



University of Strathclyde

**Strathclyde Institute of Pharmacy &
Biomedical Sciences**

**MPharm Experiential Learning Handbook
2018/19**

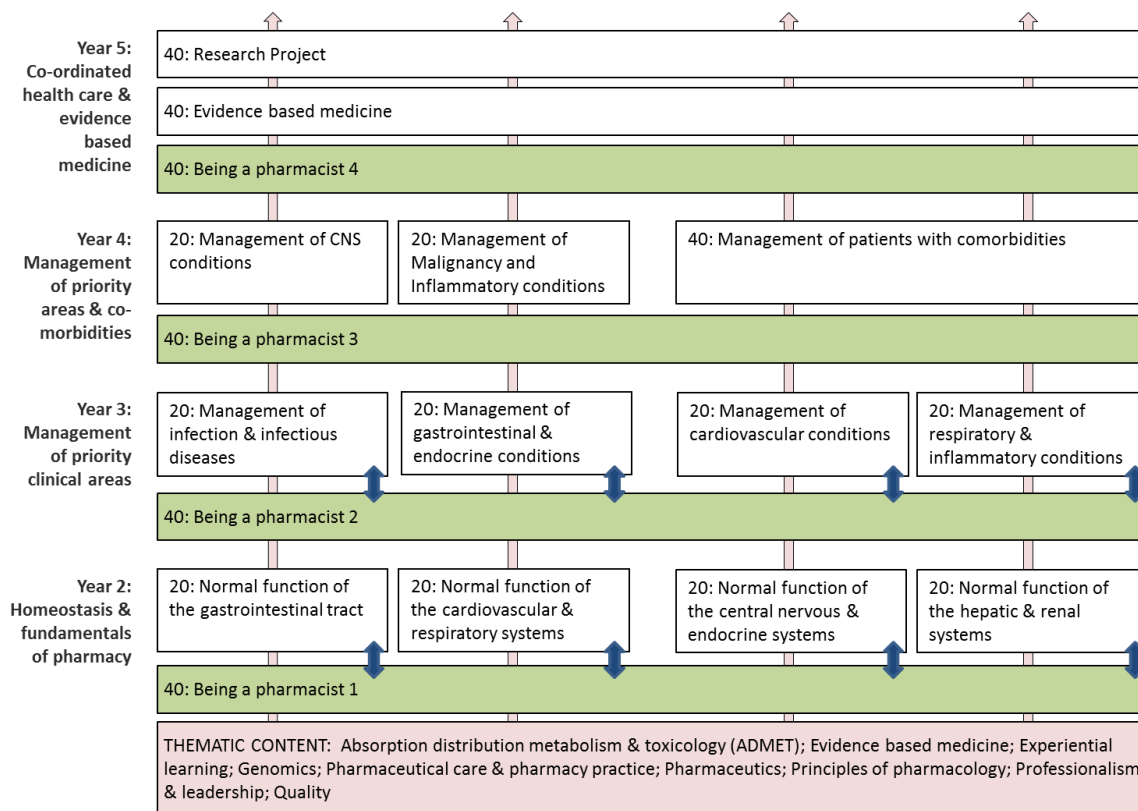


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1. The MPharm Programme and Experiential Learning

MPharm structure



Our MPharm is constructed as a spiral curriculum where students will revisit topics in ever increasing complexity. The first year of the course (year 2) focuses on normal function of the body and the treatment of minor ailments by following the WWHAMM mnemonic. Years 3 and 4 revisit the major clinical areas initially as single disease considerations but move to treating patient with multiple morbidities as the years progress – for example treating a patient with infection who is immunocompromised will be covered in the Management of Infection and Infectious Diseases class, Management of Malignancy and Inflammation class and Management of patients with Comorbidities class. The final year of study brings all this learning together in classes where the students will apply their knowledge of all areas of pharmacy to understanding where guidelines cannot be applied and how a decision for treatment can be made based on the evidence available.

Within our programme, the numbering of years has changed (Year 2 to Year 5). Students in the first three years of study will have experiential learning in both community and hospital practice and the final year students will spend an extended period in either/both sectors.

Year	Community practice	Hospital Practice
Year 2	2 x ½ days	1 x ½ day
Year 3	6 x ½ days	1 x ½ day
Year 4	8 x ½ days	1 x day
Year 5	10 days in one or two areas of practice	

Final year students will be permitted to choose the area of practice for the first week of experiential learning and all will attend a community pharmacy for the second.

The timing of the experiential learning fits with the teaching and learning in the university. We will endeavour to send the students out for their experiential learning at the following times. For community pharmacy the date indicated is the first day of experiential learning and the subsequent dates should be negotiated with the community pharmacist at the first visit.

Year	Community practice	Hospital Practice
Year 2	Early February	January, February
Year 3	Early November	Early November/Early January
Year 4	Late October	March
Year 5	Week commencing 19 th November and 18 th February	

2. Information for students

During experiential learning you will come into contact with patients, the public and other health care professionals. It is, therefore, important that you portray a professional image and conduct yourself in a professional manner and adhere to the GPhC Standards for Pharmacy Professionals (https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf).

- You are expected to be smartly dressed (no jeans, trainers, hoodies, short skirts or low cut tops).
- Any sleeves should be above the elbow during hospital placements.
- Long hair must be tied back.
- Men should wear a shirt and tie for community experiential learning: no tie in the hospital.
- You should not wear any jewellery while in the hospital: wedding rings are the only jewellery permitted. While in community practice jewellery should be minimal and discrete.
- Nail polish, gels or false nails are not permitted.
- Remember to take your matriculation card as the pharmacist will ask to see this as proof of identity and to identify you as a student of the University of Strathclyde.
- If you are unable to attend your arranged placement you must contact the pharmacist and the university on the day of absence.
- You **must take your PVG certificate** with you to hospital placements. Failure to do so will result in you being unable to participate. Alternatively it will be acceptable to take a photograph of the PVG certificate on your phone.
- Do not take any valuables, apart from essentials, to your experiential learning. Any valuables must be kept on your person at all times or in accordance with the pharmacy policy.
- Please adhere to your placements' mobile phone policy which you will be advised off by your placement.

During your experiential learning you will have access to patient details which are **confidential**. We have assured all the pharmacists that you will respect the patient's right to confidentiality. If you breach this confidentiality you will be asked to leave the placement and a report will be sent to the MPharm Director and Head of Teaching, Dr Boyter.

The pharmacist at each site will co-ordinate and supervise the placement with the assistance of the pharmacy team.

While on experiential learning you must complete the allocated activities. These should be undertaken many times so that you can build competency in each of the areas. You will have to complete reflective entries in your portfolio. Your portfolio is associated with a different class in each year

Year	Class
Year 2	Being a Pharmacist 1
Year 3	Being a Pharmacist 2
Year 4	Being a Pharmacist 3
Year 5	Being a Pharmacist 4

Details of what you have to complete for each class is detailed in the class descriptor and in the class page on MyPlace.

For the experiential learning in community pharmacy your first visit will be arranged for you. You must negotiate the remaining dates and times with the pharmacist in charge. You must keep a log of the dates that you attend the community pharmacy and ask the pharmacist in charge to sign that you have attended each visit.

Student responsibilities while on experiential learning

Student's main responsibilities are that they must:

- Arrive at the pharmacy on time
- Be appropriately dressed as indicated above
- Negotiate the remaining days in the community pharmacy
- Interact in an appropriate manner with the pharmacy team and patients
- Be prepared to stay in the pharmacy for at least 2 and a half hours
- Complete the activities indicted below a number of times to gain competency

You should use this workbook to capture your ideas for suitable reflections.

Please Note

If you are unable to attend your placement (e.g. due to adverse weather conditions or illness) or you anticipate being late to your placement it is essential that you inform both the university (sipbs-experiential-learning@strath.ac.uk) and your contact person at your placement (which will be provided prior to your placement).

3. Information for Pharmacists

Experiential learning is designed to expose students to real life practice as a means of putting their academic studies into context. The degree of complexity and level of patient involvement during experiential learning increases year on year as the students move through the course.

At all times students are expected to act within their competency: the safety of your patients, staff and effective operation of your practice should not be compromised.

The learning outcomes provided for each year are a guide to the experience that the students should have. You may add to these experiences and we appreciate that not all items may be possible in every pharmacy. Students should undertake the activities as many times as practical during their visits to gain some level of competency and a deeper understanding of the roles and responsibilities of a pharmacist.

When students return to university they will need to complete a reflective diary relating to their experiential learning. Students will also participate in debriefing sessions in the university where they will discuss their experiences with other students and share learning from their experiential learning.

If you wish to clarify anything about students' experiential learning or provide us with feedback then please contact any of the staff named at the end of the handbook.

While on experiential learning our students are still subject to the GPhC Standards for Pharmacy Professionals

(https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf). . If there are any matters that need to be reported then please email Dr Anne Boyter (anne.boyter@strath.ac.uk), MPharm Director and Head of Teaching.

Pharmacist responsibilities for students on experimental learning

The main responsibilities of the pharmacist to the students are:

- To negotiate the remaining days for experiential learning (community pharmacy)
- To provide a suitable environment for experiential learning
- To allow the students access to appropriate material to complete their experiential learning

4. Year 2

Community Pharmacy Experiential Learning

Year 2 students are in the first year of study of the MPharm programme. These students spend 2 half days in community pharmacy in academic year 2018 – 19. Students' experiential learning will take place in second semester to allow time for Protecting Vulnerable Groups (PVG) clearance to be obtained from Disclosure Scotland.

At the time of their experiential learning, students will have learnt and demonstrated communication skills in relation to Responding to Symptoms in minor ailments of GI tract, respiratory and cardiovascular systems and will have started to put these skills into practice in relation to the nervous system and endocrine disorders. They will also be aware of the different legal categories of medicines. To underpin this the students will also know about the normal function of the body and how medicines are absorbed, distributed and metabolised in the body. Excretion is covered in the last class in year 2.

Learning outcome

To demonstrate application of communication skills related to treating minor ailments in the workplace

Before attending your first community placement, please complete the following:

What do you think a community pharmacist does?	
What roles do pharmacy technicians play?	

Students will achieve this by completing some or all of the following learning outcomes on multiple occasions

Orientation

To demonstrate understanding of

	<i>Comments / reflection</i>
the role of all team members in the community pharmacy	
the role of SOPs in community pharmacy and show that they can follow these for minor ailments consultations	
the layout of the premises and the need for a consultation room for confidential conversations	
the need for professional behaviours by their dress and behaviour and conduct in the pharmacy	
professional behaviour when answering the phone in the pharmacy	

Acute Medicines Service

To observe procedures for taking in and handing out prescriptions before demonstrating ability in these activities by accepting prescriptions for dispensing and engaging the patient in conversation relevant to the situation. This conversation could be about how long the patient will have to wait for the prescription to be dispensed or product availability.	
To observe the requirements of a GP10 prescription, i.e. compulsory and optional content to check that a prescription is legal before accepting it for dispensing.	
To check patient details on the PMR system and communicate any differences in the prescription to the pharmacist	
To observe the acute medication supply (AMS) functionality on the computer	
To hand out a dispensed prescription which requires a name and address check – these prescriptions may need special storage conditions or simple counselling.	

Minor Ailments

To participate in the sale of OTC medicines using WWHAMM – primarily related to minor ailments of the GI, respiratory and cardiovascular systems. This should include simple counselling on the use of the medicine – for example dosage regimen, maximum dose, or frequency.	
To demonstrate understanding of the content of patient information leaflets (PILs) by using this information in a discussion with the pharmacist or other member of the pharmacy team	
To demonstrate understanding of the range of dosage forms available for a single medicine (e.g. tablets, capsules, liquid, eye drops) when making a recommendation for an OTC sale	
To demonstrate knowledge of the different legal categories of medicines and where they are stored to the pharmacist by ensuring that new stock is stored correctly	

Hospital Experiential Learning

Students should be at the hospital for about 3 hours and will attend as a group of about 10 – 15 students (or as agreed with the site).

Learning outcomes

- To understand the pharmacy team contribution to patient centred care
- To understand the different roles of staff in hospital pharmacy

Before attending this hospital session, students must reflect and complete the following:

What different departments are there in a pharmacy?	
What do you think a hospital pharmacist does?	
What roles to pharmacy technicians play?	

Suggested Structure of the experiential learning

1. Pharmacy Department, Staffing Structure, Training
 - An outline of the work of a hospital pharmacy department and the different staff who are employed there. This should cover the different personnel who work in a hospital pharmacy and not just the role of the pharmacists, including the extended role of pharmacy technicians and Assistant Technical Officers.
2. Pre-registration training
 - How pre-registration training is structured in hospital pharmacy. What is expected of a pre-registration pharmacist and how this fits with the undergraduate education. If possible a description of how the patient facing role develops over the pre-registration year.
3. Role of a band 6 pharmacist
 - How the role of a hospital pharmacist develops and what additional education and training is required. How patient focused services develop.
4. Role of a clinical pharmacist / pre-registration tutor
 - Career development and how more senior pharmacists provide a supportive role to the development of all staff.
5. Tour of the department and, if possible, a ward
 - To allow the students to see different aspects of hospital pharmacy and not just the dispensing or distribution services.

Portfolio of reflections (Summative unless indicated otherwise)

Topic	Content
Professionalism (formative)	Pharmacy students are expected to act as developing professionals. Reflect on how you have demonstrated professionalism since you registered on the MPharm.
Risk assessment (formative)	1 st semester laboratories have COSHH forms and risk assessments associated with them. Reflect on why you have to follow these procedures and what could happen if they were not followed.
Behaviours and attitudes	Attitudes and behaviours of a pharmacist protect the patient from risk. Reflect on what you observed and how you are going to develop these behaviours and attitudes during the MPharm degree.
Standards for Pharmacy Professionals	The Standards for Pharmacy Professionals are important. Reflect on how you have been guided by these when representing the university on your placements.
Consultation and communication	Describe a consultation between a pharmacist and a patient about a minor ailment that you have seen during your experiential learning. You should reflect on the good points that you can transfer to your own practice.
Supply of medicines	Pharmacists need not always be involved in the supply of medicines. From your hospital or community experiential learning reflect on the role of other members of the multidisciplinary or pharmacy team in the supply of medicines.
Patient data (information gathering)	Information must be gathered when dealing with a patient in OTC consultation for a minor ailment. Reflect on how WWHAM was used, either by you or a member of the pharmacy team, to patient information.
Patient data (confidentiality)	Confidentiality is essential to ensure patient trust in pharmacy. Reflect on how compliance with Data Protection Act 1998 is ensured in the pharmacy.
Review of practice	In experiential learning you will have handed out a prescription to a patient. Reflect on this interaction with the patient and how you could improve this in the future.
Team working	Teamwork is essential to deliver desired outcomes. Reflect on how you worked as part of a team to complete a task.

5. Year 3

Community Pharmacy Experiential Learning

These students spend 6 half days (or three full days in negotiation with the pharmacist) in community pharmacy in academic year 2018 – 19. At the time of year 3 Experiential Learning, students will be learning about contractual requirements related to community pharmacy and will be becoming familiar with common POMs used in the treatment of infections and infectious diseases, GI & endocrine conditions, and cardiovascular and respiratory conditions. Students will be developing familiarity with CMS and other core contractual responsibilities. All activities should be under the supervision of a pharmacist or technician.

Learning outcome

To demonstrate application of communication skills related to MAS and CMS in the workplace

Students will achieve this by completing some or all of the following learning outcomes on multiple occasions. Learning outcomes from year 2 should be revisited during the year 3 Experiential Learning.

Acute Medicines Service

	<i>Comments / reflection</i>
Producing labels and maintaining the PMR	
Assembling acute prescriptions or prescriptions for a patient who is waiting	
Assembling repeat prescriptions under supervision	
Recording your own error rate in dispensing (over 50 prescriptions).	
Discussing any near misses in your dispensing with the pharmacist. This must include the implications and what can be learnt from near misses.	
To demonstrate competency in communicating with patients handing in or receiving dispensed prescriptions. This should be achieved by	
Handing out prescriptions for which simple counselling is required e.g. a prescription for an antibacterial, an ACEI. (Plan should be discussed with the pharmacist firstly.	
To demonstrate competency in using the BNF as a medicines information resource available to a community pharmacist	

Minor Ailments theme - builds on the activities in year 2

	<i>Comments / reflection</i>
Using the WWHAMM process (or equivalent) to interview a patient with a minor ailment and discuss the required action with the pharmacist (or other designated member of staff) before supplying a suitable medicine and counselling the patient on its use	
Interviewing and registering patients for the minor ailment service (MAS) including understanding eligibility, lapsing and payment for the service	
Understanding the method and need for recording interventions (advice and a referrals) on MAS	

Chronic Medication Service (CMS) and Chronic Disease Management Theme

- To demonstrate an understanding and be able to apply this knowledge to supply of medicines via CMS.

Observing supply of medicines against serial prescriptions where possible	
Updating the PCR for a patient on CMS	
Liaising with another Health Care Professional about a patient on CMS either in person or by phone	
Registering a patient for CMS including input into the establishment of a Pharmacy Care Record and Risk Assessment	

Public Health Theme

	<i>Comments / reflection</i>
To interview patients about smoking cessation, EHC, obesity or a current locally negotiated public health campaign	

Service Provision

	<i>Comments / reflection</i>
To be able to describe prescriptions beyond GP10 prescriptions e.g. dental, private and nursing and be able to check whether the items prescribed are permitted on the NHS or must be paid for.	
To discuss procedures for providing an emergency supply or CPUS and to show how this can be undertaken if the situation arises	
To be able to discuss examples of medicines that have different licenses under different circumstances, e.g. P and POM doses, role of patient group directives (PGDs) and why each licence is applicable	
To demonstrate an ability to complete simple administration activities e.g. completing POM/CD registers, completing paperwork to claim for PHS services/PCR administration for smoking cessation	
To describe the content of a Pharmacy First service	

Hospital Experiential Learning

Students should be at the hospital for about 2 ½ - 3 hours and attend as a group of about 10 – 15 students (or as agreed with the site).

Summary of learning activities (one of these activities should be undertaken and there is more information available at each hospital site)

Activity	Theme	Learning outcome
1	Patient journey and medications	Describe the processes which are undertaken during the patient journey from hospital admission to discharge to ensure the accurate, safe and timely prescription and administration of medicines
2	Patient consultation	Describe your observation of a patient consultation session where important points are emphasised about medicines.
3	Antimicrobial treatment	Explain the rationale for antimicrobial treatment prescribed for a hospital patient.
4	Formulary	Describe the rationale for a local formulary, determine if a prescription adheres or not and propose actions to ensure adherence where possible.

Reflections – use this space to document your experiences

Portfolio of reflections (Summative unless indicated otherwise)

Y3 Portfolio	
Use of evidence base (formative)	Reflect on how advice you were to give to a patient when counselling them on a POM was reviewed and compared against a literature evidence base before speaking to the patient.
Team working (formative)	Reflect on your role in a team which worked to deliver an objective (for example were you the leader of the team)
Professional Characteristics – confidentiality	Reflect on how professionalism was demonstrated by the pharmacist during an interaction with a patient?
Standards for Pharmacy Professionals – ethical dilemma	Reflect on how you dealt with an ethical dilemma and applied the Standards for Pharmacy Professionals to the situation
Risk Assessment	During Experiential Learning you will have dispensed 50 prescriptions and recorded your error rate. Reflect on your discussion with the pharmacist about the implications of errors in your dispensing and how you would address any errors.
Demonstrating consulting skills	Reflect on how a patient consultation relating to a public health theme was structured
Collaborating to improve patient outcomes	Reflect on how you collaborated with patients or member of the public or healthcare providers to achieve a desired outcome (for example improved patient concordance)
Peer education	Reflect on your contribution to the education of your peers during a workshop or feedback session in Year 3
Performance when counselling a patient	Reflect on your performance when you counselled a patient with a single disease e.g. infection, respiratory, endocrine or cardiovascular and how you could improve this in the future
Developing individuals	Reflect on your development during the year – what was a key learning outcome from Year 3.

6. Year 4

Community Pharmacy Experiential Learning

Year 4 students spend 8 x half days in community practice in academic year 2018 – 19.

In year 4 students will be studying patients with CNS disorders, patients with malignancy and inflammatory conditions and patients with comorbidities. Their learning will build on Years 2 and 3 and students will revisit topics in ever increasing complexity.

Learning outcomes

To demonstrate communication skills and competency in a range of activities related to the four main areas of community pharmacy practice.

Some activities may be repeated from Years 2 and 3 but students should undertake the activities in other patient groups and patient with multiple morbidities.

Acute Medicines Service

To demonstrate competence in a range of activities related to AMS. These activities could include:

	<i>Comments / reflection</i>
Assembling acute prescriptions or prescriptions for a patient who is waiting and discussing the waiting time with the patient and then counselling them at the end of the process	
Assembling repeat prescriptions under supervision and following the SOP for dispensing and collection of the prescription	
Recording your own error rate in dispensing (over 50 prescriptions).	
Discussing near misses in your dispensing with the pharmacist including any implications of these errors.	
Checking the dose of a paediatric prescription and explaining why this is appropriate or not	
Discussing with the pharmacist prescriptions for which potential drug interactions have been identified and explaining why action was or was not taken	
Performing dose checks for opioid medicines and ensuring that the dose of breakthrough medication is appropriate or dose/formulation conversions are correct	

Counselling a patient about a treatment regimen involving more than one medicine e.g. H pylori treatment or NSAID and PPI	
Counselling patients on different devices and therapies – eg inhalers, GTN spray, diabetes testing strips, antidepressants, anticancer therapy, DMARD etc	
To demonstrate competency in the use of the online Drug Tariff or other suitable resources to confirm that a prescribed dressing / appliance is allowed to be prescribed on the NHS	

Minor Ailments

	<i>Comments / reflection</i>
To continue to demonstrate competency in delivery of the Minor Ailments Service as described in years 2 and 3	

Chronic Medication Service (CMS) and Chronic Disease Management Theme

	<i>Comments / reflection</i>
To build on experiences in year 3 by demonstrating competency in dealing with CMS. The expected outcomes include	
Demonstrating competency in undertaking clinical checks on a series of CMS serial prescriptions where possible	
Demonstrating competency in registering a patient for CMS including input into the establishment of a Pharmacy Care Record and Risk Assessment	
To demonstrate communication skills in liaising with staff, including the pharmacist, at a medical practice to resolve a problem with a prescription. This may be undertaken either in person or over the phone.	
To demonstrate communication skills in interview patients taking a medicine that requires monitoring.	
To identify and investigate four cases of polypharmacy (5+ items) and discuss with the pharmacist including the co-morbidities.	

To build on experiences in year 3 by demonstrating competency in dealing with CMS. The expected outcomes include	
Discuss polypharmacy with a patient – how and when they take their medicines	
To assess patients for a compliance aid and explain why their medicines are either suitable or not suitable for supply in this device.	
To observe the use of the High Risk and New medicines intervention tools (NMIST), including care planning where necessary.	
To describe the Gluten-free foods scheme, explain the rationale behind the service and observe the provision of the service where possible. This may include observing an annual review.	

Public Health

	<i>Comments / reflection</i>
To observe drug misuse harm reduction activities and then under supervision undertake these activities where possible	
To undertake, under supervision, opioid substitution dispensing including the accurate recording of dispensing and collection in the controlled drugs register.	
To undertake, where appropriate, a conversation with a patient receiving opioid substitution to understand their perspective on their therapy	

Hospital Experiential Learning

Students should be at the hospital for a full day (up to 6 hours) and attend in groups of 2 – 3 students (or as agreed with the site). Each site will advise on start times.

Learning outcomes

- To gain an understanding of the role of the Clinical Pharmacist
- To participate in (or observe) the counselling of a patient with a new medication
- To observe (or participate) in medication reviews and/or drug history taking
- To observe (or participate) in medicine reconciliation processes, prioritisation of service systems and/or discharge processes
- To understand the pharmacists' role and interaction within the multi-disciplinary team

Reflections - use this space to document your experiences

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Portfolio of reflections (Summative unless indicated otherwise)

	Guidance
Professional Characteristics – responsibility for learning (formative)	Reflect on how a scenario or patient you saw on your experiential learning caused you to seek more information to expand your knowledge
Identification health behaviours and beliefs (formative)	Reflect on how you worked with the pharmacist to identify and address health behaviours and beliefs in a patient.
Infection control	Reflect on the infection control measures you had to comply with during your hospital experiential learning
Risk Assessment – clinical checking	Reflect on your procedure and resources used for checking prescriptions for high risk patients or high risk medicines for clinical suitability.
Use of evidence base	Reflect on how a prescription for a patient with co-morbidities was reviewed and compared against published sources. (This may include interactions or clinical applicability)
IPL with medical students	Reflect on the IPL session with the medical students and how your knowledge about prescribing and pharmacology could be used to improve patient outcomes
Optimising patient medication	Reflect on how a patient’s therapy was altered and how the process could have been undertaken differently.
Long term conditions	Reflect on how you influenced the management of a patient with long term conditions to ensure concordance with medicines.
Reflecting on performance	Reflect on your performance in Experiential Learning in Year 4 of university and what you have learnt from this
Developing individuals	Reflect on your development – what is a key learning outcome from Year 4. Reflect on how you identified and improved in this area achieve an increase in this learning outcome

7. Year 5

Community Pharmacy Experiential Learning

Final year students will have opted to spend 5 days in either community pharmacy or hospital pharmacy.

Week 1

In final year students are studying evidence based medicine (EBM) and completing their projects. EBM concentrates on students investigating how new products are brought to the market and how patients are treated with medicines which either have limited evidence or the patient does not fit into guideline management. This class is about the students knowing how to justify their decisions on sound scientific principles and how to take acceptable risks.

During this week of experiential learning students should be able to participate fully in all activities in the pharmacy and build on their experiences in years 2 – 4.

Learning outcome

To demonstrate application of skills including communication skills learnt in university in the delivery of the four pillars of community pharmacy.

Students will achieve this by completing some or all of the following learning outcomes on multiple occasions

Minor Ailments

	<i>Comments / reflection</i>
To continue to demonstrate competency in delivery of the Minor Ailments Service as described in years 2, 3 and 4, especially around differential diagnosis and the appropriateness of referral to other health care professionals and/or other relevant sources	

	<i>Comments / reflection</i>
To continue to demonstrate competency in the delivery of the Acute Medicines Service as described in years 2, 3 and 4.	
To demonstrate competency in communicating with patients about their medicines – in particular with patients who are on multiple medications and with patient representatives who are collecting medicines. This may be demonstrated in some of the following ways (all activities are done under supervision):	
Undertaking a pharmaceutical care risk assessment or review the details of a risk assessment already carried out	

Entering a near miss or dispensing error in the log	
Discussion a patient care issue with another Health Care Professional	
using the New Medicines Intervention Support Tool (NMIST)	
Reconciling a patient's medication when returning to the community after a hospital discharge	
Using the PCR tools to deliver either a smoking cessation or gluten free foods consultation	
Undertake a medicines review of a patient on polypharmacy checking their compliance and understanding of their medicines	
Complete a minimum of two CMS care issues on the PCR. Describe the plan to address the issues	
To continue to demonstrate competency in the delivery of the Acute Medicines Service as described in years 2, 3 and 4.	
Complete a minimum of two CMS care issues on the PCR. Describe the plan to address the issues	

Chronic Medication Service (CMS) and Chronic Disease Management Theme

	<i>Comments / reflection</i>
To continue to demonstrate competency in delivery of the CMS as described in years 2, 3 and 4	

Public Health

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	<i>Comments / reflection</i>
To participate in the flu vaccine campaign by identifying patients who should be targeted for a reminder or identify other patient safety activities.	

Week 1 Hospital Experiential Learning

Final year students will have opted to spend 5 days in either community pharmacy or hospital pharmacy.

Learning outcomes

Direct Patient Care

	<i>Comments / reflection</i>
Observe the delivery of pharmaceutical care to patients	
Observe the prioritisation of patients with respect to pharmaceutical care	
Perform supervised medicines reconciliation (admission and discharge)	
Complete a minimum of two pharmaceutical care plans	
Be involved in the management of a patient taking a high risk medicine e.g. warfarin, insulin, vancomycin, gentamicin, lithium, NOACs	
Observe and participate in interaction related to patient care with other healthcare professionals	
Participate in antimicrobial stewardship and control of infection measures	
Undertake supervised patient counselling	
Participate in discharge planning for at least two patients	
Identify a patient receiving parenteral therapy and check prescribing and administration is appropriate including diluent, compatibility, infusion rate	
Observe and discuss with the pharmacist resolving an issue with the complex administration of a medicine e.g. swallowing difficulty, nil by mouth, nasogastric tube	

Record keeping and administration

	<i>Comments / reflection</i>
Observe and discuss internal and external incident reporting. For example reporting of dispensing or medicine administration errors	
Observe prescribing, supply, storage, record keeping and administration of controlled drugs at both pharmacy and ward level	

Technical services

	<i>Comments / reflection</i>
Spend time with staff groups in the pharmacy team to understand their roles and responsibilities	
Observe pharmacists undertaking specialist roles e.g. independent prescribers, clinics, palliative care, cancer care, etc	
Undertake a Level 1 medicines information enquiry	

People

	<i>Comments / reflection</i>
Spend time with staff groups in the pharmacy team to understand their roles and responsibilities	
Observe pharmacists undertaking specialist roles e.g. independent prescribers, clinics, palliative care, cancer care, etc	

Week 2 Community Pharmacy Experiential Learning

All students will spend a week in community pharmacy. The main focus of this week will be the delivery of CMS and understanding some aspects of pharmacy as a business. Students are expected to participate in all areas of the pharmacy.

Learning Outcome

To demonstrate advanced knowledge of the care of patients in the community through communicating with patients, the pharmacy team and other health care professionals.

AMS

To continue to demonstrate competency in delivery of the AMS as described in years 2, 3 and 4.

This will be achieved through the activities described in years 2, 3 and 4 by completing some or all of the following activities on multiple occasions.

	Comments / reflection
Communicating with patients about their medicines – in particular with patients who are on multiple medications and with patient representatives who are collecting medicines.	
This may be demonstrated in some of the following ways (all activities are done under supervision):	
Undertaking a pharmaceutical care risk assessment or review the details of a risk assessment already carried out	
Entering a near miss or dispensing error in the log	
Discussing a patient care issue with another Health Care Professional	
Using the New Medicines Intervention Support Tool (NMIST)	
Counselling patients on different devices – for example inhalers, insulin, test strips etc.	

CMS

To continue to demonstrate competency in delivery of the CMS as described in years 2, 3 and 4 and extend this by

	Comments / reflection
Undertaking a poly pharmacy review using a recognised method	
Contributing to care planning for patients already registered for CMS and / or serial dispensing	
Undertaking a medicines review with a patient – either as a brown bag review or based on a request for a repeat prescription	

MAS

- To continue to demonstrate competency in delivery of the Minor Ailments Service as described in years 2, 3 and 4

Public Health

- To continue to demonstrate competency in delivery of the Public Health Services Service as described in years 2, 3 and 4

Transfer of Care

- To observe the receipt and subsequent action related to a patient's hospital discharge information.

Pharmacy as a business

General Business Administration

Gain an understanding of the organisation's approach to:

	Comments / reflection
HR including recruitment, induction, training, task delegation and prioritisation, absence management and leadership.	
Stock management including procurement, storage, stock control and shrinkage.	
Interactions with other stakeholders including GP surgeries, dental practices, optometrists, NHS24, CPS, care homes, etc.	
Quality improvement and audit	

Comments / reflection

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Portfolio of reflections (Summative unless indicated otherwise)

COMPETENCY	
Provide person centred care <i>(Formative)</i>	<i>Reflect on a situation where you provided <u>patient centred care</u> during the first week of your experiential learning</i>
Demonstration of leadership	<i>Reflect on a situation where you were able to demonstrate leadership skills which impacted on an activity in the pharmacy.</i>
Effective Consulting	<i>Reflect on a situation where you demonstrated consultation skills with a patient and how you could develop these in future to be more effective.</i>
Professional judgement	<i>Reflect on a situation when your professional judgement was required to influence a patient outcome</i>
Skills development	<i>Reflect on a situation where you developed a new skill as a direct result of your experiential learning.</i>

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