



University of South Australia



## **ATTACHMENT 2**

# **Experiential Placements in Pharmacy**

## **Final Report Appendices**

**(October 2007)**

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**With input from the 'Experiential Placements in Pharmacy' Steering Committee**

## TABLE OF CONTENTS: APPENDICES

APPENDIX A: PRELIMINARY WORK.....	3
APPENDIX B: STEERING COMMITTEE.....	7
APPENDIX C: PROJECT PLAN.....	8
APPENDIX D: ORGANISATION OF THE RESEARCH AND CONSULTATIONS .....	10
APPENDIX E: UNIVERSITY EXPERIENTIAL PLACEMENT PROGRAM MAPS.....	19
APPENDIX F: CHECKLIST OF PHARMACY EXPERIENTIAL LEARNING ACTIVITIES.....	45
APPENDIX G: REFLECTION LEARNING ACTIVITIES.....	51
APPENDIX H: PLACEMENT AND CPD OBJECTIVES.....	55
APPENDIX I: ORIENTATION TO PHARMACY SITE.....	58
APPENDIX J: PROFESSIONAL SERVICES.....	59
APPENDIX K: PRESENTATION REPORTS.....	65
APPENDIX L: MEDICATION MANAGEMENT.....	70
APPENDIX M: EXTEMPORANEOUS PREPARATION.....	72
APPENDIX N: DISPENSING.....	76
APPENDIX O: WOUND MANAGEMENT.....	78
APPENDIX P: 'DISCUSSION AND OPTIONS FOR PHARMACY EXPERIENTIAL PLACEMENTS' PAPER.....	80

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The views expressed in this report do not necessarily reflect the views of The Carrick Institute for Learning and Teaching in Higher Education.

This report maps experiential learning across Australian university pharmacy schools including learning activities, assessment and evaluation processes, with a key research methodology involving stakeholder consultation forums and interviews. Stakeholder views and de-identified handbook examples are presented to provide specific details and to share current practices. Grateful thanks are expressed to university academics, representatives from professional and registration organisations, preceptors and clinical educators and also students for their participation in the consultations and willingness to share their ideas and materials.

The focus for the report has been to use the available resources to capture the information and provide it to stakeholders in a timely manner, rather than to engage in extensive editorial processes.

## **APPENDIX A: PRELIMINARY WORK**

This Appendix provides details about the preliminary work undertaken in regard to the consultations with university/professional groups and pharmacy students.

The intent of the forums was to engage all relevant stakeholders in the imperative for the project and secondly to identify issues around clinical placements to provide a focus for the research.

National professional forums included:

- Australian Pharmacy School Heads of all Pharmacy school clinical placement coordinators and representatives from COPRA, the Pharmaceutical Society of Australia (PSA), the Pharmacy Division of the Association of Professional Engineers, Scientists and Managers, Australia (APESMA), the Pharmacy Guild, the Society of Hospital Pharmacists (SHPA)
- NAPSA Congress in January 2007: Representatives from National Australian Pharmacy Students' Association (NAPSA)

### **University/professional organisations workshop – December 2006**

The workshop involved around 25 representatives from most pharmacy schools and key professional organisations in Australia. The objectives were to identify the most important clinical placement outcomes and the key issues in relation to pharmacy students.

One activity considered Kolb's (1984) experiential process of learners constructing their own experiences versus a more planned objective-driven approach to placement learning. The current situation is that while a structured approach is intended, there is a high likelihood that, given the range of preceptors and sites, placements are fairly open-ended. Given the variability of student experiences within experiential placements, in terms of assessment, the focus is on behaviours and performance and the links to knowledge, skills, capacities and professional dispositions. Portfolios can be used to demonstrate evidence of review and reflection for the learning undertaken but they have considerable resource implications. Following discussion, a combination of open-ended and structured experiential learning was considered important, with portfolios and communication to students and preceptors being highlighted as important aspects.

Another workshop activity discussed Miller's pyramid from knows (knowledge), knows how (competence), shows how (performance) and does (action), and appropriate assessment approaches for each level of the pyramid.

Thirdly, Robbie et al (2001) and Mills et al (2005) competency clusters for junior pharmacists and community pharmacists and primary care involving personal competence (organisation, communication, professionalism, team work), problem management (gathering information, knowledge, analysing information, applying information), delivery of patient care (system of working, consultation) and managing and organisation competencies (clinical governance, service provision, budget setting and reimbursement, organisation, training, staff management, procurement), were considered. The workshop highlighted behaviours aligned to the above clusters and the degree to which some learning in relation to these competencies is desirable and achievable during clinical placements in pre-graduation pharmacy programs. Essentially, most areas were considered as both desirable and achievable in terms of inclusion within experiential placements programs, at least in terms of being developmental learning activities (given competency assessment being the focus of internship programs after graduation).

A key activity for the workshop was to consider outcomes and issues arising from experiential placements.

Key outcomes may be summarised as follows:

### **Professionalism and Socialisation**

- Familiarity with work environment of a pharmacist and confidence building
- Practice experience opportunities and exposure to future working environment
- Professional development and socialisation
- Communication/teamwork
- Demonstrate professional attitudes and behaviours
- Understand other roles and responsibility of other health practitioners – concept of interdisciplinary practice
- Take on responsibility of being a professional in a health care environment with a patient at the centre
- Managing family/work commitments while on extended placements
- Developing awareness of cost of placements when not rural ie. Sydney
- Checking career choice and career options for the future
- Team work
- Professional socialisation and strong sense of professionalism inherent in pharmacy
- Appreciation of the role of support staff
- Discussion with professional pharmacist in authentic context
- Ability to operate in high-stress environment
- Discussion with pharmacy customers in authentic context
- Making a contribution to work environment
- Enjoying the experience
- Reflective practice
- “near enough” is not “good enough” but it is not black and white
- Observe clinicians displaying the required level of competence and experience role models

### **Application and Integration of Theory and Professional Skills**

- Application/integration of theory and academic knowledge to patients (clinical practice)
- Problem solving and application of undergraduate knowledge
- Providing feedback/conducting assessment of students in a practice setting
- Undertaking activities that are not easily undertaken at university
- Having the opportunity to practise skills learnt at university
- Being adaptable and responding to real situations
- Ability to work with patients to help them get the best from their medication
- Understand process, demonstrate basic skills, reflection, positive needs and expectations
- Learning to solve problems i.e. Approach patients/interactions constructively, laterally and with a focus on the health outcome
- Understand the patient journey by gaining an insight into different practice settings
- Develop medication review skills including obtaining a medication history
- Experience of operation of business/department/institute
- Communication with patients about drugs

### **Preparedness**

#### Student:

- Student ready to go! – transport etc, knowledge
- Cost – time away from employment
- Knowing what to do and clearly understanding what is expected
- Structured program in place – assigned mentors
- Identifying the specifics and strengths of the placement and maximising learning opportunities
- Using the placement as an opportunity to provide future work/career prospects
- Integration into the workplace and developing an identity as worker, not student

#### Workplace Site

- Trained and supportive and supported preceptors
- Providing a wide variety of activities
- Orientation to policy – different universities, different expectations
- Being welcoming
- Safety and Ethics in the workplace
- Appropriate location with time for students

#### University

- Clear learning goals provided
- Opportunity to work in difference work sites

#### Quality of Preceptor

- Good preceptor – interested and supportive
- Have a positive experience with motivational and inspiring people – care-value set

#### General Issues

- Students being used as free labour
- Role models – who are they?
- Quality of placement
- Quality of supervision
- Gaining adequate feedback on placements
- Variability in experiential placements
- Relevance of some tasks
- Apprehension ie. Experience in ‘unknown’ settings (hospitals)
- Lack of interpersonal skills in a work environment
- Placement appropriate to student capabilities
- Quality of placement i.e. review, feedback, preceptor
- Student pressures/impediment - cost/appearance/confidentiality

## **NAPSA student session – January 2007**

About 25 student leaders from pharmacy associations at each university in Australia participated in a two hour workshop discussion about their experiential learning opportunities. A variety of opportunities were evident across different universities and for various year levels. The variety of experiential placements included the number of weeks, ½ day or extended blocks, and the range of hospital, community, rural/remote and industry and aged care locations and opportunities.

Aspects for discussion in relation to the success of experiential placements included:

- Catering for students who had undertaken extensive paid work in a pharmacy
- Developing business skills within pharmacy courses and workplaces
- Role of a pharmacy-friendly environment and preceptor compatibility in maintaining student motivation
- Placement sites and availability of sufficiently varied learning opportunities
- Students accepting responsibility
- Importance of time and a caring attitude in building a positive relationship between the preceptor and student
- Placement exposure – more placements short term in different environments
- Having own learning goals
- Workbooks being clear and workable and not taking too much time away from the placement opportunities
- Specific learning objectives for different sites
- Longer duration opportunities in hospital
- Starting placements earlier in student career
- Student orientation and the importance of universities ensuring there is clarity about what is expected from the preceptor
- Letting preceptors know what the student is supposed to learn and providing a framework for ensuring sufficient activities are undertaken on placements
- The role of reflective diaries
- Accurate recording of hours of work placement time undertaken
- Pass/fail assessment versus marks for experiential placement.

## APPENDIX B: STEERING COMMITTEE

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### **Assoc Professor Greg Ryan – Associate Investigator**

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## APPENDIX C: PROJECT PLAN 2007

Project Plan, tasks and timeline	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep-Dec	Notes
<b>1 Planning &amp; Initial forums</b> 1.1 Prep Action Planning doc 1.2 Appoint Proj Man/Res 1.3 Establish Steering Com 1.4 APSA forum – Dec 2006 & NAPSA forum – Jan 1.4.1 identify & contact particip 1.4.2 undertake admin 1.4.3 prepare materials 1.4.4 conduct forums 1.4.5 collate placement issues													
<b>2. Background :websites/intervw</b> 2.1 COPRA tertiary ed info 2.2 NAPSA accred'n guidelines 2.3 COMPASS speech/physio 2.4 Flinders Uni practicum info 2.5 UQ clinical placements mat 2.6 Engineering, social work, OT, education placement res 2.7 Graduate qualities, CEQ													
<b>3. Literature review</b> 3.1 Work based learning 3.2 Competency based assess 't 3.3 Reflection 3.4 Feedback 3.5 Exp learning models													
<b>4. Consultation preparations</b> 4.1 Develop draft cons process 4.2 Prepare draft consult'n pap 4.3 Identify organisations 4.4 Arrange Steering Com mtg 4.5 Conduct Steering Com mtg 4.6 Finalise consultation paper 4.7 Contact pharmacy schools													
<b>5. Milestone: Carrick Review</b> 5.1 Prepare draft report 1/2/3 5.2 Finalise Interim report 1/2/3 5.3 Jan Orrell meeting April 10 5.4 Prepare draft final report 5.5 Finalise final report 5.6 Address Carrick mtg Aug 31													
<b>6. Pharmacy School Interviews</b> 6.1 Email pharmacy schools for contact name (Chief Inv letter) 6.2 Identify dates, oth contacts 6.3 Email & ring contacts 6.4 Confirm, forward cons paper 6.5 Final confirm email (1 wk) 6.6 Conduct consult'n 6.7 Neg App C maps finalisat'n 6.8 Collate consult'n info 6.9 Follow up calls & literature 6.10 Thank you emails (1 wk)													
<b>7. Focus Group Consultations – students, preceptors, prof , reg</b>													



7. 1 Email letter (Ch Inv/COPRA 7.2 Phone to discuss 7.3 Arrange location, food etc 7.4 Confirm, forward cons paper 7.5 Final confirm email (1 wk ) 7.6 Conduct consult'n 7.7 Collate consult'n info 7.8 Follow up calls & liter 7.9 Thank you emails ( 1 wk)												
8. Report Preparation 8.1 Collate key themes for cons 8.2 Collate overall themes 8.3 Analyse trends 8.4 Analyse handbooks for ex'pl 8.4 Prepare report structure 8.5 Write report draft 8.6 Contact uni re handbook examples: seek permission 8.7 Organise Steer Com mtg 8.8 Feedback from Steer Com 8.9 Finalise report 8.10 Arrange report access on Carrick website 8.11 Email stakeholders re report access												
9 Dissemination & Papers 9.1 Prep 'Disc & Options paper' 9.2 Steering Com feedback on draft paper 9.3 Finalise paper 9.4 Paper available on website 9.5 Email all particip re paper 9.6 Seek feedback on paper 9.7 Finalise paper 9.8 Identify res paper themes (ass& comp, quality ind, exper learning & prep, reflection & feedback in experiential placements, evaluating exp l'g 9.9 Identify conferences/journals 9.10 Write abstracts 9.11 Write draft papers 9.12 Finalise papers & submit												* Integrated Workplace Learning conference – Adelaide (July)  *Address Carrick meeting (Aug)  *ANZAME (Sept) conference  *APC invitation – September  *EdHealth conference –Nov  *ATN conference ref. paper – Nov/Dec  *APSA Education Forum – Dec  *NAPSA conf – January  *OZZAWA conf abstract- March 08
10 Evaluation (form/summative) 10.1 Part. Lists of Repres - cons 10.2 Pharm School App C maps 10.3 Handbooks availability/use 10.4 Collated trends doc avail 10.5 Report written & web link 10.6 Conf papers/journal pub 10.7 Unintended outcomes rec'd												Participation lists for consultations and finalised Appendix C pharmacy school mapping documentation, collated trends, handbooks available.  Unintended outcomes evident including uni staff seeking attendance at student/preceptor sessions to review programs, prof/registration focus groups noting local issues of importance, uni staff using consultation paper to note potential areas of improvement

## **APPENDIX D: ORGANISATION OF THE RESEARCH AND CONSULTATIONS**

This Appendix provides further details about the research and consultation areas and methodologies used to collect data. Focus groups, interviews and literature searches were involved.

The objective has been to map experiential learning, objectives, teaching and learning activities within the experiential placements and their assessment across pharmacy schools in Australia and to identify areas for improvement and quality indicators.

### **Research questions and approaches**

- What are emerging models and debates in experiential placement learning and assessment, including trends in other professions?
- What are the current structures and influences for experiential learning programs in pharmacy at universities in Australia?
- What objectives and learning activities are involved in pharmacy experiential learning programs?
- What assessment approaches are being used for pharmacy experiential placement programs?
- What evaluation is occurring and what are the quality indicators for successful pharmacy experiential placements?

Details of research approaches are as follows:

#### **Literature Review and Background Information**

- published works regarding educational approaches to, and quality indicators for, structure and assessment of professional placements and work based learning, competency based assessment
- relevant literature from the Health Sciences, Engineering, and Education professional areas.
- models and resources from other disciplines including the speech pathology COMPASS<sup>TM</sup> project, and the 'Practicum Project' undertaken at Flinders University and 'Supporting Clinical Learning: A New Approach to Assessment of Student Fieldwork' undertaken at the University of Queensland.

#### **Interviews with Pharmacy Schools in Australia**

- Meeting with Australian university pharmacy schools to gather information regarding explicit objectives, placement activities and assessment and evaluation.
- University handbook collation and analysis

#### **Focus Groups of preceptors, students, professional/registration bodies**

- Experiential placement successes and issues and quality indicators

### **Deliverables**

Outcomes from the research include:

- Research report of the literature review and consultations, published online
- Development of a 'Discussion and Options for Pharmacy Experiential Placements' paper on Experiential Learning in Pharmacy, available online with a structured response format to facilitate comment by all interested parties academics
- Presentations to the annual Australian Pharmaceutical Sciences Association (APSA) education forum and to the National Association of Pharmacy Students of Australia (NAPSA).
- A series of conference papers and journal papers for presentation and publication

## **Data collection and participants**

Based on a preliminary literature review regarding experiential placement learning approaches and assessment aspects in pharmacy and other professions, a discussion paper was developed to inform and stimulate the consultations. The Steering Committee provided feedback about the paper and consultation processes.

Consultations involving focus groups and interviews were conducted in capital cities and some regional areas where relevant, between March and June 2007. Generally specially-convened sessions were established and most focus groups involved three to ten people, with written notes recording the information, supplemented by material provided by various representatives.

The discussion paper (see below) was forwarded about three weeks prior to the consultation meetings, with various versions dependent on the stakeholder group. For example, university pharmacy schools with fully established programs were forwarded a version with a detailed appendix form to support mapping of the experiential placement for each year level of the course. The course mapping record was either completed prior to the session by the university or during the session, with the researcher and university negotiating the final version for publication in a de-identified format. A less detailed set of appendices was used for other stakeholder groups. The focus of these stakeholder consultations was to discuss experiential placements, the successes, issues and quality indicators.

Participants in the focus group consultations included university lecturers and placement coordinators at pharmacy schools, registration and profession organisation representatives, preceptors and students. Meetings with national professional and registration organisations such as the PSA, Pharmacy Guild, Society of Hospital Pharmacists, and COPRA and with other professions were also conducted.

## **Analysis and report writing**

Key themes arising from the consultations were collated and analysed through manual processes, involving optical scanning and sorting of notes, reading through information to make general sense, writing notes to record general thoughts about the data, coding and organising material into categories, also segmenting and labelling.

In report writing, permission was sought from universities regarding the use of some handbook examples of learning tasks, assessment or evaluation approaches. These examples were generally published in a de-identified format, unless universities sought a variation to this arrangement. De-identified quotations from stakeholder comments were extensively used throughout the report to capture views about a range of issues.

A 'Discussion and Options for Pharmacy Experiential Placements' paper (see Appendix P) has been prepared and is being disseminated on a website and at presentations, seeking stakeholder views about the three recommendations of the report and other aspects. A Likert scale for structured responses and opportunities for free text comment are included, with collation and analysis occurring in early 2008.

## EXPERIENTIAL LEARNING PLACEMENTS IN PHARMACY PROGRAMS

### Discussion Paper- forwarded prior to consultations

Dr Susanne Owen, Senior Research Fellow, University of South Australia

#### Background to the consultation

In December 2006, a Carrick Institute grant was provided to identify and document current practice for experiential learning and teaching in Australian Pharmacy programs, as well as informing curriculum development and assessment practices across the Health Sciences. The Council of Pharmacy Registering Authorities (COPRA) and Committee of the Heads of Pharmacy Schools in Australia and New Zealand (CHPSANZ) endorsed the application for funding from the Carrick Institute.

Funding has been provided for a range of aspects:

- Conducting a literature review of published works on educational approaches for quality outcomes indicators for the structure and assessment of professional placements and work based learning;
- Gathering data from universities, registration authorities, professional organisations, preceptors, community and hospital pharmacies regarding outcomes-based education and opportunities for students to be involved in experiential learning;
- Gathering data from university pharmacy programs regarding explicit objectives, placement activities and assessment of objectives;
- Aligning data from this consultancy work with the *Competency Standards for Pharmacists in Australia* 2003;
- Conducting student evaluations of experiential learning placements; and
- Developing a paper regarding Experiential Learning in Pharmacy.

The overall outcomes will be the mapping of current programs and influences and also establishing key indicators for quality experiential learning programs for pharmacy students in Australian universities. Models of experiential learning within pharmacy programs and quality indicators from the consultation will be collated and will be published in a de-identified format and made available to COPRA, to professional associations, universities and other relevant stakeholders.

This paper provides preparatory information for the gathering of data through consultations focused on:

- Current Australian university pharmacy courses, including the materials and assessment processes in relation to experiential learning;
- Purpose of placements and unique aspects of clinical placements for pharmacy;
- Role of competency assessment and other assessment models; and
- Quality indicators and issues.

*Throughout the paper there are questions which link to various Appendices which will be available at the time of the consultation. It would be very much appreciated if you could find time to do some preliminary thinking. The questions in this paper are provided to support preparation for the consultation session. Responses will be collated such that individual persons, organisations and universities will not be identifiable.*

Appendix A provides an outline of a framework regarding some of the key stakeholder groups and ideas relevant to the experiential learning placements of pharmacy students. Documentation from COPRA as a key national body for registration and accreditation (through NAPSAC), the registration boards from each State and Territory, APEC as the examination body and the *Competency Standards for Pharmacists in Australia* 2003 (PSA, 2003), provide essential frameworks for university pharmacy schools to develop curriculum and assessment processes. This includes a requirement for 'observational and practical structured clinical placement experience of adequate variety and duration' (NAPSAC, 2005, criterion 5: 6-7). Representatives from national and State/Territory groups are being invited to participate in the consultation process.

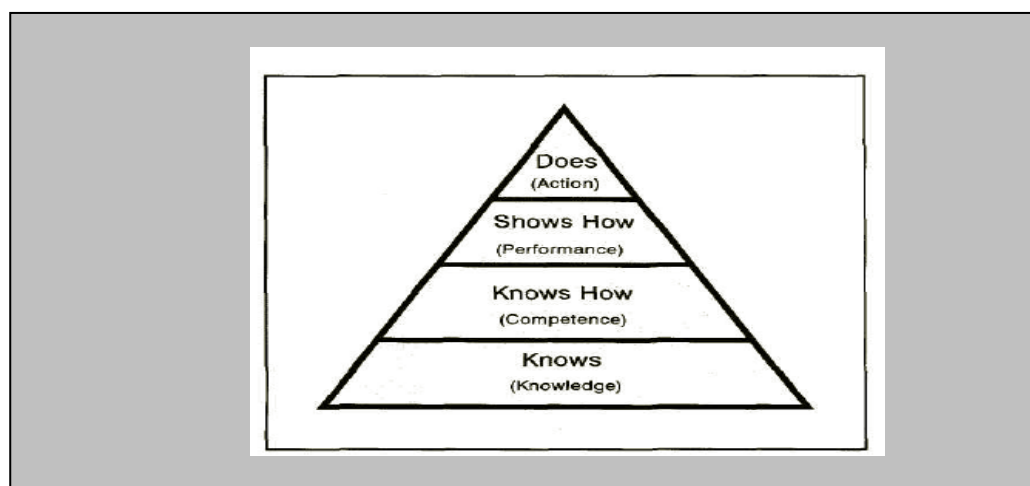
**Appendix A key Consultation Question: Considering the overview framework, which stakeholder group do you represent and what have been your experiences and key interests in relation to experiential placements for pharmacy students?**

#### Competency standards for pharmacy

Competency is defined by the Pharmaceutical Society of Australia (PSA) as ‘skills, attitudes and other attributes (including values and beliefs) attained by an individual based on knowledge (gained through study at bachelor’s degree level) and experience (gained through subsequent practice) which together are considered sufficient to enable the individual to practice as a pharmacist’ (PSA, 2003: 11).

There has been some debate about using competency assessment models for the professions because detailed checklists related to performing specific vocational tasks are sometimes used and the complexity of situations faced by professionals seems unacknowledged (Hager, 1993). However another competency assessment approach includes personal qualities and takes into account the context and this is then related to the knowledge, attitudes and skills underpinning occupational performance (Scheeres & Hager, 1994). In this approach to competencies, attributes, generic skills and specific skills related to the profession are valued, with overall competence including knowledge and problem-solving capacities not being directly observable but being inferred from performance (PSA, 2003).

This links to Miller’s framework for assessing clinical competence (Figure 1). This framework progresses from ‘Knows: knowledge’ (essays, tests, written simulations) to ‘Does: action’ including opportunities to demonstrate skills and knowledge within experiential learning, with the highest level of the pyramid being focused on what occurs in practice (Does) rather than in artificial test performance situations (Shows how) (Beck, Boh & O’Sullivan, 1995; Norcini, 2003):



(Beck, Boh & O’Sullivan, 1995; Norcini, 2003)

**Figure 1: Miller’s Framework for Assessing Clinical Competence**

For entry to the pharmacy profession in Australia, evidence of competence following successful completion of a pharmacy course (including experiential placement) and a 12 month internship is required as part of the State/Territory registration process. The *Competency Standards for Pharmacists in Australia 2003* (PSA, 2003) outline the entry standards within eight Functional Areas and associated units (Appendix B). Details about specific elements and some performance criteria and examples of the type of evidence which may be provided to demonstrate competence are other aspects of the units related to the eight functional areas:

*Under a competency-based assessment system, assessors make judgements, based on evidence, about whether an individual meets criteria specified in the competency standards... the decision should be whether or not the candidate is competent to practice according to the Evidence Examples, rather than being based on marks or grades... Evidence from performance may need to be supplemented by other kinds of evidence...as varied and sufficient in number as required to make the inference safe (PSA, 2003:135).*

The Pharmaceutical Society of Australia also emphasises the importance of assessing clinical competence within real life situations where there are complexities and unique problems (PSA. 2003). Mapping to a relevant

curriculum; having a clearly stated assessment purpose; and feedback being linked to educational planning are important work-based assessment principles (Davies, 2006), with pharmacy competency assessment methods including medical chart audits, peer assessment, student diaries/portfolio journals and observations (Norcini, 2003; Beck, Boh & O'Sullivan, 1995). Issues include the time and costs involved in real situations where pharmacist preceptors are focused on meeting patient needs, the need for training for assessing preceptors and the links to the university role in assessment (Littlefield, Haines, Harralson, Schwartz, Sheaffer, Zeolla and Flynn, 2004).

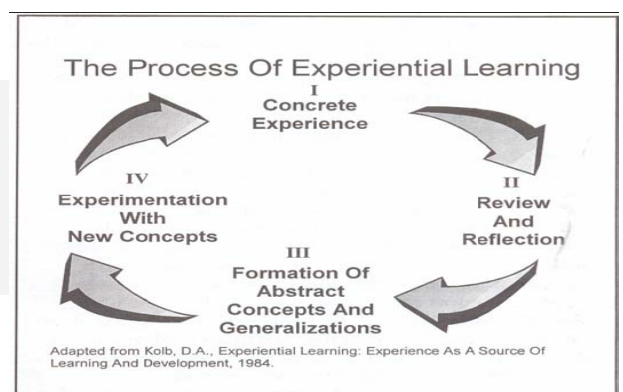
**Appendix B key Consultation Question: Given pharmacy course links to the 8 Functional Areas of the Competency Standards for Pharmacists in Australia 2003, are all of the functional areas and units important within undergraduate pharmacy courses and what types of activities should occur in experiential placements to support the development of the competencies?**

### Theoretical models for experiential learning

The experiential learning or problem-based learning component of courses for the preparation of pharmacists involves the provision of opportunities to 'adopt a deep rather than a surface approach to learning' as they build their skills in professional practice (Loftus & Higgs, 2005).

Figure 2 presents a theoretical model for an experiential learning cycle which highlights four elements in the learning process of concrete experience, review and reflection, the formation of abstract concepts and experimentation with new concepts (Kolb, 1984).

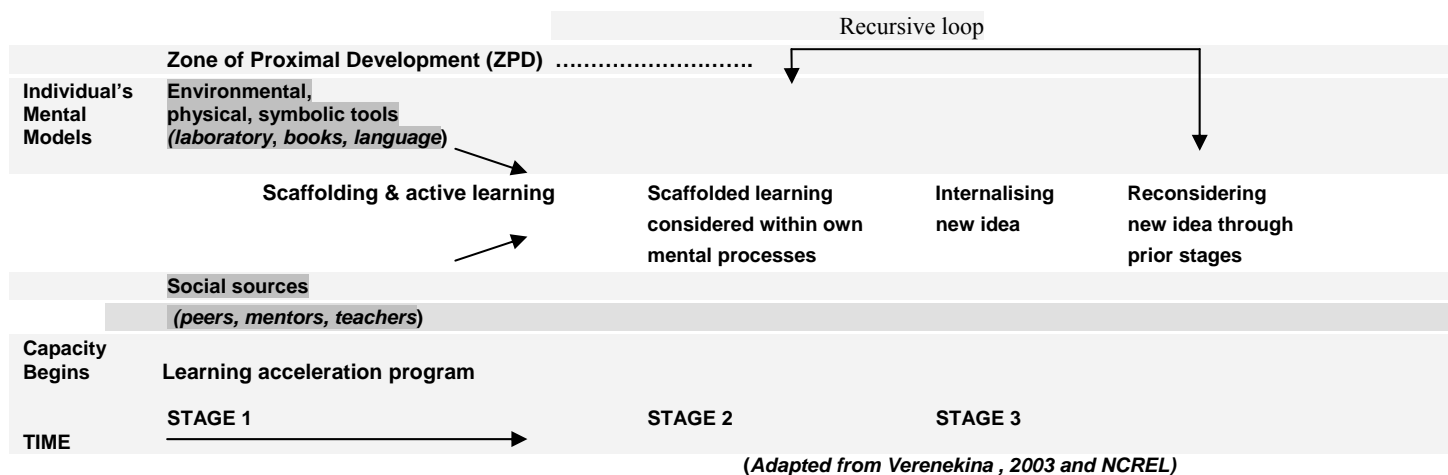
- 1. Events occurring & carrying out action (concrete experiences)
- 11. Thinking about events and actions (review & reflection)
- 111. Making connections to other experiences (form abstract concepts)
- 1V. Application of learning in new situations (experimentation)



**Figure 2: Experiential Learning Cycle**

This model is very useful but tends to focus only on individual mind processes involved in learning. Alternatively, the social cognition model highlights individual learning occurring within a culture and involving a social context. Within this social environment, much of the learning happens informally on a day-to-day basis. However Vygotsky's notion of the Zone of Proximal Development (ZPD) emphasises that learning can be accelerated through a structured and scaffolded program, with scaffolding guiding learners to perform tasks which are normally slightly beyond their ability (Vygotsky, 1978).

As shown in Figure 3 (adapted from Verenikina, 2003 and NCREL), in Stage 1 the learner is provided with a structured and scaffolded active learning program designed to focus on particular experiences. Environmental, physical and symbolic tools (such as books, language, laboratory and assessment work) and social interactions (with colleagues, coaches and others) are involved. At Stage 2, the learner incorporates the scaffolded learning into their own mental processes and this increases their intellectual capacity. The new learning is internalised and becomes automatic in Stage 3, although this learning may be rethought in later stages, as shown by the recursive loop (Owen, 2005).

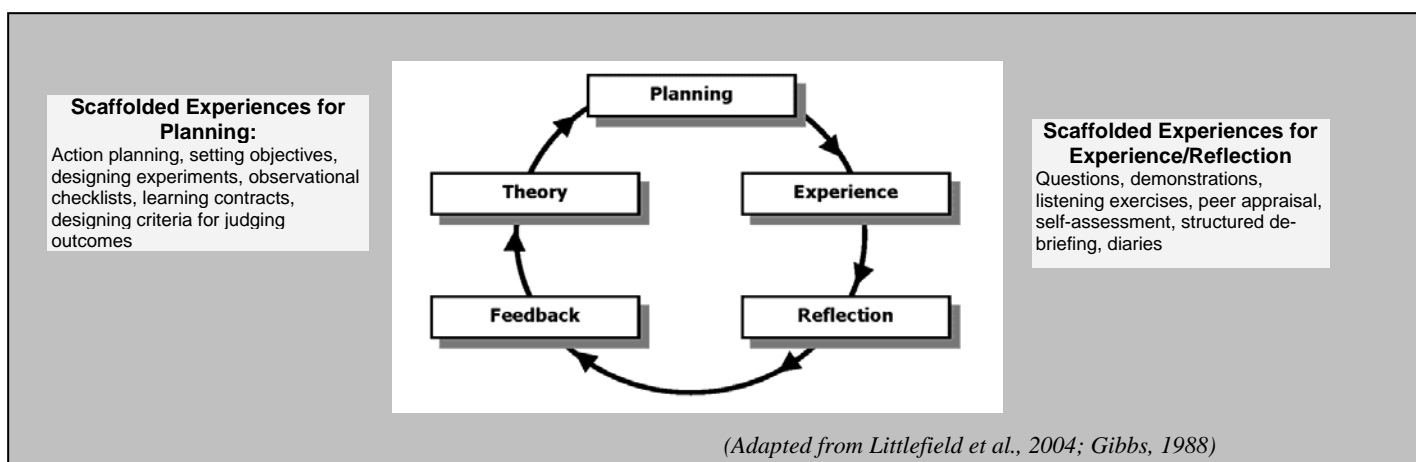


**Figure 3: Vygotsky's Zone of Proximal Development ( ZPD)**

## Structuring learning within experiential placements

Consideration of both Kolb and Vygotsky's concepts is useful in the context of experiential placements for pharmacy students. In accordance with the principles of experiential education, the placements provide significant opportunities for student pharmacists to actively engage in learning within the clinical environment in an informal manner on a daily basis. Some learning is closely connected to pharmacy course goals but much of it is part of wider learning, the 'hidden' curriculum (Dewey, 1938).

While some early placement experiences for pharmacy students may be highly experiential and informal in terms of any specific learning outcomes, placements also provide the opportunity for structured and explicit learning: ‘to create authentic and meaningful learning experiences that enable the learner to acquire the knowledge, skills and attitudes required in professional practice ...the preceptor is responsible for planning for the experience, increasing the learner’s awareness of the experience and providing feedback regarding the learner’s performance’ (Littlefield et al., 2004: 9).



**Figure 4 : Experiential Learning and Planning**

Figure 4 depicts the experiential learning loop previously outlined with some modifications (Kolb, 1984). This has been supplemented by the planning aspect (Littlefield et al., 2004), with the planner having the role of accelerating the learning through providing scaffolded experiences (including action planning and learning contracts) and with various techniques for accelerating the planning and experience/reflection phases (such as self-assessment & journals) (Gibbs, 1988). The university school has a key role in developing experiential placement programs, with their courses providing a framework for planned approaches for the student and preceptor to implement within the workplace.

Supporting others by scaffolding learning and social cognition learning models can be linked to the situated learning model of Lave and Wenger and communities of practice. This includes a process of apprenticeship for new members and members of the community being bound together and learning through involvement in joint activities which occur over an extended timeframe (Lave & Wenger, 1991).

For pharmacy student placements, especially in the later years of the courses, the preceptor has a role of being the mentor and coach who inducts the student as a newcomer, helping to nurture the skills and values, 'with students gradually drawn into the practice of a profession...(it is) a safe form of legitimate participation in professional practice with no direct consequences to patients' (Loftus & Higgs, 2005).

**Appendix C key Consultation Question: Consider models in Figures 2, 3, 4 and their usefulness. What do you believe are the main purposes of experiential placements at various stages of pharmacy courses and what are the current successes and issues?**

### Competency assessment for the professions

Preceptors for pharmacy students provide mentoring and an environment and opportunities for informal learning within the day-to-day life of the workplace, but they are also involved in planning and feedback in relation to more formal learning experiences. This includes scaffolding for particular opportunities to develop the required competencies which are aligned to the *Competency Standards for Pharmacists in Australia* 2003. Demonstrations and providing opportunities for student reflection in portfolios, completion of structured exercises and reflections, as well as social interaction involving preceptor feedback and university supervisor assessment, are all aspects.

Pharmacy is similar to other professions in Australia where the development of competencies occurs through experiential placements and other aspects of the university programs, with the student progressing over an extended timeline from novice towards competence.

Various researchers have highlighted the progression in skill development from novice to expert (Dreyfus & Dreyfus, 1996; Schoonenboom, Tattersall, Miao, Stefanov & Aleksieva-Petrova, 2006).

McAllister (2006: 40) outlines an assessment tool for competency based assessment of speech pathology students' performance in the workplace which is based on a rating of generic and occupational competencies and behaviours against descriptors for a novice, intermediate or entry-level (competent) student. Some examples of the descriptors are shown in Figure 5:



<b>Novice student</b>	<b>Intermediate student</b>	<b>Entry-level student</b>
*high supervisory support	*recognises some aspects of problems	*can perform work independently
*time needed for clinical responsibilities	*developing automaticity	*seeks support for new situations
*focused on own performance not client	*needs support with prioritising, flexibility	*prioritises and works efficiently
*problem-solving/planning support needed	*recognises some aspects of problem	*identifies problem aspects & integrates
*can recall some aspects of theory	*some support needed if complex situation	*sufficient automaticity for client focus

(McAllister, 2006)

**Figure 5: Skill progression characteristics for student speech pathologists**

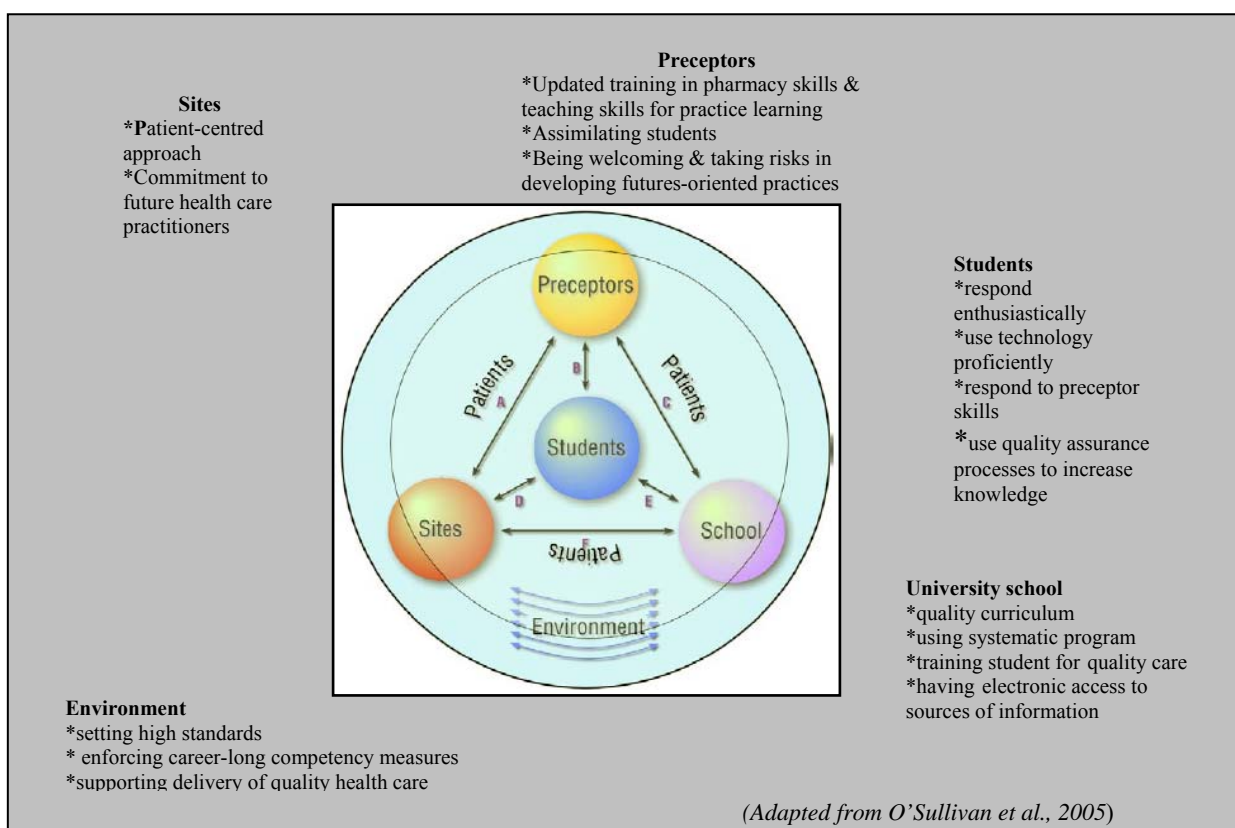
New standardised clinical assessment processes for Australian physiotherapy placements are also currently being developed and trialled based on seven agreed domains for assessment (communication, professional behaviour, assessment, analysis and planning, intervention, evidence based practice and risk management), with associated performance indicators. A five point scoring schema (from '1' to '5') is used, with '1' indicating non-demonstration of performance criteria and non response to prompting; '2' being infrequent demonstration of performance criteria; '3' demonstrating most performance criteria adequately with occasional prompting in challenging circumstances; '4' demonstrating most performance criteria to high standard and only rarely requiring prompting, and '5' being performance at an excellent standard, with initiative and flexibility (Dalton, 2006).

Similarly, a competency grid for junior pharmacists in the United Kingdom identified three competency clusters and used a four point scale of 'always', 'usually', 'sometimes' or 'never' as related to specific behaviours of junior pharmacists (McRobbie, Webb, Bates, Wright & Davies, 2001).

**Appendix D key Consultation Question: Considering competency based assessment and competency standards for entry to the profession, what kinds of assessment processes are currently occurring, what are the successes and issues and what assessment approaches and tasks are needed for pharmacy studies?**

### **Quality indicators for experiential learning placements**

A key to the success of the experiential learning placement for pharmacy students involves a complex interplay of factors. Various key interrelationships have been identified (in the US context) between the preceptor, site, student and the university school, operating within a particular environment (O'Sullivan, Hammer, Manolakis, Skelton, Weber, Dawson & Flynn, 2005: 10-11), as shown in Figure 6:



**Figure 6: Quality Indicators in Pharmacy Experiential Learning Placements**

While these indicators for pharmacy experiential learning placements are of interest and have some relevance in the Australian context, there is a need for more specific research.

**Appendix E key Consultation Question: What are the key indicators of quality experiential learning placements for pharmacy studies in the Australian context?**

**Concluding comment**

This paper provides key background information and concepts for the consultation regarding experiential placements of pharmacy students, with the consultation questions providing areas of specific focus and more detail being outlined in the Appendices. Following consultations with a range of stakeholders across Australia, a paper will be written providing information about various models of practice in Experiential Learning in Pharmacy and identification of quality indicators, with further discussions forthcoming.

Thank you for your interest and time.

Further information can be obtained from:

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## APPENDIX E: MAPS OF EXPERIENTIAL PLACEMENT PROGRAMS FROM AUSTRALIAN UNIVERSITIES

### University 1

Yr	Structure of experiential learning placement	Documented goals/objectives of placement	Intended role of preceptor and university placement coordinator	Nature of supportive Resource Materials provided (please supply copies)	Assessment approach & tasks required	Details of Rating scale/marks/ other and overall course weighting	Links to PSA competencies	Details regarding Evaluation of the placement program
1 & 2	Unstructured work experience  200 hours prior to 4 <sup>th</sup> year  (organised by student)	Socialisation into pharmacy  -orientation -development of prof. ethics & standards	Preceptor role is as placement opportunity provider and signatory of log book hours  Uni coordinator administers uni insurance and collects completed log book	Log book timesheet & insurance informat'n	None	N/A	None	nil
3	8 x 3 hour placement sessions in a public hospital  10% component of a course	Observation & limited participation in wide range of hosp pharmacy experiences to develop some specific skills towards competencies	Clinical tutor with coordination, supervision, assessment & feedback role  Uni placement coordinator – coordination, admin, problem-solving role	Workbook & student exercises in orientat'n, dispensary case notes, clinical, medicines, final evaluation	Marks for Skills and Professional Behaviour  Based on task completion for each ½ day placement	10% towards course mark  0-5 mark given by clinical tutor *Skills (knowledge, skills, communic'n, staff inter'n, patient interaction) & *Professional Behaviour (attendance, interest, dress, punctuality, initiative)	Linked but at a general level rather than specific comp	Student workbook evaluation of placement & CEI
4  + Grad Ent'y 2 yr	2 x 4 week placements  Separate course	Gain insight into community pharmacy practice and opportunities for participation in pharmacy & patient care activities & discussion with pharmacist and other health professionals	Preceptor with coordination, supervision, assessment & feedback role  Uni placement coordinator – coordination, admin, problem-solving role	Workbook of student oral & written exercises in: *Patient care *Dispens'y*Man & business *Purchase & stock control *Record keeping	Specific exercises and assessment of skills in 5 goal areas + oral presentation + Core Behaviours (Skills & Prof Behaviour)  25% preceptor assessment & 75% academic mark	*Preceptor provided marks at beg and end of placement for: * Skills in 5 goals (orientation, dispensing (x2), manufacture, med info) *0-10 mark for oral about recently released medicine *1-5 mark re Core Behaviours	Student workbook activities linked to PSA com	Student workbook evaluation on placement site & CEI

## University 2

Yr	Structure of experiential learning placement	Documented goals/objectives of placement	Intended role of preceptor and university placement coordinator	Nature of supportive Resource Materials provided (please supply copies)	Assessment approach & tasks required	Details of Rating scale/marks/ other and overall course weighting	Links to PSA competen	Details regarding Evaluation of the placement program
Yr 2	Two weeks in community pharmacy or industrial (student organised)	Orientation to pharmacy – contribution to patient care	*Uni coordinator administers insurance and collects completed log book  *Preceptor supports completion of required tasks	Booklet of activities and information	*Case histories & presentation  *Pharmacy Services  *Reflection	-	Some implicit + Function Area 5 re preparation of pharmaceutical products & FA8 re organisat'n aspects	-
Yr 3	6 weeks in at least two different community pharmacies (student organised)	Builds skills in minor disease states & dispensary & develop awareness of management issues	*Uni coordinator administers insurance and collects completed log book  *Preceptor supports completion of required tasks + provides feedback	Booklet of activities and information	*Prescription dispensing & OTC *Extemp dispensing *Case Studies *Management t	Preceptors give feedback: Yes/no re punctuality, grooming, customer interaction, staff interaction  Uni staff conduct assessments	Implicit & Explicit	Student evaluation of value, problems, improvements, quality of training
Yr 4	6 weeks, including min 2 weeks hospital & 2 weeks in rural/remote  (hospital organised by uni and rural/remote by student)	*understand issues of rural & remote health including indigenous  *practices in community & hospital -clinical -med safety -therapeutics monitoring -aseptic & cytotoxics -med review -drug use evaluation	*Uni coordinator administers insurance and collects completed log book  *Preceptor supports completion of required tasks + provides feedback	Booklet of activities and information	Daily reflective journal of situation, pharmacy services, objectives, therapeutic encounters, other health care professional and client interaction	Preceptors give feedback: Yes/no re punctuality, grooming, customer interaction, staff interaction  Uni staff conduct assessments	Implicit & Explicit	Student evaluation of value, problems, improvement, quality of training

### University 3

Yr	Structure of experiential learning placement	Documented goals/objectives of placement	Intended role of preceptor and university placement coordinator	Nature of supportive Resource Materials provided (please supply copies)	Assessment approach & tasks required	Details of Rating scale/marks/ other and overall course weighting	Links to PSA compet	Details regarding Evaluation of the placement program
1	<p>Four 2 hour observation visits to :            *Rural community *Regional Comm Ph            *Public Hospital            *Private Hospital</p> <p>(uni organised in pairs and small groups)</p>	<p>*Provide overview of pharmacy profession in different settings            *Focus on pharmacy as part of health care team            *Observation of pharmacist in communication with patients</p>	<p>*University organised observation in a range of settings            *handbook            *confidentiality agreement</p> <p>Preceptor is observed during placement</p>	Handbook and activities suggestion sheet	2 assignments on routines and organisation + assignment in relation to practice standards	5% uni mark for assignment	Some implicit links	-
2	<p>1 week placement in hospital pharmacy (1 or 2 students)</p> <p>(uni organised)</p>	<p>*Investigate ordering, distribution, use of drugs            *understand place of pharmacy in hospital            *appreciate non-pharmacist roles            *observe pharmacist talking to patients</p>	<p>*University organised observation in a range of settings            *handbook            *confidentiality agreement</p> <p>Preceptor provides opportunities for learning</p>	Handbook	<p>*Completion of tasks from handbook including details of drug distribution flow</p> <p>*Daily Journal:            Activities            Observations            Reflections            Questions            People met            Resources</p> <p>*Preceptor rating specific indicators for:            *Application to work            *Quality of work            *Attitude to co-workers            *Personal behaviour            *Communication            *Learning</p> <p>Pharmacy technician</p>	<p>Tasks Completed/ not completed</p> <p>Preceptor rating using :            Excellent, above average, average, below average, poor</p>	Some implicit links	Evaluation sheet completed by student & preceptor regarding degree placement objects achieved and placement manual

					interview, patient interview, other student health profession interview	Satisfactory report		
3	1 week placement in rural community pharmacy, multidisciplinary focus  (uni organised)	*understand roles of pharmacist in rural community *develop links with other health professionals in community *give oral presentation to community *observe total health care in particular location	University organised observation in a range of settings *handbook *confidentiality agreement *expression of interest letter written for preceptors  Preceptor provides opportunities for learning	Handbook	Community talk given by students  Daily Journal & reflection & written report of placement incl visit to 4 other health professionals/service groups  750-1000 word essay on role of pharmacist in rural environment		Some implicit links	
4	2 week community pharmacy placement+  2 hours day for 2 weeks in local hospital each semester +  2 weeks full time in large metropolitan hospital ( including ½ day aseptic dispensing)  Observation of GP  (Uni organised)	*understand clinical role of community pharmacist & clinical ward pharmacist *develop knowledge of pharmacy care *improve student communication skills with patients and community pharmacist *understand medication review & patient management in hospitals *areas of specialisation in hospitals and community pharmacy patient issues *Nature of GP links to pharmacists	University organised observation in a range of settings *handbook *confidentiality agreement *student background letter written for preceptors  Preceptor provides opportunities for learning	Handbook	Metro hospital placement case history oral assessment  Journal for hospital & resource folder  Community pharmacy placement manual of activities  GP placement report and inter-professional	Oral rated on indicators and marks given: poor, below average, good, excellent	Some implicit links	

**University 4 (18 months)**

<b>Year</b>	<b>Structure of experiential learning placement</b>	<b>Documented goals/objectives of placement</b>	<b>Intended role of preceptor and university placement coordinator</b>	<b>Nature of supportive Resource Materials provided</b>	<b>Assessment approach &amp; tasks required</b>	<b>Details of Rating scale/marks/ other and overall course weighting</b>	<b>Links to PSA competencies</b>	<b>Details regarding Evaluation of the placement program</b>
1	BACHELOR OF PHARMACEUTICAL SCIENCE							
2	BACHELOR OF PHARMACEUTICAL SCIENCE  -							
3 Sem 2	Two Community Pharm ½ days + Four industry visits incl complementary medicines (uni organised)	Observation of structured & complementary medicines integrated	Preceptor signs off on attendance	Preceptor/student handbook	Preceptor feedback	Non-Graded Pass	Introductory level only.	Preceptor feedback on students and programme.  Student feedback on site, programme and Preceptor.

Year	Structure of experiential learning placement	Documented goals/objectives/ outcomes of placement	Intended role of preceptor and university placement coordinator	Nature of supportive Resource Materials provided	Assessment approach & tasks required	Details of Rating scale/marks/ other and overall course weighting	Links to PSA competencies	Details regarding Evaluation of the placement program
MPharm Semester 1	2 days week for 10 weeks in Community Pharmacy  (student organised)	Develop skills/knowledge/ attitudes necessary for practice as pharmacist *communication/ counselling *dispensing process understanding *managing OTC requests *research & apply drug & health info *understand patient focused role *understand pharmacy roles/resp *understand pharm organisation/man *understand working with colleagues *serving patients with compassion & dignity *reflect on own performance & learning needs *use initiative	Preceptor as role model, facilitator of learning, feedback provider & assessor  University organises legal contract & insurance processes, provides contact officer	Student & preceptor handbook  Placement contact officer for students/preceptors, with some site visits  Student briefing sessions	Preceptor evaluation of: * exercises, evidence based evaluations *evidence forms/drug information query report forms/preceptor/pharmacist evaluation forms *weekly reflection journal *weekly Learning Plan  Final appraisal of student performance by preceptor *Communication *Organisation *Initiative *Reliability *overall assessment  Review by university course convenor of clinical placement manual	Competent with merit/ competent/not competent	Assessment areas have some links to competencies	Preceptor comments on the program regarding preparation of student, support on placement, relevance of placement exercises, rating of support offered by uni  Preceptor evaluation by student *orientation *encouraging active learning/critical think *individual help/supervision *helpful feedback *dev communication *supportive *knowledge  Site evaluation by student *appropriate for obj *variety of learning exp *constructive feed'k *up to date knowledge *flexibility  Convenor provides feedback report to students  Placements Officer provides feedback report to Preceptors



Sem 2	3 week block including at least 1 week hospital (mandatory) +optional rural (community and/or hospital) (student organised)	Develop skills/knowledge/ attitudes necessary for practice as pharmacist *communication/ counselling *dispensing process understanding *managing OTC requests *research & apply drug & health info *understand patient focused role *understand pharmacy roles/resp *understand pharm organisation/man *understand working with colleagues *serving patients with compassion & dignity *reflect on own performance & learning needs *use initiative	Preceptor as role model, facilitator of learning, feedback provider & assessor  University organises legal contract & insurance processes, provides contact officer	Student & preceptor handbook  Placement contact officer for students/preceptors, with some site visits  Student briefing sessions	Preceptor evaluation of exercises, evidence based evaluations, learning goals, daily reflection journal  Final appraisal of student performance by preceptor *Communication *Organisation *Initiative *Reliability *overall assessment  Review by university course convenor of clinical placement manual	Competent with merit/ competent/not competent	Assessment areas have some links to competencies	Preceptor comments on the program regarding preparation of student, support on placement, relevance of placement exercises, rating of support offered by uni  Preceptor evaluation by student *orientation *encouraging active learning/critical think *individual help/supv *helpful feedback *dev communication *supportive *knowledge  Site evaluation by student *appropriate for obj *variety of learning exp *constructive feed'k *up to date knowledge *flexibility  Convenor provides feedback report to students  Placements Officer provides feedback report to Preceptors
Sem 3	Research project							

**University 5**  
2007 and 5+ years: currently under review

Year	Structure of experiential learning placement	Documented goals/objectives of placement	Intended role of preceptor and university placement coordinator	Nature of supportive Resource Materials provided	Assessment approach & tasks required	Details of Rating scale/marks/ other and overall course weighting	Links to PSA competencies	Details regarding Evaluation of the placement program
1	-	-	-	-	-	-	-	-
2	500 hours <u>prior to registration</u> ; can be commenced after 1st year (organised by the student and overseen by PCWA)	Registration requirement	Registration requirement	-	-	-	-	-
3	Pharmacotherapy hospital visits 3 x 3 hr clinical experience tutorials in hospitals  [500 hr pre-reg training may be ongoing]		Tutors facilitate data/information collection and case study presentation at 'Case-based Visits'. Tutors supervise students during tour of Pharmacy Departments. [Experiential Visits] and explain role (s) of staff and department sections	Workbook	Two case study report forms and notes from experiential visit	10% of overall assessment for unit	N/A	N/A

Year	Structure of experiential learning placement	Documented goals/objectives of placement	Intended role of preceptor and university placement coordinator	Nature of supportive Resource Materials provided	Assessment approach & tasks required	Details of Rating scale/marks/ other and overall course weighting	Links to PSA competencies	Details regarding Evaluation of the placement program
4	<p><u>THREE PLACEMENT PERIODS</u> (≈ 35 days each)</p> <p>1x 10 weeks; 4 days/week placement</p> <p>1 x 7 weeks; 5 days/week placement</p> <p>1 x 7 weeks; 5 days/week placement</p> <p>[500 hr pre-reg training may be ongoing]</p>	<p>Substantial experience in pharmacy practice environments including community &amp; hospital pharmacy and other professional settings. One compulsory community pharmacy rotation.</p> <p>Self-directed learning, integration in the practice setting and application of knowledge should be demonstrated (pharmaceutical science, therapeutics and pharmacy law).</p> <p>Participation in pharmacy activities and patient care, development of skills and interaction with pharmacists, staff and other health professionals.</p>	<p>Preceptor: Supervision, assessment and feedback role</p> <p>University placement coordinator: General organisation &amp; administration, coordination of academic requirements, assessment, tutor visit program and professional relations</p> <p>Clinical tutor: Two on-site visits (1-1½ hours): Guidance, assessment &amp; feedback role. Liaising with preceptor.</p>	Workbook of student activities (or portfolio), applicable to placement setting	<p>Workbook 40% (comprises written work, visit assessments and related activities such as oral presentations) .</p> <p>Preceptor Assessment 30% (mid rotation appraisal and final assessment).</p> <p>Oral Exam or Presentation 30%</p>	Preceptor assessment of skills and knowledge, professional capabilities and communication skills.	Student Workbook activities linked to PSA competencies and are dependent on practice setting	<p>Student Assessment of (Placement) Supervision, Self evaluation of progress. Annual survey. ...University “eVALUate” program.</p>

### University 6

Yr	Structure of experiential learning placement	Documented goals/objectives of placement	Intended role of preceptor and university placement coordinator	Nature of supportive Resource Materials provided (please supply copies)	Assessment approach & tasks required	Details of Rating scale/marks/ other and overall course weighting	Links to PSA competen	Details regarding Evaluation of the placement program
1								
2								
3 Yr  2 <sup>nd</sup> sem  &  4 yr  1 <sup>st</sup> sem	Four 3 week rotations:  Hospital 1 Hospital 2 Community Rural  (uni organised)	Develop specific skills in :  *Clinical pharm'y *Problem solving *Medication hist taking & patient interviews *Patient couns'g *Therapeutic planning  *Understand and appreciate the roles of pharmacists in health care team and in different settings (ie. community, rural & hospital). *Understand how hospital and community pharmacies operate, and the various services offered including drug distribution, manufacturing & dispensing processes. *Communicating with clients & other healthcare professionals. *Provide students with 'real world' 'hands on experience' in pharmacy practice.	Preceptor role:  Role model Feedback Assessor Facilitator Educator/teacher On-site supervisor  Uni placement coordinator role  Coordination Administration Problem-solving Site visits Student support	Workbooks for students and preceptors  Site visits during placement by 'Placement site visitor' funded by the university  Briefing sessions prior to placements  Counsellor for students who may need access to a counsellor.  24-hour emergency phone contact.  Checklist of activities for each placement  Online training course available & funded for preceptors	Must satisfactorily complete placement requirements  Reflective Journal submitted online  Exam questions regarding placement  Personal attributes & skills rated against various competencies  Attendance at briefings and debriefs	No marks – satisfactory completion  Marks  'always' 'sometimes' 'never' ratings against descriptors linked to comp. for *communication *Organisation *Initiative *Reliability  Formative evaluation of various key competencies to assist student learning and development	Some links to specific PSA competenc. and also SHPA practice standard	Student evaluation of placement & debrief  Feedback from Preceptor Working Party Meetings

**University 7**

<b>Yr</b>	<b>Structure of experiential learning placement</b>	<b>Documented goals/objectives of placement</b>	<b>Intended role of preceptor and university placement coordinator</b>	<b>Nature of supportive Resource Materials provided (please supply copies)</b>	<b>Assessment approach &amp; tasks required</b>	<b>Details of Rating scale/marks/ other and overall course weighting</b>	<b>Links to PSA competen</b>	<b>Details regarding Evaluation of the placement program</b>
1	1x4 week Community Pharmacy in Metro Area  (Trimester IV of the course)	Familiaris'n with procedures, legal/ethical & social/com skills in the workplace  Observe & participate in therapeutic decision making & awareness of competencies & standards  Gain experience & knowledge of specific dispensing, counselling, primary care skills  Explore variety of services of com pharmacy & management	Mentor & supervision role of Preceptor  Uni placement coordinator visits and assessments	Manual of activities + separate letter of key points	Preceptor feedback  Manual content and completion *objectives *pharm department, roles, services *OHS *prescript'n workflow & issues *dispensing software *medicat'n review *case study *legal compliance *stock control *staff selection, rotation, roles	30%	All, some explicit, some implicit	Student evaluation of preceptor

2	1x4 week Rural or Hospital	<p>Familiaris'n with procedures, legal/ethical &amp; social/com skills in a practice setting</p> <p>Observe &amp; participate in therapeutic decision making &amp; develop awareness of competencies and standards</p> <p>Gain experience &amp; knowledge of specific dispensing, skills, inpatient &amp; clinical monitoring &amp; counselling skills</p> <p>More research and clinical activities</p> <p>Explore variety of services of hosp pharmacy &amp; management</p>	<p>Mentor &amp; supervision role of Preceptor</p> <p>Uni placement coordinator visits and assessments</p>	Manual of activities + separate letter of key points	<p>Preceptor feedback</p> <p>Manual content and completion</p> <ul style="list-style-type: none"> <li>*objectives</li> <li>*pharm depart't, roles, services</li> <li>*OHS</li> <li>*prescript'n workflow &amp; issues</li> <li>*dispensing software</li> <li>*medicat'n review or extemp (rural)</li> <li>*case study</li> <li>*legal compliance</li> <li>*stock control</li> <li>*staff selection, rotation, roles</li> <li>*ward rounds &amp; SHPA (hosp)</li> </ul>	30%	All, some explicit, some implicit	Student evaluation of preceptor
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### University 8

Semester	Structure	Goals/ Objectives	Role of preceptor/ UC coordinator	Resource materials	Assessment approach & tasks	Rating scale/ course weighting	Links to PSA comp.	Evaluation
1/P: Comm	4 x 3hr sessions	<i>Health Professional Practice 1</i> Orientation	Uni coord ( <i>Health preceptor</i> ) – organise sites/place students Preceptor – provide orientation, answer questions	QCPP/ Legislation/ Schedules (SUSDP)/ Drug info sources	Reflective diary/ Exercises for submission	10% towards course mark (5% attendance, participation, communication; 5% exercises & diary)	None	Preceptor & student feedback
1/P: Hosp	2 x 3hr sessions		Health preceptor – place students, provide orientation, answer questions	Campus maps, pharmacy layout				
2/P: Comm	9 x 3hr sessions	<i>Quality Use of Medicines 1</i> Follows QUM1 course work; Management, Dispensing process, OTC	Uni coord ( <i>Health preceptor</i> ) – organise sites/place students/assist unit convenor in task preparation Preceptor – provide site, answer questions, feedback	NPS, MIMs, APF, textbook, PSA S2/S3 guidelines	Reflective diary/ Exercises for submission	15% towards course mark (9% for submission of exercises, 6% quality)	No formal. F4 & 6	Preceptor & student feedback
2/P: Hosp	3 x 3hr sessions	<i>Applied Therapeutics 1</i> . Follows AT1 course work; Cardiology, Endocrinology , Respiratory Introduction to Clinical Pharmacy – patient notes/ charts, patient interviews	Health preceptor – place students, run sessions, facilitate patient interactions, facilitate guest speakers/ observation of treatments etc	AMH, TGs etc	Exercises for submission	10% towards course mark	No formal. F3,4 SHPA Clinical Pharmac y standards	Student feedback
2/E: Rural	1 week (38 hours)	<i>Pharmaceutics 1</i> Explore differences in	Uni coord – administration, prepare workbook, assist unit convenor in task	None	Reflective diary/ Exercises for submission	10% towards course mark	No formal. F3,4 & 6	Preceptor & student feedback

		opportunities & challenges for rural & remote pharmacies vs metro. Dispensing & Communication skills	preparation Preceptor - provide site, answer questions, feedback					
3/P: Comm	10 x 4hr sessions	<i>Pharmacy Practice 1</i> ** Communicat'n Dispensing, Interventions, QCPP	Uni coord ( <i>Health preceptor</i> ) – organise sites, place students, administration Unit convenor – tasks Preceptor – provides site, feedback on communication etc	**	** Reflective diary/ Community Pharmacy Placement exam	10 % towards course mark – see 3/E Comm	**	** Preceptor & student feedback; Overall Effort Assessment Tool
3/P: Hosp	6 x 3.5hr sessions	<i>Applied Therapeutics 2</i> Follows AT2 course work; “Life cycle”; Clinical Pharmacy	Health preceptor - place students, run sessions, facilitate patient interactions, facilitate guest speakers/ observation of treatments etc	SHPA Clinical Pharmacy Practice standards, AMH, TGs	Exercises for submission	5% towards course mark	No formal	Preceptor & student feedback
3/E: Comm Externship	1 week (38 hours)	<i>Pharmacy Practice 1</i> Case histories, Communication, Dispensing, Interventions, QCPP, Pharmacy standards	Uni Coord ( <i>Health preceptor</i> ) – organise sites, place students, administration Unit convenor – tasks Preceptor – provides site, feedback on communication etc	**	Reflective diary / Community Pharmacy Placement exam	10 % towards course mark – see 3/P Comm	**	Preceptor & student feedback; Overall Effort Assessment Tool
3/E: Hosp Externship	1 week (38 hours)	<i>Applied Therapeutics 2</i> Overview of hospital pharmacy – diverse roles of hospital pharmacist, medication management	Health preceptor – organise sites, place students, administration, tasks Preceptor – orientate student, provide learning opportunities, help with tasks,	SHPA Clinical pharmacy standards	Reflective journal/ Presentation to hospital staff/ Exercises	5% towards course mark	No formal. F1,2,3,4, 5 & 7	Preceptor & student feedback. Preceptor mark for presentation



		pathway						
4/P: ACT Health sites	~4-7 x 3hr sessions	<i>Applied Therapeutics 3</i> Gain understanding of roles of other health professionals in ACT Health (Comm Health, Mental Health, HITH, ID round, GPs, ACTAS*)	Health preceptor – organise sites, place students, administration Preceptor – supervise students, explain role	None	Reflective journal		None	Preceptor/ Student feedback
4/E: Elective externship	3 weeks (114 hrs)	<i>Applied Therapeutics 3/ Quality Use of Medicines 2</i> Opportunity to spend extended time in one site. Communicat'n Project, Dispensing, Interventions, Case studies	Health preceptor (Uni Coord) – organise sites, administration Preceptor – supervise, feedback etc	NPS Audit, SHPA DUE practice standards	Project – NPS Audit or DUE; Presentation; Collect 5 case studies	AT3 Opportunity to collect case studies for AT3 (10% of course work) QUM2 NPS Audit or DUE/Quality Improvement project including presentation (30% of course work)	No formal. F1,2,3,4, 5,6,7,8	Preceptor & student feedback

**University 9**

<b>Year</b>	<b>Structure of experiential learning placement</b>	<b>Documented goals/objectives of placement</b>	<b>Intended role of preceptor and university placement coordinator</b>	<b>Nature of supportive Resource Materials provided (please supply copies)</b>	<b>Assessment approach &amp; tasks required</b>	<b>Details of Rating scale/marks/ other and overall course weighting</b>	<b>Links to PSA competencies</b>	<b>Details regarding Evaluation of the placement program</b>
1/2 3 <sup>rd</sup> trimester  &  4 <sup>th</sup> trimester	2 weeks Community pharmacy  +  2 weeks clinical (hospital/clinic)	*hands on dispensing  *familiaris'n with day to day pharmacy (mainly observat'n)  *experience with other health professions	*Preceptor – support with checklist of tasks  *Uni Coordinator – Management of the process, organise Placements, provision of advice to preceptor and detailed handbook preparation  *Contact student/preceptor during the Placement	*Handbook outlining requirements the student must complete while working in the pharmacy (generic section + specific sections for community and hospital placements).  *Uni contact for students & preceptors during placement	-	-	Implicit	Preceptor evaluation of process
2	4 weeks full time in hospitals +  4 weeks full-time in community pharmacy  Including some rural placements	Skills practice  *minor illness man *disease manage't in clinical  *complete QCCP workbook + business plan	*Preceptor mentoring & assessment role  *Uni Coordinator – Management of the process, organise Placements, provision of advice to preceptor and detailed handbook preparation *Contact student/preceptor during the Placement	*Handbook outlining requirements the student must complete while working in the pharmacy (generic section + specific sections for community and hospital placements).  *Uni contact for students & preceptors during placement	Generic & specific skills assessment by preceptor  *communication (3 aspects) *dispensing (6 aspects) *primary health (4 aspects) *org/professional (3 aspects) *overall assessment +comments  Reflective Journal linked to course, learning, strengths, weaknesses, personal learning obj	Graduated descriptors on a 5 point scale from unaccept'le to excellent  Student must get at least an average of three (3) in three of the four compet'y areas to gain pass	Implicit	Preceptor evaluation of process.

**University 10**

<b>Yr</b>	<b>Structure of experiential learning placement</b>	<b>Documented goals/objectives of placement</b>	<b>Intended role of preceptor and university placement coordinator</b>	<b>Nature of supportive Resource Materials provided (please supply copies)</b>	<b>Assessment approach &amp; tasks required</b>	<b>Details of Rating scale/marks/ other and overall course weighting</b>	<b>Links to PSA competencies</b>	<b>Details regarding Evaluation of the placement program</b>
1	<p>Community pharmacy placement over 7 weeks. Monday of every week on campus for discussion, feedback and workshops on primary care .</p> <p>Total hours: 252</p>	See Unit description attached	<p>Preceptor – Ensure the learning objectives are completed during the placement, assessment of written work and final assessment of students performance</p> <p>Coordinator – Management of the process, organise Placements, provision of advice to preceptor and detailed handbook of assessment requirements, give feedback to preceptor</p> <p>Visit to the preceptor before and during the Placement</p>	<p>Handbook detailing the formal requirements the student must complete while working in the pharmacy.</p> <p>Handbook provided to students and preceptors (the latter also receives a summary document of process</p>	<p>1. Detailed reports based on placement activities as indicated in Handbook, Preceptor to check the reports prior to submission for assessment by university staff.</p> <p>2. Short written exam on primary care workshops</p> <p>End of Placement</p> <p>3. Viva.</p> <p>4. Assessment provided by preceptor</p>	Course weighting: Placement worth 24 points out of total of 144 for whole Master of Pharmacy Programme	Detailed in Handbook	<p>1. Independent feedback from students through university operated paper and online surveys - compulsory</p> <p>2. Feedback from preceptors through visitation during placement and post-placement survey.</p>

2	<p>6 weeks full time in hospitals undertaking case studies starting from the bedside under the management of a Uni paid clinical mentor/preceptors</p> <p>1 week of preparations on campus prior to students joining the hospitals</p> <p>Process facilitated through formation of University Pharmacy/Hospital Pharmacy Teaching Boards (see attached)</p> <p>Total Hours: 252</p>	See Unit description attached	Management via the Boards. The role of the Boards in the hospitals attached.	Handbook detailing the timetable, assessment requirements (including an assessment booklet). Minor infrastructure (white boards, projectors etc)	<p>1. General (punctuality, attitude, interactions with staff and patients) 20%</p> <p>2. Case studies tuts, 30%</p> <p>3. Full case presentations (written and oral) 30%</p> <p>4. Viva, 20%</p>	As for Year 1	<p>Not detailed in Handbook.</p> <p>Outcome based programme designed to develop clinical skills and the role of the pharmacist in disease state management</p>	As for Year 1.
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**University 11**

<b>Yr</b>	<b>Structure of experiential learning placement</b>	<b>Documented goals/objectives of placement</b>	<b>Intended role of preceptor and university placement coordinator</b>	<b>Nature of supportive Resource Materials provided (please supply copies)</b>	<b>Assessment approach &amp; tasks required</b>	<b>Details of Rating scale/marks/ other and overall course weighting</b>	<b>Links to PSA competencies</b>	<b>Details regarding Evaluation of the placement program</b>
Yr 1 Sem 2	Hospital pharmacy (1/2 day)  Community pharmacy (5 visits x 2 hours)  (uni organised)	Orientation to hospital and community pharmacy	University organisation al role  Preceptor : observed as role model  Uni: placement agreement, admin regarding insurance, facilities, time span for placement	Checklist of possible learning tasks for sign-off as observation/participatn Listed under dispensing & counselling medication, communica profess'l & ethical + Hospital prod/medication supply  Attendance sheet for sign-off  Handbook  Uni placement/academic support persons	Attendance  Preceptor report *dress *punctuality *courtesy *cooperation *communic'n  Student Community Pharmacy product report  Daily reflection log  Hospital pharmacy report	Completed satisfactorily  Rated scale of rarely, sometimes, usually, always  Marked by uni  Completed satisfactorily  Marked by uni	Implicit	Preceptor as part of student report
Yr 2 Part of	Community pharmacy (10 x ½ days) of weekly visits	Knowledge & skills for optimal pharmacy practice, +	Uni: placement agreement, admin	Checklist of learning activities tasks for sign-off	Preceptor report *Dispensing &	Rated scale of N/A Unsatisfactory (despite	Linked to PSA and other competencies	Preceptor comment on administ'n of exper. placement as part of Preceptor Evaluation of

QU M	(student organised)	dispensing, counselling, communication, professional/ethical, decision making, business	regarding insurance, facilities, time span for placement  Preceptor: role model, guide and encourage, provide appropriate support, oversee student	Attendance sheet for sign-off  Uni placement/academic support persons	Counselling *Communication *Professional/Ethical   Reflective case studies  Weekly reflection log  Attendance sheet	assistance) Developing Developed Exceptional   Formative & summative (unimarked)  Completed satisfactorily  Completed satisfactorily		Student
Yr 3  Part of QU M	Rural (3 days) +  Urban community pharmacy (10 x ½ day per week) (student organised) +  Hospital (2 x 3 hours) (unimarked)	Rural pharmacy research & rural pharmacy life  Exp all aspects of community pharmacy  Exp 2 hospitals & participate in ward rounds	Uni: placement agreement, admin regarding insurance, facilities, time span for placement  Preceptor: role model, guide and encourage, provide appropriate support, oversee student	Attendance sheet for sign-off  Handbook  Uni placement/academic support persons	Pre-placement activity for rural (DVD) + Preceptor report *Dispensing & Counselling *Communication *Professional/Ethical  Reflective case studies  Weekly reflection log  Attendance sheet	Rated scale of N/A Unsatisfactory (despite assistance) Developing Developed Exceptional  Formative & summative (unimarked)  Completed satisfactorily  Completed satisfactorily	Linked to PSA and other compet	Preceptor comment on administration of experiential Placement as part of Preceptor Evaluation of Student

**University 12**

<b>Year</b>	<b>Structure of experiential learning placement</b>	<b>Documented goals/objectives of placement</b>	<b>Intended role of preceptor and university placement coordinator</b>	<b>Nature of supportive Resource Materials provided (please supply copies)</b>	<b>Assessment approach &amp; tasks required</b>	<b>Details of Rating scale/marks/ other and overall course weighting</b>	<b>Links to PSA competenc</b>	<b>Details regarding Evaluation of the placement program</b>
Yr 1 Sem1	Community pharmacy visit (2 x ½ day), student-organised	Orientation to pharmacy with specific tasks	Preceptor role is to support opportunities for student completion of placement tasks	none	Students work in groups within tutorial to prepare group presentation comparing pharmacy visits	Assessment from group report	Implicit	None
Sem 2	Community pharmacy visits (4 x 3 hour), student-organised	Intro to community pharmacy services and other health care professions						
Yr 2	-	-	-	-	-	-	-	-
Yr 3	Sem 1 and Sem 2  ½ day/week community pharmacy placements for each semester, linked to tutorial program and student-organised	Familiarisation with future professional role and work environment, conducting patient interviews and medication reviews	Preceptor familiarises student with future professional roles within practical environment, problem solving and	Workshop booklets explaining experiential learning processes and assessment tasks and links	4 patient interviews re specific illnesses, affects, management strategies, effectiveness of treatment,	10% towards course mark  Preceptor ticking appropriate descriptive boxes rating student based on skills in dispensing, drugs and therap info,	Implicit	Online form for student and preceptor evaluation

			<p>application of course knowledge and communication</p> <p>University supplies relevant materials &amp; assessment package</p>	to tutorial program		<p>therapeutic knowledge, patient communication, attitude which is used by uni to assign mark</p> <p>(also formative feedback to student on patient interviews and communication. Skills)</p>		
Yr 4	<p>Hospital, community, clinic, aged care placement 1 x ½ day for 10 weeks (faculty organised)</p> <p>+ 2 weeks full-time rural or other</p> <p>Or</p> <p>2 x ½ day week for 10 weeks (faculty organised)</p>	<p>Integrated pharmacy practice and interaction in health care settings with patients/carers &amp; conducting case histories &amp; medication reviews</p>	<p>Preceptor involved with coordination, supervision, assessment &amp; feedback role</p> <p>Uni placement coordinator – coordination, admin, problem-solving role</p>	<p>Workbook outlining exp learning process and tasks and tutorial programme links</p>	<p>Preceptor summative Assessment 1 &amp; 2 for placements = 10%</p> <p>+ 10% reflective diary for each of 5 weekly entries (x2)</p> <p>+ online submission of 3 cases (10%)</p> <p>+</p>	<p>*Preceptor ticks rating scale boxes of 5 to 1 for Ex, VG, Sat, Needs Improvement, Significant Improvement re 25 professional attributes, skills, knowledge</p>	Implicit	Online student and preceptor evaluation forms



					Group debrief presentation (5%)  (plus other assessment activities)			
M. Pha Yr 1	Hospital pharmacy (3 weeks Mon-Thurs)  (Organised by Faculty)  &  Community Pharmacy (3 weeks Mon-Thurs)  (organised by student)	Clinical residency introducing pharmacy practice, communication skills, application of theory to patient care	Preceptor involved with coordination, supervision, assessment & feedback role  Uni placement coordinator – coordination, admin, problem-solving role (where applicable)	Workbook outlining exp learning process and tasks and tutorial programme links	Reflective diary (10%) marked by uni + Skill based competenc (30%) marked by uni + Preceptor evaluation (10%)  + tutorial pres + oral (marked by uni)	*Preceptor ticks rating scale boxes of Ex, VG, Sat, Unsatisfactory, Not applicable re 15 professional skills & knowledge related to PSA competencies + 3 university assigned cases or project for non-patient situations	Explicit links to PSA competency standard	Student & preceptor Evaluation form
Yr 2	Hosp/comm./rural/age (2 weeks full-time x2, organised by faculty if hospital or student organised for community placement)	Medication reviews, case histories, report writing: intro to speciality practice settings						

**University 13**

<b>Yr</b>	<b>Structure of experiential learning placement</b>	<b>Documented goals/objectives of placement</b>	<b>Intended role of preceptor and university placement coordinator</b>	<b>Nature of supportive Resource Materials provided (please supply copies)</b>	<b>Assessment approach &amp; tasks required</b>	<b>Details of Rating scale/marks/ other and overall course weighting</b>	<b>Links to PSA competences</b>	<b>Details regarding Evaluation of the placement program</b>
Yr 1	One 3 hr clinical pharmacy placement in hospital + other visits	Broad familiarisation with hospital and other areas of pharmacy practice	University organisational role	-	-	-	Implicit	None
Yr 2	Two 3 hr clinical placements in hospital	Students see, and work from, medical history, medication chart, and patients – prepare pharmacy care plan Broad link to pharmacology within hospital environment	University organisational role – clinical tutors and hospital staff involved	-	Component of Pharmacology – group case presentation to university staff and colleagues	Marks awarded in Pharmacology	-	Students feedback to university staff

Yr 3	<p>3 hour clinical placement in hospital each fortnight per student</p> <p>+1 wk hospital block +1 wk community block +1 wk rural placement</p> <p>(organised by uni)</p>	<p>In clinical rounds students prepare pharmacy care plans, identify drug related problems and discuss solutions.</p> <p>Aimed to link theory to practice in a range of hospital/comm../rural environments, enhance clinical pharmacy skills and interact with relevant patients/customers and various health professionals</p>	<p>Preceptor familiarises student with future professional roles within practical environment, application of course knowledge and opportunities to develop communication &amp; counselling skills</p> <p>University organisational role, also supplying relevant materials &amp; assessment package</p>	Workbook explaining experiential learning processes and assessment tasks	<p>Hospital: One case presentation to staff at hospital and written case report submitted for university assessment.</p> <p>Rural: reflective diary/journal &amp; specific incident reflective piece</p>	<p>Hospital &amp; community Block preceptors: Pass/Fail</p> <p>Clinical tutors evaluate block prepared case (15% uni mark)</p> <p>Fortnightly rounds – care plans evaluated by Clinical tutors ( 5% of final unit, marks )</p> <p>Rural: 500-1000 reflection analysis</p>	Implicit	Placement debrief & student review form
Yr 4 Sem 1	6 clinical rounds per student 3 hour duration	Students prepare pharmacy care plans for newly admitted medical patients which are handed on to clinical pharmacists	<p><u>Rounds</u> Clinical tutors allocate cases and conduct end of session tutorials</p> <p>Block Preceptor involved with supervision and mentoring &amp; feedback role</p> <p>University organisational role, also supplying relevant materials &amp; assessment package</p>	Workbook outlining exp learning process and tasks	<p><u>Rounds</u> Care plan evaluations conducted by clinical tutors - 10% final unit mark</p> <p><u>Blocks</u> *10 Hosp care plans in portfolio; selection evaluated in uni block period - 15% of unit mark *Hospital care case study presentation-evaluated by clinical tutors/preceptors - 10% unit mark *Hosp tutor/preceptors report – Pass/fail</p>	<p>Hosp tutor &amp; elective report : care plan techniques, ethical conduct, characteristic of professional, patient care attitude, communicat'n</p> <p>Uses indicators and 1-5 rating scale</p>	Implicit	None
Sem 2	<p>3 wks Com Pharm</p> <p>3 wks hospital</p> <p>3 wk elective</p> <p>3 wk uni</p>	<p>Link theory to practice in a range of hospital/comm../other environments,</p>						

		further enhance clin pharmacy skills and counselling of relevant patients/customers and interaction with various health professionals			<p>*Com tutor report – pass/fail</p> <p>*4 community cases + 2 patient counselling + 4 extemp products + log– pass/fail</p> <p><u>Elective</u> pres/report + professional/ personal attributes assessment – pass/fail</p>			
M. Pha Yr 1	<p>Hospital pharmacy (3 weeks Mon-Thurs)</p> <p>(Organised by Faculty)</p> <p>&amp;</p> <p>Community Pharmacy (3 weeks Mon-Thurs)</p> <p>(organised by student)</p>	<p>Clinical residency introducing pharmacy practice, communication skills, application of theory to patient care</p>	<p>Preceptor involved with coordination, supervision, assessment &amp; feedback role</p> <p>Uni placement coordinator – coordination, admin, problem-solving role (where applicable)</p>	<p>Workbook outlining exp learning process and tasks and tutorial programme links</p>	<p>Reflective diary (10%) marked by uni +</p> <p>Skill based competencies (30%) marked by uni +</p> <p>Preceptor evaluation (10%)</p> <p>+ tutorial pres</p> <p>+ oral (marked by uni)</p>	<p>*Preceptor ticks rating scale boxes of Ex, VG, Sat, Unsatisfactory/ Not applicable re 15 professional skills &amp; knowledge related to PSA competencies + 3 university assigned cases or project for non-patient situations</p>	<p>Explicit links to PSA competency standard</p>	<p>Student &amp; preceptor Evaluation form</p>
Yr 2	<p>Hosp/comm./rural /age</p> <p>(2 weeks full-time x2, organised by faculty if hospital or student organised for community placement)</p>	<p>Medication reviews, case histories, report writing: intro to speciality practice settings</p>						

## APPENDIX F: CHECKLIST OF PHARMACY EXPERIENTIAL PLACEMENT LEARNING ACTIVITIES COMMUNITY PHARMACY PLACEMENT

Student name: \_\_\_\_\_  
Supervisors name: \_\_\_\_\_  
Pharmacy name: \_\_\_\_\_

Please note the activities outlined here are a guide and should serve where possible as a minimum set of activities. Both preceptors and students should be encouraged to explore other activities related to their training if desired.

Activities	Check <sup>1</sup>	Endorsed <sup>2</sup>
<b>Orientation (discuss the following with preceptor)</b>		
Introduction to staff		<b>Student:</b>
Organisational structure (lines of communication, etc)		
Layout of pharmacy (dispensary, counselling areas, toilets, etc)		<b>Supervisor:</b>
Hours of operation (opening hours, tea and lunch breaks)		
Occupational Health and Safety (evacuation procedures, panic alarms, etc.)		<b>Date:</b>
<b>Dispensing (participate in the following)</b>		
Operation of the dispensing software		
Role of pharmacy assistants and dispensary technicians		
Taking in prescriptions (including asking relevant questions)		<b>Student:</b>
Dispensing prescriptions including the following:		
Emergency supplies		<b>Supervisor:</b>
Doctor's Bag orders		
Faxed or telephoned orders		<b>Date:</b>
Owing prescriptions		
Private prescriptions		
Repatriation prescriptions		
Authority prescriptions		
Schedule 8 prescriptions		
Extemporaneous product		
Recording additional information in the patient's medication record (e.g. use of comment fields, allergy prompts, dates of births)		
Verifying prescriptions with the prescriber		
Handing out prescriptions (with appropriate counselling)		
Dealing with dispensing errors		
<b>Public health services (observe and participate in where possible)</b>		
Blood pressure monitoring		<b>Student:</b>
Blood glucose monitoring		
Bone mineral density measurement		<b>Supervisor:</b>
Pregnancy testing		
Baby clinic		<b>Date:</b>
Weight measurements		
Methadone/buprenorphine program		
Dosage administration aids (e.g. Webster packs)		
Other (describe):		
Undertake a public health promotion activity during National Diabetes Week		
<b>Devices and appliances (observe and participate where possible)</b>		
Crutches		<b>Student:</b>
Peak flow monitors		
Spacers		<b>Supervisor:</b>

Activities	Check <sup>1</sup>	Endorsed <sup>2</sup>
Nebulisers		
Vaporisers		<b>Date:</b>
Other (describe):		
<b>Self-care (Participate where possible in the following)</b>		
Appropriate history taking and advice for presentations of the following:		<b>Student:</b>
Minor infections (acne, warts, cold sores, tinea, head lice)		
Upper Respiratory tract conditions (cold, rhinitis, sore throat)		<b>Supervisor:</b>
Gastrointestinal conditions (diarrhoea, motion sickness, nausea in pregnancy, GORD <sup>3</sup> , constipation)		<b>Date:</b>
Mouth conditions (gingivitis, ulcers, thrush)		
Genitourinary conditions (thrush, cystitis, dysmenorrhoea, PMS)		
<b>NPS Self-Audits</b>		
Complete an NPS self-audit on at least five patients OR write case-studies		<b>Student:</b>
		<b>Supervisor:</b>
		<b>Date:</b>

1. Please endorse with NA if unable to complete the task. Please provide a reason why
2. Please sign and date in the appropriate place

**Comments:**

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## HOSPITAL CLINICAL PLACEMENTS

Student name: \_\_\_\_\_  
 Supervisors name: \_\_\_\_\_  
 Hospital name: \_\_\_\_\_

**Please note the activities outlined here are a guide and should serve where possible as a minimum set of activities. Both preceptors and students should be encouraged to explore other activities related to their training if desired.**

ACTIVITY	✓ <sup>1</sup>	Completion <sup>2</sup>
<b>GENERAL ORIENTATION</b>		
Introduction to staff		Students signature: _____
Organisational structure (lines of communication, etc)		Preceptor's signature: _____
Layout of pharmacy (dispensary, counselling areas, toilets, etc)		_____
Hours of operation (opening hours, tea and lunch breaks)		Date: _____
Occupational Health and Safety (evacuation procedures, panic alarms, etc.)		
<b>MANUFACTURING</b>		
Observe (and participate in if possible) the preparation of sterile pharmaceutical products		Students signature: _____
Examine how cytotoxic drugs are prepared and handled		Preceptor's signature: _____
Observe (and participate in if possible) extemporaneous/bulk manufacturing		_____
Undertake pharmaceutical calculations		Date: _____
Discuss and examine Quality Assurance/Control procedures		
<b>DRUG INFORMATION SERVICE</b>		
Observe and discuss the Drug information resources of the department		Students signature: _____
Observe the role of the Drug Information Pharmacist		Preceptor's signature: _____
Assist with at least one drug information enquiries		Date: _____
<b>ADVERSE DRUG REACTIONS AND MEDICATION SAFETY</b>		
Observe how adverse drug reactions are detected and reported		Students signature: _____
Discuss how ADR reports are used		Preceptor's signature: _____
Discuss how the pharmacy department participates in activities to improve the safe use of medicine		_____
Assist in the preparation of at least one ADR report		Date: _____

ACTIVITY	✓ <sup>1</sup>	Completion <sup>2</sup>
<b>DRUG DISTRIBUTION SYSTEMS</b>		
Discuss outpatient dispensing procedures including PBS and SAS drugs		Students signature:
Dispense at least five outpatient prescriptions and counsel patients		Preceptor's signature:
Discuss the purchasing and distribution of drugs in the hospital		Date:
<b>HOSPITAL PHARMACY MANAGEMENT</b>		
Discuss Inventory Management in a hospital pharmacy department		Students signature:
Discuss the types of budgets and how they are set and monitored		Preceptor's signature:
Discuss the sources of funding for public hospitals		
Discuss how a new Pharmacy Department service should be introduced and promoted		Date:
<b>WARD ORIENTATION</b>		
Orientation to ward (eg. location of drug charts, medical records, etc.)		Students signature:
Observe the activities of clinical pharmacists at the hospital		
Observe inpatient & discharge medication supply		Preceptor's signature:
Orientation to layout of the medical record and common medical abbreviations		
Understand special charts (e.g. BSL's, observation charts, etc.)		Date:
Access and interpret laboratory data		
<b>MEDICATION HISTORY INTERVIEW</b>		
Accompany the pharmacist conducting medication history interviews		Students signature:
		Preceptor's signature:
Conduct at least two medication history interviews		Date:
<b>MEDICATION ORDER REVIEW</b>		
Accompany the pharmacist performing medication order reviews		Students signature:
		Preceptor's signature:
Conduct at least three medication order reviews with the assistance of the pharmacist		Date:
<b>THERAPEUTIC DRUG MONITORING</b>		



ACTIVITY	✓ <sup>1</sup>	Completion <sup>2</sup>
Discuss the therapeutic drug monitoring activities of the hospital (e.g. types of drugs monitored, who is involved, etc.)		Students signature:
Observe a pharmacist working through a TDM request		Preceptor's signature:
Participate in at least one TDM event with assistance from the pharmacist		Date:
<b>DRUG THERAPY SELECTION</b>		
Discuss drug therapy selection with supervisor		Students signature:
		Preceptor's signature:
Locate at least four patients who have had new medications commenced and work through issues that need to be considered in drug selection		Date:
<b>DRUG INTERACTIONS</b>		
Identify, analyse and manage at least two actual or potential drug interactions		Students signature:
		Preceptor's signature:
		Date:
<b>WARD ROUNDS &amp; MEETINGS</b>		
Observe a ward round and/or ward meeting and discuss with supervisor		Students signature:
		Preceptor's signature:
Participate in Grand Rounds (or similar) and/or other medical education events		Date:

PATIENT MEDICATION COUNSELLING		
Observe pharmacist undertaking patient medication counselling		Students signature: _____ Preceptor's signature: _____ Date: _____
Participate in providing patient medication counselling to at least four patients		

1. Please endorse with NA if unable to complete the task. Please provide a reason why
2. Please sign and date in the appropriate place

**Comments:**

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## APPENDIX G: REFLECTION LEARNING ACTIVITY

Three examples from the experiential placement handbooks in regards to reflection structures are provided in the initial set of exemplars.

### Example 1: Reflection Steps and Questions

The steps of reflection to be encouraged are:

1. Return to the experience – describe what happened;
2. Identify your feelings during the experience; and
3. Re-evaluate

Re-evaluation is where the student uses feelings as a cue to personal beliefs and values about the situation. The student tries to uncover the assumptions that may underpin the feeling response. An initial explanation of what concepts may have contributed to the experience is made using pre-existing knowledge; this is then challenged or validated by checking on the perspectives of others and reading about the concepts in the literature. New meanings should emerge and possible questions about practice are formulated for further investigation.

Students will be required to complete and submit for evaluation and assessment a ‘Reflective Journal’ based on their experiences during the clinical placements and externships.

Reflective journals help develop active learning by cultivating thoughtfulness and enquiry. They go beyond just describing what was done and require the student to reflect more deeply on the activities undertaken, such as how they felt about the activities, and how they might apply what they have learnt.

Using the questions provided as a guide, write your journal entry with emphasis on each activity:

- What did you do?
- What did you learn?
- How has your knowledge increased as a result of this activity?
- How does this relate to your didactic studies?
- How has what you have learnt helped you envisage your future role as a practising pharmacist?
- What did you learn which could be used or applied to your future practice as a pharmacist?
- Has what you have learnt modified in any way your beliefs or opinions about pharmacy practice?

These questions are provided as guides. Students are encouraged to write the journal shortly after the placement, while the activities and feelings are fresh in their minds. The journal will be judged on the clarity of writing, and on evidence of reflection and thought.

### **Example 2: Patient counselling reflection**

Many people want to know more about their medicines and how to get the best out of their medicines. Pharmacists should offer to provide this information. In this exercise you are asked to report on five episodes of patient counselling. In each case you are asked to critique your effort. In reporting your final episode, you should also reflect on how you have improved with practice and where you still need to improve. The session may be either prescription related or OTC related.

- What information did you receive from the patient?
- The drug/device for which information was given
- The messages you sought to convey
- Any questions the patient asked you  
Your response to the questions

#### **Critique**

Reflect on your performance. In practice it is not uncommon after talking with the patient, colleague or doctor to feel that if given the opportunity to start again you could have done better. Critique your counselling. The following will give you guidance to the sorts of things you may consider. The list is by no means exhaustive.

Compare your approach with the gold standard of the protocol taught to you at the Pharmacy School or that of the PSA:

- Was the patient interested in counselling? How did you raise their interest?
- Consider your style of questioning – did you use open/closed questions appropriately?
- Was the surrounding conducive to counselling?
- Did you gather the information necessary for you to provide useful information?
- Did you listen to the patient, maybe you need to explore issues of safety, effectiveness and compliance?
- Did you actively use a CMI-was it useful for you?
- Did you use other counselling aids? If so, was it useful, if not why not?
- What did you do well?
- What did you forget?
- What did you learn from this exercise?

### **Example 3: Reflection daily diary aspects**

- Situation: What actually happened? This can include people, environment, words, events, activities, images, other relevant.
- Affect: What did you feel about situation – intuition/gut reaction? Were you surprised, uncomfortable, confused intrigued, disturbed, engaged, inspired?
- Interpretation: What did you learn? Outline own conclusions from experience, reflect on how this relates to what learnt in the course.
- Decision/follow up: What will you do as a result e.g. further reading, observation, what would you do differently next time?

#### Example 4: Medication management reflection

Reflection allows the student to continue to process, formulate, assimilate learned knowledge with new events. Every clinical decision you make in pharmacy will be the product of these thought processes. So, reflection on clinical activities, is not just a student exercise, but is also a fundamental part of professional practice.

##### Patient Presentation

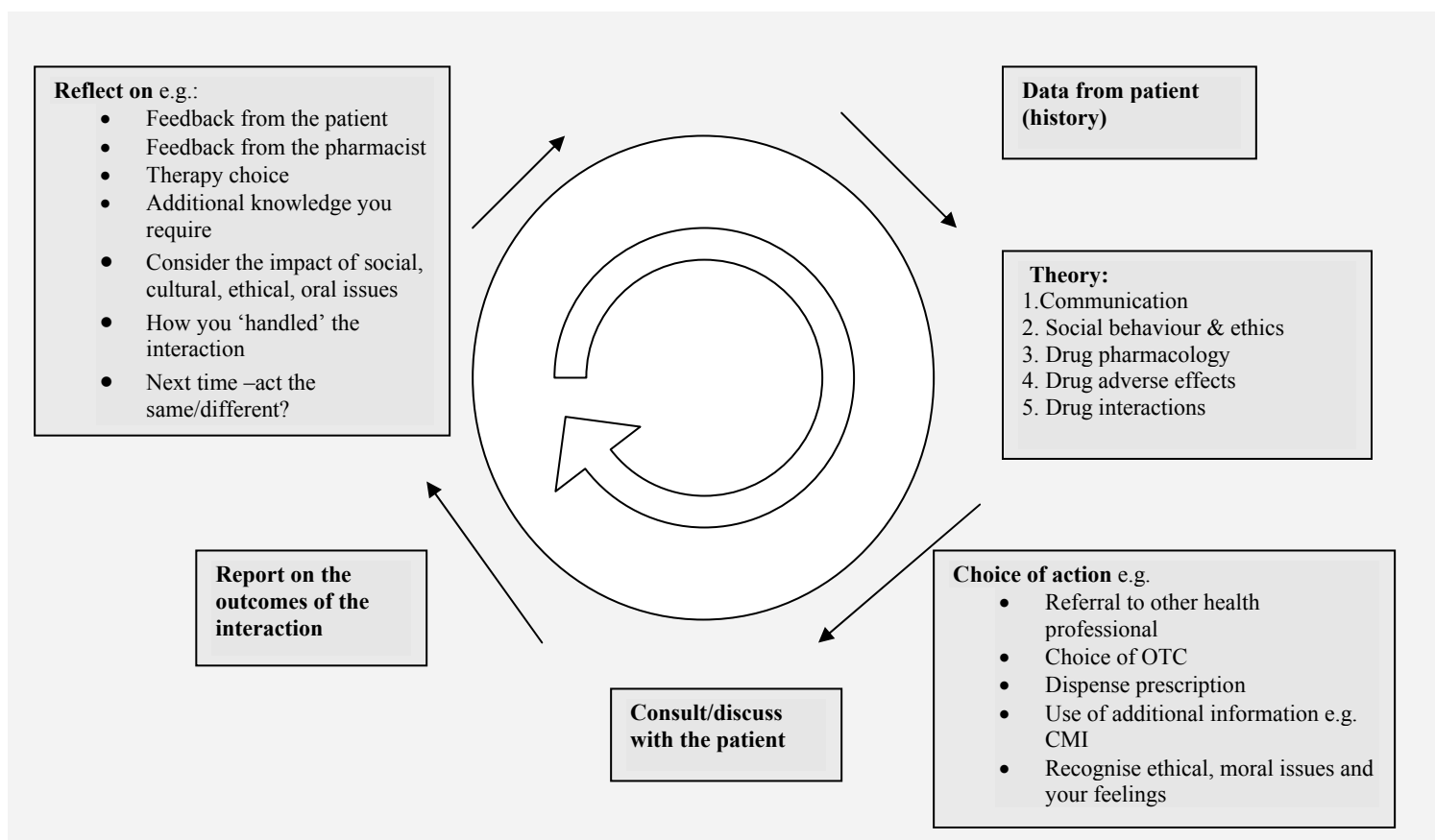


Figure: Diagrammatic representation of the reflective logbook process

(Adapted from McKaige L. *Experiential Education in the Undergraduate Pharmacy Curricula. Thesis to be submitted*): Reproduced with Permission.

#### Reflection Task

1. Patient or carer outlines the patient symptoms, problems, requests, clinical or pharmaceutical issue
2. Present the history, including, where relevant:
  - sex/age/weight (necessary if .e.g child, elderly, obese, ascites present etc);
  - other symptoms/signs not mentioned by patient/carers in their outline and which has been established by appropriate discussion;
  - total patient history to include: symptom duration; symptom severity; allergies or adverse drug reactions, interactions; Medication history (prescription, non-prescription (OTC); complementary and

alternative therapy; devices)- dose, route, indication, duration, changes; including recently ceased medications e.g. antibiotics

- medical conditions that may affect therapy e.g. diabetes, hypertension, renal/liver failure, hypotension, diabetes. Consider if you need to calculate creatinine clearance;
  - special considerations e.g. pregnancy, breastfeeding, child bearing age;
  - Assess any changes to diet, lifestyle, medications etc;
  - Ascertain therapy already tried – duration, (successful or failed)
  - Other action taken.
3. Detail the suggested course of action for example: Referral to another healthcare professional (if applicable) – a written referral will promote clear communication; non prescription (OTC) medication prescribed (if any); Specific counselling advice on medications (both prescription and non-prescription (OTC); CMI or complementary information e.g. PSA Self Care Fact Card; Lifestyle advice, Return to pharmacy or consult with a doctor if condition remains a concern
  4. Outline the Patient's response to the suggested course of action. Describe any barriers the patient feels would be a hindrance to this action.
  5. Report the outcome if known.
  6. Reflect upon (these are a guide and all are not mandatory in each case study):
    - Significant events; your role and the action of others and why this contribution was important; feedback/reaction from your preceptor, the patient e.g. How did the patient respond to your advice? Was it easy to obtain personal information or did the patient reluctantly volunteer information?
    - Why a particular medication was recommended as being the most suitable: e.g. based on evidence, preceptor experience, availability, your knowledge basis, media.
    - Additional research into the topic/complaint or limitations in finding any information: any additional drug information you have learnt? Consider the impact of social cultural, ethical, legal and moral issues?
    - What did you feel? How did you deal with the situation? What would you do differently next time? How did you feel about the interaction e.g. uncomfortable discussing a sensitive issue with the patient, confident in discussing the treatment options with the patient as it was something you had recently been taught at university? What was most satisfactory or most troubling about the situation? What did you learn? What was significant? What action if any, you will take as a result of this learning?

*(The University of Queensland School Pharmacy Placement Program, reproduced with permission)*

## APPENDIX H: PLACEMENT AND CPD OBJECTIVES

### Example 1: Rural pharmacy practice - My Externship Objectives (weeks 1,2,3)

Student name.....

I commenced my externship at..... On.....

My objectives for this week of the externship are to:

---

---

I have discussed these objectives with my preceptor and I will achieve these objectives by:

---

---

I have reflected on my performance during this week and discussed my progress with my preceptor. The achievements for the week have been:

---

---

The things I need most help with at this stage are:

---

---

(USE this one only if applicable)

I urgently need advice/help from the university supervisor about the following:

---

---

Suggested contact time..... Number.....

Pharmacy Fax Number..... Date.....

Comments from supervising pharmacist

---

## **Example 2: Lifelong Learning – Continuing Professional Development (CPD)**

*‘CPD is the process by which a professional person maintains safety, quality and relevance of professional services throughout his or her working life. CPD is professionally focussed and follows lifelong learning principles’.*

This is the introduction to the ENRICH program of the Pharmacy Board of SA found at:  
<http://www.pharmacyboard.sa.gov.au/PDF%20files/Complete%20Enrich%Program%20Manual.pdf>.

Student note: you need to read the ENRICH section of the website carefully before starting this exercise.

As you know, when you leave the School, you come under the control of the Pharmacy Board. The community expects its pharmacists to be competent and accountable – it is the role of the Pharmacy Board to ensure that this is achieved.

One method the Pharmacy Board uses is requiring pharmacists to undertake continuing Professional Development. The ENRICH program has been established to assist the pharmacist in this process. The program asks pharmacists to:

- Consider their competence
- Evaluate and develop areas of competency requiring attention, and
- Demonstrate a commitment to lifelong learning principles (similar to the University graduate quality number 2).
- Develop a CPD plan to address areas of your current practice that require further attention.

### ***Stage 1: Reflect on your current practice.***

You need to read all of the material about the ENRICH program at the website address given above. You will note that the process consists of 4 stages:

1. Reflection and review of current practice and identification of areas for improvement
2. Formulation of the plan
3. Implement plan and document progress
4. Evaluate and review CPD to ascertain if desired outcomes have been achieved.

In this exercise, you will be asked to undertake Stages 1 and 2. In real life practice, you would complete all four stages.

At this stage of your professional development, it is acknowledged that you do not have the necessary knowledge, skills and professional experience of a pharmacist. However, that does not prevent you from considering how you can improve your ability as a future practising pharmacist.

Your preceptor has been asked to outline your strengths and weaknesses, taking into account that you are a final year student. You will use this feedback, together with your own reflections over the period of the placement to develop your plan. These assessments are to be entered into the Table.

### ***Stage 2: Formulating your CPD plan***

Having identified your areas of improvement, the planning begins. You need to identify your learning goals and actions that will achieve those goals. These actions must closely relate to the issue that needs addressing, must be specific in describing the action and must have a timeframe of a starting and finish date. Refer to the ENRICH program for guidance. Use the table to write your plan.



Identification of student strengths and areas for improvement.

### **Preceptor Assessment**

#### **Strengths**

#### **Areas needing improvement**

--	--

### ***Student Reflection***

#### ***Strengths***

#### ***Areas needing improvement***

--	--

### ***The CPD Plan***

Stage 1: What areas have you identified for professional development:	Stage 2: What actions will you take to meet your professional development needs?

Student note: take this exercise seriously!

This exercise will contribute 10% of your workbook marks. You will be expected to show original thought, critical reflective analysis, a practical approach to the plan, clarity of the plan and use appropriate English expression.

## **APPENDIX I: ORIENTATION TO PHARMACY SITE**

### **University Orientation of 4<sup>th</sup> year students to experiential placement**

The students will receive approximately 10 hours of orientation at the university prior to their clinical placement. They will be given the objectives of the placement and the university's expectations in regard to attendance, assessment, feedback and self-directed learning. They will be given a broad introduction to the health care system and a comprehensive overview of issues relating to their placement/s and expectations related to each type of placement.

The issues raised in the university's orientation will include professional conduct and ethics, courtesy, patient confidentiality and the need to present a professional appearance (including wearing name badge).

Preceptors may choose to reinforce or revisit the following issues which have already been introduced to students in the orientation sessions:

- Clear guidelines about their attendance and timeliness. You may specify a starting time. During semester, students doing morning placements may need to complete their placement by about 1pm, to allow travelling time back to the University for a 2pm start.
- Give students the pharmacy contact telephone number and name in case of emergencies or if the student is unable to attend.
- Reinforce patient privacy issues such as confidential reporting of (de-identified) case histories, not talking about cases in public spaces or later to family and friends. Have the students sign the Student Confidentiality Agreement (copy included for your reference).
- Conduct you expect of students, including professional attire. Student ID badges must be worn. ID holders will be organised by the University.
- General introduction to the pharmacy including its layout, procedures, staff and information resources.
- Introduction to patients that may have an interesting history or are taking medications that may need to be reviewed. (NB it would be useful if some patient's medications corresponded to the topic being covered at University).

## APPENDIX J: PROFESSIONAL SERVICES

### Example 1: Introduction to Pharmacy and Pharmacy Services

#### *Pharmacy Style*

The practices of community pharmacy and community pharmacists themselves are not homogenous.

The purpose of this exercise is for students to familiarise themselves with the particular type and style of community pharmacy in which they will undertake their community advanced practical experience.

#### *Location/environment*

Take some time to observe the pharmacy location and environment and write a brief description of the pharmacy. Factors you may wish to consider include:

- The pharmacy location e.g. strip shopping centre, stand alone pharmacy
  - Location of other health professional/facilities e.g. co-located with a GP surgery
  - Pharmacy size
  - Pharmacy layout and design e.g. counselling desks, access to pharmacist
  - Membership of a Banner Group
- 
- 

#### *Banner Groups*

Banner groups within pharmacy, as within other industries offer a consistent branding and marketing approach as well as purchasing opportunities. Each Banner Group has a particular message and image they aim to portray.

Does the pharmacy belong to a Banner Group, and if so, which one?

---

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Ask your Preceptor what key benefits they feel this Banner group offers their pharmacy.

OR if operating as an independent, ask your Preceptor why they have chosen not to belong to any particular Banner Group.

---

---

Consider and list other Pharmacy Banner groups that you are aware of:

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---

#### *Allied Health Professionals*

Many pharmacies employ a range of allied health professionals to provide additional services for their clients.

List the services of any other allied health professional employed within the pharmacy, and briefly outline their key role within the pharmacy.

Other Allied Health Professional	Outline of Key Role in Pharmacy

### ***Community demographics***

Just as community pharmacies and pharmacy practice are not homogenous, the communities in which pharmacists practise also vary markedly.

The purpose of this exercise is for students to gain an appreciation of the patient population that the pharmacy services. Students will also gain an appreciation of how the pharmacy has taken this into consideration in the way it operates and services this community (if it has done so.). Where possible, discuss each question with your preceptor to gain further understanding.

1. Using your own observations and through discussion with staff describe the key demographic customer group that the pharmacy services. Perhaps there is more than one. Consider such factors as:

Age range, gender, cultural group, LOTE (Language other than English as first language), income, employment status e.g. retirees, unemployed, full-time, role e.g. parent, carer

---



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Using your own observations, identify the main reasons people visit the pharmacy. Be as specific as you can.

You may wish to consider one or all of the following aspects:

The most common presenting condition, the most sought after advice, the most popular product requested

---



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Complete EITHER part a) or part b)

- a) Describe how the pharmacy has tailored any of its service or business practices to cater for a particular demographic group that visit the pharmacy

OR

- b) Give examples of how you think the pharmacy could tailor any of its service or business practices to better cater for a particular demographic group that visit the pharmacy.

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Successful Completion of Daily Exercise: Yes/ No

Date.....Preceptor signature.....

## Example 2: Professional Services

The purpose of this exercise is for students to learn more about the range of professional services available in pharmacy and what is involved in delivering some of these professional services. It is intended that students will also gain an appreciation of the value of professional services to the community and the pharmacy business.

Investigate the range of Professional Services that the pharmacy offers, and select one (e.g. diabetes management, methadone program etc) that is of particular interest to you.

Compare the advantages and disadvantages of providing that particular service through the pharmacy. In your reflections consider both the pharmacy perspective and the patient perspective. You may wish to discuss with your preceptor what benefit they believe the service offers the business. Consider why certain decisions may have been made.

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## *Aged Care*

As the Australian population continues to age, the number of elderly people requiring assistance and care is rising. The provision of a professional, timely and appropriate pharmacy service is incorporated into the best practice guidelines for Aged Care Facilities.

The purpose of this exercise is for students to consider the elements and factors involved in providing an appropriate and sustainable pharmacy service to an Aged Care Facility.

Consider the following case scenario:

A new commonwealth funded and approved provider of residential age care has been set up in the local area. This new Residential aged Care Facility (RACF) provides high level care to 80 residents. The facility is seeking to set up its new Pharmacy Service and has invited four pharmacies to submit a briefing document from which two pharmacies will be chosen for further review. Your pharmacy is one of the initial forum groups selected.

Write a briefing document outlining the services your pharmacy could provide. Talk to your Preceptor, other staff and even contact a local FACP for their input on what pharmacy services are required.

You may wish to consider the following factors in your brief:

- Supply/delivery of medication – how, frequency
  - Provision of DAAs
  - After hours services
  - Clinical services
  - Drug information services
  - RMMRs
  - QUM activities
  - Involvement in a MAC
-

### Example 3: Health Care Professional roles

This optional exercise provides students with an opportunity to explore the perception of what makes ‘A Good Pharmacist’, by interviewing pharmacy staff, customers and other health care professionals to determine their views.

With assistance from your Preceptor identify and arrange to briefly interview the following:

- 3x pharmacists
- 3x pharmacy staff (dispensary technicians, pharmacy assistants)
- 3x customers
- 3x Health Care professionals (e.g. local GP, Practice Nurse, Naturopath, Physiotherapist etc)

You may develop your own questionnaire or use the following template:

#### *For Pharmacists*

What quality or attributes do you believe are required to make a good pharmacist?

Pharmacist 1	Pharmacist 2	Pharmacist 3

What qualities do you believe customers look for in their pharmacist?

Pharmacist 1	Pharmacist 2	Pharmacist 3

What qualities do you believe other Health Care Professionals look for in a pharmacist?

Pharmacist 1	Pharmacist 2	Pharmacist 3

#### *For Pharmacy Staff*

What quality or attributes do you believe are required to make a good pharmacist?

Pharmacy Staff 1	Pharmacy Staff 2	Pharmacy Staff 3

What qualities do you believe customers look for in their pharmacist?

Pharmacy Staff 1	Pharmacy Staff 2	Pharmacy Staff 3

What qualities do you believe other Health Care Professionals look or in a pharmacist?

Pharmacy Staff 1	Pharmacy Staff 2	Pharmacy Staff 3

***For Customers***

What quality or attributes do you believe are required to make a good pharmacist?

Customer 1	Customer 2	Customer 3

What qualities do you believe customers look for in their pharmacist?

Customer 1	Customer 2	Customer 3

***For other Health Care Professionals***

What qualities do you believe are required to make a good pharmacist?

Health Care Professional 1	Health Care Professional 2	Health Care Professional 3

What do you particularly look for when choosing or recommending a pharmacist?

Health Care Professional 1	Health Care Professional 2	Health Care Professional 3

Using the information you have gained from your discussion, write a report on the differing perceptions of what makes 'A Good Pharmacist'.

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### ***Additional Optional Activities***

The following is a list of suggested activities by no means complete, students wishing to explore a wider community experience could undertake.

- Spend a day with a community nursing body e.g. Blue Care, OzCare
- Visit the local GP surgery
- Visit the local FACF, retirement village or equivalent
- Go out with an accredited pharmacist conducting Medication Reviews
- Arrange to visit head office if the pharmacy belongs to a Banner Group
- Visit other nearby pharmacies
- Visit an alternative health care practitioner – acupuncture, Chinese medicine
- Visit the pharmacy wholesale supplier
- Spend time talking with Pharmaceutical representatives
- Visit the local Division of General Practice
- Attend an educational event – medical, nursing, pharmacy being held in the area
- Offer to give a talk at the local school
- Offer to give a talk to a local Senior Citizen's Group



## APPENDIX K: PRESENTATION REPORTS

### Example 1: QUM Placement written project

Please note that your project and placement report are the work of a 4<sup>th</sup> year pharmacy student and the information should not be represented as the work of a registered pharmacist.

The report you will write at the end of the placement will be:

- **150 word abstract**
- **1000 word summary of the project** (word count does not include data tables or references)

The report will have the format:

**Font:**

- Times/Times New Roman 12 point.

**Presentation:**

- Single spaced A4 pages
- All pages to be consecutively numbered
- First page:
  - State student name; preceptor/placement name and address, project title
  - State word count
  - Abstract (150 words)
  - Disclaimer: “Report complied as Quality Use of Medicine placement project submitted as part fulfilment of the Undergraduate Pharmacy degree (fourth year), University of Queensland”
- Second page:
  - Student name; preceptor/placement name and address, project title
  - Start QUM Project Report

**Structure of Report**

The QUM Project report should be structured to promote clarity and ease of reading. QUM Projects may be quantitative or qualitative in nature, so report structure may vary according to the type of research report. A general report structure which is adaptable to many projects is:

- Abstract (limit 150 words) headings of Background, Aim of the project, Method, Results, Conclusion.
- Project report (limit 1000 words) headings of **Introduction/Background; Aims/Objectives (as approved); Method, Results, Discussion**
- Tables; data presented in tabular form
  - Words in the table may be data – not counted in word count
  - Words may be concise headings and titles – not counted in the total word count
  - Please note – Extra text is not to be added into tables instead of being in the main body of the report. The assessor will decide if the tabular form is appropriate.
- Appendices may be attached to document the complete learning experience for the student, but only the project write-up will be assessed. All data which is required for understanding of the project (and hence assessment) must be presented in the main body of the write-up.

**Reference Style:**

- Vancouver style as in Journal of Pharmacy Practice and Research (see SHPA website <http://www.shpa.org.au> under Journal, Reference Citation Guide; and the Citation guide on the UQ Library Web Site)

**A copy of your written report should be handed to your preceptor on completion of the placement, or forwarded to your preceptor as soon as possible before it is submitted for assessment.**

### Policy on Ethical Approval for QUM Projects

Ethics committee approval is required for any project that directly involves contact with humans or animals as subjects where work is performed beyond normal practice for that placement site.

This includes:

- Surveys; Audits
- Questions – this includes all questions whether or not you ask these as part of normal practice; the collection of the answers in a written form and the use of these responses in a report are NOT part of usual health care practice.

ALL students MUST complete and SUBMIT an Ethics Form relating to their QUM Project.

The project cannot commence until the project has been approved by the Academic Supervisors

Please tick the appropriate box:		YES	NO
1A	Does the project involve an audit, a survey, or a series of questions in a health care site?		
1B	Does the project involve direct interaction with a subject (human or animal)?		
1C	Does the project involve material pertaining to subjects (human or animal) e.g. medical notes; laboratory results; tests or experiment results?		
1D	Does the project involve the use of an observation from a patient for a purpose other than which it was originally taken? E.g. <ul style="list-style-type: none"> <li>• Measuring a drug concentration in a blood sample that was taken for a different purpose;</li> <li>• Using an advertising or customer list as a survey database, including the use of internet product requests;</li> <li>• Telephoning or speaking with people beyond usual clinical contact.</li> </ul>		
2A	Is the project funded by an external source e.g. <ul style="list-style-type: none"> <li>• a research grant;</li> <li>• monies from commercial enterprises</li> </ul>		
2B	Is the project intended to be published other than the research report?		
2C	Does the project involve the collection and analysis of data involved in 1 A, B, C, D?		

If you answered YES, at 2A; 2B; 2C you will require ethical approval for this project. Do you have Ethics Approval from a recognised Ethics Committee?      YES      NO

In Week 1 of the placement submit an Ethics form onto the Blackboard site.

The Ethics approval request MUST include:

- The project objectives and the purpose of the project
- How you intend to conduct the project
- The questions that are proposed to be asked of a survey recipient

Appropriate Ethics approval request will be forwarded to the Chair of the School of Pharmacy Ethics committee for review or the student will be instructed as to the correct procedure to obtain Ethics approval.

**Project Objectives & Purpose** (complete after discussion with preceptor)

1. To use the opportunity of this Elective Placement to promote and contribute to the Quality Use of Medicines
- 2.

**Project Plan** (How do you intend to conduct the project?)

If the project involves an audit, a survey, or a series of questions in a health care site, the questions MUST be included.

*(The University of Queensland School Pharmacy Placement Program, reproduced with permission)*

## Example 2: Patient medication oral care presentation

*“A teaching method that uses a patient experience to share Information, a disease state and its therapeutic manifests”.*

Case presentations help the presenter and the audience to develop their critical analysis skills (ie. What to put in the history, what to leave out), to develop their knowledge of the case, to develop their confidence in delivering “medical-type” information (and pronouncing correctly medical terminology), and gaining advanced communication skills.

The information below is provided to help you prepare for your presentation. DO NOT take it literally. It is important that you choose the information that is relevant to your audience.

While preparing a case study is a valuable task, which is assessed, it is only ONE component of your placement NOT the focus. Most students will obtain 6-8 out of 10 for the assessment. Most hospitals have access onsite to Power Point and all the references that are required. There may also be student access to the medical library. Some hospitals have a folder of past student presentations for students to look at as a guide. Check what is available at your placement hospital with your preceptor.

The case histories you present will be about 12-15 minutes duration and about 5 minutes for discussion. Think very carefully if you plan to use more than 10 overheads. A font size of at least 20 is recommended for all overheads.

### 1. Introduction to the case

- ½ - 1 minute
- Keep to a bare minimum but present sufficient information so the audience get to know the facts, can “understand” the patient
- Avoid irrelevances not connected with subsequent discussion
- Appropriate demographic data
  - Age, gender, race, weight
- Chief complaint and reason for admission
- Present illness
- Past medical history
- Social history
- Family history
  - All pertinent past illnesses, surgery and previous hospitalisation
- Medication and allergies
  - Particularly as obtained from the “admission interview”
  - Pertinent problems with the current therapy

### 2. Discussion of the disease state

- About 3 minutes (max)
- Quick resume of underlying pathological and physiological changes
- Cause of disease, aetiology
- Physical and laboratory findings
  - Where relevant
  - Can include pertinent negative results, eg. Rule out a myocardial infarct
- Diagnostic techniques
  - Where relevant
- Prognosis?
  - Include?

This is important since it is the foundation for discussing drug therapy and monitoring.

### 3. Discussion of drug therapy

- 6 minutes (only present the information that is relevant to your audience)
  - Major objective(s) of drug therapy
  - Selection of drug
  - Mechanism of action
  - Dose, route, duration of therapy
- Common and serious side effects
  - How managed?
- Monitoring for response to therapy
- Potentially significant drug-drug, drug-food, drug-lab interactions
- Factors that will modify choice of drug, or rate of administration
  - “nil orally”
  - Hepatic/renal
  - Cost
- Administration problems that are likely to be encountered
  - Compliance
  - Patient education requirements
- Non-drug treatments
  - Diet
  - Physical therapies
  - Occupation therapy, etc
- Discussion of this case and, say, other evidence based pharmacotherapy

#### 4. List of problems (if encountered)

- 2 minutes
- Failure to receive the drug
- Untreated indications
- Drugs used without indication
- Improper drug selection
- Subtherapeutic/toxic doses
- Drug interactions
- Overdosage?
- Adverse drug reaction

#### 5. Conclusions and critique of therapy

- ½ minute
- Very important
- A classic case / differences / similarity
- ADR's how avoided
- Alternative therapy
- Discharge / discharge medication
- Role of pharmacist in this case
  - Actual
  - Possible
- End on a high note

## APPENDIX L: MEDICATION MANAGEMENT

**Patient No 1:** Approx age:                      Gender: M/F                      Weight:                      kg (if applicable)

### ISSUES THAT MAY INFLUENCE MEDICATION USE OF EFFECTIVENESS

Vision                      ☐  
Hearing                      ☐  
Cognition                      ☐  
Other                      ☐  
Language/literacy                      ☐  
Swallowing                      ☐  
Manual dexterity                      ☐

#### Vaccination status (if up-to-date)

Tetanus                      ☐  
Hepatitis B                      ☐  
Rubella                      ☐  
Influenza                      ☐  
Pneumonia                      ☐  
Other                      ☐

Does patient smoke? Yes ☐ No ☐ Ex smoker ☐

Does patient drink? ☐ No ☐ Yes. Approx... drinks/day

#### Medication dose administration

Self ☐ Partner/Carer ☐

#### Aids or other equipment used

Peakflow meter                      ☐  
Nebuliser                      ☐  
Multi/unit dose DAA ☐  
Spacer                      ☐  
BG meter                      ☐  
Other                      ☐

**ALLERGIES OR ADVERSE REACTIONS TO MEDICATION**

DRUG	REASON FOR PRESCRIPTION	REACTION

**CURRENT CONDITIONS**


**RELEVANT LABORATORY RESULTS AND BLOOD DRUG LEVELS**

TEST TYPE	DATE	NORM	READING	ISSUES

**CURRENT MEDICATIONS**

NAME (generic & trade), STRENGTH and DIRECTIONS	ACTUAL USAGE	INDICATIONS FOR USE	COMMENTS (e.g. consumer knowledge, labelling, unwanted effects, compliance, storage issues etc)

**PROBLEMS/ISSUES WITH MEDICATIONS**

1	
2	
3	
4	
5	

**PROPOSED ACTION**

1	
2	
3	

**OUTCOMES**

1	
2	
3	

**Patient #1 discussion:**

**Preceptor comment:**

**Preceptor signature:**

## APPENDIX M: EXTEMPORANEOUS PREPARATIONS

### Example 1: Preparing Pharmaceutical products

#### Tutor note

The school understands that the amount of extemporaneous dispensing and manufacturing varies widely from department to department. We simply ask that you do what you can to expose the students to the range of work that you do. If you prepare total parenteral nutrition solutions and reconstitute cytotoxics can you give each student an exercise that involves calculations from first principles (important if you use software to do this for you). If you are able to allow the students to participate in the manufacturing processes this would be very much appreciated as the School does not have the facilities to adequately teach the relevant techniques. Three blank sheets follow. Ideally we would like the students to use your own record sheets and staple these into their workbooks.

If you perform in-house quality control on finished products it would be appreciated if the students can be exposed to this practice element.

#### Functional Area 5: Prepare pharmaceutical products

Competency unit 5.1: Consider requirements for preparing product

Competency unit 5.2: Compound pharmaceutical product

#### Focus

- Accurate calculations
- Accurate ingredient selection
- Formulation principles and compounding techniques
- Where relevant, good aseptic techniques

Your tutors will advise you on documentation. It is possible that you will be asked to use the department's record sheets and you can staple these to the following pages.

Once you have completed the manufacturing exercises write a few sentences in the space below on the relevance of the Code of Good Manufacturing Practice (<http://www.tga.gov.au/manuf/index.htm#gmp>) to manufacturing and repacking activities in a hospital pharmacy.

#### Hospital Exercise 5.1: Extemporaneous Dispensing, Manufacturing & Repacking

**Tutor feedback:**

**Tutor signature:**

**You may staple hospital pharmacy record sheets to this page**



## Example 2: Extemporaneous Manufacturing

Some placement sites will undertake more extemporaneous manufacturing than others. If you have the opportunity, discuss the procedures in place at your site for patient-specific and/or batch manufacturing of particular products. If appropriate, your Preceptor may supervise you preparing a required product.

1. What type of extemporaneous products are prepared at your placement site?

---

---

2. Why? (eg. No proprietary formulation / cost / availability)

---

---

3. Outline the documentation utilised at the site.

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4. If you had an opportunity to manufacture the product, outline the procedure you followed (from beginning to end), and include a (de-identified) copy of your batchsheet. If you did not personally have a chance to do any manufacturing, discuss the procedure that would be undertaken for one specific product.

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<b>Successful Completion of Daily Exercise:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Date:</b> ..... <b>Preceptor Signature:</b> .....		

### Example 3: Prepare Pharmaceutical Products

#### Example:

**Name of product:** Resorcinol and Sulphur Ointment Compound

**Date prepared:** 19 March 2001

**Source of Formula:** APF 17<sup>th</sup> edition

**Prescription Number:** 692462

**Product Expiry Date:** 19 March 2002<sup>1</sup>

Ingredient	Quantity in formula	Quantity Used	Student To sign When measured or weighed	Pharmacist to sign when checked	Batch Number	Expiry Date
Resorcinol	2	4grams			SI26RA	3/2004
Sulphur Precip.	3	6grams			AJ30947	4/2005
Salicylic Acid	1	2grams			FHF278DG6	10/2003
White Simple Ointment	94	188grams			FHF7828364R	4/2006

#### Method:

As per APF 17<sup>th</sup> edition page 430

The resorcinol was finally powdered on a slab using a heavy spatula. Each powder was triturated separately with a small amount of white simple ointment until smooth. They were then mixed together and doubling up incorporated into the remainder of the base. The finally mixed ointment was transferred to an opaque 200gram plastic ointment pot.

#### Label:

Caution Not to be Taken For External Use Only	
Resorcinol and Sulphur Ointment Compound	
Apply to the affected skin twice daily	
Patient Name	Prepared 19/3/01
<b>Batch 692462</b>	<b>Store Below 25c</b>
<b>Expiry date 19/03/02</b>	

<sup>1</sup> Not all extemporaneous prescriptions are given an expiry date but it is reasonable practice to date a product to discourage hoarding of medications for many years after intended use.

**Community Exercise : Prepare Pharmaceutical Products: product 1**

**Name of product:**

**Date prepared:**

**Source of Formula:**

**Prescription Number:**

**Product Expiry Date:**

<b>Ingredient</b>	<b>Quantity in formula</b>	<b>Quantity Used</b>	<b>Student To sign When measured or weighed</b>	<b>Pharmacist to sign when checked</b>	<b>Batch Number</b>	<b>Expiry Date</b>

**Method:**

**Label:**

**Preceptor comment:**

**Preceptor signature:**

## APPENDIX N: DISPENSING

Student Name: .....Report Form 1: dispensed prescriptions

Prescription No: Your reference	
AMH classification:	

### Medication details

Proprietary Name	
Generic Name	
Other equivalent products	
Poison schedule	

### Prescription details

Patients sex (M/F) and age (adult, child, baby)	
Dispensed PBS or Private?	
Authority required? Yes/No	
Legal: Yes/No (If 'no', also complete Report Form 2 for this prescription)	
Signature from prescriber	

### Therapeutic Use

Commonly prescribed for what disease state?	
Uncommon (atypical) use if there is one	

### Adverse affects

List the top 3 adverse effects that the patient should be most knowledgeable of: (see counselling note below)	
Dosage indicated by prescriber: Is this appropriate given the age/sex of the patient and pharmacological properties of the drug?	
Price to patient: (show breakdown of cost to patient)	
Label: Provide a copy of the label and other information that should be attached to this medication when dispensed). REMOVE PATIENT NAME : include cautionary and advisory label (comment on their appropriateness)	
Patient Counselling Information: ignoring the possibility that the patient may have been taking this medication for a long time, detail the important issues the patient should be made aware of when taking the medication. Do not simply record all the information you find in the AMH about the particular medication – make it relevant for the particular patient.	

Include whether comment should also be made with regard to other medications the patient may be taking at the same time, including OTC preparations. Attach CMI and comment on what Self Care Card should be provided with this medication	
Comment on what monitoring/follow up may be appropriate	
Are there any relevant laboratory tests associated with the use of the medication?	

**Preceptor acknowledgement:**

**Student responses satisfactory?**

**Signature and date:**.....

## APPENDIX O: WOUND MANAGEMENT

Pharmacy is becoming an accessible port of call for the management of all types of wounds. This ranges from someone wishing treatment for a minor scald through to an elderly patient seeking advice for a diabetic ulcer.

The principle behind the management of wounds is now based on maintaining a moist wound environment to promote a more effective and rapid healing process.

The purpose of this exercise is to introduce students to the array of wound dressings available, and reflect on the factors to consider when setting up a wound management category.

It is also intended that students experience a hands on exercise of applying and removing an Opsite Flexigrid® dressing.

APF 20<sup>th</sup> Ed. Section C: Wound Management. pp 265-276

1. Observe the most common wound dressing recommended and purchased in the pharmacy. Note them down here:

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2. Reflect on whether the management of wounds in the pharmacy follows the concept of moist wound management and write down your thoughts / comments.

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3. Discuss with your preceptor the selection of dressings provided.  
Are there any gaps evident in the pharmacy's wound management category? Is there a reason behind the selection provided?

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4. Reflect on how you would set up a wound management category if given the task in a community pharmacy. What factors would you consider? Write down your thoughts, comments, and ideas:

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### Activity:

Discuss with your Preceptor and if possible organise availability of the Opsite Flexigrid® dressings. Also find a willing member of staff (or the public) to practice applying and removing this type of dressing.

*Reading the directions carefully, apply an Opsite Flexigrid® dressing to a clean and dry portion of skin. Then once on firmly, remove the dressing.*

*Practise your counselling skills by then explaining to someone how to apply the dressing.*

5. Comment on how you found the procedure of both applying and removing an Opsite Flexigrid® dressing. Consider the following factors:

- Written instructions
- Packaging
- Actual process of application and removal
  - a. Was it simple?
  - b. Could this have been done without the instructions?
  - c. How easy was it to explain the correct process to someone else?

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<b>Successful Completion of Daily Exercise:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Date:</b> ..... <b>Preceptor Signature:</b> .....
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## APPENDIX 3: 'DISCUSSION AND OPTIONS FOR PHARMACY EXPERIENTIAL PLACEMENTS' PAPER

### Discussion and Options for Pharmacy Experiential Placements

#### Background

The 'Experiential Placements in Pharmacy' research was conducted during 2007 and supported by funding from a Carrick Institute grant. The purpose was to identify and document current practice for experiential learning and placements in university pharmacy school programs in Australia, sharing ideas and identifying areas for improvement.

Research methods included preliminary forums, literature review, contact with other professions, interviews with university pharmacy schools in Australia to map programs, and handbook analysis. Consultations in focus groups for professional/registration organisations, preceptors and students in each state and territory and nationally also occurred.

Background research involved examining experiential placement purposes, the nature of experiential learning and the role of preceptors in scaffolding and mentoring, as well as competency assessment including the use of graduated descriptors in some allied health professions.

A range of university pharmacy placement structures and influences were noted within the framework of national competencies and accreditation guidelines, as well as university-specific graduate attributes.

Stakeholder consultations emphasised the importance of experiential learning and a balance between open-ended and structured placement situations. Clearly articulated outcomes from experiential placements and more comprehensive planning processes were highlighted as areas for development.

A range of experiential placement assessment tasks were undertaken across various year levels of programs from different universities, many occurring with some consistency across locations although with varying assessment approaches. Assessment involving the development of graduated descriptors linked to clearly identified competencies for novice and advanced beginner levels was outlined as a mechanism to significantly support preceptors and students, and also provide clearer and more consistent outcomes on a national level for university experiential placement programs.

The importance of universities having processes for the evaluation of experiential placements involving students and preceptors and systematic mechanisms to follow through in terms of informing the planning process for learning was highlighted. There was considerable agreement regarding quality indicators for successful experiential placements.

There are three key recommendations which are presented for comment in the next section.

For a more detailed Executive Summary, a copy of the report 'Experiential Placements in Pharmacy' and the Appendices documentation go to: [www.apsa-online.org/papers](http://www.apsa-online.org/papers).

Next >>

#### Recommendation One:

**It is proposed that a national depository of experiential placement learning and assessment tasks be established based on collaborative action research work and using an educational template and planning model incorporating learning outcomes, criteria for assessment and evaluation processes. The action research process which is proposed involves stakeholder practical workshops for collaborative professional development, trialling and modification of learning tasks; data gathering and feedback from participants within specific experiential placement trialling; and final documentation and preparation for publication and dissemination within the central depository.**

1. Please comment on Recommendation One:

Next >>



**Recommendation Two:**

It is proposed that collaborative stakeholder work occurs in the development of standardised developmental descriptors related to competencies as applicable to university students at the novice and advanced beginner levels, with descriptors potentially considering aspects such as time taken to undertake tasks, rule bound versus flexible application to unique situations, and degree of patient focus. Preliminary information gathering, collaborative instrument development, refinement of graduated descriptors and pilot testing and finalisation and training package dissemination aspects are some processes involved.

2. Please comment on Recommendation Two:

Next >>

**Recommendation Three:**

It is proposed that further collaborative work be undertaken in conjunction with professional bodies and other stakeholders to further identify quality experiential placement success indicators in relation to preceptors, students, university, site and overall environment. This includes pre-placement, during placement and post-placement aspects to support improvements in pharmacy experiential placements.

3. Please comment on Recommendation Three:

Next >>

**4a.** While there is variety between universities, there are also many common elements in learning and assessment tasks such as dispensing and counselling. Across professions there is a trend towards broad frameworks for consistency and uniformity. For pharmacy, besides dispensing, counselling, HMR, what other aspects might be essential in the framework? Reflection? CPD? From your perspective, list other aspects which you consider as 'non-negotiables' in terms of learning/assessment tasks?

**4b.** From your perspective, what aspects should not be included when considering consistency of learning/assessment tasks across pharmacy school experiential placements?

**4c.** A variety of assessment and ratings approaches are evident across universities: rating scales, competent/not competent, marks and grades or pass/fail, and graduated descriptors. Most university pharmacy schools use a mixture of approaches. Are any approaches more appropriate within experiential placements in terms of supporting preceptors in providing feedback and giving students clarity about expectations and guidance towards areas for improvement? What are your views and why?

**5. Some key points arising from the research are identified in this section. Please indicate your response from the categories provided.**

**5a) Pharmacy experiential placements have a significant role in developing student knowledge, skills and attributes in the workplace, linking theory and practice, and for career choice checking and possible employment options.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Your response:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**5b) Greater clarity about the outcomes of university pharmacy programs and a more explicit connection between experiential placement tasks and the competencies which are the focus of the pre-registration process is needed.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Your response:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**5c) Use of a comprehensive planning process including clear objectives, scaffolded learning activities and identified assessment tasks and indicators is needed to provide additional support for pharmacy experiential placements.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Your response:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**5d) Given the focus on experiential learning, feedback and preparing students for a futures-oriented profession, further work on building student reflection and communication skills through pre-placement, during placement and post-placement experiences is essential.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Your response:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**Next >>**

**5e) A graduated descriptors approach for assessment (which may include links to university grade bands) and more consistent application across tasks, year levels and pharmacy schools should occur using a process of cooperative work across universities.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Your response:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**5f) Student and preceptor evaluation processes need a more systematic approach involving formally collating results and documentation and dissemination to stakeholders of key ideas and actions in terms of updating programs for the future.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Your response:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**5g) There is a need for funded time and training to be available for preceptors to support them in the provision of student orientation and induction, negotiation of an educational plan, creation of a supportive environment, feedback and assessment.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Your response:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**5h) There is a need for more coordination of experiential placements across Australia to ensure sufficient placement locations and sufficient variety of opportunity exists for all students.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Your response:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

**Next >>**

**Any final comments?**

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**Contact Details:**

**Please note:** Your contact details are voluntary.

**First Name:**

**Last Name:**

**Email Address:**

**Stakeholder Group:**

☐ Student

☐ Professional Organisation Representative

☐ Preceptor

☐ Academic

**Complete Survey >>**

**Thank you for participating in this survey.**

Your responses will be treated with **confidentiality**.

Should you have any queries regarding this survey, please contact:

- Susanne Owen - [susanne.owen@unisa.edu.au](mailto:susanne.owen@unisa.edu.au)