The School of Pharmacy
PHRM3011 Quality Use of Medicines
Community Pharmacy Placement, Semester 1, 2024 - Student Manual

Quality Use of Medicines (QUM) in Australia

Quality Use of Medicines is one of the central objectives of the National Medicines Policy 2000. The Policy states that the partners consider that all medicines should be used:

- Judiciously – medicines, whether prescribed, recommended, and/or self-selected should be used only when appropriate, with non-medicinal alternatives considered as needed;

- Appropriately - choosing the most appropriate medicine, taking into account factors such as the clinical condition being treated, the potential risks and benefits of treatment, dosage, length of treatment, and cost;

- Safely – misuse, including overuse and underuse, should be minimised; and

- Efficaciously – the medicines must achieve the goals of therapy by delivering beneficial changes in actual health outcomes.

To achieve QUM, people must be provided with the most appropriate treatment and have the knowledge and skills to use medicines to their best effect. Health practitioners have an important role to play in promoting the QUM through good treatment choices, communication with consumers and collaboration with relevant healthcare professionals. The full policy is available at:

http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm-copy2

Purpose of the Year 3 Semester 1 Community Pharmacy Placement

During this semester 1 placement, the expectation is that students will:

- Attend SIX (6) weekly placements of 3-4 hours/week (attendance sheet to be signed by the Preceptor at the completion of each placement).

- Experience most aspects of community practice including Dispensing and Patient Consultation on Medications, Communication, Professional and Ethical issues, and Business (where applicable).

- Use their placement experience to complete the following assessment items to pass PHRM3011:

    1. Weekly Reflective Diary

    2. Evidence examples for Developing Skills Task

    3. Assessment of Dispensing Task

    4. Graduated Descriptor Tool Discussion Declaration

    5. Attendance Sheet

    6. Satisfactory Preceptor Evaluation

By completing this process, it is hoped that the students will show responsibility for their professional practice learning and increase their readiness to undertake future practice placements.

Placement Agreement

There must be a Placement Agreement for all Community Pharmacy Placement sites. This agreement is organised by the School of Pharmacy and sent to the placement sites. The Agreement covers such issues as student insurances, the time span for the agreement, and the general provision of placement facilities. Students cannot start their placement until this agreement is signed by both the placement site and The University of Queensland.

Preceptor's Roles and Responsibilities – a Summary

- Placements must be supervised by a registered pharmacist, the Preceptor.

- Preceptors are more than teachers who provide lawful supervision during placement. Their role is also to provide a safe and comfortable learning environment in their pharmacy as they provide a variety of practice experiences to facilitate students' learning. The philosophy of all placements is that they are a 2-way process between the student and their Preceptor (and their team).

- Preceptors are professional role models, guiding and encouraging students to apply the principles of best practice, introducing them to the appropriate professional behaviours and ensuring appropriate supervision. Preceptors will provide an initial briefing, introduction and orientation to the student with regards to the placement environment (e.g. occupational health and safety matters), practices, staff members, individual patients/clients, and will debrief with the Students as necessary. They will assist with the student's observation and practice activities, provide ongoing feedback, and supervise the student while regularly clarifying their expectations.

- Preceptors also perform the final assessment of the Student's Placement, ideally in discussion with the student while providing them with this important, concluding, final feedback.

- It is acceptable and often unavoidable for the student to have more than one Preceptor over the course of their Placement, however it is expected that one (Principal Preceptor) will maintain a conversation with the other(s) in order to facilitate adequate levels of supervision throughout and also to perform the final Student evaluation.

Summary of Learning Tasks for Community Pharmacy Experiential Placements

A set of learning tasks has been established for the placement program to assist both preceptor and student. The list is a guide to key areas of community pharmacy. Preceptor experience will inform other aspects of community pharmacy that would be valuable learning opportunities for the student.

1. **Dispensing and Counselling Medications** The student will begin to integrate their pharmaceutical knowledge and skills into the practice of dispensing and counselling, and learn how to apply this knowledge in a professional workplace.	Observe	Participate
Prescription Medications		
a. Recognise the legal, ethical, and therapeutic issues involved in dispensing prescriptions	☐	☐
b. Ask appropriate questions to identify the relevant issues and information options in relation to any prescription problems	☐	☐
c. Identify how to resolve problems with the appropriate individual (consumer; pharmacist; doctor)	☐	☐ Consumers
d. Demonstrate an understanding of the requirements of the PBS and RPBS system in processing prescriptions.	☐	☐
• PBS restricted benefits	☐	☐
• PBS unrestricted benefits	☐	☐
• PBS & RPBS authority benefits	☐	☐
• Repatriation Pharmaceutical Benefits Scheme	☐	☐
• Benefits prescribed by Dental Practitioners	☐	☐
• Brand Equivalence	☐	☐
• Brand Premium Policy and Brand Substitution	☐	☐
• Therapeutic Group Premium Policy	☐	☐
• Safety Net Scheme and prescription costs	☐	☐
• Regulation 49 '1 supply' dispensing (previously reg 24)	☐	☐
• Section 100 items	☐	☐
• Repeat authorisations	☐	☐
• PBS & RPBS claims	☐	☐ If possible
e. Operate the dispensing computer	☐	☐
f. Use an appropriate dispensing process; including identifying & using the pharmacy protocols & procedures	☐	☐
g. Choose the appropriate prescription item	☐	☐
h. Appropriately label the correct prescription item	☐	☐
i. Use an appropriate checking system for the prescription process	☐	☐
j. Demonstrate an understanding of the requirements to process non-PBS (private) prescriptions	☐	☐
k. Counsel consumers about their prescriptions	☐	☐

2. **Dispensing and Counselling Medications** The student will begin to integrate their pharmaceutical knowledge and skills into the practice of dispensing and counselling, and learn how to apply this knowledge in a professional workplace (continued).	Observe	Participate
Non-Prescription Medications **including non-scheduled; herbal & complementary medicines; S2; S3 medicines; medication delivery devices**		
a. Recognise the legal, ethical, professional, and therapeutic issues involved in dispensing/supplying non-prescription items	☐	☐
b. Identify the non-prescription protocols (including unscheduled; S2;S3) developed and practiced	☐	☐
c. Ask appropriate questions to identify the relevant issues and information options in order to resolve any problems	☐	☐
d. Identify how to communicate and resolve problems with the appropriate individual (consumer; pharmacist; pharmacy staff; doctor)	☐	☐
e. Choose appropriate non-prescription items	☐	☐
f. Operate the dispensing computer for non-prescription items	☐	☐
g. Record and label the non-prescription item as appropriate	☐	☐
h. Use an appropriate checking system	☐	☐

3. **Communication** The student will start to put communication skills into practice in relation to consumers and other health professionals as identified by the preceptor.	Observe	Participate
a. Demonstrate knowledge of the PSAs Code of Ethics for Pharmacists, the standards and guidelines which pertain to professional practice, and how these principles aid communication between consumers and pharmacy staff	☐	☐
b. Demonstrate and understanding and adherence to the requirements of the Privacy Act as they pertain to information gathering or dissemination	☐	☐
c. Ask appropriate questions to identify the relevant issues and information options in relation to any medication or pharmacy problems	☐	☐
d. Identify how to communicate and resolve problems with the appropriate individual (consumer; pharmacist; pharmacy staff; doctor)	☐	☐
e. Provide appropriate medication advice to consumers and other health professionals	☐	☐ Consumers
f. Provide medication and/or lifestyle information to assist consumers in the correct use of medication and/or disease state management. As necessary by law or best practice, CMI leaflets or other written material as appropriate to each individual situation should be provided	☐	☐

4. **Professional and ethical** The student will begin to understand a professional and ethical approach to practice.	Observe	Participate
a. Observe the layout of the pharmacy and discuss the rationale for the Pharmacy work flow: • Position of work areas (dispensary; front shop) • Position of scheduled and unscheduled medicines • Position of other healthcare supplies or equipment • Sources and availability of product information	☐	☐
b. Discuss the range of duties of pharmacy staff members	☐	
c. Discuss with the preceptor the operation of any specialist services	☐	
d. Show behaviour and conduct appropriate to the practice of a pharmacy professional.		☐
e. Dress appropriately for a professional workplace, including wearing student identification		☐
f. Demonstrate punctuality		☐
g. Demonstrate a respect for all pharmacy staff		☐
h. Demonstrate a respect for consumers		☐
i. Demonstrate an understanding of the rights and privacy issues for the individual consumer.		☐
j. Demonstrate knowledge of the Code of Ethics, the standards and guidelines which pertain to professional practice, and how these principles may apply in resolving issues in everyday pharmacy practice.		☐
k. Discuss with the preceptor the application of the Quality Care Pharmacy Program (QCPP) in the pharmacy		☐

During the Placement

1. Students must attend the Placement during the timetabled session or at a time which is convenient to the Preceptor.

2. The community pharmacy placement requirements are for WEEKLY placements (over 6 weeks) in Semester 1, excluding university holidays. Alteration to this requirement MUST be discussed and approved by the course coordinator.

3. Placements during the university vacation times or on weekends must be authorised by the course coordinator.

4. Any change in placement details (e.g. placement site, placement Preceptor) must be discussed with the Placements Pharmacist prior to the proposed change.

5. ALL experiential placements which are integral to any Pharmacy course MUST BE NON-PAID by the pharmacy. If a student receives any payment, this will:

   a. undermine the flexibility of the learning experience;

   b. invalidate any University of Queensland insurance cover;

   c. invalidate the course placement requirements; a fail grade will be recorded;

6. Students will benefit from pharmacy employment. However, employment (i.e. paid work) at a placement site must be in addition to the required placement hours. Therefore, students who

are employed at the placement site or another pharmacy must undertake ADDITIONAL hours to cover the placement requirements of unpaid pharmacy time.

7. Placement attendance is compulsory (see ECP). The Attendance Sheet is to be downloaded from Blackboard, taken to each placement where the Preceptor is requested to complete and sign the form. The completed form is to be scanned and submitted to the ePortfolio via the Blackboard link at the completion of the placement period by the due date.

8. Medical certificates do not excuse non-attendance at placement. No student is expected to attend placement if he/she is ill, but missed placement days/weeks will be counted as an "incomplete placement" and these will have to be completed at a time suitable to the Preceptor, the student, and the School before course credit can be granted. Placement Preceptors MUST be notified as soon as possible to explain your absence and documentary evidence will be required by the School - each circumstance MUST be discussed with Academic Supervisor or Placements Pharmacist.

9. It is the student's responsibility to take the Placement Attendance Sheet to the pharmacy and ask the Preceptor to sign to verify student attendance for that placement.

10. Wear the Placement Shirt and the correct Identification Badge; no placement can be undertaken without meeting this requirement.

11. At the placement, students are encouraged to observe or participate in a wide range of pharmacy activities. Students are responsible for keeping a record of the learning opportunities as stated in the learning activities:

    a. Dispensing and counselling prescription and non-prescription medications;

    b. Communication approaches and techniques;

    c. Professional and ethical decision making;

    d. Business and workforce management activities.

12. DO NOT use any placement equipment (including all computers and electronic devices) unless prior approval has been given by the Preceptor.

13. Preceptors may be unavailable, at times, to teach or answer student queries. Students can demonstrate initiative and willingness to learn by using this time to participate in other pharmacy activities e.g. interact with other staff; research learning activities.

14. Reflective Diaries must be written and uploaded into the ePortfolio via the Blackboard link weekly, within one week following each placement. No e-mailed documents will be accepted.

15. Students who have any placement problems or would like to discuss their placement with the course coordinator, please make an appointment via an e-mail request.

After the Placement

1. Students must complete the required Evidence Examples of Developing Skills Task, Reflective Diary, and Graduate Descriptors Tool Declaration in the ePortfolio via the Blackboard links by the due date as outlined in the ECP. No e-mailed documents will be accepted. All files must be readable within Blackboard.

2. The Attendance Sheet and Dispensing Task are to be scanned and uploaded to the ePortfolio via the Blackboard link. Students must ensure that these files are readable in Blackboard.

3. All work during the placement must be your own individual work, i.e. the diary entries and Evidence Examples of Developing Skills should be about your own personal learning and reflection. Do not select the same patients or scenarios as other students who may be at the placement site.

4. Work must be independent and original.

5. In writing Evidence Examples of Developing Skills and Reflective Diaries, students must respect patient, doctor and pharmacy staff confidentiality – all writings must be de-identified.

6. It is strongly suggested you upload your assessment items into the ePortfolio via the Blackboard links 1-2 days prior to the due date to avoid last minute technical problems.

7. There will be NO opportunity to resubmit or redo any component of the community pharmacy placement, except under the direction of the course coordinator.

8. The student should appreciate that the practical experience of a placement, closely supervised by a registered pharmacist (who voluntarily shares their valuable time and experience), will be of great personal benefit. The School of Pharmacy strongly urges students to show their appreciation by writing a personal letter of thanks to their Preceptor at the end of the placement.

Placement Assessment

There are six assessment items that must be completed in order to pass PHRM3011.

1. Weekly Reflective Diary entries (4 diary entries) are to be saved in the ePortfolio via the Blackboard link within SEVEN days of the placement and prior to the next placement. Last diary due by week 10 (2 pm Tuesday).

2. Evidence for Developing Skills using 3.2.5 (Domain 3: medicines management and patient care, Standard 2: implement the medication management strategy or plan, Enabling Competency 5: provide counselling and information for safe and effective medication management) and cardiovascular medications as the context. To be written directly into the template and submitted to the ePortfolio via the Blackboard link (details on page 24). Due by week 10 (2 pm Tuesday).

3. Assessment of Dispensing Task Sheet signed by Preceptor. This must be scanned and submitted to the ePortfolio via the Blackboard link by week 10 (2 pm Tuesday).

4. Graduated Descriptor Tool Discussion Declaration on Blackboard (details on page 30). This must be read and agreed to on the ePortfolio (via the Blackboard link) by week 10 (2 pm Tuesday).

5. Satisfactory attendance at the placement as demonstrated by Preceptor signed Attendance Sheet (available for download from Blackboard). This must be signed weekly by your preceptor, scanned and uploaded to the ePortfolio via the Blackboard link by week 10 (2 pm Tuesday).

6. Satisfactory Preceptor Evaluation. The Preceptor will have this form sent to them and will fill this out and return back to the School of Pharmacy.

Purpose of the Reflective Diary

- To write an account of the daily placement activities and the role of these activities in professional practice;

- To reflect on these practice issues in order to facilitate student learning.

There is an expectation that the **student will be responsible to ensure the following criteria.**

Reflective Diary Criteria:

- SIX diary entries are completed in the ePortfolio via the Blackboard link (/Placements/2. Weekly Reflective Diary). Save diary entries each week, but do not submit until all diary entries have been completed.

  NOTE: The day of the placement should be used as the date for each diary entry.

- Submission must be WEEKLY (on electronic submission of the diary, the date is recorded on the system) within SEVEN days of the placement and prior to the next placement. Last Diary due by week 11 (2pm Tuesday);

- Each diary contains an account of the daily activities at the placement site and some degree of student reflection on these practice activities;

- The language is appropriate (everyday language but NO text messaging/online chat abbreviations, emoji's, or bad/offensive language);

- All comments are respectful and collegiate; there is to be no criticism of the professional practice of any pharmacy staff; any disagreement with processes or procedures is to be framed in terms of your own learning.

Please note that although the diaries are read regularly, there may not be weekly feedback on the contents of the entry – the diary is there to facilitate your own learning by reflective practice. When you submit the diary electronically, the date is recorded on the ePortfolio system. The diary will be reviewed if issues arise at the placement site that requires investigation or advice from the Placements Pharmacist or Course Coordinator.

After the Placement, as the Diary is part of the Student Placement Portfolio, it will be assessed as: reflection satisfactory/reflection not satisfactory. Note: "reflection not satisfactory" does not mean you have failed the Reflective Diary and does not require resubmission. This is there for your own learning and for you to develop in future reflective assessments.

Guidelines for the Reflective Diary:

1. The Reflective Diary is written after the Placement, not at the Placement site;

2. Record the activities in which you participated or observed in the pharmacy;

3. During and after the experiential placement session, REFLECT on your experiences in order to process the daily activities within the context of your existing theoretical and practical knowledge. Comment on the development of your pharmacy knowledge base.

4. After the placement, you are required to write about your placement reflections in your Reflective Diary.

Reflection here is about the student experience and learning. For example, it is not to be sections of text that have been accessed and copied, but it is a demonstration that the student has thought back on the case in the context of the pharmacy situation and what was learned. The reflection can be on many aspects of the interaction.

Elements to consider in your reflection (these are a guide and all are not mandatory in each Diary except the Diary must go beyond just reporting):

- **Report**: Report and describe what happened; make observations; ask questions & consider the explanation to unknown situations;

- **Relate**: make a connection between the activity and your experience, skill or knowledge;

- **Reasoning**: make sense of what happened; explain by theory or literature; consider different perspectives (professional compared with patient); were there any ethical dilemmas;

- **Reconstructing**: would you do the same next time; what would be different and why

Note: You cannot criticise another health professional, as you do not have the experience or expertise to evaluate all situations. If the situation is of concern, think about the context from your point of view, not that of anyone else.

Reflection and Reflective Writing

A reflective diary/learning journal/logbook is used to help record and analyse the student's learning experience at the experiential placement site. The purpose of the diary is not only to record fact or observation, but to reflect on that experience. This process goes beyond just thinking-back on the experience. The student should think about relating, re-interpreting, or simply trying to make sense of the events of a real situation with their existing knowledge. This process helps to assimilate the new experience with existing theoretical and practical knowledge in order to add to their core understanding of pharmacy practice.

Reflection, in this context, may be defined as the cognitive and affective activities which the learner uses to explore a clinical experience in order to process a new understanding and appreciation of the therapeutic situation1.

In this manner the reflective process promotes deep learning and discourages the surface retention of isolated facts.1, 2 Reflection does not happen as a singular event. It is a repeating cycle where learned knowledge is continually challenged by new events being presented. Reflection allows the student to continue to process, formulate, and 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.1, 2

The writing of a professional diary encourages deep learning. Making a complete record necessitates taking time to think about the event in the context of what happened, and linking taught theory with the happenings of this actual event.

The purpose of the reflective diary is for the student to use reflection (reviewing, thinking and analysing about the pharmacy context) to:

- think about the context of the pharmacy interaction;

- think about what was learned by that interaction;

- build on his/her existing knowledge base to promote a new understanding or appreciation of the practice activity.

Levels of reflective writing:

1. Descriptive listing

- Listing of events

- No explanation

- No obvious attempt at reflection

2. Descriptive reflection

- Describes the events

- Some explanation

- Consider some alternative explanation and reflection upon events

3. Dialogic reflection

- Describes the events

- Explanation and considers alternatives, other possibilities, courses of action; builds on existing knowledge

- Analysis; reflection

A reflective writing style is also pertinent to the Evidence for Developing Skills Task and is used to assess the students' knowledge and understanding of pharmacy practice as relating to situations presented at the placement pharmacy.

References

1. Boud D, Keogh R, Walker D. Promoting reflection in learning: a model. In: Walker D, editor. Reflection: Turning experience into learning. London: Kogan Page; 1985.

2. Moon J. Learning Journals. A handbook for reflective practice and professional development 2nd ed. London: Routledge; 2006.

3. Adapted from: Hatton & Smith as quoted by English LM. Ethical concerns relating to journal writing. New directions for adult and continuing education [serial online] Summer 2001 [cited February 2009], 2001(90):27-35

Evidence Examples for Developing Skills Task

This semester the placement focusses on the supply of cardiovascular medicines as a context for 3.2.5 (Domain 3, Standard 3.2, Enabling Competency 5) of the National Competency Standards Framework for Pharmacists in Australia 2016 (https://my.psa.org.au/s/article/2016-Compentency-Framework). This competency addresses the provision of patient counselling (consultation) and information for the safe and effective management of medicines.

Purpose of the Evidence for Developing Skills Task:

Pharmacy students are awarded competency to practice in their postgraduate internship year by the Pharmacy Board of Australia under the Australian Health Practitioner Regulation Agency (AHPRA).

As an undergraduate student, you are expected to work toward the acquisition of pharmacy skills moving toward competency.

Recording the Evidence for Skills Tasks (template available on Blackboard under \Placements\3. Evidence of Skills Examples) provides a means for the student to document and summarise:

- examples of evidence and the relationship of examples to the competency task;
- reflect on the examples and performance gaps identified during the placement experience.

Evidence for Developing Skills Task Criteria & Guidelines:

The competency task for third year students in semester 1 (PHRM3011) is based around Competency 3.2.5 (Domain 3, Standard 3.2, Enabling Competency 5; Provide counselling and information for safe and effective medication management), which is described by four performance criteria. In showing evidence for any or all of these performance criteria under 3.2.5, the student is addressing the skills task. At least 5 (FIVE) evidence examples for this skills task will be required. The evidence examples should demonstrate a number of performance criteria under 3.2.5.

- Each of these evidence examples will be about a cardiovascular medication interaction in which you have observed or participated;

- A model evidence example and its format for this assignment are provided below.

- Complete your Evidence Examples in the template provided on Blackboard, and submit to the ePortfolio via the Blackboard link (/Placements/3 Evidence of Skills Examples):

- Under the Situation as presented column, you describe the medication interaction using the following as a guide:

  o Description of patient and patient history (as relevant)

  o Description of medication use/therapeutic need including medication history (as relevant)

  o Supply and counselling (dose, dose frequency, lifestyle etc.)

- Ensure that you reflect on your performance/learning gaps, and provide strategies to overcome these gaps.

- Detailed information on how this assessment is marked, which should guide student's completion of this task, is provided in the marking rubric, which can be downloaded from the ECP.

- Five (5) evidence examples are required. This is your own collection of evidence and the more evidence you collect, the more reflection you make and ultimately the more you learn about yourself and also your progress towards practice as a health professional.

- Evidence of skills examples do not have to be long, but must meet the requirements detailed in the ECP and rubric for marking.

- All evidence examples should relate to the dispensing of prescribed cardiovascular medications.

Assessment of Dispensing

This semester preceptors have been asked to assess students on their dispensing.

Purpose of Assessing Students Dispensing:

The separation of prescribing and dispensing processes helps to ensure that consumers know about their medications and have the skills to take/use medications in a safe and efficacious manner. The dispensing process is one of the key tasks performed by pharmacists. It is therefore essential that pharmacy students can demonstrate a satisfactory understanding of dispensing processes prior to their graduation. This assessment provides an opportunity to identify any difficulties that may be experienced in the dispensing process, and to use this knowledge to improve dispensing skills. Access to a pharmacy environment further builds on the skills gained in the dispensing lab environment by providing authentic opportunities to practice information gathering, as well as the selection, labelling and checking of stock, under the supervision of a registered pharmacist.

What is Dispensing?

Dispensing involves more than just the labelling prescribed products. Key steps are listed below:

Information Gathering – asking questions of the patient (or person presenting with the prescription) to ensure that the medication will be safe and effective for the patient (e.g. new, changed or continuing medication; other medicines and medical conditions (includes pregnancy and breastfeeding if appropriate); allergies to any medications; age; and weight of the person), and collecting required documentation (e.g. Medicare, Safety net, Close the Gap and Concession numbers). This stage may include assessing which medications on a prescription need to be dispensed, and if the patient would like generic brands.

Professional and Clinical Review of the Prescription – will the prescribed medications prove to be safe and effective for the patient (e.g. are there contraindications and/or drug interactions (including non-prescription (over-the counter/OTC) and complementary medicines)?; Is the dose appropriate?; Does the prescription meet legal requirements?; Check dispensing history (therapy adherence, unusual use, or misuse of medications).

Selecting/choosing stock - ensuring the correct medication, brand, strength, form, and pack size has been selected, and that the medication is in date. This step includes the preparation or compounding of medications where required (e.g. addition of water to produce antibiotic suspensions), and repacking (e.g. into dosage administration aids).

Labelling - ensure that a legal label, with clear instructions is affixed to the product, along with any required/important ancillary labels, and that the position of the label/s does not obscure important product information (e.g. expiry date, drug name and dose). This process may include the use of scanners to aid checking that the correct product has been selected.

Dispensing Check – ensure that no errors have been made in the dispensing process, including confirming that all pharmaceutical benefits scheme requirements have been meet.

Provision of Medicines Information (Counselling) – Ensure that the right medication is handed off to the correct person. Provision of advice on how and when to take medications, along with any medication specific advice (e.g. side effects, monitoring, drug interactions), and consumer medicines information sheets to ensure safe and appropriate use of medicines. Clarify patient understanding of advice, and answer questions. Obtain signature for supply.

Further information is available from the following references:

1. The Pharmacy Guild of Australia. Dispensing your prescription medicine: more than sticking a label on a bottle; 2016. Available from: http://www.guild.org.au/issues-resources/fact-sheets click on "the dispensing process".

2. Pharmacy Board of Australia. Guidelines for dispensing of medicines. Available from: http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx

3. Pharmaceutical Defence Limited & Australian Journal of Pharmacy. Guide to good dispensing. Available on PHRM3011 Blackboard site under /Learning Resources/Dispensing and Counselling Resources/Dispensing/PDL Guide to good dispensing

Criteria and Guidelines for Dispensing Assessment:

The dispensing assessment will concentrate on student accuracy in:

- the entry of patient and prescription data into the dispensing software;

- stock selection;

- labelling of the medication/product;

- applying a suitable dispensing check-process;

The task requires students to:

- Dispense TEN (10) prescriptions over the course of the 6-week placement (~ 2/week).

- Obtain a signature and date from the preceptor pharmacist for each prescription dispensed to the preceptor's satisfaction, and indicate if the script was an internal repeat (IR) (previously dispensed at the same pharmacy), external repeat (ER) (previously dispensed at a different pharmacy), or an original (O) script.

The following guidelines relate to this exercise:

- This assessment is compulsory and will be marked as pass/fail.

- No more than TWO (2) internal repeat prescriptions (from the same pharmacy) can count towards this exercise.

- A prescription containing multiple items counts as a single prescription. For example, dispensing a prescription with three items on it would count as dispensing a single prescription for this assessment.

- The Dispensing Task Record Sheet can be downloaded from the PHRM3011 Blackboard site under placements.
- The student MUST scan, upload and submit the completed Dispensing Task form to the ePortfolio via the Blackboard link by the due date Week 10 (2 PM TUESDAY).

PHRM3011 – Dispensing Task

Task: Students are to politely ask their preceptor pharmacist for opportunities to practice dispensing in a pharmacy environment, preferably during a quiet time at the pharmacy.

Purpose: Good dispensing processes help to ensure that consumers know about their medications and have the skills to take/use the medications in a safe and efficacious manner. The dispensing process is one of the key tasks performed by pharmacists. It is therefore essential that pharmacy students can demonstrate a satisfactory understanding of dispensing processes prior to their graduation.

Students must record that they have dispensed 10 prescriptions during the course of their placement. This can include a mixture of original prescriptions (O), as well as repeats from the same pharmacy (IR; no more than 2) and outside pharmacies (ER). This would require that the student dispenses ~1-2 scripts/week for their 6-week placement. Students must start this task on their first week of placement to minimise pressure in later weeks to dispense a larger number of prescriptions during their placement time.

Data must be recorded each week on this form and signed by the Preceptor.

No.	Date (dd/mm/yy)	Original (O), External (ER) or Internal (IR) Repeat	Preceptor Name	Preceptor Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Full Student Name (Print): _____   **Student Number (8 digits):** _____

Student Signature: _____   **Date (dd/mm/yyyy):** _____

Professional Development Feedback:
(Preceptors, please feel free to record any points that would help to improve the student's dispensing skills)

Graduated Descriptors Tool

Practice discussions at the workplace are essential for student socialisation into the profession and for the student to discuss practice skills with a professional pharmacist. The Graduated Descriptors Tool (GDT) is a guide for assessing progress in achieving professional skills by focussing on the expected student skills in early and late stage placements. Note: Competency to practice is assessed in the internship year but the GDT can be used to document the student's progress toward practice knowledge and skill acquisition.

Purpose of GDT:

- To demonstrate the development and progression of practice knowledge and skills as students move from Year 1 to Year 4 in the undergraduate program;

- To facilitate practice discussion between professional pharmacists and pharmacy students.

GDT Guidelines:

Use Domain 3 in the 2016 National Competency Standards Framework for Pharmacists in Australia as this domain closely reflects criteria needed to assist consumer understanding and adherence with respect to medication supply. The GDT for Domain 3 is found on the next page and on Blackboard. Note: the expected student skills are listed under Early Placement in the Domain 3 GDT.

- Before starting a placement, the student self-assesses (by placing ticks in the circles) in each of the following criteria:
    - o Level of support
    - o Time taken for tasks
    - o Clinical problem-solving
    - o Degree of consumer focus
- In the initial weeks of the placement, the student discusses the tool and their self-assessment and placement goals (what the student intends to do to address practice-skill gaps) with the Preceptor
- At the end of the placement BOTH the student and the preceptor complete the GDT Domain 3 and discuss the achievements of the placement in terms of student learning
- There is no need for the student or the preceptor to record these discussions BUT the student MUST complete a declaration on the ePortfolio (via the Blackboard link) to indicate that the discussion has taken place.
- The Preceptor, as part of their Student Evaluation, will be asked about the GDT discussion

Reference: National Competency Standards Framework for Pharmacists in Australia 2016

Download from https://my.psa.org.au/s/article/2016-Compentency-Framework

PHARMACY EXPERIENTIAL PLACEMENTS TOOL

HOW WELL AM I PROGRESSING: COMPETENCY GRADUATED DESCRIPTORS TOOL FOR SELF-ASSESSMENT AND FEEDBACK

What is it?	A guide for assessing progress in achieving profession's competencies; focuses on student characteristics in early- and late-stage placements *or other relevant experiential activities*.
Who should use it?	For self-assessment (e.g. prior to or during placements *or within other relevant experiential activities*) or for preceptor feedback/discussion purposes.
How was it developed?	In workshops and in Australia-wide consultations *and trialling*, as part of an ALTC (Australian Learning and Teaching Council) research project.

Suggested use of the Tool

1. Look at the pharmacy *Domains* (there are 8**): *Professional and ethical practice*… to … *Critical analysis, research and education**. See dot points under early placement, late placement *(note: this also relates to other relevant experiential activities)*.

2. Before starting a placement, student self-assesses (by placing ticks in the circles) in each of the 8 Domains. (eg, black ticks ✓, as indicated below)
   Level of Support – Significant assistance needed … to … Guidance (prompting, cues).
   Time Taken for Tasks – Significant task time needed … to … Little additional time needed.
   Clinical Problem-solving – Has knowledge, little application … to … Information integrated & applied: can connect knowledge elements and apply these.
   Degree of Consumer Focus – Focused on own performance: the student is rule-bound and concentrating on themselves rather than the *consumer* in applications … to … *Mostly consumer*-focused: can apply processes flexibly to meet client needs.

LEVEL OF SUPPORT	✓	Significant assistance (direction)	○	Minimal assistance	✗ Guidance (prompting, cues)
TIME TAKEN FOR TASKS	○	Significant task time needed	✓	Some additional time needed	○ Little additional time needed
CLINICAL PROBLEM-SOLVING	✓	Has knowledge, little application	○	Recognises aspects of problem-solving	✗ Information integrated & applied
DEGREE OF CONSUMER FOCUS	○	Focused on own performance	✓	Partly consumer-focused, partly self-focused	✗ Mostly consumer-focused

3. In the initial weeks of the placement, student discusses the tool and their self assessment and placement goals with the preceptor.
4. Mid way through a placement, student again self assesses, using a different colour tick for each category.
5. Preceptor separately completes tool.
6. Discuss similarities/differences.
7. At the end of placement, repeat steps 5,6,7 using another colour and indicator. (eg, orange crosses ✗, as indicated above)

Use the Comment box to provide clarifying remarks.

** Based on the eight Domains from the *National Competency Standards Framework for Pharmacists in Australia* (Pharmaceutical Society of Australia, 2010). The right side columns acknowledge the links to 'Internship' and 'Newly-Registered Pharmacist', with 'Cues' indicating that 'Competent' status has been achieved. Note that Domain 3 is not required for Initial Registration but is outlined in this tool, with a focus on relevant preparatory activities.

Context details:
Student Name:
University and Program of Study:
Placement Description: e.g. first, final, rural, hospital
Purpose of Using Tool: *(circle)* Pre-placement self-assessment During placement self-assessment Post-placement self-assessment Preceptor feedback (interim) Preceptor feedback (final) Other (indicate)
Goals set by student:
Overall Preceptor feedback:

Domain 3: Medicines management and patient care

Pharmacists manage the drug distribution process to ensure the safety, accuracy and quality of supplied products

INTERNSHIP

Newly-Registered Pharmacist COMPETENT

Application of expertise to promote wellness or work in direct consultation with patients or in collaboration with other health professionals to improve health. This application of medicines management expertise whether as an independent or collaborating professional is directed to achieving the Quality Use of Medicines.	Early Placement Student *With assistance & significant additional time:* • assesses prescription validity . . . . • clarifies medication orders . . . . • assesses appropriateness of prescribed medicines . . . . • follows predefined systematic dispensing procedures . . . . • carries out specific documentation tasks . . . . • identifies relevant information regarding medicines such as adverse affects, storage	Late Placement Student *With guidance & only some additional time:* .... & provides information to patients as appropriate		*This expertise involves participation in public health & health promotion, the assessment of patients to develop a patient-centred medication management strategy or plan and the provision of medicines (prescription and non-prescription) and compounded products . This expertise also encompasses the creation and maintenance of patient records to facilitate continuity of care and preserve & protect patient privacy and confidentiality.*
Level of Support	☐ Significant assistance needed (direction)	☐ Minimal assistance	☐ Guidance (prompting cues)	⇨ *Independence*
Time Taken for Tasks	☐ Significant task time needed	☐ Some additional time needed	☐ Little additional time needed	⇨ *Practices effectively and time efficient*
Clinical problem Solving	☐ Has knowledge, little application	☐ Recognises aspects of problem-solving	☐ Information integrated & applied	⇨ *Identifies problem-solving & integrates*
Degree of Client Focus	☐ Focused on own performance	☐ Partly client-focused, partly self-focused	☐ Mostly client-focused	⇨ *Sufficient process skills for client focus*

Comments (e.g. discrepancies, areas of particular strength, future action)

Useful Contacts

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