





## USask PharmD Experiential Learning (EL) Program

### Examples of EL Competencies Demonstrated in a Hospital/Institutional Setting

EL Competency	Examples of activities, actions, and behaviours that may demonstrate this competency
	<b>KNOWLEDGE</b>
<b>1. Demonstrates application of fundamental knowledge and skills covered in curriculum to date</b>	<p><b>OFTEN A GLOBAL ASSESSMENT AS INFORMED BY OBSERVATIONS OF EXAMPLES THAT ALSO DEMONSTRATE OTHER COMPETENCIES</b></p> <ul style="list-style-type: none"> <li>- Comparing overlap in signs and symptoms of different disease states (e.g., basic differential diagnosis)</li> <li>- Interpreting vital signs, recalling normal parameters from memory</li> <li>- Summarizing relevant and accurate counselling points prior to patient education session</li> <li>- Identifying resource(s) and/or types of resource(s) to use to answer DIQs</li> <li>- Answering preceptor prompting questions about common disease states and drugs</li> <li>- Describing the role of the pharmacist in hospital and identify activities that align with the scope of practice</li> <li>- Other (site-specific):</li> </ul>
<b>2. Uses a combination of knowledge, critical thinking, and problem-solving skills to make and justify decisions</b>	<p><b>OFTEN A GLOBAL ASSESSMENT AS INFORMED BY OBSERVATIONS OF EXAMPLES THAT ALSO DEMONSTRATE OTHER COMPETENCIES</b></p> <ul style="list-style-type: none"> <li>- Interpreting a consult note or imaging report by looking up unfamiliar terms and summarizing in lay terminology</li> <li>- Obtaining and using collateral sources of information when completing BPMHs (e.g., LTC MARs, community pharmacy bubble pack grids, etc.)</li> <li>- Articulating the decision-making process of prioritizing disease states and DTPs to manage with respect to considering acuity vs. chronicity, benefits and risks to the patient, resources available, scope of practice, etc.</li> <li>- Identifying urgency and triaging tasks appropriately (e.g., STAT order requiring clinical intervention)</li> <li>- Demonstrating critical appraisal/EBM skills (e.g., interpreting RR, NNT, significance, etc.) and relating findings to a patient case</li> <li>- Providing an evidence-based drug response to a DIQ</li> <li>- Troubleshooting drug coverage problems (e.g., EDS) prior to discharge</li> <li>- Assessing indication, efficacy, safety, and adherence factors to identify potential DTPs before applying for EDS when consulted</li> <li>- Other (site-specific):</li> </ul>
	<b>PROVIDING CARE</b>
<b>3. Gathers information</b>	<ul style="list-style-type: none"> <li>- Gathering a comprehensive medication list and medication history from a patient and collateral sources such as a caregiver, health records, community pharmacy, LTC, etc. (e.g., BPMH as per facility work standard)</li> <li>- Collecting information from a patient or care partner about barriers to adherence prior to admission</li> <li>- Compiling data from the chart and justifying the significance of specific lab values, investigations, findings relevant to the patient's care</li> <li>- Clarifying details about prn medication use with patients, caregivers, nurses, MAR, etc.</li> <li>- Verifying information from the chart with the patient, physician, ward pharmacist, or nurse</li> <li>- Completing a ward audit, gathering relevant information from each patients' chart to make an assessment and propose a potential intervention (e.g., antimicrobial stewardship, anticoagulation/VTE prophylaxis, SmartPump)</li> <li>- Other (site-specific):</li> </ul>

**Opportunities to demonstrate competencies 4/5/6 can be via written care plans, spontaneous discussions, case presentations, DIQs, etc. The EL Office encourages students and preceptors to seek a variety of opportunities to demonstrate these competencies both in comprehensive patient work up and consults/focused assessments.**

<p><b>4. Identifies and prioritizes drug therapy problems (DTPs)</b></p>	<ul style="list-style-type: none"> <li>- Identifying unnecessary drug therapy (e.g., longterm PPI with no ongoing indication)</li> <li>- Recognizing ineffective drug therapy (e.g., no clinically meaningful improvement after 48 hours of IV antibiotics)</li> <li>- Identifying drug interactions and their significance (e.g., pharmacokinetic interactions, IV incompatibility, etc.)</li> <li>- Identifying dosage too high when lab values suggest a supratherapeutic response to therapy (e.g., vancomycin therapeutic drug monitoring)</li> <li>- Identifying an adverse drug reaction to a recently started medication (e.g., allergic reaction to a new med)</li> <li>- Prioritizing multiple DTPs with appropriate justification and adapt with change in patient status</li> <li>- Other (site-specific):</li> </ul>
<p><b>5. Identifies goals of therapy (GOT)</b></p>	<ul style="list-style-type: none"> <li>- Identifying a specific LDL target within a specific timeframe after starting post-ACS statin therapy</li> <li>- Specifying objective and subjective efficacy parameters to monitor on a specific timeline after starting antimicrobial therapy</li> <li>- Identifying opportunities to adjust goals of therapy (e.g., risks associated with over-treating frail and/or end-of-life patients)</li> <li>- Discussing target blood glucose and timeline to follow up after starting sliding-scale insulin on admission</li> <li>- Identifying when a patient should become euvolemic after starting diuresis</li> <li>- Describing the importance of creating patient-centred goals of therapy</li> <li>- Other (site-specific):</li> </ul>
<p><b>6. Identifies, compares, and selects most appropriate therapeutic alternatives</b></p>	<ul style="list-style-type: none"> <li>- Discussing therapeutic alternatives with preceptor in preparation of providing a recommendation to a prescriber</li> <li>- Creating a therapeutic alternative worksheet as part of a written care plan</li> <li>- Describing patient-specific factors considered when comparing drug therapy</li> <li>- Recommending a change to drug therapy to manage a drug therapy problem</li> <li>- Responding in writing to a drug information question</li> <li>- Interpreting a culture and sensitivity report correctly and uses it as a piece of information in determining appropriate antibiotic choice</li> <li>- Considering formulary-preferred medications when making recommendations</li> <li>- Other (site-specific):</li> </ul>
<p><b>7. Prepares, dispenses, and supports distribution and administration of medications</b></p>	<ul style="list-style-type: none"> <li>- Dispensing medications (data entry, checking, cart fill, interim dose, STAT orders, compounding, etc.) and/or actively observing and engaging with others in the dispensing process</li> <li>- Discussing the role of PYXIS and ward stock in drug distribution systems</li> <li>- Checking for all essential items on an order and identifying missing information</li> <li>- Clarifying unclear orders</li> <li>- Transcribing verbal orders or writing pharmacist orders in a chart</li> <li>- Identifying MAR errors and making corrections</li> <li>- Selecting commercially available strengths of medication in making drug therapy recommendations (e.g., tinzaparin)</li> <li>- Considering and justifying dosage form when making drug therapy recommendations</li> <li>- Using the parenteral drug manual or IV compatibility resource to inform recommendations to nurses about medication administration</li> <li>- Facilitating and documenting take-home naloxone distribution</li> <li>- Following sterile practice procedures</li> <li>- Other (site-specific):</li> </ul>
<p><b>8. Monitors and follows up on plans</b></p>	<ul style="list-style-type: none"> <li>- Reviewing patient status and vitals daily to assess response to medication therapy (e.g., fever resolution after antibiotics are started)</li> <li>- Following up on pending bloodwork (e.g., INR result to complete recommendation for warfarin adjustment)</li> <li>- Asking patients targeted questions about symptom resolution to assess efficacy (e.g., dyspnea and sputum volume with AECOPD)</li> <li>- Asking patients targeted questions about new symptom incidence to assess safety (e.g., diarrhea after starting colchicine)</li> <li>- Ensuring proper handover is completed with pharmacist or others in the case of outstanding follow up</li> <li>- Other (site-specific):</li> </ul>



## COMMUNICATION AND COLLABORATION

<b>9. Establishes and maintains rapport and relationships</b>	<ul style="list-style-type: none"><li>- Speaking to people with sensitivity, empathy, compassion, cultural safety, and appropriate language</li><li>- Introducing self and role appropriately others when seeking or providing information</li><li>- Appropriately addressing individuals by their correct pronouns and preferred title and/or credentials</li><li>- Recognizing individuals by name upon subsequent encounters/remembering personal details about people</li><li>- Obtaining informed consent from patients to provide care, including setting expectation about how long an encounter will be</li><li>- Bringing positive energy and professionalism into the workspace</li><li>- Managing conflict or difference in opinion and/or perspective</li><li>- Other (site-specific):</li></ul>
<b>10. Communicates verbally and non-verbally</b>	<ul style="list-style-type: none"><li>- Speaking confidently and respectfully when it is the student's turn in individual or group settings</li><li>- Implementing care plans verbally by making clear, concise, justified drug therapy recommendations to prescribers</li><li>- Providing education or counsel to patients</li><li>- Responding to communication challenges (e.g., collecting a BPMH from a person living with dementia)</li><li>- Delivering formal and informal presentations (e.g., case presentations, health advocacy presentations, poster or abstract presentations, etc.)</li><li>- Communicating effectively over telephone or videocall</li><li>- Maintaining appropriate body language that demonstrates readiness to learn, attentiveness to conversation, and respect for others</li><li>- Actively participating in turn in group settings</li><li>- Other (site-specific):</li></ul>
<b>11. Communicates in writing, including completing documentation</b>	<ul style="list-style-type: none"><li>- Emailing preceptor(s) and others with appropriate and concise language and format (following site-specific email policies)</li><li>- Writing complete and concise progress notes and/or orders that fulfill professional and legal requirements (e.g., SOAP, SBAR, IRS, DAP, etc.)</li><li>- Writing/transcribing complete orders or recommendations (e.g., Pharmacy Suggests)</li><li>- Documenting in electronic systems in a timely manner (e.g., SCM, BDM, OneNote, etc.)</li><li>- Avoiding the use of dangerous abbreviations</li><li>- Selecting and providing written patient education</li><li>- Other (site-specific):</li></ul>
<b>12. Fulfils professional roles and responsibilities, including implementing plans and referring or transferring responsibility when appropriate</b>	<ul style="list-style-type: none"><li>- Initiating a recommendation to a prescriber to manage a drug therapy problem or correct an error</li><li>- Following up with nurses to convey recommendations made by the pharmacy team</li><li>- Completing monitoring and follow up as planned, changing direction of care as needed with new information obtained</li><li>- Ensuring the timely delivery of patient education</li><li>- Responding to a drug information question in a timely manner</li><li>- Providing handover of care to ward pharmacist upon transfer to another unit</li><li>- Calling a community pharmacy to communicate discharge summary/rationale for changes made in hospital</li><li>- Participating in other activities to ensure continuity of care</li><li>- Other (site-specific):</li></ul>
<b>13. Recognizes and respects the roles and shared responsibility of others, including patient as decision maker</b>	<ul style="list-style-type: none"><li>- Asking patients about their preferences for medication therapy and including this information in comparing and selecting drug therapy</li><li>- Advocating for the patient's perspective as it relates to preferences and decision-making about drug therapy</li><li>- Identifying information that can be obtained from other HCPs to inform care (e.g., diagnosis, swallowing assessment, fall risk, etc.)</li><li>- Collaborating with nurses to find an appropriate time to meet with the patient that does not interrupt their workflow</li><li>- Negotiating with other learners about who will take responsibility for educating a patient about medication changes</li><li>- Discussing the overlapping roles pharmacists share with others</li><li>- Utilizing shared decision-making tools to provide education (e.g., <a href="#">RxFiles Clinical Tools</a>, <a href="#">Ottawa Hospital Research Institute Patient Decision Aids</a>)</li><li>- Other (site-specific):</li></ul>



## LEADERSHIP AND STEWARDSHIP

<b>14. Uses strategies and techniques to optimize pharmacy care and contribute to patient safety</b>	<ul style="list-style-type: none"><li>- Adhering to relevant work standards and expectations once introduced and discussed</li><li>- Reporting adverse drug events and medication errors through appropriate channels</li><li>- Analyzing system-associated causes of errors</li><li>- Identifying medication safety issues including improper storage of medications on the ward or in the patient's possession at home</li><li>- Identifying ways to mitigate medication errors (e.g., Tall Man lettering, avoiding inappropriate abbreviations)</li><li>- Verifying the patient's allergy record when assessing drug therapy</li><li>- Performing an audit of compliance with medication-safety procedures (e.g., SMART pump audit)</li><li>- Performing an audit to ensure optimal antimicrobial and/or anticoagulation therapy selected for all patients in a given care area</li><li>- Other (site-specific):</li></ul>
<b>15. Contributes to stewardship of healthcare resources</b>	<ul style="list-style-type: none"><li>- Managing their own time and respecting preceptor's time by working efficiently and taking initiative to follow up on task progress</li><li>- Exploring drug coverage options to enhance affordability for people unable to afford new medications prior to discharge (e.g., applying for EDS)</li><li>- Advocating for deprescribing and/or <a href="#">Choosing Wisely</a>, when appropriate</li><li>- Exploring appropriateness of stepdown therapy (e.g., IV to oral stepdown)</li><li>- Assessing appropriateness of continuing PRN medications upon discharge (e.g., bowel care, antinauseants, etc.)</li><li>- Proposing an initiative that addresses climate action and earth stewardship</li><li>- Recommending consolidation of devices, when appropriate, to minimize unnecessary disposal of devices (e.g., inhalers, insulin pens)</li><li>- Facilitating education to others about stewardship in prescribing (e.g., informal/opportunistic education when intervening on orders, journal clubs, lunch and learns, case presentations, etc.)</li><li>- Discussing criteria that are considered when discussing a patient's readiness for discharge</li><li>- Other (site-specific):</li></ul>
<b>16. Participates in health promotion and disease prevention efforts</b>	<ul style="list-style-type: none"><li>- Recognizes when and how to adhere to facility's infection prevention protocols (e.g., hand hygiene, PPE)</li><li>- Providing smoking cessation counseling</li><li>- Discussing harm reduction strategies (e.g., naloxone, safe injection supplies, etc.)</li><li>- Assessing for and recommending appropriate immunizations</li><li>- Reinforcing education about food and movement choices to support care provided by dietitians, physical therapists, etc.</li><li>- Counselling on adherence and providing recommendations/education for compliance aids in community (e.g., blister packs, reminders, etc.)</li><li>- Seeking opportunities to implement primary prophylaxis/prevention to prevent disease</li><li>- Other (site-specific):</li></ul>



## PROFESSIONALISM AND PROFESSIONAL IDENTITY

**17. Demonstrates responsibility and commitment to learning through the demonstration of, but not limited to:**

- Self-reflection
- Self-assessment
- Self-directed learning
- Receptiveness to feedback
- Adaptability

- Completing self-evaluations on time with specific examples that justify grade selected
- Writing learning objectives and SMART goals
- Seeking, accepting, and implementing feedback from preceptor and others respectfully and graciously
- Sustaining behaviour change
- Adjusting to a change in planned activities as a result of the dynamic nature of the learning environment
- Brainstorming solutions to a problem before raising the concern with others
- Talking through reflections on interactions that did not go as planned (e.g., *“That did not go well because I...”, “Next time I will try to...”*)

**18. Demonstrates the attitudes, qualities, ethical principles, commitment, and characteristics of a professional as expected by patients, other pharmacists, regulatory bodies, and other healthcare professionals**

- Presenting with appropriate personal grooming and attire
- Being accessible, diligent, timely, and reliable to others
- Displaying honesty, integrity, humility, altruism, empathy, compassion, and respect for diversity and patient autonomy
- Taking responsibility and accountability for own actions and inactions
- Offering honest and fair feedback to colleagues, preceptors, and site
- Recognizing and responding to self and colleagues in need
- Maintaining appropriate boundaries with patients and others

**19. Practices within ethical, legal, and professional requirements as stipulated in federal and provincial legislation, bylaws, policies, and practice standards**

- Adhering to laws, standards of practice, policies, and codes that govern the self-regulated profession of pharmacy
- Using ethical frameworks as a component of professional judgement (i.e. navigating the “grey areas” of pharmacy practice)
- Recognizing potential conflicts of interest
- Maintaining privacy and confidentiality