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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 *Note: These lists are compiled to help identify opportunities for students to demonstrate the EL competencies during the rotation. The lists are non-exhaustive, and it is not required that a student perform each of these tasks in the rotation. These examples represent a variety of skill levels and should be adapted to recognize the baseline knowledge and skills expected of the student given their year in the program. An overview of the PharmD course curriculum by year can be found here.*
	KNOWLEDGE
1. Demonstrates application of fundamental knowledge and skills covered in curriculum to date	**OFTEN A GLOBAL ASSESSMENT AS INFORMED BY OBSERVATIONS OF EXAMPLES THAT ALSO DEMONSTRATE OTHER COMPETENCIES** - Comparing overlap in signs and symptoms of different disease states (e.g., basic differential diagnosis) - Interpreting vital signs, recognizing abnormal data - Summarizing relevant and accurate counselling points prior to patient education session - Identifying resource(s) and/or types of resource(s) to use to answer DIQs - Answering preceptor prompting questions about common disease states and drugs - Describing the role of the pharmacist in hospital and identify activities that align with the scope of practice - Other (site-specific):
2. Uses a combination of knowledge, critical thinking, and problem-solving skills to make and justify decisions	**OFTEN A GLOBAL ASSESSMENT AS INFORMED BY OBSERVATIONS OF EXAMPLES THAT ALSO DEMONSTRATE OTHER COMPETENCIES** - Interpreting a consult note or imaging report by looking up unfamiliar terms and summarizing in lay terminology - Obtaining and using collateral sources of information when completing BPMHs (e.g., LTC MARs, community pharmacy bubble pack grids, etc.) - 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. - Identifying urgency and triaging tasks appropriately (e.g., STAT order requiring clinical intervention) - Demonstrating critical appraisal/EBM skills (e.g., interpreting RR, NNT, significance, etc.) and relating findings to a patient case - Providing an evidence-based drug response to a DIQ - Troubleshooting drug coverage problems (e.g., EDS, non-formulary processes) - Interpreting and contextualizing patient-specific factors when assessing indication, efficacy, safety, and adherence to identify DTPs - Other (site-specific):
	PROVIDING CARE
3. Gathers information	- 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) - Collecting information from a patient or care partner about barriers to adherence prior to admission - Compiling data from the chart and justifying the significance of specific lab values, investigations, findings relevant to the patient's care - Clarifying details about prn medication use in hospital with patients, caregivers, nurses, MAR, etc. - Verifying conflicting or missing information from the chart with the patient, physician, ward pharmacist, or nurse - 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) - Other (site-specific):

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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.	
4. Identifies and prioritizes drug therapy problems (DTPs)	- Identifying unnecessary drug therapy (e.g., longterm PPI with no ongoing indication) - Recognizing ineffective drug therapy (e.g., no clinically meaningful improvement after 48 hours of IV antibiotics) - Identifying drug interactions and their significance (e.g., pharmacokinetic interactions, IV incompatibility, etc.) - Identifying dosage too high when lab values suggest a supratherapeutic response to therapy (e.g., vancomycin therapeutic drug monitoring) - Identifying an adverse drug reaction to a recently started medication (e.g., allergic reaction to a new med) - Prioritizing multiple DTPs with appropriate justification and adapting with change in patient status - Other (site-specific):
5. Identifies goals of therapy (GOT)	- Identifying a specific LDL target within a specific timeframe after starting post-ACS statin therapy - Specifying objective and subjective efficacy parameters to monitor on a specific timeline after initiating therapy - Identifying opportunities to adjust goals of therapy as circumstances change (e.g., frailty, end-of-life) - Discussing target blood glucose and timeline to follow up after starting sliding-scale insulin on admission - Identifying when a patient should become euvolemic after starting diuresis - Describing the importance of creating patient-centred goals of therapy - Other (site-specific):
6. Identifies, compares, and selects most appropriate therapeutic alternatives	- Discussing therapeutic alternatives with preceptor in preparation of providing a recommendation to a prescriber - Creating a therapeutic alternative worksheet as part of a written care plan - Describing patient-specific factors considered when comparing drug therapy - Recommending a change to drug therapy to manage a drug therapy problem - Responding in writing to a drug information question - Interpreting a culture and sensitivity report correctly and uses it as a piece of information in determining appropriate antibiotic choice - Considering formulary-preferred medications when making recommendations - Other (site-specific):
7. Prepares, dispenses, and supports distribution and administration of medications	- 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 - Discussing the role of PYXIS and ward stock in drug distribution systems - Discussing processes involved in dispensing "pass" medications - Checking for all essential items on an order and identifying missing information - Clarifying unclear orders - Transcribing verbal orders or writing pharmacist orders in a chart - Identifying MAR errors and making corrections - Rounding doses and selecting commercially available strengths of medication in making drug therapy recommendations (e.g., tinzaparin) - Considering and justifying dosage form when making drug therapy recommendations - Using the parenteral drug manual or IV compatibility resource to inform recommendations to nurses about medication administration - Following sterile practice procedures - Other (site-specific):
8. Monitors and follows up on plans	- Reviewing patient status and vitals daily to assess response to medication therapy (e.g., fever resolution after antibiotics are started) - Following up on pending bloodwork (e.g., INR result to complete recommendation for warfarin adjustment) - Asking patients targeted questions about symptom resolution to assess efficacy (e.g., dyspnea and sputum volume with AECOPD) - Asking patients targeted questions about new symptom incidence to assess safety (e.g., diarrhea after starting colchicine) - Ensuring proper handover is completed with pharmacist or others in the case of outstanding follow up - Other (site-specific):

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	COMMUNICATION AND COLLABORATION
9. Establishes and maintains rapport and relationships	- Speaking to people with sensitivity, empathy, compassion, cultural safety, and appropriate language - Introducing self and role appropriately to others when seeking or providing information - Appropriately addressing individuals by their correct pronouns and preferred title and/or credentials - Obtaining informed consent from patients to provide care, including setting expectation about how long an encounter will be - Bringing positive energy and professionalism into the workspace - Managing conflict or difference in opinion and/or perspective - Other (site-specific):
10. Communicates verbally and non-verbally	- Speaking confidently and respectfully when it is the student's turn in individual or group settings - Implementing care plans verbally by making clear, concise, justified drug therapy recommendations to prescribers - Providing education or counsel to patients - Responding to communication challenges (e.g., collecting a BPMH from a person living with dementia) - Delivering formal and informal presentations (e.g., case presentations, health advocacy presentations, poster or abstract presentations, etc.) - Communicating effectively over telephone or videocall - Maintaining appropriate body language that demonstrates readiness to learn, attentiveness to conversation, and respect for others - Actively participating in turn in group settings - Other (site-specific):
11. Communicates in writing, including completing documentation	- Emailing preceptor(s) and others with appropriate and concise language and format (following site-specific email policies) - Writing complete and concise progress notes and/or orders that fulfill professional and legal requirements (e.g., SOAP, SBAR, IRS, DAP, etc.) - Writing/transcribing complete orders or recommendations (e.g., Pharmacy Suggests) - Documenting in electronic systems in a timely manner (e.g., SCM, BDM, OneNote, etc.) - Avoiding the use of dangerous abbreviations - Selecting and providing appropriate written patient education - Other (site-specific):
12. Fulfils professional roles and responsibilities, including implementing plans and referring or transferring responsibility when appropriate	- Initiating a recommendation to a prescriber to manage a drug therapy problem or correct an error - Following up with nurses to convey recommendations made by the pharmacy team - Completing monitoring and follow up as planned, changing direction of care as needed with new information obtained - Ensuring the timely delivery of patient education - Responding to a drug information question in a timely manner - Providing handover of care to ward pharmacist upon transfer to another unit - Completing discharge medication reconciliation (where authorized and appropriate) - Calling a community pharmacy to communicate discharge summary/rationale for changes made in hospital - Participating in other activities to ensure continuity of care - Other (site-specific):
13. Recognizes and respects the roles and shared responsibility of others, including patient as decision maker	- Asking patients about their preferences for medication therapy and including this information in comparing and selecting drug therapy - Advocating for the patient's perspective as it relates to preferences and decision-making about drug therapy - Identifying information that can be obtained from other HCPs to inform care (e.g., diagnosis, swallowing assessment, fall risk, etc.) - Collaborating with nurses to find an appropriate time to meet with the patient that does not interrupt their workflow - Negotiating with other learners about who will take responsibility for educating a patient about medication changes - Discussing the overlapping roles pharmacists share with others - Utilizing shared decision-making tools to provide education (e.g., RxFiles Clinical Tools, Ottawa Hospital Research Institute Patient Decision Aids) - Other (site-specific):

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	LEADERSHIP AND STEWARDSHIP
14. Uses strategies and techniques to optimize pharmacy care and contribute to patient safety	- Adhering to relevant work standards and expectations once introduced and discussed - Reporting adverse drug events and medication errors through appropriate channels - Analyzing system-associated causes of errors - Performing MAR checks and addressing identified issues - Identifying medication safety issues including improper storage of medications on the ward or in the patient's possession at home - Identifying ways to mitigate medication errors (e.g., Tall Man lettering, avoiding inappropriate abbreviations) - Verifying the patient's allergy record when assessing drug therapy - Performing an audit of compliance with medication-safety procedures - Performing an audit to ensure optimal antimicrobial and/or anticoagulation therapy selected for all patients in a given care area - Other (site-specific):
15. Contributes to stewardship of healthcare resources	- Managing their own time and respecting preceptor's time by working efficiently and taking initiative to follow up on task progress - Exploring drug coverage options to enhance affordability for people unable to afford new medications prior to discharge (e.g., EDS, NIHB Prior Approval) - Advocating for deprescribing and/or Choosing Wisely, when appropriate - Exploring appropriateness of stepdown therapy (e.g., IV to oral stepdown) - Assessing appropriateness of continuing PRN medications upon discharge (e.g., bowel care, antinauseants, analgesics, etc.) - Proposing an initiative that addresses climate action and earth stewardship - Recommending consolidation of devices, when appropriate, to minimize unnecessary disposal of devices (e.g., inhalers, insulin pens) - 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.) - Discussing criteria that are considered when discussing a patient's readiness for discharge - Other (site-specific):
16. Participates in health promotion and disease prevention efforts	- Recognizes when and how to adhere to facility's infection prevention protocols (e.g., hand hygiene, PPE) - Providing smoking cessation counseling - Discussing harm reduction strategies (e.g., naloxone, safe injection supplies, etc.) - Assessing for and recommending appropriate immunizations - Reinforcing education about food and movement choices to support care provided by dietitians, physical therapists, etc. - Counselling on adherence and providing recommendations/education for compliance aids in community (e.g., blister packs, reminders, etc.) - Seeking opportunities to implement primary prophylaxis/prevention to prevent disease - Other (site-specific):

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	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	- 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 - Presenting with appropriate personal grooming and attire
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

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