for students to continue to develop professional and interpersonal skills in “real life” practice settings. **The expected level of competence displayed for second year rotations should be consistent with a student who is two years away from entry to practice as a pharmacist.**

***PRECEPTORS: Please see the curriculum overview chart in this manual for a summary of the topics that have been covered by your student. Pharmacy Students must always practice under the appropriate supervision of a licensed Pharmacist preceptor.***

Professional and interpersonal skill development is not unique to PEP rotation activities. Proof of continuing professional competency is a standard licensing requirement for pharmacists in Canada. Professional and personal self-assessment and self-reflection is required by pharmacists throughout their professional careers.

### **References:**

1. Professional Competencies for Canadian Pharmacists at Entry to Practice, NAPRA, March 2014
2. Nova Scotia College of Pharmacists - Pharmacist’s Code of Ethics:  
<http://www.nspharmacists.ca/?page=codeofethics>
3. New Brunswick College of Pharmacists – Code of Ethics:  
<https://www.nbpharmacists.ca/site/codeofethics>
4. PEI College of Pharmacists – Code of Ethics:  
<https://www.pepharmacists.ca/site/practice?nav=03>
5. Model Standards of Practice for Canadian Pharmacists, NAPRA, March 2009

### **Learning Objectives (AFPC EDUCATIONAL OUTCOME in brackets):**

**Upon completion of the rotation, the pharmacy student is expected to be able to:**

- communicate effectively in diverse practice settings or patient situations (CARE PROVIDER; PROFESSIONAL);
- demonstrate professionalism during all pharmacy practice activities (PROFESSIONAL);
- demonstrate skills of self-reflection, self-assessment and self-improvement (PROFESSIONAL);
- demonstrate skills of self-motivation and initiative (PROFESSIONAL);

**at a level expected from a student who has completed at least two out of four years of pharmacy studies.**

<b><u>Self-Assessment/Assessment Criteria:</u></b>	<b><u>Content to be covered:</u></b>
<ul style="list-style-type: none"> <li>• Licensed as a Registered Pharmacy Student in the province of the rotation prior to the start of the rotation; obtained personal professional liability insurance where required by law; filed all appropriate preceptor/site forms with the pharmacy regulator where required by law. <b>*STUDENT CANNOT BE ONSITE UNLESS THIS IS DONE.*</b></li> <li>• Demonstrates commitment to each patient regardless of race, religion, gender, gender identity, gender expression, sex, sexual orientation, age, health, cultural or educational background or economic status</li> <li>• Presents them self in a professional manner at all times</li> <li>• Displays appropriate verbal, non-verbal, writing &amp; listening skills</li> <li>• Able to adapt communication to the needs of the patient</li> <li>• Displays sensitivity, compassion, respect &amp; empathy to patient concerns</li> <li>• Follows an organized thought process to assess a patient and make a therapeutic recommendation</li> <li>• Follows required dress code</li> <li>• Is reliable and punctual</li> <li>• Completes tasks carefully &amp; thoroughly</li> <li>• Respects patient confidentiality</li> <li>• Displays a positive attitude toward pharmacy practice</li> <li>• Shows interest and takes initiative</li> <li>• Demonstrates good organization &amp; time management skills</li> <li>• Maintains appropriate professional boundaries</li> <li>• Accepts responsibility for actions and decisions</li> <li>• Uses feedback to improve performance</li> <li>• Completes extra readings, learning activities or assignments when suggested/needed</li> </ul>	<p><b>Virtual + Onsite</b></p> <p>(Unit 1 will be covered during virtual week as a pre-recorded lecture reviewing the expectations for professionalism and interpersonal skills. Students will also have an opportunity to display professionalism and interpersonal skills during the onsite portion of the rotation.)</p>

## UNIT 2 – HOSPITAL PHARMACY PRACTICE

In order to meet the College of Pharmacy’s curricular outcomes and to encourage students to practice in a manner consistent with achieving the *Professional Competencies for Canadian Pharmacists at Entry to Practice* (NAPRA March 2014), students are expected to participate in and shadow direct patient care activities while on PEP rotations. **All professional advice provided by a Pharmacy Student must be done under the appropriate supervision of a licensed Pharmacist Preceptor according to the pharmacy regulations for the province of the rotation, and a Pharmacy Student must clearly identify to others as a student during all professional interactions.**

By the end of second year, students have had opportunities to role-play and practice patient care skills with skills lab demonstrators and trained standardized patients. Students have had the opportunity to practice professional communication skills, initial patient interviewing, non-prescription and prescription medication consultation on select therapeutic categories, and have begun to develop skills for patient assessment. **Preceptors should note that second year students have covered therapeutics courses in the following areas: Dermatologicals; Eye and Ear; Respiratory Tract Complaints; Gastrointestinal Disorders; and Nutrition.** Please see the curriculum chart earlier in the manual for a list of additional therapeutic topics covered by third year students in the Class of 2022. If possible, it would be beneficial to help your student locate a patient to interview who has lived experience with some of the therapeutic covered thus far in their pharmacy program.

### **Learning Objectives**

**At the end of the rotation the student will have completed the following under the appropriate supervision of their preceptor:**

- observed hospital pharmacists providing patient care as part of the health care team (CARE PROVIDER; PROFESSIONAL);
- located and interpreted (under the appropriate supervision of their preceptor) patient information within a hospital chart (CARE PROVIDER; PROFESSIONAL);
- reviewed the documentation and accessibility policies and procedures for patient charts/records at the rotation site (LEADER-MANAGER; CARE PROVIDER);
- prepared for and completed one patient assessment including a detailed patient interview and chart review (under the appropriate supervision of their preceptor) (CARE PROVIDER);

**at a level expected for a student who has completed at least two out of four years of pharmacy studies.**

<b>Patient Care Questions &amp; Activities</b>	<b>Content to be covered:</b>
a. Discuss with your preceptor what you have learned about the pharmacist's patient care process (pharmaceutical care) at the College of Pharmacy.	<b>Onsite</b>
b. During the rotation pharmacy students with the help of their preceptor should: <ul style="list-style-type: none"> <li>➤ Participate in patient care rounds with their preceptor if possible.</li> <li>➤ Accompany their preceptor while the preceptor is providing clinical/direct patient care services to a specific hospital floor/service or affiliated patient clinic.</li> </ul>	<b>Onsite</b>
c. During the course review the patient care roles of a hospital pharmacist.	<b>Virtual</b>
<b>The Patient's Chart/Medical Record Questions &amp; Activities</b>	<b>Content to be covered:</b>
a. Review the layout and design of the patient chart used at your site. Does the site use paper <b>and/or</b> electronic charts? Review with your preceptor who is allowed to read and access a patient chart at your site.	<b>Onsite</b>
b. Which health care professionals document in the patient's chart?	<b>Virtual</b>
c. Where does each health care professional document in the patient chart?	<b>Virtual + Onsite</b>
d. Review the pharmacy documentation standards followed by your site (paper <b>and/or</b> electronic).	<b>Virtual + Onsite</b>
e. Is a patient allowed to read their chart? If a patient asks to review their hospital chart what procedure should be followed? Are patients allowed to review their chart after they have been discharged?	<b>Virtual</b>
f. How do health care professionals obtain an older patient chart that is either not available electronically or not available at the site i.e. in storage?	<b>Virtual</b>
<b>Pharmacotherapy Patient Case Activity</b> <b>The opportunity to communicate with and learn from a patient about their medication experiences is the most important part of this activity.</b> <b>Preceptors should note that students have covered the following therapeutic areas so far in their pharmacy studies: Dermatologicals; Eye and Ear; Respiratory Tract Complaints; Gastrointestinal</b>	<b><u>Content to be covered:</u></b>

<p><b>Disorders; and Nutrition. Students are encouraged to discuss any unknown information with their preceptor.</b> Please see the curriculum chart earlier in the manual for a list of additional therapeutic topics covered by third year students in the Class of 2022. <b>Students are also encouraged to read and research medications and disease states that may be new to them. For many students this will be the first time they have completed a patient interview/chart review in a real practice setting. A student must clearly identify them self to the patient and complete this activity under the appropriate supervision of their pharmacist preceptor.</b></p>	
<p>a. Review and discuss with your preceptor the process you will follow to conduct a pharmacotherapy patient assessment. <b>Students will have received information about completing a detailed patient interview and chart review for second year skills lab and PEP class prior to arriving at the site. Please note that for many students this activity will be the first chance they have to complete a real patient interview, chart review, and assessment with the help of a preceptor.</b></p>	<p><b>Onsite</b></p>
<p>b. <b>If possible</b>, observe the preceptor or another pharmacist conducting a detailed pharmacotherapy patient assessment (patient interview and chart review).</p> <p><b>PLEASE NOTE:</b> Students must follow the hospital specific privacy policy and procedures for patient consent as related to written patient case learning activities. Please confirm with your preceptor the consent process that must be followed.</p>	<p><b>Onsite</b></p>
<p>c. <b>Obtain with the help of your preceptor, the consent of a patient able to participate in this exercise.</b> Prior to the start of this activity it should be explained to the patient that the student is there to practice their patient interviewing skills, to gain insight into the patient’s medication experiences, and to gather information that they will use to practice writing a patient case.</p>	<p><b>Onsite</b></p>
<p>d. Conduct a brief review of the patient’s chart (with the help of your preceptor) prior to the patient interview.</p>	<p><b>Onsite</b></p>
<p>e. Conduct one detailed patient interview. <b>During the interview your preceptor must be in attendance to supervise you and provide feedback and assessment.</b> The preceptor’s role during the interview is to observe and provide guidance when needed to the student. <b>The detailed patient interview may be conducted solo or as part of a team of students. <u>Students please note: written case presentations must be completed as an individual assignment.</u></b></p>	<p><b>Onsite</b></p>
<p>f. Following the patient interview review the patient chart again with your preceptor (if necessary) to gather or clarify any further information.</p>	<p><b>Onsite</b></p>



<p>g. Identify with the help of your preceptor, any potential or actual drug related problems (DRPs) recognized as a result of the patient assessment process (detailed patient interview, chart review and preceptor discussions). Discuss possible solutions to any identified DRPs with your preceptor.</p>	<p><b>Onsite</b></p>
<p>h. Complete the individual written pharmacotherapy patient case presentation exercise that follows. (REQUIRED PEP ASSIGNMENT)</p>	<p><b>Onsite &amp; then submitted by student on Brightspace</b></p>

## Written Pharmacotherapy Patient Case Presentation Required PEP Assignment

This written case assignment must be submitted online **within 7 days of completing your rotation and uploaded to the assignment section of Brightspace for the PHAR 2081 special course space.** Please review your patient findings and case write-up with your preceptor prior to submitting the write-up. **Your preceptor does not need to evaluate the final written case. The case write-up format was reviewed during an asynchronous PEP class and a sample written case and the supporting materials are posted on Brightspace.**

Use the information gathered from the patient assessment to present a patient case in the required written format described in this unit. Please note:

- The case should be well organized, clear and complete.
- **The written case is usually 3 pages. In rare situations and due to the extensive medication experience of a patient a case may need to be longer than 3 pages. However, every effort should be made to be as brief and succinct as possible.**
- Please use 12-point font and submit in a WORD document format.
- The case should be as **concise** and **systematic** as possible.
- Please use point form **not** paragraph style.
- **Please remove all patient identifiers. Do not use patient initials.**
- **Please include student name on each page of the assignment.**
- Please **do not** include the hospital site name, or any names of any patients, family or health care team members. The case should be completely anonymized.
- Students **but must submit their own case write-up** that is their original work.

**PHARMACOTHERAPY PATIENT CASE PRESENTATION FORMAT  
FOR SECOND YEAR PEP\***

- I. ID:** Brief description of the patient. “Patient X” (*please do not include the name of the patient, prescriber, health care provider, or hospital/actual dates or unit names*), height and weight (in metric units) patient’s age, gender/gender identity, pronouns, biological sex if applicable to case.
- II. Chief Complaint (CC):** the reason for seeking healthcare. *E.g., why has the patient been admitted to hospital floor, been seen by the pharmacist at the clinic etc.?*
- III. History of Present Illness (HPI):** a chronological account of events and symptoms of the chief complaint. Do not include actual dates, use: day 1; 4 weeks ago, etc.
- IV. Additional patient background/demographics:** E.g., **Social History (SH); Family History (FH);** supports at home; language; physical limitations; cognitive limitations; cultural background etc. if relevant to this pharmacotherapy case.
- V. Patient’s Medication Experience:** As reported by the patient (wants, expectations, concerns, understanding, preferences, attitudes, and beliefs that determine the patient’s medication-taking behaviour).
- VI. Comprehensive Medication History:** Allergies (type of reactions and when they occurred), sensitivities, social drug use, natural health products, non-prescription medications and immunization status.
- VII. Current Medication Record:** Description of all medical conditions being managed with pharmacotherapy in the hospital; include all medication changes made in hospital; be sure to align each medication with the following associations (MUST include a chart see sample that follows this section):  
**Indication-Drug Product Used (generic & brand used)-Dosage Regimen-Result to Date**
- VIII. Relevant Past Medical History:** List any past illnesses; surgical procedures and prior hospitalizations if they are relevant to this pharmacotherapy case.
- IX. Review of Systems (ROS)/Physical Exam (PE):** Only include findings that are pertinent to the assessment of the patient’s pharmacotherapy needs (i.e. findings pertinent to DRPs found; abnormal or normal findings suggesting drug therapy is effective or not effective or causing side effects or not causing side effects).
- X. Labs/Diagnostic Tests:** Include findings that are pertinent to your involvement with the patient’s pharmacotherapy needs (i.e. pertinent to DRPs found; abnormal or unexpected values; information that supports the patient’s diagnosis that required drug therapy; or findings suggesting drug therapy is effective or not effective or causing side effects or not causing side effects).
- XI. Identification of Drug Therapy Problems (actual & potential) & Prioritization of Multiple Drug Therapy Problems:** List any actual or potential drug related problems (DRPs) that were identified from the detailed patient interview and the assessment of the patient completed with the help of your preceptor. If know include a brief note on how each DRP was addressed.
- XII. Course in Hospital:** Provide a brief summary of patient’s course in hospital that gives a short synopsis of the patient’s admission and management (especially by pharmacy) while in hospital.

\*Adapted From: Pharmaceutical Care Practice, R. J. Cipolle; L. Strand; P. Morley 2012

**Pharmacy 2081**

**Medication Record for Second Year Case Report Activity**

Patient: \_\_\_\_\_

Medication Allergies and Intolerances (describe reactions): \_\_\_\_\_

<b>Medication Name Generic (Brand)</b>	<b>Strength</b>	<b>Directions/How Patient Uses</b>	<b>Indication</b>	<b>Comments</b>	<b>Type of Prescriber</b>

Pharmacy Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Immunization History: \_\_\_\_\_ Influenza Vaccine History: \_\_\_\_\_

**Additional Comments/Actions Needed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please use additional chart pages if needed. Page \_\_\_\_\_ of \_\_\_\_\_*

### UNIT 3 – HOSPITAL PHARMACY DRUG DISTRIBUTION SERVICES

The objectives of this unit are to familiarize the student with the drug distribution system in place at the hospital site. Preceptors are encouraged to tailor this section based on the past hospital work experience of the student. Students are expected to have a good professional understanding of drug distribution systems used within hospitals.

#### **Learning Objectives**

**At the end of the rotation the student will have:**

- observed and reviewed the health professionals involved in the distribution of medications within a hospital (LEADER-MANAGER; CARE PROVIDER; COLLABORATOR);
- examined the medication order review process followed in a hospital pharmacy (CARE PROVIDER);
- reviewed the drug distribution process followed in a hospital pharmacy (LEADER-MANAGER; CARE PROVIDER; COLLABORATOR).

**at a level expected for a student who has completed at least two out of four years of pharmacy studies.**

<b>Activities &amp; Questions</b>	<b>Content to be covered:</b>
<p>a. Discuss with your preceptor the process that is followed at your hospital site from the initial ordering of a medication through to the administration of the medication to the patient. Take special note of the various health care professionals involved, and their specific roles and responsibilities.</p> <p style="text-align: center;"><b>The following questions will help guide your discussion:</b></p> <ol style="list-style-type: none"> <li>1. Who has prescribing authority within the hospital (e.g., medical residents, physicians, midwives, nurse practitioners, pharmacists etc.)?</li> <li>2. Can pharmacists prescribe medication in the hospital? Can hospital pharmacists prescribe medications that can be filled in the community setting (e.g. write a discharge or clinic order)?</li> <li>3. Who can receive and officially record in the patient’s chart a prescription for a medication (e.g., registered nurses, medical students, residents, midwives, pharmacists)?</li> </ol>	<p><b>Virtual</b></p>

<ol style="list-style-type: none"> <li>4. How are medication orders written or recorded in the hospital?</li> <li>5. Does the hospital require that all medication orders be written using generic drug names?</li> <li>6. Does the hospital use a list of acceptable abbreviations or alpha/numeric symbols for patient charting and prescription orders?</li> <li>7. How and when is a medication order brought to the pharmacy?</li> <li>8. How and when are medications provided to the floors/units?</li> <li>9. Compare and contrast the role of the pharmacist and pharmacy technician during drug distribution activities. How do members of the pharmacy team collaborate together within the pharmacy department and with other hospital team members to optimize the safe and effective distribution of medications?</li> <li>10. How are medication shortages and recalls managed?</li> </ol>	
<p><b>b. After shadowing a Pharmacist and/or Pharmacy Technician involved in the preparation of medication for distribution please answer the following questions based on the drug distribution system used at the rotation site and review the answers with your preceptor or delegate.</b></p> <ol style="list-style-type: none"> <li>1. Who fills and prepares prescriptions? Observe the preparation of patient prescriptions at the site and note the roles and responsibilities of the people involved.</li> <li>2. Who determines whether the medication is safe and appropriate for the patient?</li> <li>3. Who checks the final prescription product before it leaves the pharmacy?</li> </ol>	<p><b>#1-4 Virtual (sites can provide site-specific details if time permits)</b></p> <p><b>#5 Onsite</b></p>

<p>4. What prescription filling functions are the professional responsibilities of a pharmacy technician (e.g. “tech-check-tech”, sterile IV or chemotherapy preparation)?</p> <p>5. Can pharmacy technicians become licensed in the province of your rotation? Are there pharmacy technicians who are licensed working within the pharmacy department?</p>	
<p>c. Discuss with your preceptor <b>or</b> delegate the requirements for procurement, record keeping and distribution of the following:</p> <ul style="list-style-type: none"> <li>● Narcotics and controlled drugs</li> <li>● Medical Cannabis</li> <li>● Investigational/study drugs</li> <li>● Non-formulary drugs</li> <li>● Special Access Program (SAP) drugs via Health Canada</li> <li>● Antidotes</li> <li>● Naloxone kits</li> <li>● Immunizations</li> </ul>	<p><b>Narcotic and Controlled Drugs and Special Access Program will be covered during Virtual Week.</b></p> <p><b>Other topics to be covered onsite.</b></p>
<p>d. Review any special medication policies including:</p> <ul style="list-style-type: none"> <li>● Automatic stop orders related to drug distribution at your site</li> <li>● Automatic substitution orders</li> <li>● After hours staffing of the pharmacy and pharmacist on-call services</li> </ul>	<p><b>Onsite</b></p>
<p><b><u>Drug Distribution Systems</u></b></p>	<p><b>Content to be covered:</b></p>
<p>a. Compare and contrast the following drug distribution systems:</p> <ul style="list-style-type: none"> <li>● unit-dose/inpatient prescriptions</li> <li>● pass medications</li> <li>● automated dispensing cabinets</li> </ul>	<p><b>Virtual</b></p>

<p>b. Discuss with your preceptor the following questions as they pertain to any automated dispensing cabinet systems in place in the hospital:</p> <ul style="list-style-type: none"> <li>● How are automated dispensing cabinets replenished?</li> <li>● How does the pharmacy department/hospital determine what medications should be provided in these cabinets?</li> </ul>	<p><b>Onsite</b></p>
<p>c. Discuss with your preceptor any medication administration policies that may be in place to allow medications to be under the direct control of the patient in their room.</p>	<p><b>Onsite</b></p>
<p>d. Are patients allowed to bring medications to the hospital that they have been using at home? E.g. natural health products; non-formulary medications.</p>	<p><b>Onsite</b></p>
<p><b><u>Medication Order Review</u></b></p>	<p><b>Content to be covered:</b></p>
<p>a. <b>Discuss the following guiding questions with your preceptor or delegate:</b></p> <ul style="list-style-type: none"> <li>➤ Who reviews the medication order in the pharmacy?</li> <li>➤ Who enters patient information into the computer patient profile or chart?</li> <li>➤ How are problems/questions with a medication order clarified?</li> <li>➤ Review with your preceptor some common types of problems/questions identified during the medication order review process?</li> <li>➤ Does the hospital computer system include a drug interaction program? Which drug interaction program is used? How is it updated? How are problems reported to the drug interaction database provider?</li> <li>➤ Are there any paper based drug interaction resources available on site?</li> <li>➤ Are there any other drug interaction resources available for use by pharmacists e.g. hand-held devices, on-line resources?</li> <li>➤ How are drug interactions managed when entering prescription orders? Who can override the drug interaction to fill the prescription? Is any documentation required e.g. reason for the override?</li> </ul>	<p><b>Virtual (sites can provide site-specific details if time permits)</b></p>



b. Observe the preceptor reviewing actual medication orders and participate where possible.	<b>Virtual (sites can provide site-specific details if time permits)</b>
c. Does the province of your rotation operate a computer database linking community pharmacy profiles with hospitals and other health care providers?	<b>Onsite</b>
d. How is permission obtained from a patient to gather patient information from their community pharmacy? <ul style="list-style-type: none"> <li>○ If the patient is conscious?</li> <li>○ If the patient is unconscious?</li> </ul>	<b>Onsite</b>
e. Discuss some possible reasons why a hospital pharmacist would need to communicate with a patient's community pharmacy.	<b>Virtual</b>
f. Who would prepare a medication calendar for a patient when they are discharged from hospital?	<b>Virtual</b>
g. Who would look after any required special authorization forms or resources needed for medication coverage in the community?	<b>Virtual</b>

## UNIT 4 – STERILE COMPOUNDING & PARENTERAL PRODUCTS IN HOSPITALS

### Learning Objectives

**At the end of the rotation the student will have:**

- discussed the role of the new National Association of Pharmacy Regulatory Authorities - NAPRA standards for sterile compounding of hazardous and non-hazardous sterile preparations in Canada and how these standards are applied in the hospital setting (LEADER-MANAGER)
- observed and discussed the procedures involved in the preparation of products requiring sterile compounding in the hospital (LEADER-MANAGER);
- observed the preparation and administration of parenteral medications in the hospital setting (LEADER-MANAGER; COLLABORATOR);
- observed the aseptic technique required to administer parenteral medications to patients (CARE PROVIDER; COLLABORATOR);
- reviewed the procedures to follow for the safe handling of sharps (LEADER-MANAGER; CARE PROVIDER);

**at a level expected for a student who has completed at least two out of four years of pharmacy studies.**

### References to support the following activities:

NAPRA: Model Standards of Practice for Pharmacy Compounding of Non-hazardous & Hazardous Sterile Preparations – Revised November 2016.

<http://napra.ca/general-practice-resources/model-standards-pharmacy-compounding-hazardous-sterile-preparations>

<https://napra.ca/general-practice-resources/model-standards-pharmacy-compounding-non-hazardous-sterile-preparations>

<b>Questions &amp; Activities</b>	<b>Content to be covered:</b>
<p><b>1. Sterile Compounding Questions:</b></p> <ul style="list-style-type: none"><li>a) What types of pharmaceutical products must be compounded in a sterile environment?</li><li>b) What reference would be consulted to determine whether an ingredient used in a compound would be considered hazardous or non-hazardous?</li><li>c) Where are IV medications/admixtures prepared in the hospital?</li><li>d) Who is in charge of sterile compounding in the pharmacy?</li><li>e) Who are the staff members who complete the sterile compounding in the pharmacy?</li><li>f) What type of education/training must staff complete before they are able to compound in a sterile environment?</li><li>g) What standards of sterile compounding are followed in the hospital?</li></ul>	<p><b>Virtual</b></p>

<p><b>2. Pharmacists &amp; Parenteral Drug Administration</b></p> <ul style="list-style-type: none"> <li>a) Define the following parenteral routes of administration: IV; IM, SC or <i>subcut</i>; IT; and SD. Give an example of a medication that could be delivered via each route of administration.</li> <li>b) Define IV push. Outline the method to be followed in approving the administration of an IV push medication by a nurse at the hospital site. Name three medications that can be administered by <i>IV push</i>. Who else can administer medications by <i>IV push</i>? Do pharmacists provide advice about the safe and effective use of <i>IV push</i> medications?</li> <li>c) Can pharmacists administer any parenteral medications or immunizations in the hospital? If they can, which routes of administration are covered by their scope of practice?</li> <li>d) What credentials are required in order for pharmacists to be able to administer medications by injection or another route?</li> <li>e) What must be documented after a pharmacist administers a medication?</li> </ul>	<p><b>Virtual</b></p>
<p><b>3. Parenteral Medications in the Community after Discharge from Hospital</b></p> <ul style="list-style-type: none"> <li>a) If a patient was being discharged from the hospital but still required a parenteral medication where are these products prepared and who would administer the medication in the community?</li> </ul>	<p><b>Virtual</b></p>
<p><b>4. Administration of Parenteral Medications</b></p> <ul style="list-style-type: none"> <li>a) What resources are available to assist nurses with the preparation and administration of IV medications?</li> <li>b) Does the hospital have a parenteral medication administration policy manual?</li> <li>c) When a nurse is preparing IV medications for administration and phones the pharmacist for assistance what are some common questions they may ask?</li> <li>d) What procedure is followed when incompatible IV medications must be administered into a single lumen catheter?</li> <li>e) Are there special procedures to follow when a medication is administered intrathecally (IT)? Why?</li> <li>f) With the help of your preceptor schedule time with a medication nurse to observe the administration of medications, charting procedures, safety checks and other related procedures nurses follow when</li> </ul>	<p><b>a) to e) – Virtual</b></p> <p><b>f) - Onsite</b></p>

<p>administering medication to a patient. <b>Discuss the following questions/points with the medication nurse, and then review with your preceptor:</b></p> <ul style="list-style-type: none"> <li>i. Use of medication calendars, med cards, Medication Administration Record (MAR) on the floor/unit.</li> <li>ii. Is there a “double check” system in place at point of medication administration to patients?</li> <li>iii. Does the hospital use technology to assist with medication administration at the bedside? E.g. bar-code scanning</li> </ul>	
<p><b>5. Sharps Safety</b></p> <ul style="list-style-type: none"> <li>a) Does the hospital have a sharps safety program?</li> <li>b) What types of sharps safety devices are used at the hospital to protect workers/patients?</li> <li>c) How are sharps disposed of in the pharmacy and patient care areas of the hospital?</li> <li>d) Review some common safety procedures that should be followed to minimize sharps-related injuries?</li> <li>e) What procedures must be followed if a person experiences a sharps-related injury while working or learning in the hospital?</li> </ul>	<p><b>Onsite</b></p>

## UNIT 5 – PATIENT SAFETY

### Learning Objectives

**At the end of the rotation the student will have:**

- reviewed the patient safety programs and initiatives available in Canada (LEADER-MANAGER; CARE PROVIDER);
- investigated medication safety programs supported or managed by the hospital pharmacy department (LEADER-MANAGER; CARE PROVIDER); including the mandatory reporting of serious adverse drug reactions (Vanessa’s Law).
- verified the infection control policies and procedures that are expected to be followed by all health care staff at the hospital site (LEADER-MANAGER; CARE PROVIDER);
- completed at least one best possible medication history (BPMH) under the appropriate supervision of your preceptor (CARE PROVIDER);

**at a level expected for a student who has completed at least two out of four years of pharmacy studies.**

### Activities & Questions

#### Patient Safety Programs & Initiatives in Canada

Visit the following websites\* and familiarize yourself with the resources available:

<https://www.canada.ca/en/health-canada/services/drugs-health-products/legislation-guidelines/questions-answers-regarding-law-protecting-canadians-unsafe-drugs-act-vanessa-law.html>

[www.ismp.org](http://www.ismp.org)

[www.ismp-canada.org/](http://www.ismp-canada.org/)

[www.patientsafetyinstitute.ca](http://www.patientsafetyinstitute.ca)

**\*The information found on the above listed websites may help you answer the questions that follow.**

Medication Safety in Practice	Content to be covered:
<p>2. Discuss with your preceptor (or their delegate) the term “high-alert medication.”</p> <ul style="list-style-type: none"> <li>• What does this term mean?</li> <li>• Identify some high-alert medications commonly used at your hospital site.</li> <li>• What procedures are followed when dispensing “high-alert” medications in the hospital?</li> </ul>	<p><b>Virtual</b></p>
<p>3. Review with your preceptor how the pharmacy department manages look-alike sound- alike (LASA) names of medications. Keep a record of look-alike sound-alike names of medications you encounter during your hospital rotation. Speak with your preceptor to learn how they manage clarifying such orders where there may be confusion about the drug ordered. Visit the following websites for resources on look-alike sound-alike medications (LASA):</p> <p><a href="http://www.ismp.org">www.ismp.org</a>  <a href="http://www.ismp-canada.org/index.htm">http://www.ismp-canada.org/index.htm</a></p>	<p><b>Virtual</b></p>
<p>4. Does the pharmacy use TALLman lettering? Why or why not?</p>	<p><b>Virtual</b></p>
<p>5. Review with your preceptor where concentrated electrolytes (including but not limited to potassium chloride, potassium phosphate, sodium chloride greater than 0.9%) are stored in the hospital and why.</p>	<p><b>Virtual</b></p>

<p>6. How are updates about patient safety issues communicated to hospital staff?</p>	<p><b>Virtual</b></p>
<p>7. What procedures and policies are in place to encourage staff to report medication and patient safety issues?</p> <ul style="list-style-type: none"> <li>• What term(s) does the hospital use to describe medication or patient safety incidents?</li> <li>• Review the medication incident reporting policy of the hospital.</li> <li>• Briefly review the procedure that would be followed after a serious patient safety incident in the hospital</li> </ul>	<p><b>Virtual</b></p>
<p>8. What are “near misses”? Why should “near misses” be reported and analyzed?</p>	<p><b>Virtual</b></p>
<p>9. What does the term “medication reconciliation” mean?</p> <ul style="list-style-type: none"> <li>• Is there a medication reconciliation program at the rotation site?</li> <li>• Arrange to meet with the medication reconciliation pharmacist or program leader to learn about the medication reconciliation process followed at the rotation site. You have learned about the concept of medication reconciliation at the College of Pharmacy. Please take the opportunity to learn about how medication reconciliation is achieved in a hospital practice setting. <ul style="list-style-type: none"> <li>i. Review the process that is followed at the site to reconcile patient medication at points of admission, transfer and discharge.</li> <li>ii. Review any tools or forms that are used within the institution to collect Best Possible Medication Histories (BPMH).</li> <li>iii. Who at the site is trained to complete a BPMH?</li> <li>iv. Learn about the role of pharmacy technicians/assistants in the medication reconciliation process.</li> <li>v. Which health professionals take part in the medication reconciliation process? How many different professions are involved in the process?</li> </ul> </li> </ul>	<p><b>a) and b) - Onsite</b></p> <p><b>Students will complete the Queens University Module on Medication Reconciliation during the virtual week.</b></p> <p><b>Students also cover Medication Reconciliation during Skills Lab.</b></p>

vi. Arrange to observe a health care professional completing a best possible medication history (BPMH) at admission, transfer <b>or</b> discharge. With the help and supervision of your preceptor complete a best possible medication history with a patient.	
<b><u>Mandatory Serious Adverse Drug Reaction Reporting (Canada Vigilance Program)</u></b>	<b>Content to be covered:</b>
1. Familiarize yourself with the mandatory serious adverse drug reaction reporting system for hospitals. Review with your preceptor or delegate the process that is followed in the hospital for mandatory reporting of serious adverse drug reactions as required under the Protecting Canadians from Unsafe Drugs Act (Vanessa's Law, December 2019).	<b>Virtual (students will read 4 modules)</b> <a href="https://www.patientsafetyinstitute.ca/en/toolsResources/Vanessas-Law/Pages/default.aspx">https://www.patientsafetyinstitute.ca/en/toolsResources/Vanessas-Law/Pages/default.aspx</a>
2. Review how serious Adverse Drug Reactions (ADRs) are reported at the hospital site?	<b>Virtual</b>
<b><u>Infection Control</u></b>	<b>Content to be covered:</b>
1. Review the infection control policies and procedures that must be followed by all health care professionals employed by the hospital.	<b>Onsite</b>
2. Review the recommended hand washing technique for staff working in direct patient care areas.  a. Can staff in direct patient care areas wear rings, bracelets or watches?  b. Can staff wear artificial nails or long fingernails working in patient care areas?	<b>Onsite</b>
3. Does the hospital provide alcohol hand wash for visitors and staff? Does alcohol hand wash remove all possible pathogens from a person's hands?	<b>Onsite</b>
4. Does the hospital require staff to receive an annual influenza vaccine?	<b>Onsite</b>
5. When would a health care professional be required to glove, gown and/ or wear a mask to speak with a patient?	<b>Onsite</b>
6. When would an employee or student be required to report to occupational health?	<b>Onsite</b>
7. How does the hospital notify staff members of any potential exposures to communicable diseases?	<b>Onsite</b>
8. Where can health care providers obtain information on bacterial resistance rates?	<b>Onsite</b>
9. What do MRSA, VRE, <i>C. Diff</i> stand for?  a. What hospital programs or policies are in place to prevent the spread of i. MRSA ii. VRE iii. <i>C. Diff</i>	<b>Onsite</b>



## UNIT 6 – DRUG INFORMATION (DI)

In the second year Critical Appraisal Series (CAS), students learn about the effective use of various drug information resources both printed and electronic and how to respond to drug information requests. Students learn how to do on-line searches to obtain relevant articles and the beginnings of how to critically appraise those articles. In Skills Lab, students complete drug information questions. For some students, this rotation may be their first experience answering drug information questions in a practice environment. Students can access the Dalhousie Kellogg Library remote access system from any internet web browser page. The link for remote access is:

<https://libraries.dal.ca/>

### **Learning Objective:**

**At the end of the rotation the student will have:**

- contributed to patient care by responding appropriately and using an evidence-informed approach to drug information (DI) requests encountered during the rotation (SCHOLAR);
- at a level expected for a student who has completed at least two out of four years of pharmacy studies.**

<b>Activities</b>	<b>Content to be covered:</b>
1. Complete an orientation to the hospital's drug information resources both paper and electronic.	<b>Sites may decide that a Library/Drug Information Orientation is not necessary for a one-week rotation. The students will maintain access to online resources from the Dal Library during their rotation, however they may not be familiar with some of the paper-based references used within the hospital setting and thus may require some guidance.</b>

<p>2. Complete at least <b>two drug information requests</b> as coordinated by the preceptor. Review and discuss your findings with your preceptor. Drug information requests may originate from:</p> <ol style="list-style-type: none"> <li>the preceptor</li> <li>patients</li> <li>medical practitioners</li> <li>registered nurses</li> <li>other health care professionals</li> </ol>	<p><b>Onsite</b></p>
<p>3. Use the following steps as a guide to help you complete the drug information request:</p> <ol style="list-style-type: none"> <li>Receive and understand the question.</li> <li>Search for the data.</li> <li>Analyze the data and formulate a response. Integrate the information obtained from several sources, and critically evaluate the appropriateness of each source in relation to the information requested.</li> <li>Communicate the response (appropriately to the preceptor, <b>both</b> verbally <b>and</b> in writing).</li> <li>Communicate responses as appropriate to the requester, verbally <b>and/or</b> in writing (<b>under the appropriate supervision of your preceptor</b>).</li> <li>Provide a clear and concise response that is referenced appropriately.</li> <li>Follow-up as required.</li> </ol>	<p><b>Virtual (process to respond to DI requests is covered during virtual week).</b></p>
<p>4. Answer at least <b>two</b> drug information questions that cover IV compatibility, stability, dilution, and/or rate of flow. Questions may come from the preceptor's current or past practice, or another health care professional. <b>All answers must be reviewed with the preceptor prior to communication with another health care professional.</b> Students should refer to the following link: <a href="https://www.dal.ca/diff/druginfo.html">https://www.dal.ca/diff/druginfo.html</a> for a list of references that may be helpful for answering compatibility and stability questions. Students are encouraged to understand and use resources available on site including IV compatibility textbooks and online databases. Students should review with their preceptor how professional judgments /assessments are made by a pharmacist when using electronic databases, online references or printed materials to research IV related drug information requests.</p> <p><b>** A sample DI Request Form is included with this unit for the student to use or they may use another one of their choice or one used by the rotation site.</b></p>	<p><b>Onsite</b></p>

## PHARMACY 2081: Drug Information Request/Response Form

<b>Requester</b>
<b>Location</b>
<b>Address</b> _____
<b>Telephone</b>
<b>Fax</b>
<b>e-mail</b>

### Priority

ASAP     Today     1-2 Days     No Rush

### Source of Request

Health Professional:

Physician             Nurse             Pharmacist             Patient             Other

**Background Information** (age, weight, disease states, medications, lab values, allergies etc applicable to question):

### Ultimate Question:

Type of Request		
<input type="checkbox"/> Administration	<input type="checkbox"/> Formulation	<input type="checkbox"/> Pharmaceutics
<input type="checkbox"/> Adverse effect	<input type="checkbox"/> ID/availability	<input type="checkbox"/> Pharmacology
<input type="checkbox"/> Alternative therapy	<input type="checkbox"/> Interaction	<input type="checkbox"/> Pregnancy/lactation
<input type="checkbox"/> Biopharmaceutics	<input type="checkbox"/> Law/regulation	<input type="checkbox"/> Professional issues
<input type="checkbox"/> Compatibility/stability	<input type="checkbox"/> Lecture	<input type="checkbox"/> Therapeutics
<input type="checkbox"/> Copy of article	<input type="checkbox"/> Library	<input type="checkbox"/> Toxicity
<input type="checkbox"/> Cost	<input type="checkbox"/> Monograph	<input type="checkbox"/> Other
<input type="checkbox"/> Dosage	<input type="checkbox"/> Patient information	

**Response (use additional paper if needed):**

### References:

## UNIT 7 – INTERPROFESSIONAL EDUCATION (IPE) ACTIVITY

Hospitals offer unique opportunities for pharmacy students “to learn with, from and about other health professionals (<https://www.caipe.org/>).”

### **Learning Objectives:**

At the end of the rotation the student will have:

- observed and interacted with non-pharmacy health professional(s) to clarify roles and experience interprofessional communication, collaboration and learning (COLLABORATOR; PROFESSIONAL);
- reviewed actual and potential opportunities for pharmacists to work in collaboration with other health professionals and (COLLABORATOR; PROFESSIONAL);
- reflected upon team functioning within the IPE activity observed (COLLABORATOR);

**at a level expected for a student who has completed at least two out of four years of pharmacy studies.**

<b>Activities</b>	<b>Content to be covered:</b>
<p>a. Identify with the help of your preceptor at least one IPE activity during the rotation. Examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Attending grand rounds</li> <li>• Observing a medical or nursing procedure e.g., PICC line insertion; dressing change</li> <li>• Participating in an outpatient day-clinic</li> <li>• Observing Physiotherapy or Occupational Therapy clinics</li> <li>• Shadowing a Respiratory Therapist</li> </ul>	<p><b>Onsite (if possible) – policies and COVID-19 challenges may prohibit some of the typical IPE activities.</b></p>
<p>b. Prior to attending the IPE activity and with the help of your preceptor, determine if any special preparation is required.</p> <ul style="list-style-type: none"> <li>➤ e.g. observation of surgery (this may or may not be possible depending on site policies and rotation schedule) the surgical charge nurse or person booking the educational viewing may provide a list of things to do prior to attending the surgery: <ul style="list-style-type: none"> <li>○ eat breakfast</li> <li>○ rest</li> <li>○ what to do if you feel faint etc.</li> </ul> </li> <li>➤ pre-reading before rounds or clinic visit</li> </ul>	<p><b>Onsite (see comment above)</b></p>
<p>c. Once completed, review the IPE activity with your preceptor. Explore what interprofessional patient care opportunities exist for a pharmacist in the area observed or visited. What types of interprofessional collaboration and communication did you observe?</p>	<p><b>Onsite</b></p>



## COLLEGE OF PHARMACY ONSITE STUDENT SELF-ASSESSMENT

### Pharmacy 2081 (Hospital Pharmacy)

Please take a moment to complete this self-assessment prior to your arrival on site, and before the final assessment during your Pharmacy 2081 rotation. Read each statement on the left of the chart and when prompted select a description from the assessment scale that best reflects how prepared you are to practice the skill(s) described. Note your selection below the appropriate time (PRE = initial self-assessment, & END=final). If you are not able to self-assess the described skill (s) please use the notation “NA”. In some parts of the self-assessment, you may be prompted to answer yes or no.

During your rotation student evaluations are intended to be a constructive dialogue about strengths, and areas for improvement. **The expected level of competence displayed for second year rotations should be consistent with a student who has completed at least 2 out of 4 years of professional studies.**

Students must review their initial self-assessment at the start of the rotation with the preceptor. A student’s initial self-assessment will reflect their past PEP (Practice Experience Program), PBL (Problem Based Learning) group work, CAS (Critical Appraisal Skills) learning, Skills Lab learning and pharmacy work experiences. A review of the student’s initial self-assessment will provide information that allows the rotation to be tailored to suit the learning needs of the student. Preceptors assign a grade of pass or fail at the conclusion of the rotation for the onsite course content.

**All concerns about a student’s performance, attendance or potential failure should be directed to the Coordinator of Clinical Education as soon as the concern is identified.**

**Students must clearly identify as a Pharmacy Student during all professional interactions and must practice at all times under the appropriate supervision of a Pharmacist Preceptor. See page 3 for further details.**

#### Student Self-Assessment Scale

1-Needs further development: Please provide suggestions/details

2-At expected level of practice

3-Above expected level of practice

**“...for a Pharmacy Student who has completed at least 2 out of 4 years of professional studies”**

N/A- Not able to self-assess or answer the yes or no prompts provided.

Student is licensed as a *Registered Pharmacy Student* in the province of the rotation & holds personal professional liability insurance. YES \_\_\_ NO \_\_\_ (rotation cannot start until license & insurance in place).

Appropriate paperwork filed with pharmacy regulator (NB & PEI) for rotation:

YES \_\_\_ NO \_\_\_ NA \_\_\_

Self-Assessment Scale	1 Needs Further Development <i>Please provide suggestions/ details</i>	2 At Expected	3 Above Expected
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**\*Students must be licensed to start the rotation.\***

**In some areas of the *Professional and Interpersonal Skills* portion of the self-assessment/assessment form the option of answering yes or no to the self-assessment/assessment criteria may be preferred.**

*Please provide suggestions/further details for any documentation of "No"*

Time of Self-Assessment	PRE	FINAL
<b>Unit 1: Professional and Interpersonal Skills</b>		
Demonstrates commitment to each patient regardless of race, religion, biological sex, gender, gender identity, gender expression, sexual orientation, age, health, cultural or educational background or economic status.		
Presents themselves in a professional manner at all times		
Displays appropriate verbal, non-verbal, writing & listening skills		
Able to adapt communication to the needs of the patient		
Displays sensitivity, compassion, respect & empathy to patient concerns		
Follows an organized thought process to assess a patient and make a therapeutic recommendation		
Follows required dress code	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is reliable and punctual	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Completes tasks carefully & thoroughly		
Respects patient confidentiality	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Displays a positive attitude toward pharmacy practice		
Shows interest and takes initiative		
Demonstrates good organization & time management skills		
Maintains appropriate professional boundaries		
Accepts responsibility for actions & decisions		
Uses feedback to improve performance		
Completes extra reading, learning or assignments when suggested/needed	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Confirmation of Onsite Activities</b>	
<b>Unit 2 - Hospital Pharmacy Practice</b>	
Completed activities as outlined in the manual	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Unit 3 – Hospital Pharmacy Drug Distribution Services</b>	
Completed activities as outlined in the manual	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Unit 4 – Sterile Compounding &amp; Parenteral Products in Hospitals</b>	
Completed activities as outlined in the manual	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Unit 5 – Patient Safety</b>	
Completed activities as outlined in the manual	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Unit 6 – Drug Information</b>	
Completed activities as outlined in the manual	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Unit 7 – Interprofessional Education Activity</b>	
Completed activities as outlined in the manual	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Final Assessment Review Date:</b> _____ <b>Preceptor's Signature:</b> _____ <b>Student's Signature:</b> _____
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**Additional Comments/Notes to Review with Preceptor:**

**Students please keep a copy of your self-assessment forms for your records. Please complete the course evaluation forms posted on the Brightspace Online Community – College of Pharmacy Practice Experience Program for PHAR 2081 Hospital Pharmacy.**



## Preceptor's Onsite Assessment of the Student

### **Pharmacy 2081 (Second Year Hospital)**

Please take a moment to complete this assessment and be prepared to discuss the results with your student after reviewing and discussing the student's final self-assessments. Please read each statement on the left of the chart. Select a rating from the assessment scale provided that best reflects what you have observed about the student's ability to demonstrate that skill during the rotation. Note your selection below the appropriate time (PRE = initial self-assessment & END=final). If you are not able to self-assess the described skill (s) please use the notation "NA". In some parts of the assessment, you may be prompted to answer yes or no.

The assessment is intended to be part of a constructive dialogue between you and your student about their strengths, and areas for improvement. **The expected level of competence displayed for second year rotations should be consistent with a student who has completed at least 2 out of 4 years of professional studies.**

Completion of the column marked "PRE" is not required by preceptors. The student will review their initial self-assessment at the start of the rotation with the preceptor. The student's initial self-assessment in second year will reflect their past PEP (Practice Experience Program), PBL (Problem Based Learning) group work, CAS (Critical Appraisal Skills) learning, skills lab learning and personal pharmacy work experiences. A review of the student's initial self-assessment at the start of the rotation helps provide information that will allow the rotation to be tailored to suit the learning needs of the student.

**All concerns about a student's performance, attendance or potential failure should be directed to the Coordinator of Clinical Education as soon as the concern is identified.**

**Students must clearly identify as a Pharmacy Student during all professional interactions and must practice at all times under the appropriate supervision of a Pharmacist Preceptor. See page 3 for further details.**

#### **Assessment Scale**

- 1-Needs further development: Please provide suggestions/details
- 2-At expected level of practice
- 3-Above expected level of practice

**"...for a Pharmacy Student who has completed at least 2 out of 4 years of professional studies"**

N/A- Not able to assess **or** answer the yes or no prompts provided

Student is licensed as a *Registered Pharmacy Student* in the province of the rotation & holds personal professional liability insurance. YES \_\_\_ NO \_\_\_ (rotation cannot start until license & insurance in place). Appropriate paperwork filed with pharmacy regulator (NB & PEI) for rotation YES \_\_\_ NO \_\_\_ NA \_\_\_

Assessment Scale	1 Needs Further Development <i>Please provide suggestions/ details</i>	2 At Expected	3 Above Expected
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**In some areas of the *Professional and Interpersonal Skills* portion of the self-assessment/assessment form the option of answering yes or no to the self-assessment/assessment criteria may be preferred.  
*Please provide suggestions/further details for any documentation of "No"***

Time of Assessment	PRE	FINAL
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**Unit 1 – Professional & Interpersonal Skill Development**

Demonstrates commitment to each patient regardless of race, religion, biological sex, gender, gender identity, gender expression, sexual orientation, age, health, cultural or educational background or economic status		
Presents themselves in a professional manner at all times		
Displays appropriate verbal, non-verbal, writing & listening skills		
Able to adapt communication to the needs of the patient		
Displays sensitivity, compassion, respect & empathy to patient concerns		
Follows an organized thought process to assess a patient and make a therapeutic recommendation		
Follows required dress code		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is reliable and punctual		<input type="checkbox"/> YES <input type="checkbox"/> NO
Completes tasks carefully & thoroughly		
Respects patient confidentiality		<input type="checkbox"/> YES <input type="checkbox"/> NO
Displays a positive attitude toward pharmacy practice		
Shows interest and takes initiative		
Demonstrates good organization & time management skills		
Maintains appropriate professional boundaries		
Accepts responsibility for actions & decisions		
Uses feedback to improve performance		
Completes extra reading or assignments when suggested/needed		<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Confirmation of Onsite Activities</b>		
<b>Unit 2 - Hospital Pharmacy Practice</b>		
Completed activities as outlined in the manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Unit 3 – Hospital Pharmacy Drug Distribution Services</b>		
Completed activities as outlined in the manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Unit 4 – Sterile Compounding &amp; Parenteral Products in Hospitals</b>		
Completed activities as outlined in the manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Unit 5 – Patient Safety</b>		
Completed activities as outlined in the manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Unit 6 – Drug Information</b>		
Completed activities as outlined in the manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Unit 7 – Interprofessional Education Activity</b>		
Completed activities as outlined in the manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<p><b>Final Assessment Review Date:</b> _____</p> <p><b>Preceptor's Signature:</b> _____</p> <p><b>Student's Signature:</b> _____</p> <p><b>Final Grade for student's rotation (please circle):</b></p> <p style="text-align: center;"> <input type="radio"/> <b>PASS</b> <span style="margin-left: 200px;"><input type="radio"/> <b>FAIL</b></span> </p> <p><b>Preceptors please use the link that will be emailed to you from the PEP program to submit your student's final grade ONLINE. Please keep this paperwork for your records.</b></p>
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**Written Comments from Preceptor:**

**THANK YOU, PHARMACISTS, FOR YOUR  
CRITICAL WORK AS PRECEPTORS  
DURING COVID-19:**

*Are you interested in free online access to the  
Dalhousie University Library resources?*

Preceptors are reminded that they are welcome to apply for an *Adjunct Appointment* following the completion of recognized online or live preceptor education program and regular participation as a preceptor with the Dalhousie College of Pharmacy Practice Experience Program.

Appointment details can be found on the preceptor website:

<https://www.dal.ca/faculty/health/pharmacy/programs/preceptor-development-program.html>

This appointment provides preceptors with online Dalhousie University library access.