School of Pharmacy Preceptor Handbook

School of Pharmacy Preceptor Handbook

SCHOOL OF PHARMACY

THE UNIVERSITY OF QUEENSLAND
BRISBANE, QUEENSLAND

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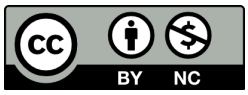


The University of Queensland, St Lucia QLD, Australia

Introduction

The *School of Pharmacy Preceptor Handbook* (the *Handbook*) is a resource that has been developed for preceptors hosting students in the Bachelor of Pharmacy (Hons) program.

The *Handbook* is organised into sections:

1. Placements Information: outlines the roles and responsibilities of placement providers and students, and explains the structure of placements throughout the program.
2. Entrustable Professional Activities: including how EPAs are integrated with the program, guides for completing and making level of entrustment decisions, and all EPA templates.
3. Resources: including tips for providing feedback to students and technical guides for using the ePortfolio.
4. Course sections: each course with a placement component has its own section. In these sections you will find information on the course, student preparation for placement, links to specific EPA templates for the course, and a guide for the anticipated average entrustment level.

How to use the *Handbook*

The *Handbook* is intended as a resource that can be used by preceptors to refer to the relevant sections at different points during the placement, it does not need to be followed in a linear fashion. It is recommended to read all sections if it is the first time hosting a student in the Bachelor of Pharmacy (Hons). However, once a preceptor is familiar with the structure of placements, they may wish to refer to the information in the course specific section as required.

The information in this *Handbook* is presented using different multimedia, such as interactive infographics, images, and videos. We recommend that preceptors bookmark the link to access the online version to retain the functionality of the multimedia elements. However, the *Handbook* can also be downloaded as a PDF if required, which may be useful for keeping a copy of the EPA templates on hand.

Editions and Revisions

The first edition of the *Handbook* was published for the first placement in the program in semester 2, 2023.

Revisions

January 2024	Updates to all sections Addition of PHRM3101

The *Handbook* will be updated with course specific sections as the role out of the Bachelor of Pharmacy (Hons) continues.

Contributors

Ms. Jessica Cockerill

Ms. Nicola Townsend

Dr Jane Lee

Dr Neil Cottrell

Dr James Falconer

Dr Peter Moyle

Acknowledgement of Country

We acknowledge the Traditional Owners and their custodianship of the lands on which this project originated. We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country. We recognise their valuable contributions to Australian and global society.

A Guidance Through Time by Casey Coolwell and Kyra Mancktelow © The University of Queensland

About the artwork

Quandamooka artists Casey Coolwell and Kyra Mancktelow have produced an artwork that recognises the three major campuses, while also championing the creation of a strong sense of belonging and truth-telling about Aboriginal and Torres Strait Islander histories, and ongoing connections with Country, knowledges, culture and kin. Although created as a single artwork, the piece can be read in three sections, starting with the blue/greys of the Herston campus, the purple of St Lucia and the orange/golds of Gatton.

The graphic elements overlaying the coloured background symbolise the five UQ values:

- The Brisbane River and its patterns represent our Pursuit of excellence. Within the River are tools used by Aboriginal people to teach, gather, hunt, and protect.
- Creativity and independent thinking is depicted through the spirit guardian, Jarjum (Child in Yugambeh language), and the kangaroo
- The jacaranda tree, bora ring, animal prints, footprints and stars collectively represent honesty and accountability, mutual respect and diversity and supporting our people.

Learn more about The University of Queensland's Reconciliation Action Plan.

PART I

PLACEMENTS INFORMATION

1. Introduction to UQ Bachelor of Pharmacy Work Integrated Learning

Thank you for hosting a student as part of the Bachelor of Pharmacy (Hons) program. During years two to four of their program, students undertake a variety of industry placements, enabling them to gain all-important hands-on experience and build their employability. Effective supervision and support has proven to be an essential contributing factor to the success of the student and the placement experience overall.

Click image to enlarge

	Semester 1	Semester 2
Year 2		1-week community pharmacy placement
Year 3	1-week community pharmacy placement	1-week community pharmacy placement
	1-week hospital placement *or* 2-day aged care interprofessional placement	1-week hospital placement *or* 2-day aged care interprofessional placement
Year 4	6-week community pharmacy placement *or* 6-week QUM research focused placement	6-week community pharmacy placement *or* 6-week QUM research focused placement

Outline of placements schedule in the Bachelor of Pharmacy (Hons)

Workplace Engagement

Placements involve work integrated learning experiences which allow the student an invaluable opportunity to put some of their academic knowledge and theoretical understanding into practice. The objective is that they will develop additional technical skills and experience, soft skills, and work on their personal and professional development. Key to their success is also the opportunity to develop a network of industry contacts.

The benefits of placements are mutual, hosting a student can give you an opportunity to:

- Shape the future profession and share your passion for pharmacy
- Showcase your organisation to future graduates
- Recruit new staff
- Develop the management skills of your current staff
- Foster a culture of learning by bringing in fresh ideas and innovation in practice
- Connect with The University of Queensland

Work Integrated Learning and Work Experience Policy

The University of Queensland (UQ) has a policy in place related to all work integrated learning and work experience opportunities. The Work Integrated Learning and Work Experience policy outlines all requirements of the University, the student and the host organisation. We recommend students, host organisations and supervisors to review this policy and associated procedures.

Legislative Compliance

UQ, industry partners and student participants are expected to comply with all relevant legislation. Students have been informed that certain industry placements may require them to adhere to your organisation's specific requirements. These expectations are outlined in UQ's Work Integrated Learning and Work Experience policy and procedures.

We ask that you work with our students to inform them of any compliance requirements before they start their placement.

Placement agreements

An overarching student placement agreement must be in place between the host organisation and UQ before the placement commences. This agreement is valid for five years. Unless otherwise agreed between the host organisation and the student, any Intellectual Property created by a student during the project is owned by the student, including copyright in the student's thesis.

You may wish to ask the student to agree to and sign an additional Intellectual Property agreement. As per the overarching student placement agreement, UQ agrees that it will not disclose to any third party any Confidential Information disclosed by the host organisation during the course of the placement. You may wish to ask the student to agree to and sign an additional non-disclosure/confidentiality agreement.

2. Key Responsibilities for Successful Placements

Responsibilities of the placement supervisor

Placement supervisors play an important role in enabling the student to reach their full potential whilst on placement. As a placement supervisor, your key responsibilities include ensuring the student is inducted and aware of the following upon commencement of the placement:

- Occupational health and safety
- Organisation policies and procedures, code of conduct
- Standard operating procedures
- Internal confidentiality
- Expected working hours/dates
- Providing day to day supervision of the student in a safe and supportive work environment
- Providing ongoing, constructive feedback to the student, as well as providing final feedback via the ePortfolio
- Being available and responsive to student questions and needs
- Liaising with the UQ WIL Partnerships Coordinator and Course Coordinator

Responsibilities of the student

Before starting a placement, our students are made aware of UQ's expectations of them whilst placed at a host organisation. We expect that our students behave as you would expect an employee of your business to behave and uphold standards of professional behaviour. This includes:

- Abiding by workplace rules, policies, and procedures
- Behaving in a professional manner
- Submitting assessment in line with the UQ course requirements
- Liaising with the UQ WIL Partnerships Coordinator and Course Coordinator
- Notifying their workplace supervisor of any concerns during the placement

UQ has a Fitness to Practice Policy which aims to guide student behaviour on placement and to manage cases where student behaviour is not consistent with expected behaviours or contravenes expected standards in the workplace.

Responsibilities of the WIL Partnerships Coordinator

The WIL Partnerships Coordinator can be contacted any time before, during, or after the placement to assist with:

- Host organisation questions and concerns
- Student questions and concerns

Where appropriate, the WIL Partnerships Coordinator will meet with the student and the placement supervisor at the placement site.

3. Useful Contacts

WIL Partnerships Coordinator

Your main point of contact for any placement-related enquiry will be the WIL Partnerships Coordinator

Jo Williams
+61 7 3346 1918
jo.williams@uq.edu.au

Should the student be involved in an accident, suffer an illness or injury during placement we ask that you advise the WIL Partnerships Coordinator as soon as possible.

UQ Security

If an incident occurs outside of business hours please contact UQ Security

+61 7 3365 3333

PART II

ENTRUSTABLE PROFESSIONAL ACTIVITIES

4. Entrustable Professional Activities

An Entrustable Professional Activity (EPA) is an observable professional activity, such as a task or responsibility, that can be fully entrusted to a trainee once they have demonstrated the necessary competence to execute the activity unsupervised.

EPAs are used in the Australian Pharmacy Council (APC) internship programs as a work-based assessment; for further information on EPAs, please visit the APC page Introduction to Entrustable Professional Activities. The Bachelor of Pharmacy (Hons) has aligned its workplace activities with this format to prepare students for the work-based assessments they will undertake during their internship program. The EPAs form an integral part of the placements in the Bachelor of Pharmacy (Hons) program have been developed to identify key professional activities relating to **patient care** or **safe healthcare in the workplace**, which are aligned to the National Competency Standards Framework and the Australian Pharmacy Council performance outcomes.

Note that the Bachelor of Pharmacy (Hons) EPAs have been scaffolded to an appropriate level for the students and that they differ from EPAs in the internship program.

Entrustable Professional Activities in the Bachelor of Pharmacy (Hons)

There are six skills-based categories of EPAs in the Bachelor of Pharmacy (Hons):

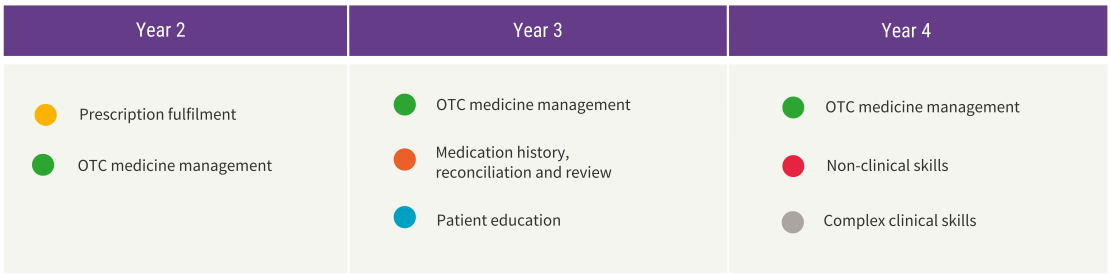
- Prescription fulfilment
- OTC Medicine Management
- Patient education
- Medication history, reconciliation and review
- Non-clinical skills
- Complex clinical skills

Click the plus icons below for more details on each category

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=176#h5p-1

The students will complete EPAs from different categories each placement. The infographic below provides an overview of the categories of EPAs that are completed across the program:

Click image to enlarge



Students undertake their first placement in semester 2 in the second year of the program. In this placement, the EPAs focus on foundational skills in prescription fulfilment, and OTC medicine management. In the third year of the program, the EPAs focus on OTC medicine management, medication history, reconciliation and review, and patient education. By the fourth year, the EPAs continue to evaluate skills in OTC medicine management and medication history, reconciliation and review, as well as complex clinical skills and non-clinical skills in data management and teamwork and collaboration.

Within each category, the EPAs have been designed to increase in complexity as the students progress and for students to have the opportunity to apply their skills in a range of professional contexts.

The EPA templates are available on the following pages and are linked within each course page.

Level of Entrustment

The level of entrustment is decided at the end of the placement after observing the student undertake the EPAs. This is represented as a numerical value on a scale of 1-5, however, entrustment level 5 is outside the scope of the Bachelor of Pharmacy (Hons).

It is important to note that an entrustment level is **not a grade** and does not contribute to the student's overall course outcomes, but rather, it is intended to help students monitor their progress across their program and identify areas for further development.

A student's level of entrustment will not always increase from placement to placement, as the complexity of the activity and the work context or level of risk changes. For example, it is expect that a student would receive a lower level of entrustment on a hospital EPA, such as medication chart review, in their third year than they would on a community pharmacy EPA, such as dispensing a prescription, in their second year. Some EPAs, such as provision of OTC medicines, are completed in each placement across the program, therefore, it would be more likely to see an increase in the level of entrustment between placements.

Click the plus icons below for more details on each entrustment level

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=176#h5p-5

Qualities that enable entrustment

EPAs have been designed to include qualities that enable entrustment; the APC references the research of ten Cate & Chen (2020), in which the authors propose a model for entrustment decision making using the acronym **A RICH**: **A**gency, **R**eliability, **I**ntegrity, **C**apability, and **H**umility. For further information on the qualities that enable entrustment, please see the APC page Introduction to Entrustable Professional Activities

These qualities are referred to as **Entrustable Attributes** in the student self-assessments. Students should be familiar with **A RICH** and have an awareness that an entrustment level encompasses these attributes. When providing the Entrustment level, we ask that preceptors consider **A RICH** as well as performance of clinical skills, and provide students with constructive feedback on their self-assessments of the Entrustable Attributes.

Click image to enlarge

ARICH – Entrustable Attributes

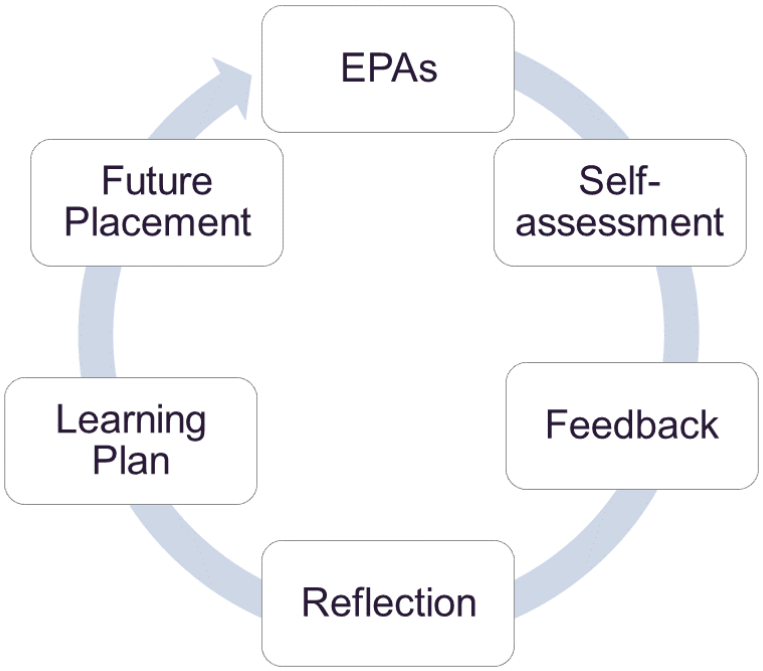
Connection to coursework

The EPAs align with our philosophy of student directed learning in the Bachelor of Pharmacy (Hons); students use the EPA templates to seek specific feedback, track their progression across the program, and identify areas for improvement. The EPAs completed during placement are important for the overall course assessment and for future placements, however, the entrustment decisions **do not** affect a student's final grade. Students are assessed on their ability to reflect and create a learning plan based on their performance, placement experiences, and feedback.

EPAs	Reflection	Learning Plan
• Students complete EPAs during placement, including a self-assessment • EPAs are evaluated by the preceptor • The EPA does not affect the student's grade	• Consolidates learning from the EPAs and feedback received on placement • Marked by the course coordinator • Part of course assessment	• Student's develop an actionable plan to expand on their learning in the next placement • Marked by the course coordinator • Part of course assessment

Both preceptors and students have an active role in completing the EPAs. For the preceptor, its important to carry out **short practice observations** during the placement so that the **level of entrustment decision** is based on multiple observations of the student undertaking these activities at different points in time. Its also important to provide the student with feedback throughout the placement and to help them to consider ways in which they can improve.

The student's role is to carry out the EPAs responsibly and seek feedback, as well as initiate the final feedback process at the end of the placement by completing a **self-assessment** in the ePortfolio. When the student submits the self-assessment, the preceptor will receive an email with a link to complete their feedback in the **ePortfolio**. The student will use this feedback in their reflection and learning plan assessments, where they develop their goals for the next placement.



How to complete an EPA

In the following video, Dr Neil Cottrell and Dr Jane Lee explain the difference in using the EPA templates and how to complete the EPAs with the students:

How to complete the EPAs (YouTube, 3:10m)

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=176#oembed-1

The interactive diagram below outlines the recommended placement workflow, showing the activities for the student and the preceptor, for a week long placement.

During the placement, there are multiple short practice observations where the preceptor observes the student completing the EPAs at different points in time during the placement and provides **feedback** and **feed forward**.

These short practice observations should also include feedback so that the student has an opportunity to improve during the course of the placement.

Towards the end of the placement, the student will complete their self-assessments of the EPAs in the ePortfolio and submit these electronically to their preceptor. The preceptor will receive an email with a link to view and evaluate the student's self-assessment.

At the end of the placement, the student and the preceptor meet to discuss the student's self-assessments, final feedback, and discuss some potential goals for the next placement.

This sequence of activities applies equally to the longer 6 week placements.

Slide the bar on the image below to see a comparison of preceptor and student activities.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=176#h5p-6

5. Taking in a Prescription

Outcome:

Prescription is appropriately accepted from customer with adequate information to allow accurate dispensing and supply.

Potential Risks:

Insufficient information acquired from customer to allow safe and appropriate medication supply.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=167#h5p-2

EPA Template

Note: Printable EPA templates are available to students on their course sites.

Element	Performance Criteria Description
Prescription Review	Prescription is checked for legality, validity and completeness according to all relevant jurisdictional requirements: - Ensure prescription fulfills PBS requirements (if applicable) - Ensure prescriptions for S4s, S8s and Monitored Medicines comply with the Medicines and Poisons (Medicines) Regulation 2021 - Q Script check performed (if applicable)
Confirm Patient details	- Confirm correct patient, patient address, and date of birth - Confirm Medicare/Concession status (i.e. Repat, CTG, etc) - Generic brand preferences
Confirm Patient Preferences	- Confirm item(s) required for supply - Confirm if CMI/patient information required - Confirm if patient has any specific questions to address - Confirm timing for supply (i.e. Is patient waiting or calling back?)
Confirm Relevant Medical History	Applies a disciplined and systematic process to gather relevant information from patient: - Has the medication been used before? - Confirm allergies/ADRs - Does the patient have any medical conditions? - Is the patient taking any medicines, including OTC and CAMs: - Pregnancy/BF status (if applicable)
Clinical Review/ Reasoning	Individualised assessment of the appropriateness of the prescribed medication in the context of the specific patient including the indication and feasibility of use: - Consider the personal characteristics, preferences, values, beliefs and cultural and linguistic diversity of the individual - Consider potential adherence issues based on communication skills, health literacy, visual/ hearing impairment, physical limitations (e.g. swallowing difficulties, dexterity issues, etc)
Finalising Prescription In-take	- Prescription placed in appropriate area in dispensary in accordance with local procedures within the pharmacy - Handover of any relevant information is provided to pharmacist - Closing communication to patient (e.g. Thanks for waiting, we will call out your name when your Rx is ready)
Collaboration and Agency	- Clarification is sought for any further information required and appropriate action taken - Identify and acknowledge any professional or personal limitations and seek support where necessary

6. Dispensing a Prescription

Outcome:

Medication is safely, accurately and appropriately dispensed to the correct patient according to name, brand, strength, quantity and formulation with accurate instructions as intended by the prescriber.

Potential Risks:

Inappropriate and/or inaccurate dispensing may lead to individual patient harm and/or harm to the health and safety of the public.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=170#h5p-3

EPA Template

Note: Printable EPA templates are available to students on their course sites.

Element	Performance Criteria Description
Prescription Review	- Prescription is checked for legality, validity and completeness according to all relevant jurisdictional requirements: - Ensure prescription fulfils PBS requirements (if applicable) - Ensure prescriptions for S4s, S8s and Monitored Medicines comply with the Medicines and Poisons (Medicines) Regulation 2021 - Q Script check performed (if applicable)
Clinical Reasoning	Individualised assessment of the clinical appropriateness and safety of the prescribed medication in the context of the specific patient including the feasibility of use: - Consider the personal characteristics, preferences, values, beliefs and cultural and linguistic diversity of the individual
Clinical Review	Clinical review of prescription for appropriateness: - Indication - Contraindications - Dose (considering individual patient factors such as age/weight, renal/hepatic function, severity of disease, etc) - Drug interactions - Allergies and ADRs
Dispensing Procedure	Applies a disciplined and systematic process to dispense prescription: - Prescription details are accurately entered into the dispensing software - Accurate selection of product to be dispensed - Dispensing label and relevant ancillary labels are appropriately attached to the product in a manner that complies with the legal requirements and professional conventions - Prescription paperwork is assembled correctly OR e-Prescription processed appropriately - Maintains records of dispensed medicines consistent with legal requirements and professional conventions
Checking Process	Checks are carried out at the appropriate stages dispensing process: - Final check of dispensed product is performed ensuring the dispensing reflects the intentions of the prescriber - Patient name and address - Medication/strength/formulation/quantity - Dosage instructions and duration of use - Number of repeats (if applicable) and dispensing interval (where required) - Date of prescribing - Prescribing doctor - Use of dispensing bar-code scanner - Product and paperwork are stored appropriately, considering patient privacy, prior to patient collection
Handing out	Patient receives correct medication and associated paperwork: - Confirmation of patient details, using multiple open-ended questions, to ensure correct patient receives dispensed product
Collaboration and Agency	- Clarification is sought for any concerns identified and any changes to the prescription are documented appropriately - Identify and acknowledge any professional or personal limitations and seek support where necessary - Prescription is dispensed in a timely manner

7. Provision of OTC Medicine

Outcome:

Medication is safely, accurately and appropriately dispensed to the correct patient according to name, brand, strength, quantity and formulation with accurate instructions as intended by the prescriber.

Potential Risks:

Inappropriate and/or inaccurate dispensing may lead to individual patient harm and/or harm to the health and safety of the public

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=172#h5p-4

EPA Template

Note: Printable EPA templates are available to students on their course sites.

Element	Performance Criteria Description
Introduction to Consultation	- Greet consumer and introduce yourself and your role - Ascertain the purpose of client visit to the pharmacy - Establish patient identity
Patient Background	Retrieve and contextualise relevant patient factors that may impact medicines management: - Age, gender, weight, pregnancy/breastfeeding status - Allergies and ADRs - Medical conditions - Previous history - Medications (including CAMs and OTC medicines) - Factors that may affect patient ability to use medicine (e.g. dexterity issues, swallowing difficulties, visual/hearing impairment, cognitive impairment, etc) - Discuss patient preferences in the context of available treatment options
Questioning Technique	- Consultation is conducted in a manner that maintains privacy and confidentiality of patient information - Use an appropriate questioning technique to obtain relevant information from the patient/carer - Use appropriate person-centred language (non-judgmental and avoids medical jargon) - Use appropriate non-verbal communication skills to aid in questioning as appropriate - Consider alternative method of communication of necessary, to accommodate for patients with barriers to communication (e.g. visual/hearing impairment, language proficiency, etc) - Use a mixture of open and closed questions; avoids leading and/or negative questions
Diagnosis of condition	Uses a structured and systematic approach to retrieving relevant information about the patient condition to allow differential diagnosis: - Signs/symptoms of condition - Duration of symptoms - Previous experience with condition (including any treatment(s) that may have been tried previously and their effectiveness) - Confirms specific information relevant for therapeutic area - Demonstrates awareness of clinically relevant referral points that would warrant referral to GP
Selection of Appropriate Treatment and Provision of Information	- Appropriate product(s) selected based on diagnosis of condition and within the context of patient preferences/factors that may affect use Provision of clear instructions and information to allow safe use of selected product(s): - Explain how the product works and link to diagnosis/symptoms - Dose/frequency/timing/duration of use - Application/demonstration if relevant (e.g. creams, eye drops, nasal sprays, ear drops, etc) - Adverse effects (if appropriate) - Precautions and contraindications (if appropriate) - Provision of consumer resource if appropriate (e.g. written CMI or PSA Self Care Fact Card) - Provision of non-pharmacological treatment options or preventative strategies - Referral or follow up indicators
Confirmation of Patient Understanding	- Provide consumer with opportunity to ask any questions - Confirm understanding of condition and use of product(s) provided - Confirm with consumer their needs have been satisfactorily met
Collaboration and Agency	- Clarification is sought for any concerns identified and escalated to an appropriate stakeholder - Identify and acknowledge any professional or personal limitations and seek support where necessary - Consultation is conducted in a professional, efficient and respectful manner

8. Best Possible Medication History

Outcome

Accurate and complete medication history is obtained and recorded as the first step in the medication reconciliation process, which forms the basis for therapeutic decisions to be made.

Potential Risks

Inaccurate medication histories can lead to inappropriate discontinuation/recommencement of therapy and failure to identify a medicine-related problem, potentially leading to patient harm.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=339#h5p-8

EPA Template

Note: Printable EPA templates are available to students on their course sites.

Element	Performance Criteria Description
Introduction to consultation	- Greet patient, establish patient identity, confirm time is convenient - Provide clear introduction to consultation, explaining your role and purpose of the consultation - Obtain patient consent to discuss patient medication history with other health professionals if necessary
Patient Background	- Retrieve and contextualise relevant patient factors that may impact medicines management - Consider individual patient factors: Age, gender, height, weight, pregnancy/breastfeeding status Ethnic background, social background Cognitive function and reliability as trustworthy source of information Ability to communicate in English - Review previous medical history - Consider any available pathology results or other relevant information from patient's medical records
Questioning Technique	- Use an appropriate questioning technique to obtain relevant information from the patient/carer - Use appropriate person-centred language (non-judgmental and avoids medical jargon) - Use appropriate non-verbal communication skills to aid in questioning as appropriate - Consider alternative method of communication if necessary to accommodate for patients with barriers to communication (e.g. visual/hearing impairment, language proficiency, etc) - Use a mixture of open and closed questions; avoids leading and/or negative questions
Allergy and ADR Review	- Confirm and document accurate and comprehensive allergy and ADR history, including: Name of the medication Type of reaction Date of reaction - If patient reports no history of allergies/ADRs, ensure 'nil known allergies' is documented
Medication Details	- Uses a structured and systematic approach to obtaining a comprehensive medication history - Use multiple appropriate sources to obtain information regarding current medications, including: Patient and/or carer Patient's own medicines list Patient's medicines, prescriptions or Dose Administration Aid (DAA) Community pharmacy Residential Aged Care Facility (RACF) GP/specialists referral letter Electronic records (dispensing software, previous discharge medication records, etc) MyHealth record - Specifically questions patient/carer regarding the use of prescription and non-prescription medicines, including: Oral medication (e.g. tablets, capsules, liquids) Topical medication (e.g. eye/ear drops, nasal sprays, inhalers, creams/ointments, patches) Injectable medication (e.g. insulins, anticoagulants) Intermittent medications (e.g. once weekly/monthly/bi-annual bisphosphonates, once weekly methotrexate) Complementary medicines (e.g. vitamins, herbal preparations, supplements, etc) - Asks about recently changed/ceased medicines and reasons for the changes
Patient Understanding and Experience of Medicine Use	- Assess the patient's understanding of their illness/condition in the context of their medicine regime - Assess the patient's understanding of their medicines, including: Indication Perceived effectiveness and/or adverse effects Monitoring requirements - Assess the need for further information or referral - Discuss the storage of medicines at home and any issues relevant to patient adherence (e.g. swallowing difficulties, physical impairment, decline in cognition, etc) - Discuss the use of any other recreational substances including alcohol and nicotine if applicable/appropriate
Documentation of Medication History	- Document all relevant aspects of obtained medication history using appropriate medication history documentation tool (e.g. Medication Management Plan) - Current medicines (including non-prescription and complementary medicines): Active ingredient and brand (if relevant) Dose, form, route, frequency, indication and duration - Allergies and ADRs - Relevant recent changes to medicines - Patient's GP and regular dispensing pharmacy - Adherence aids used

Element	Performance Criteria Description
Confirmation of Medication History	- Confirm medication history to ensure accuracy and completeness using a second/third (if required) source of information - Clearly makes any relevant/appropriate adjustments to the documented history if needed

9. Medication Chart Review

Outcome:

Ensure current, accurate and clear documentation of medications on the medication chart to facilitate safe and efficacious administration of medicines to patients.

Potential Risks:

Inaccurate medication chart documentation can lead to inappropriate administration of therapy, potentially leading to patient harm.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=330#h5p-9

EPA Template

Note: Printable EPA templates are available to students on their course sites.

Element	Performance Criteria Description
Medicine Order/ Prescription Legality	- Correct patient identifiers are present - Prescribed medicines conform to relevant legislation and legal requirements - Relevant approvals for prescribing of medications or funding have been obtained/displayed (e.g. ID approval, LAM, PBS authority granted, etc)
Allergies and Adverse Drug Reactions (ADRs)	- Allergies and ADRs are clearly documented (including details of reaction and when the reaction occurred) - ADR stickers are attached to hard copy medical records, including NIMC
Medicine Order/ Prescription Clarity	- The medication chart/MAR has: Medicines the patient was taking prior to admission either prescribed correctly or omitted with intention, and clear documentation of that intention Clear documentation of dose and frequency changes from the Patient Medication History (i.e. on NIMC/clinical notes/MAR) - If true duplications are found, doctor appropriately contacted and duplicated medication ceased - All abbreviations used on NIMC are approved (ACSQHC recommendations for terminology, abbreviations and symbols) and if not approved, appropriate action is taken to amend - Medications are prescribed using generic names (except as recommended otherwise) and if not, appropriate action is taken to amend - Medication orders are clearly annotated to facilitate appropriate administration and enable safe supply, including: Clarification of illegible orders Extended release products Spacers or inhaler devices Timing with or without food Time therapy is to be commenced or ceased and infusion/injection dosing instructions Cytotoxic/Special Handling requirements Maximum doses (e.g. Paracetamol: Maximum of 4g in 24 hours) Duplicate orders (e.g. current orders for both Paracetamol and Paracetamol/Codeine products) Additional instructions are included on how to administer the dose if this is different to one whole dose form (e.g. 75mg = 1 ½ x 50mg).
Appropriate Choice of Medicine	- New medicines are reviewed in line with reason for admission/diagnoses - Continuation of each medication is justified by a clear indication and achievement of goals of therapy - Principles of evidence-based medicine is applied, ensuring appropriate choice of medicine, including likelihood of adverse effects, compared with therapeutic alternatives and ways to minimise adverse effects - Dosage form, route and method of administration are considered
Dose Review	- The dose is checked for each medication with respect to: Approved dosing ranges from reliable reference sources Individual patient and disease factors (e.g. age, weight, renal/hepatic function, concurrent illness, etc) Potential drug interactions Dose conversion when route or formulation changes
Route and Timing of Dose	- The most appropriate route has been selected and is viable (e.g. oral in preference to IV) - The intended time of dose is recorded on the medication order and is appropriate with respect to food/feeds, administration rounds, scheduled surgery, investigative procedures and therapeutic drug monitoring requirements - The frequency matches the administration times; check that medications have been administered (any missed doses should be followed up and the reason documented in the Medical Records) - Specific days for weekly, monthly and alternate daily dosing are annotated and days where doses are to be intentionally omitted are documented - First dose times in MAR are appropriate
Selection of Formulation, Concentration or Rate	- The formulation is appropriate for the patient considering: visual impairment, physical dexterity, swallowing difficulties (speech pathology review) and other patient factors, e.g. risk of overdose or diversion - Administration advice provided where needed, including: Crushing of oral medicines Parenteral medicines – dilution, compatible fluids, rate of administration, method of administration Handling of hazardous medicines, e.g. cytotoxic/teratogenic
Review and Interpretation of Patient-Specific Data	- Clinical data e.g. laboratory investigations, clinical observations (temperature, pulse, blood pressure, bowel function, pain scores, mobility) and progress notes have been accessed - Diagnoses and treatment plan reviewed – check therapy prescribed is in line with plan and appropriate - Clinical data has been accurately interpreted with respect to: clinical diagnosis and patient's current clinical state, past medical history and pathophysiology of disease(s), specifics of medicine (e.g. time to effect) and desired outcome and potential for medicine to be causing adverse effects - Effectiveness of treatment and potential adverse effects are monitored - Missing observation and laboratory data is identified and requested where needed - Review for missing therapy (e.g. laxatives whilst on opioids, VTE prophylaxis)

Element	Performance Criteria Description
Drug-Drug Interactions	- All common, well-documented drug-drug interactions are identified, including prescribed and non-prescribed therapy (including CAMs, alcohol and nicotine) - Clinical significance, potential consequences of drug-drug interactions and the probability of an adverse outcome occurring are assessed including discussion of appropriate course of action
Drug-Patient and Drug-Disease Interactions	- Identification of patient groups at risk of drug-patient and drug-disease interactions (e.g. use of sedatives in an elderly patient at risk of falls, NSAIDs in renal failure) - Identify the potential consequences of drug-patient and drug- disease interactions, including likelihood and clinical significance - An appropriate course of action (if any) is taken to minimise potential harm for the patient
Drug-Nutrient Interactions	- Identify the medications that interact with food (including enteral or parenteral feeds), if any - Identify potential consequences of drug-nutrient interactions, including probability and clinical significance and appropriate course of action
Drug Availability	- Confirms that medications are available on the ward - Prescribing conforms with hospital guidelines and formulary restrictions, and annotated appropriately - If a medication or combination product is not stocked and patient does not have own supply or alternate source of supply unable to be sourced, prescriber is contacted to review and prescribe alternative medicine
Storage	- Appropriate storage of medications is ensured on the ward and documented (e.g. fridge items, S4/S8 Monitored Medicines)
Accountability	- Pharmaceutical review is documented according to local guidelines

10. Patient Education

Outcome

Patients, carers, and other customers are provided with, and are able to understand accurate, relevant, contemporary, and tailored advice and education on the use of their medicines and on non-pharmacological and lifestyle measures designed to improve and maintain their health; adherence and quality use of medicines are promoted.

Potential Risks

Inappropriate, inaccurate and/or incomplete counselling may lead to individual patient harm and/or harm to the health and safety of the public.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=341#h5p-7

EPA Template

Note: Printable EPA templates are available to students on their course sites.

Element	Performance Criteria Description
Introduction to consultation	- Greet patient and establish patient identity - Confirm time is convenient (if applicable for placement setting) - Provide clear introduction to consultation, explaining your role and purpose of the consultation
Communication and Patient Background	- Consider individual patient factors and health literacy to carry out counselling in a culturally safe manner - Use appropriate person-centred language (non-judgmental and avoids medical jargon) - Use appropriate tone, volume and pace - Use appropriate non-verbal communication skills to aid in provision of information - Identify and address communication barriers - Consider appropriate alternative method of communication if necessary for patients with barriers to communication (e.g. visual/hearing impairment, language proficiency, etc)
Provision of Information	- Provide information that is specific and relevant to the patient and/or condition - Provide information to allow safe and efficacious use of the medicine, including. but not limited to: Brand and generic name of medication Indication for use Dosing regimen (dose, frequency, route of administration and duration) Administration technique if applicable (e.g. eye/ear drops, inhalers, nasal sprays, etc) Adverse effects Referral points Storage Continuity of supply
	- Provide written information to supplement verbal information where appropriate - Provide advice on complementary/alternative medicines where appropriate and/or relevant - Provide advice on non-pharmacological and lifestyle measures where appropriate and/or relevant
Patient Understanding and Adherence	- Assess patient/carer understanding of information and education provided - Ask patient/carer to recap key information or demonstrate administration technique (if applicable) - Provides patient/carer opportunity to ask questions and provides relevant answers appropriately - Assess patient compliance and ability to manage oral and non-oral medicines - Evaluate suitability or need for adherence aids (e.g. spacer for inhalers, DAA for oral medicines, etc)
Documentation and follow up	- Document information provided in patient profile or medical records where applicable - Provide update to relevant community health care providers where applicable (e.g. GP, RACF, community pharmacy, nursing services, etc) - Discusses the need for patient follow-up or referral for ongoing support where applicable

11. Resolving a Medication Related Problem

Outcome:

To ensure the optimisation of a patient's therapeutic regimen, improving efficacy, safety and adherence to achieve the desired health outcomes.

Potential Risks:

Unresolved medication related problems could lead to potential risk of the patient experiencing adverse effects, therapeutic failure or worsening of their condition.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=433#h5p-12

EPA Template:

Note: Printable EPA templates are available to students on their course sites.

Element	Performance Criteria Description
Review and Interpretation of Patient-Specific Data	- Where available, clinical data (e.g. laboratory investigations, clinical observations (temperature, pulse, blood pressure, bowel function, pain scores, mobility)) and progress notes are reviewed in the context of the patient's admission - Clinical data is accurately interpreted with respect to diagnosis and current clinical state, past medical history and pathophysiology of disease(s), specifics of medications (e.g. time to effect) and desired outcome and potential for medicine to be causing adverse effects - Effectiveness of treatment and potential adverse effects are monitored - Missing data is identified and requested if required (e.g. patient on anti-hyperglycaemic medication and no BSLs have been recorded)
Understanding and recognition of the medication-related problem	- Identification of the type, nature and severity of the medication related problem in the context of individual patient factors -> Prescription legality, clarity and legibility -> Medication choice, availability, dose, formulation, frequency and route of administration -> Missing therapy (e.g. VTE prophylaxis) or duplication in therapy -> Monitoring parameters, laboratory values and patient vital signs -> Patient adherence and/or education -> Therapeutic drug monitoring for medications with a narrow therapeutic index or variable pharmacokinetics -> Special populations including the unique needs of paediatric, geriatric, obese, pregnant/lactating patients -> Drug-drug, drug-disease/drug-patient, drug-nutrient interactions - Understand the potential clinical impact of the medication-related problem in the context of the patient's presentation
Consideration of Appropriate Solutions in the Context of the Patient's Admission	- Appropriate and relevant resources are consulted if required to determine possible solution(s) - Judicious clinical judgement is applied in the context of the medication-related problem and the patient's current condition - Ability to determine the clinical urgency of the medication-related problem and decide on an appropriate escalation pathway
Communication with Relevant Stakeholders for Problem Resolution	- The prescriber is contacted for any urgent medication-related problems in a timely manner - Professional and appropriate language/manner is used to communicate with the prescriber - Confirm correct patient identity with the prescriber - Provides a clear and succinct description of the medication-related problem - If asked, is prepared with appropriate pathway(s) for the resolution of the medication-related problem - Confirms with the prescriber the preferred method of resolution
Clear Documentation of Confirmed Resolution or Appropriate Handover	- Confirmed resolution is clearly and appropriately documented in the patient records/ chart/progress notes - Changes are communicated to relevant stakeholders involved (e.g. nursing staff) - If resolution is unable to be achieved, appropriate clinical handover is given to next pharmacist on duty - Appropriate follow-up is achieved in relevant timeframe
Incident Reporting	- Collate relevant documentation and evidence of medication-related problem - Report medication-related problem via workplace incident-reporting platform or escalate to manager (or delegate) if required
Consideration of Appropriate Education to Relevant Stakeholders	- Reflect on the nature of the medication-related problem and consider ways in which the problem could be mitigated in future - Consider education and/or discussion with relevant stakeholders involved to reduce future incidences
Collaboration and Agency	- Clarification is sought for any concerns identified and escalated to an appropriate stakeholder - Identify and acknowledge any professional or personal limitations and seek support where necessary - All communication is conducted in a professional, efficient and respectful manner

12. Assessment of Inhaler Technique and Counselling

Outcome:

Accurate assessment of inhaler technique and individualised education for patients initiated on an inhaler to allow for safe and effective use.

Potential Risks:

Inaccurate or incomplete provision of information can lead to inappropriate use of the medication, potentially leading to patient harm.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=436#h5p-10

EPA Template:

Note: Printable EPA templates are available to students on course sites.

Element	Performance Criteria Description
Introduction to Consultation	- Greet patient, establish patient identity, confirm time is convenient - Provide clear introduction to consultation, explaining your role and purpose of the consultation - Assess if carer/family member/translator needs to be present
Patient Background	- Clarify indication for inhaler therapy and likely duration of treatment (including follow up plan) - Assess concurrent medications for any potential drug-disease, drug-nutrient or drug-drug interactions (e.g. NSAIDs, beta blockers)
Communication Technique	- Evaluates patient's baseline understanding e.g. current diagnosis, indication for inhalers and administration technique - Uses a balance of open and close-ended questions to obtain relevant information in a logical order - Uses appropriate language (i.e. non-judgmental, non-alarmist, jargon-free, reassuring) - Speaks with appropriate tone, volume and speed - Demonstrates sensitivity to specific cultural/social needs and beliefs of the patient
Provision of Information and Assessment of Inhaler Technique	- Explain disease state in layman terms if applicable - Explain correct indication for new or established inhaler(s), including reason behind any cessation of inhalers - Explain mechanism of action in layman terms if applicable (i.e. the difference between the roles of 'reliever' and 'preventer' inhaler) - Explain aim of therapy and identify likely duration of therapy - Correctly demonstrates inhaler administration technique to patient and/or carer, providing visual aids if needed (e.g. diagram/leaflets/videos) - Encourage and demonstrate the use of spacer where applicable - Evaluates patient and/or carer's current understanding and ability to correctly demonstrate inhaler technique - Identify and educate patient on prescribed dose and frequency, including any dose changes to existing regimen - Discuss missed doses and what to do if this occurs - Reiterate importance of compliance as well as need to ensure that the 'reliever' is available at all times - Briefly summarise main points and provide patient with an opportunity to ask questions
Discuss Follow-Up and Action Plans	- Explain the need for ongoing regular follow up by GP and respiratory specialist if applicable - Explain the signs and symptoms to look out for if airways disease control is worsening - Provide patient with an Asthma Action Plan/COPD Action plan if appropriate
Cleaning and Storage of Inhaler Device	- Explain how to clean device and how often it should be cleaned - Explain storage requirements of inhaler (and if the inhaler must be carried at all times)
Lifestyle Factors	- Discuss any triggers for airways disease if applicable (e.g. allergies) - Assess smoking status and readiness to quit. Provide brief smoking cessation counselling for all smokers and organise provision of nicotine replacement therapy as inpatient or on discharge if applicable.
Adverse Effects	- Discuss common side effects and prevention if applicable (e.g. rinse mouth after use of inhaled corticosteroids) - Discuss other relevant adverse effects
Supply of Medication and Information	- Provide adequate supply of medication and suitable resources (e.g. CMI) - Explain to the patient how they will know when the inhaler has expired/run out of doses (e.g. dose window) - Discuss ongoing supply
Summary and Documentation	- Briefly summarise the main points and assess patient understanding by giving them opportunity to ask questions - Document education session clearly in the patient record and any arrangements for follow-up if applicable
Collaboration and Agency	- Clarification is sought for any concerns identified and escalated to an appropriate stakeholder - Identify and acknowledge any professional or personal limitations and seek support where necessary - Consultation is conducted in a professional, efficient and respectful manner

13. Oral Anticoagulant Education

Outcomes:

Accurate and individualised education for patients initiated on oral anticoagulant medication allowing them to use the medicine safely and appropriately.

Potential Risks:

Inaccurate or incomplete provision of information can lead to inappropriate use of the medication, potentially leading to patient harm.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=438#h5p-11

EPA Template:

Note: Printable EPA templates are available to students on their course sites.

Element	Performance Criteria Description
Introduction to consultation	- Greet patient, establish patient identity, confirm time is convenient - Provide clear introduction to consultation, explaining your role and purpose of the consultation
Patient Background	- Assess patient's ability to read written information, and provide suitable resources in advance e.g. warfarin or DOAC booklet, CMI - Assess need for carer/translator to be present at time of education - Verify indication of oral anticoagulation, target INR (warfarin only) and predicted treatment duration - Consider any relevant clinical factors e.g. choice of anticoagulation, dose, compliance, patient age, weight, renal function, risk of bleeding, precautions and contraindications, drug interactions, plan for monitoring and follow up
Patient Education and Communication Technique	- Assess patient's baseline or prior knowledge and experience with oral anticoagulation (if any) - Explain indication and goal of oral anticoagulation specific to patient's condition (including need for bridging therapy if applicable e.g. enoxaparin) - Explain likely duration of therapy - Uses a balance of open and close-ended questions to obtain relevant information in a logical order - Uses appropriate language (i.e. non-judgmental, non-alarmist, jargon-free, reassuring) - Speak using appropriate tone, volume and speed - Demonstrate sensitivity to specific cultural/social needs and beliefs of the patient - At the end of session, summarise key points and provide opportunity for questions
Warfarin Only Information	- Explain that existing brands Marevan® and Coumadin® are NOT interchangeable - Specify patient's brand - Explain the importance and meaning of INR in layman terms - Inform patient of their target INR - Discuss regularity of blood tests and explain procedure if INR is too high or too low - Encourage patient to record INR and dose, highlight section in booklet - Identify follow-up plan for INR monitoring on discharge and ongoing in the community - Discuss the need to plan INR testing around travel - Discuss food interactions and the importance of a regular, consistent, balanced diet
Dosing	- Discuss frequency of dosing, select a consistent and convenient time to administer - Discuss importance of regular dosing, including what to do in the event of missed doses - Warfarin only - Explain why each patient will have a unique dose (and how this relates to INR) - Warfarin only - Assess patient's ability to calculate dose utilising multiple strength tablets
Drug Interactions	- Discuss potential interactions with other medications (including NSAIDs, OTC, complementary medicines), recommend safer alternatives if applicable e.g. analgesia - Advise patient to always check with doctor or pharmacist before starting any other medications including OTC and complementary medicines
Pregnancy or Breastfeeding	- If woman is of childbearing age, advise patient to discuss with doctor if planning to conceive - Assess current contraception and provide education around need for appropriate contraception - If breastfeeding, provide relevant information (and then discuss above)
Adverse Effects	- Discuss risks of bleeding - Educate on how to monitor for signs and symptoms of obvious and less obvious bleeding as well as action plan to address these - Discuss ways to reduce the risk of falls (e.g. non-slip bathmats, avoiding ladders) - Discuss any other relevant adverse effects
Other Health Professionals	- Highlight importance of informing other health professionals about concurrent oral anticoagulation treatment (e.g. specialists, locum doctors, dentists, surgeons), especially if scheduled for surgical procedures including dental work - Inform patients of potential requirement to temporarily cease anticoagulant prior to surgery (should be discussed with doctor)
Supply of Medication and Information	- Provide adequate supply of medication and suitable resources (e.g. warfarin or DOAC booklet) - Discuss ongoing supply and relevant costs
Collaboration and Agency	- Clarification is sought for any concerns identified and escalated to an appropriate stakeholder - Identify and acknowledge any professional or personal limitations and seek support where necessary - Consultation is conducted in a professional, efficient and respectful manner

14. Teamwork and Collaboration

Outcome

Demonstrate effective teamwork and collaboration skills; contribute meaningfully in the planning, development or implementation of a team-based project.

Potential Risks

Poor or ineffective communication, collaboration or conflict within the team could delay the project or result in suboptimal outcomes.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=509#h5p-13

EPA Template

Note: Printable EPA templates are available to students on their course sites.

Element	Performance Criteria Description
Establish Professional Relationships	- Introduce yourself to the team members, explain your role and learning objectives - Actively engage in team formation and build rapport with individual team members - Recognise the strengths and expertise of team members and identify how these can be leveraged collaboratively to achieve project goals
Collaboration and Communication	- Demonstrate clear and effective communication with team members, ensuring ideas, feedback and concerns are articulated in a respectful and constructive manner - Actively contribute to team discussions/meetings; share relevant insights from your perspective to enhance team understanding - Respect others' viewpoints and demonstrate openness to constructive feedback - Recognise and adapt communication style to the cultural/professional differences and needs of the team and project requirements
Problem Solving and Critical Thinking	- Identify challenges within the project and contribute to problem solving in a collaborative, solution-orientated manner - Analyse the issue at hand and propose possible solutions that consider the perspective and constraints of all team members - Work with team members to evaluate the alternatives and come to a consensus - Recognise when issues are escalating and proactively suggest adjustments or interventions - Seek clarification on topics outside your expertise
Project Delivery and Management	- Work with team members to plan, prioritise and complete assigned tasks - Maintain awareness of project deadlines and milestones - Organise and manage time effectively to contribute to the progress of the project - Monitor the quality of work and ensure it meets the defined project objectives - Ensure handover of tasks (where relevant) is seamless and responsibilities are clearly defined
Reflection and Feedback	- Reflect on your role in the project and provide insight into personal strengths and weaknesses - Identify areas for future improvement - Accept constructive feedback and create specific action plan for future self-improvement - Offer actionable feedback to others to enhance future collaborations
Collaboration and Agency	- Clarification is sought for any concerns identified and escalated to an appropriate stakeholder - Identify and acknowledge any professional or personal limitations and seek support where necessary

15. Data Collection and Management

Outcome

Collect, store, manage, and document data to support a Quality Use of Medicines (QUM) research project, ensuring ethical compliance, accuracy, and alignment with research and professional standards.

Potential Risks

Inappropriate data management leading incorrect or biased results; breaches of privacy and/or confidentiality

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=511#h5p-14

EPA Template

Note: Printable EPA templates are available to students on their course sites.

Element	Performance Criteria Description
Data Collection Tool Design	- Consider sources of organisational data or health information that may be available for collection and analysis - Develops a clear, relevant and purpose-driven data collection tool tailored to suit the QUM research objectives (e.g. surveys, interview questions, audit templates, etc) - Thoroughly considers the relevance of each data point on the template and its necessity in contributing to the overall research aims/objectives - Ensures the tool is validated or piloted to identify potential flaws and improve reliability
Data Collection and Analysis	- Demonstrates the ability to gather and record data using the data collection tool according to the research methodology - Ensures that the data is complete and accurate with minimal errors or omissions - Demonstrates competency in using relevant data management platforms and software (e.g. MS Excel, MS Teams, MS Forms, Qualtrics, etc) - Demonstrates effective communication skills when interacting with research participants, using both open and closed questions as appropriate - Perform appropriate data analysis according to the research objectives: -> Quantitative data – consider use of simple descriptive statistics or use relevant software to perform appropriate statistical analysis -> Qualitative data – review qualitative data (e.g. interview transcripts, open-ended survey responses) using thematic analysis
Data Storage and Management	- Maintains accurate and detailed documentation of research methods and data collection/ analysis process - Ensures data is stored in appropriate manner that protects that maintains privacy and confidentiality, with limited access to authorised individuals only - Establishes and maintains regular backup protocols to prevent data loss, storing backups in a secure location - Uses a systematic and logical approach to organize files (e.g. labelled folders, consistent file naming conventions) for easy retrieval and traceability - Maintains version control of data files, tracking changes made over time and ensuring the most up-to-date version is clearly identifiable
Ethical Considerations and Risk Analysis	- Ensure ethical integrity is maintained throughout the data collection process by considering the following aspects: -> Respect for participants – obtain informed consent from participants before collecting data where relevant; inform participants of their right to withdraw from the study at any point without consequences -> Privacy and confidentiality – de-identify participant data to protect individual identities -> Cultural sensitivity – recognise and respect cultural values, beliefs and practices of participants, particularly when working with diverse populations - Assess and identify any potential risks involved in the data collection process both to participants and researchers - Consider relevant strategies for risk mitigation, privacy breaches and potential for bias and errors
Collaboration and Agency	- Clarification is sought for any concerns identified and escalated to an appropriate stakeholder - Identify and acknowledge any professional or personal limitations and seek support where necessary

PART III

RESOURCES

16. Providing Feedback

How to provide feedback

In the following video, Dr Jane Lee provides some key tips for providing feedback to students.
Providing Feedback on the EPAs (YouTube, 3:30m)

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=352#oembed-1

10 Tips for Providing Feedback

- Choose the best time to provide feedback, this can be immediately after a short practice observation or mutually agreed on for a later time
- Focus on key areas where the student can improve
- Use phrases, such as “Can I provide you with some feedback?’ to get the students attention so that they are aware they are receiving feedback on a specific task
- Frame feedback based on your observations or from the client’s perspective
- Use a balance of constructive feedback with observations of what the student has done well
- Choose objective wording, such as “I observed that…”
- Avoid generalisations
- Recognise when the student has changed their approach and communicate this as a form of positive reinforcement
- Prompt the student to reflect on your feedback by asking them their perspective and encourage them to discuss their performance with you
- Help the student form a plan on how they can improve

Further video resources for clinical educators are available at Building Skills in Clinical Education. These videos have been produced by our colleagues at the School of Health and Rehabilitation Sciences for clinical educators in allied health.

17. How to use the ePortfolio

The following video demonstrates how preceptors access and evaluate the student's submissions in the ePortfolio:

Quick Start Guide for External Assessors (YouTube, 2:50m)

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=182#oembed-1

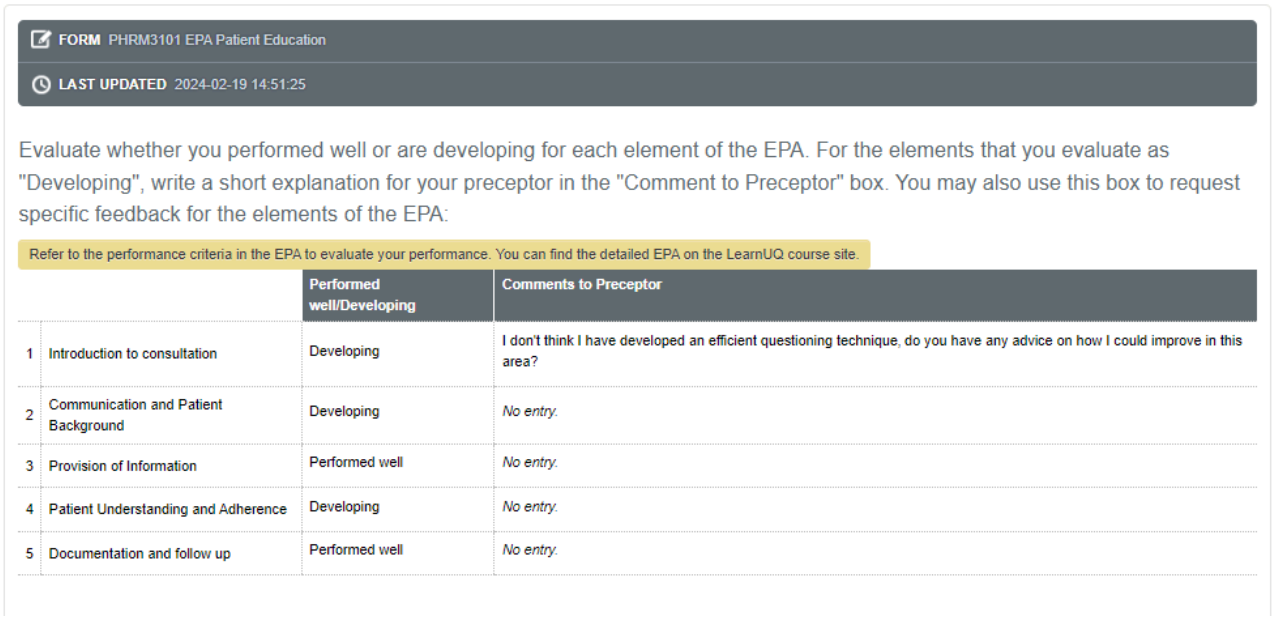
To view the written version of this guide, please visit Quick Start Guide for External Assessors

EPA Self-Assessment

Students are required to complete a self-assessment form in the ePortfolio as a part of their work integrated learning activities. Once the student submits their self-assessment to the preceptor, they will receive an email with a link to access the ePortfolio to view the self-assessment and provide feedback and entrustment levels for the EPA. **Please note that students are not penalised if the preceptor is unable to complete their section in the ePortfolio.**

The self-assessment form contains sections for the EPAs that are recommended at the student's year level, and an additional section for the Entrustable Attributes self-assessment. The EPA sections ask students to evaluate their performance as either Performed well or Developing, with the option to provide a comment to the preceptor or request feedback on a specific element. Students are also asked to self-assess an entrustment level and provide an evidence-based justification for their decision.

Click the image to enlarge



FORM PHRM3101 EPA Patient Education

LAST UPDATED 2024-02-19 14:51:25

Evaluate whether you performed well or are developing for each element of the EPA. For the elements that you evaluate as "Developing", write a short explanation for your preceptor in the "Comment to Preceptor" box. You may also use this box to request specific feedback for the elements of the EPA:

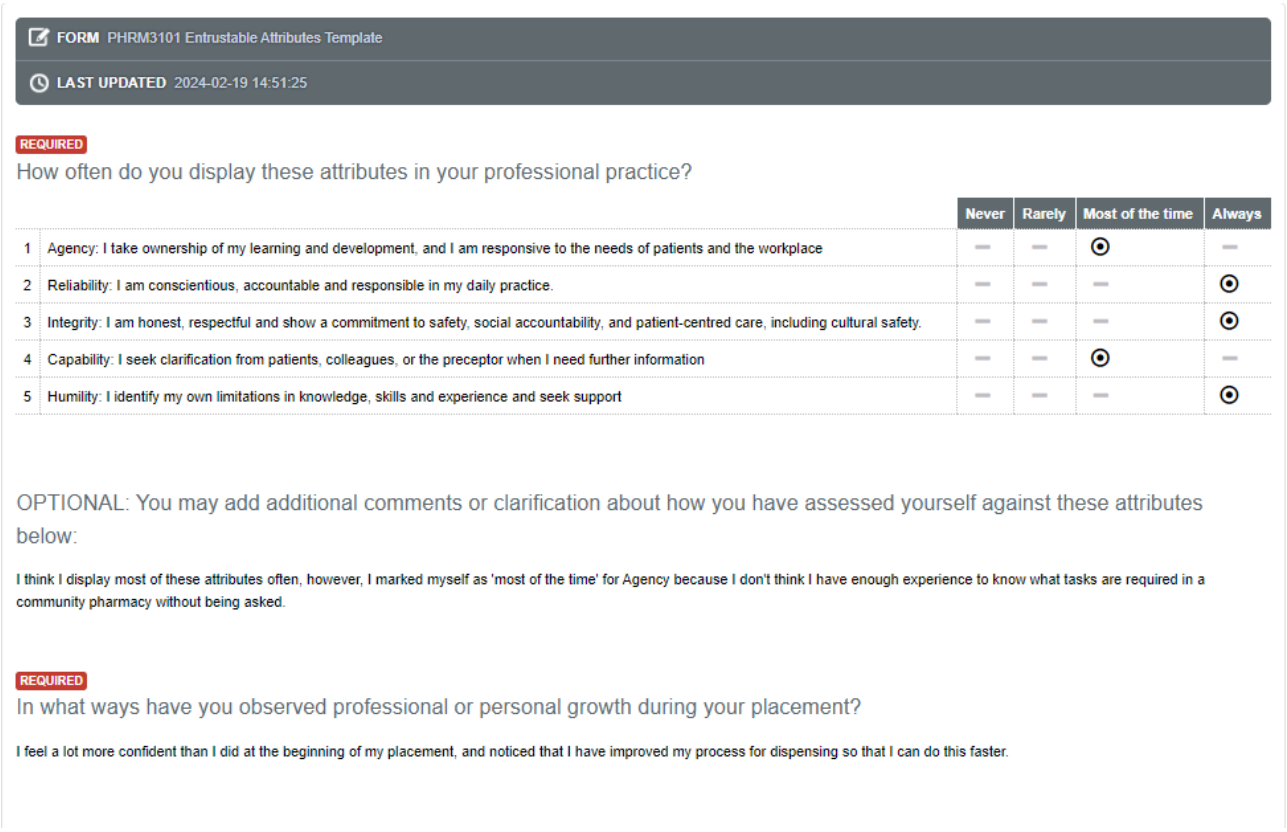
Refer to the performance criteria in the EPA to evaluate your performance. You can find the detailed EPA on the LearnUQ course site.

		Performed well/Developing	Comments to Preceptor
1	Introduction to consultation	Developing	I don't think I have developed an efficient questioning technique, do you have any advice on how I could improve in this area?
2	Communication and Patient Background	Developing	*No entry.*
3	Provision of Information	Performed well	*No entry.*
4	Patient Understanding and Adherence	Developing	*No entry.*
5	Documentation and follow up	Performed well	*No entry.*

Example of a completed student self-assessment of an EPA

The Entrustable Attributes section aims to prompt students to think about the broader, holistic skills they are developing as a pharmacist. Students rate themselves on a Likert scale on how often they display this attributes. They are also provided with an optional comments box, if they would like to clarify any information. Finally, students are asked in what ways they have observed professional or personal growth throughout their placement.

Click the image to enlarge



FORM PHRM3101 Entrustable Attributes Template

LAST UPDATED 2024-02-19 14:51:25

REQUIRED

How often do you display these attributes in your professional practice?

		Never	Rarely	Most of the time	Always
1	Agency: I take ownership of my learning and development, and I am responsive to the needs of patients and the workplace	—	—	⦿	—
2	Reliability: I am conscientious, accountable and responsible in my daily practice.	—	—	—	⦿
3	Integrity: I am honest, respectful and show a commitment to safety, social accountability, and patient-centred care, including cultural safety.	—	—	—	⦿
4	Capability: I seek clarification from patients, colleagues, or the preceptor when I need further information	—	—	⦿	—
5	Humility: I identify my own limitations in knowledge, skills and experience and seek support	—	—	—	⦿

OPTIONAL: You may add additional comments or clarification about how you have assessed yourself against these attributes below:

I think I display most of these attributes often, however, I marked myself as 'most of the time' for Agency because I don't think I have enough experience to know what tasks are required in a community pharmacy without being asked.

REQUIRED

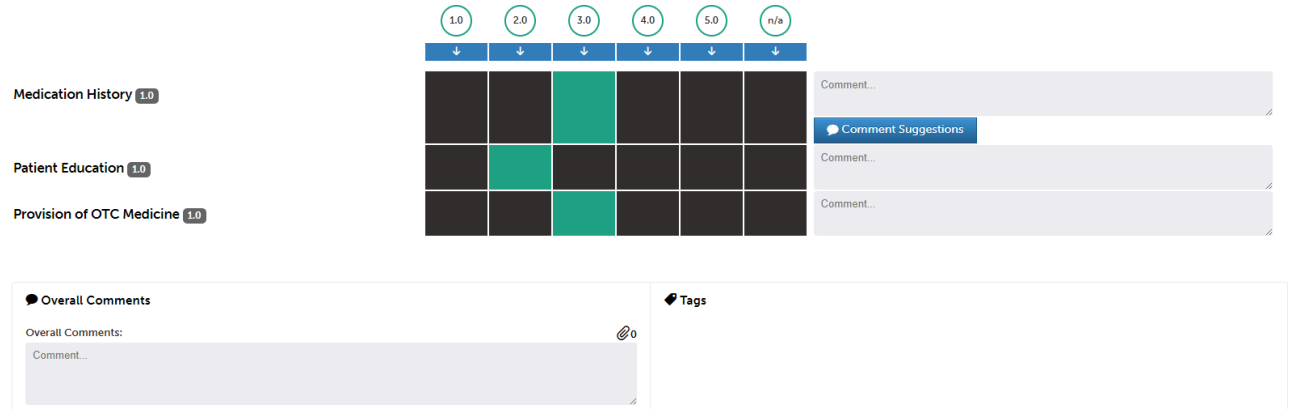
In what ways have you observed professional or personal growth during your placement?

I feel a lot more confident than I did at the beginning of my placement, and noticed that I have improved my process for dispensing so that I can do this faster.

Example of a completed student self-assessment on Entrustable Attributes

The preceptor records their entrustment level for each EPA on the Entrustment Level Rubric, shown below. Each row corresponds to one EPA and has a range of 1-5 for the entrustment levels, hover the cursor over the box to read the level description, or click **Show detailed view** in the top left corner of the screen. Please note that level 5 is the level of entrustment expected at the end of the internship year, but has been included in this scale for completeness.

Click image to enlarge



Entrustment level rubric

The preceptor may choose **Not applicable/not observed** if the student was unable to complete an EPA, or the preceptor was unable to observe due to unexpected absence. Each row also has a comments box, where we ask that the preceptor provide their written feedback pertaining to each EPA. There is also a general comments box provided for overall feedback, in which you can provide feedback on the student's overall development, including the Entrustable Attributes.

For guidance on the expected entrustment level for the student, please refer to the chapter for the course that they are undertaking.

18. Community Pharmacy Webinar Recording

In this webinar, Associate Professor Neil Cottrell provides an overview of the Entrustable Professional Activities for 3rd year placements and guidance on providing constructive feedback to students.

The recording has been separated into chapters to help you find relevant information. Please open the video in YouTube by clicking the link below and use the chapter titles in the description to navigate to specific information.

NOTE: From 1 January 2025, Dr Wubshet Tesfaye will commence as the Work Integrated Learning Curriculum Lead.

Community Pharmacy Preceptor Webinar (YouTube, 36 min)

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=398#oembed-1

PART IV

PHRM2102 - PHARMACY PRACTICE AND MEDICINES MANAGEMENT 2B

Course Introduction

In the following video, Dr James Falconer explains the activities that students in PHRM2102 have undertaken in preparation for placement and provides an overview of the key areas they have studied in the Bachelor of Pharmacy (Hons).

PHRM2102 – Course Introduction for Preceptors (YouTube, 2m)

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=163#oembed-2

Course Aims & Objectives

1. To attain the knowledge, skills and attributes necessary for contribution to the optimal use of medication in cardiovascular, haematological, kidney injury & disease, and primary care dermatology, including aspects of practice, dispensing, and patient consultation.
2. To build on the Pharmacy Practice and Medicines Management foundation gained in the previous 3 semesters, and to consolidate and integrate knowledge and skills both horizontally (across the course year) and vertically (between course years), with respect to pharmacotherapy, prescription/non-prescription medicines, and appropriate referral.
3. To gain pharmacy practice experience and enhance student employability through work integrated learning experiential placements in a community pharmacy environment.

Student Preparation

Students in PHRM2102 have completed a placement-readiness assessment that assesses:

- Communication skills for consultation with patients.
- Foundational skills in prescription fulfilment and provision of OTC medicines.

Over the first 3 semesters of the Bachelor of Pharmacy (Hons), students have studied:

- OTC Medicines for:
  - Common cold

- Allergic rhinitis
- Pain and inflammation

- How to administer:
  - Nasal sprays
  - Eye drops

We do not discourage students from activities outside of these areas, but recommend closer supervision.

Entrustable Professional Activities

In the following video, Dr Neil Cottrell and Dr Jane Lee outline the Entrustable Professional Activities (EPAs) in PHRM2102 and explain the role of the preceptor in facilitating these activities during the placement.
PHRM2102 – Entrustable Professional Activities (Youtube, 2:20m)

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=163#oembed-1

Click on the links below to view the EPA templates

- Taking in a prescription
- Dispensing a prescription
- Provision of OTC Medicines

Please note that the Bachelor of Pharmacy (Hons) EPAs have been scaffolded to an appropriate level for the students and differ from the EPAs that are completed in other programs, including the internship programs. If you are familiar with other EPA formats, we ask that you follow the templates for this course as they have been designed to align with the students' program of study.

Level of Entrustment

As a general guide, we expect that students in PHRM2102 would receive a **level of entrustment between 1-3**, with 1 being more appropriate for students who have very little experience in a community pharmacy and level 3 for students who have more experience or perhaps have a part-time job in a community pharmacy.

See Entrustable Professional Activities for more information.

PART IV

PHRM3101 - PHARMACY PRACTICE AND MEDICINES MANAGEMENT 3A

Course Introduction

In the following video, Associate Professor Peter Moyle explains the structure of placements in PHRM3101 and provides an overview of the key areas students will study.

PHRM3101 – Course Introduction for Preceptors (YouTube, 1.5m)

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=299#oembed-1

Course Aims & Objectives

1. Apply physiological, pathophysiological, pharmacological, and clinical knowledge of infections, respiratory conditions and organ transplants, and their management.
2. Apply relevant ethical and legal frameworks in professional practice.
3. Apply skills in dispensing, consultation, assessing and supporting medication adherence, medication reconciliation and managing a drug interaction.
4. Provide patient-centred, socially, and culturally appropriate care in a range of pharmacy practice contexts.
5. Develop interprofessional practice skills in conflict management and collaborative leadership and enhance skills in role clarification, team functioning, interprofessional communication, client-centred care.
6. Evaluate and synthesise information from diverse sources to justify professional decisions in the practice of pharmacy.
7. Engage with consumers, patients, carers, pharmacy staff and other members of the healthcare team as part of work-integrated learning.
8. Demonstrate development of reflective practice, professional competence, and expertise; including the development of learning plans for work-integrated learning (experiential placements).

Student Preparation

Students have completed a 1 week community pharmacy placement and have continued to participate in activities to further develop their dispensing and consultation skills throughout the second year of the

program. In PHRM3101, students will undertake their first hospital placement or aged care observation. In the preceding semester, students participated in learning activities and assessments to prepare them for conducting medications reviews and will continue to develop these skills throughout this semester.

During PHRM3101, students are studying:

- Antimicrobials
- Respiratory diseases
- Medications & delivery devices
- Eye & oral health
- Immunosuppressants

Note that due to the nature of rolling placements, students will be covering this content at different times. We recommend that you discuss with the student which content they have covered when they begin placement.

For details of the topics that students have studied in the preceding course, please see PHRM2102 – Pharmacy Practice and Medicines Management 2B.

Entrustable Professional Activities

Click on the links below to view the EPA templates

- Best possible medication history
- Medication chart review
- Patient education
- Provision of OTC Medicine

Please note that the Bachelor of Pharmacy (Hons) EPAs have been scaffolded to an appropriate level for the students and differ from the EPAs that are completed in other programs, including the internship programs. If you are familiar with other EPA formats, we ask that you follow the templates for this course as they have been designed to align with the students' program of study.

Entrustment Level

As a general guide, we expect that the average entrustment level will be **2 or 3**. Its likely that students will receive lower entrustment levels on hospital EPAs as this is their first hospital placement.

See Entrustable Professional Activities for more information.

PART IV

PHRM3102 - PHARMACY PRACTICE AND MEDICINES MANAGEMENT 3B

Course Introduction

In the following video, Dr Naz Falconer explains the structure of placements in PHRM3102 and provides an overview of the key areas students will study.

PHRM3102 – Course Introduction for Preceptors (YouTube, 1.55m)

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://uq.pressbooks.pub/school-pharmacy-preceptor-handbook/?p=309#oembed-1

Course Aims & Objectives

1. Apply clinical and therapeutic knowledge, using integrated case-based learning for the following: geriatrics, paediatrics, cancer and cancer therapies, pain management, palliative care and voluntary assisted dying, as well as common poisonings and toxicities, and medication management of patients in the critical care setting.
2. Apply relevant legal and ethical frameworks in pharmacy practice.
3. Undertake systematic medication reconciliation, synthesise and apply clinical and professional knowledge to resolve medication related problems and collaboratively optimise patient health outcomes.
4. Dispense medications safely, effectively and legally and provide a tailored consultation to patients and carers with complex needs.
5. Provide patient-centred, socially, and culturally appropriate care in a range of pharmacy practice contexts (including over-the-counter and prescription medication management, and medication review).
6. Demonstrate interprofessional collaborative care.
7. Administer injectable formulations in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines.
8. Demonstrate development of professional competence and expertise through reflective practice in a work-integrated learning environment.

Student Preparation

Prior to PHRM3102, all students have completed three placements: two one-week community pharmacy

placements and either a one-week hospital placement or an aged care observation placement. In PHRM3102, students will undertake the placement they have not yet experienced. Specifically, those who previously completed the aged care observation will now participate in the hospital placement, while those who previously completed the hospital placement will now engage in the aged care observation. Consequently, a portion of the student cohort will be undertaking first hospital placement, whereas the entire cohort will be undertaking their third community pharmacy placement.

During PHRM3102, students are studying:

- medication review for older adults
- paediatrics
- patients with multiple chronic diseases
- cancer
- palliative care
- medications and delivery devices
- eye and oral health
- immunosuppressants
- medication history, reconciliation, and identifying and resolving medication related problems

Note that due to the nature of rolling placements, students will be covering this content at different times. We recommend that you discuss with the student which content they have covered when they begin placement.

For details of the topics that students have studied in the preceding course, please see PHRM3101 – Pharmacy Practice and Medicines Management 3A.

Entrustable Professional Activities

Click on the links below to view the EPA templates

- Best possible medication history
- Medication chart review
- Patient education

Please note that the Bachelor of Pharmacy (Hons) EPAs have been scaffolded to an appropriate level for the students and differ from the EPAs that are completed in other programs, including the internship programs. If you are familiar with other EPA formats, we ask that you follow the templates for this course as they have been designed to align with the students' program of study.

Entrustment Level

As a general guide, we expect that the average entrustment level will be 2 or 3. Its likely that students will receive lower entrustment levels on hospital EPAs as some will be completing their first hospital placement.

See Entrustable Professional Activities for more information.

PART IV

PHRM4062 AND PHRM4072 - QUM PHARMACY PRACTICE PLACEMENT

Course Introduction

The PHRM4062/4072 courses are supervised experiential placements in a pharmacy practice site that promotes opportunities to develop professional pharmacy practice knowledge, skills, and attributes, building on the previous three years of the BPharm(Hons) Program.

These 'capstone courses' offer a unique opportunity for the student to further expand their professional practice experience in preparation for graduation and beyond, the internship year and achievement of full professional competence. The student will complete 180 hours of supervised community pharmacy experiential placement, reflect on their individual practice from personal and professional angles (e.g. relate it to specific elements of the National Competency Standards for Pharmacists in Australia 2016), and provide reflection and feedback on their overall learning across the 4 years of their degree and into the future, as they continue their professional development as lifelong learners. As part of their learning in PHRM4072, students will be required to consider a particular patient demographic pertinent to their placement site and submit a written report on 'Optimising Socially Accountable and Holistic Care' in this demographic.

Students will complete their placement in either Semester 1 or Semester 2 of Year 4 of the Program, commencing two weeks prior to Week 1 of the semester and concluding at the end of Week 4 of the semester.

Course Aims and Objectives

1. Demonstrate reflective practice, professional competence, interpersonal skills and expertise in the Australian community pharmacy setting; including the development of learning plans for experiential placements.
2. Relate your knowledge, skills, and professional attributes acquired throughout the Pharmacy degree in the context of your placement experience.
3. Reflect on your placement experience and relate it to your personal and professional development, including in the context of the National Competency Standards Framework for Pharmacists in Australia 2016, life-long learning, and future employability.
4. Demonstrate responsiveness to physically, socially, and culturally diverse patient populations in community pharmacy contexts. (**PHRM4072 only**)

Student Preparation

Prior to fourth year, all students have completed the following placements:

- three one-week community pharmacy placements;
- one-week hospital placement; and
- two days aged care observation placement.

In PHRM4062 and PHRM4072, students will undertake a six-week (four days per week) placement in a pharmacy practice site that promotes opportunities to develop professional pharmacy practice knowledge, skills, and attributes, building on the previous three years of the BPharm(Hons) Program.

For details of the topics that students have studied in the previous year, please see:

PHRM3101 – Pharmacy Practice and Medicines Management 3A

PHRM3102 – Pharmacy Practice and Medicines Management 3B

Entrustable Professional Activities

Students are expected to undertake a minimum of THREE EPAs based on their individual learning goals.

Click on the links below to view the EPA templates

- Provision of OTC Medicines
- Best Possible Medication History
- Patient education
- Resolving a Medication Related Problem
- Assessment of Inhaler Technique and Counselling
- Oral Anticoagulant Education
- Teamwork and Collaboration

Please note that the Bachelor of Pharmacy (Hons) EPAs have been scaffolded to an appropriate level for the students and differ from the EPAs that are completed in other programs, including the internship programs. If you are familiar with other EPA formats, we ask that you follow the templates for this course as they have been designed to align with the students' program of study.

Entrustment Level

As a general guide, we expect that most students will be assigned an entrustment level of 2 or 3. The level of entrustment assigned to the student will not directly impact their course grade and should be used as a guide for student feedback and development. It would be expected that entrustment levels for more complex EPAs may be lower as students work towards developing their clinical knowledge and skills.

> See Entrustable Professional Activities for more information.

PART IV

PHRM4071 - QUM RESEARCH-FOCUSED PROJECT

Course Introduction

The PHRM4071 6-week QUM research-focused placement experience aims to provide students with an opportunity to engage in pharmacy research regarding a Quality Use of Medicine issue that aims to contribute to improving health outcomes relevant to the placement site. For many students, it will be their first experience conducting QUM research and students will require the guidance of their preceptors to identify a relevant QUM issue, formulate their key aims/objectives and design appropriate methodology to achieve the research aim(s).

The research project and objectives can focus on any activity that relates to the improvement of QUM at the placement site and can be qualitative or quantitative in nature. For example:

- If the placement site gives the opportunity to participate in activities which improve drug safety or efficacy – use safety or efficacy as central objectives;
- If the placement site concentrates on communication with patients – develop objectives related to communication with consumers;
- If the placement requires the student to observe the activities of professionals and consumers at that site – develop objectives which reflect and illustrate the nature and importance of these activities

Students have been prepared with a lecture that covers the course expectations, assessment requirements and a detailed description of the research process. The Introduction to Pharmacy Research lecture covers the following topics:

- Developing your research question
- Performing a literature review
- Writing research objectives
- Developing the research methodology
- Data analysis and interpretation of results

Students are required to submit an Ethics and Project Outline to the Course Coordinator, which describes the following key points (if relevant):

- Research aims/objectives
- Key steps involved in conducting the research project
- Who are the participants
- Inclusion/exclusion criteria
- Data collection points and template
- Survey questions (verbal or electronic)
- Data/statistical analysis
- Risks associated with the research and mitigation strategies
- Privacy and confidentiality considerations

Students **must receive academic approval** from their Course Coordinator before they can begin their research project.

Course Aims and Objectives

1. Apply the ideals and principles of Quality Use of Medicines (QUM) to contribute to health outcomes.
2. Demonstrate reflective practice, professional competence, interpersonal skills, and expertise; including the development of learning plans for experiential placements.
3. Develop and conduct a QUM research project that relates to the needs of the placement site.
4. Demonstrate written and oral professional communication skills.

Placement Timeline

Students will complete their placement in either Semester 1 or Semester 2 of Year 4 of the Program, commencing two weeks prior to Week 1 of the semester and concluding at the end of Week 4 of the semester.

Table 1 below shows the recommended timeline of activities across the 6-week placement, for both the QUM Research project and the Entrustable Professional Activities.

<table>
<tr><th>Placement Week</th><th>QUM Research Project</th><th>Entrustable Professional Activities (EPAs)</th></tr>
<tr><td>1</td><td rowspan="2">Project ideas and ethics approval discussed and agreed between Preceptor and Student.

With guidance from supervisor, student to complete and submit Ethics and Project Outline Form to Course Coordinator by end of week 2.</td><td>Student to discuss learning goals with supervisor and agree on 2 EPAs relevant to placement site.</td></tr>
<tr><td>2</td><td rowspan="3">Shadowing/observing staff.

Students undertake EPAs.
Short practice observations and feedback to students.</td></tr>
<tr><td>3</td><td rowspan="3">Student to complete QUM project under supervisors' guidance.

NOTE: All approvals for the project must be obtained from site and school prior to commencement.</td></tr>
<tr><td>4</td></tr>
<tr><td>5</td><td>Student completes self-assessment of EPAs (week 5 or 6).</td></tr>
<tr><td>6</td><td>Student presentation of their QUM project to the placement site.

Student provides supervisor with a copy of their completed report. (May be post-placement).</td><td>Final feedback session.

Preceptor completes declaration, evaluation and final entrustment levels on ePortfolio platform (May be post-placement).</td></tr>
</table>

Table 1: Weekly Placement Activities

Student Preparation

Students are expected to undertake a minimum of TWO EPAs during their placement experience. Students completing their placements within a hospital or other clinical setting can choose from a range of clinical and non-clinical EPAs based on their individual learning goals and current experience. Students completing their placements at a non-clinical (i.e. non-patient facing) facility can undertake the non-clinical EPAs which focus on Data Collection and Management and Teamwork and Collaboration.

Students have been prepared for both clinical and non-clinical EPAs throughout the course of their

degree, having multiple opportunities to demonstrate clinical skills and knowledge in classroom and OSCE settings, participation in group assignments and in the faculty collaborative practice curriculum. Students are expected to combine various elements of their own experience, skills and knowledge to achieve the performance criteria and elements of the EPAs they wish to undertake.

For details of the topics that students have studied in the previous year, please see:

PHRM3101 – Pharmacy Practice and Medicines Management 3A

PHRM3102 – Pharmacy Practice and Medicines Management 3B

Entrustable Professional Activities

Click on the links below to view the EPA templates

- Best possible medication history
- Medication chart review
- Patient education
- Resolving a Medication Related Problem
- Assessment of Inhaler Technique and Counselling
- Oral Anticoagulant Education
- Teamwork and Collaboration
- Data Collection and Management

Please note that the Bachelor of Pharmacy (Hons) EPAs have been scaffolded to an appropriate level for the students and differ from the EPAs that are completed in other programs, including the internship programs. If you are familiar with other EPA formats, we ask that you follow the templates for this course as they have been designed to align with the students' program of study.

Entrustment Level

As a general guide, we expect that most students will be assigned an entrustment level of 2 or 3. The level of entrustment assigned to the student will not directly impact their course grade and should be used as a guide for student feedback and development. It would be expected that entrustment levels for more complex EPAs may be lower as students work towards developing their clinical knowledge and skills.

> See Entrustable Professional Activities for more information.