



University of Strathclyde

**Strathclyde Institute of Pharmacy &
Biomedical Sciences**

**MPharm Experiential Learning Handbook
2023/24**



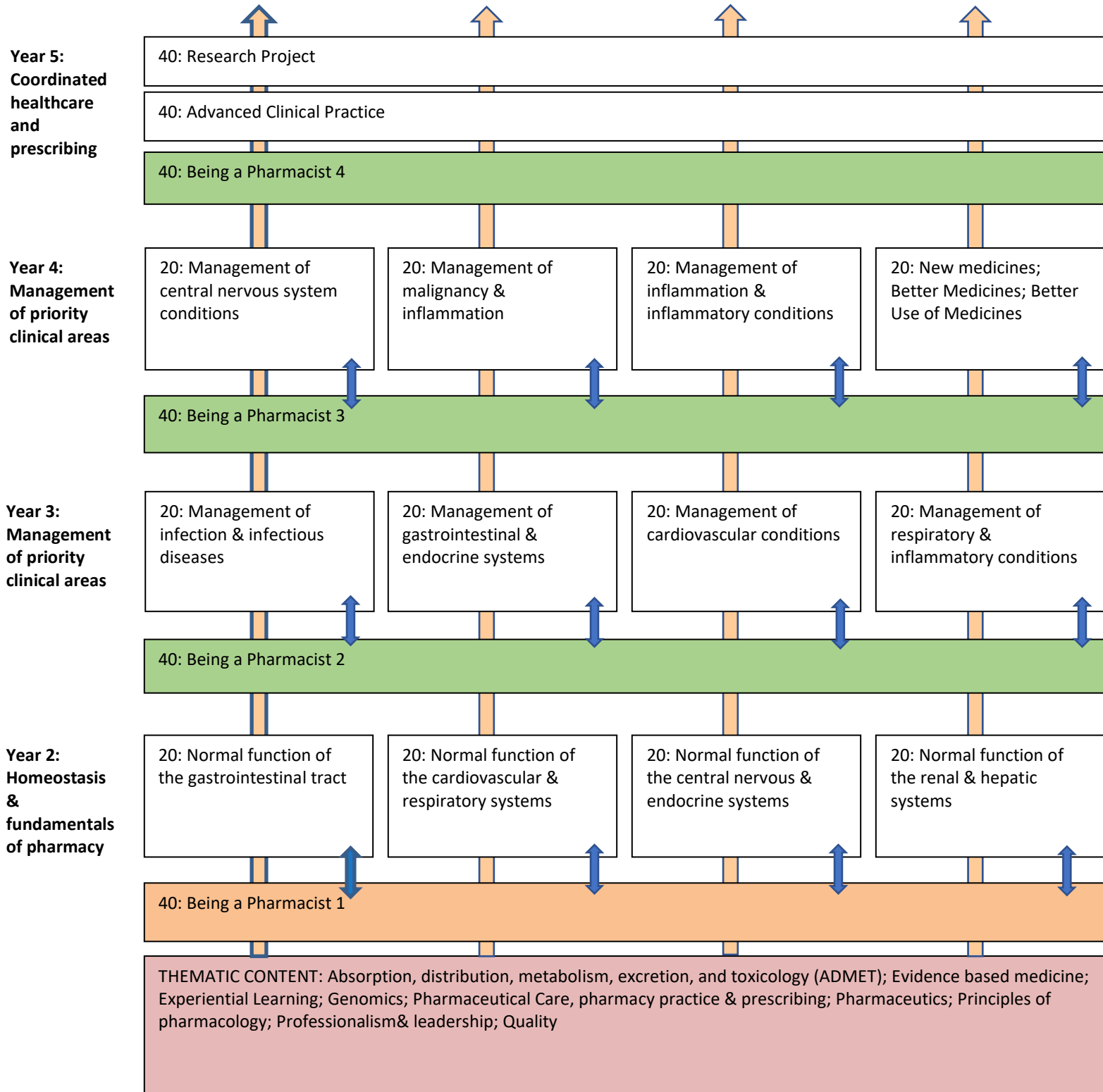
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1. The MPharm Programme and Experiential Learning

MPharm structure 2023/24



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 WWHAM 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 module and Management of Malignancy modules. The final year of study brings all this learning together in modules 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.

In our programme, the numbering of years (Year 2 to Year 5) reflects students starting the course with Advanced Highers which are the same educational level as year 1 at University. Students in Y2 will have experiential learning (EL) in community and will then have a week of each community and hospital pharmacy in Y3. Students in Y4 and Y5 will experience EL with one week in each semester and rotate through community, hospital, primary care or specialist pharmacy sectors.

All our placements are now nationally co-ordinated in conjunction with NHS Education for Scotland (NES) and include placements in community, hospital, primary care, NHS 24, community/specialist hospitals, Healthcare Improvement Scotland, remote and rural community placements, mental health and prison pharmacy. All our placements are now 1-week blocks in our curriculum for every Year group. EL sites could be anywhere in Scotland and students will be doing EL for at least 1 week in each semester of the undergraduate course, with the exception of the first semester in Y2 which is to allow all PVG checks to be done.

Time in each sector of pharmacy for session 2023/24

Year	Community Practice	Hospital Practice	Primary Care	Specialist
Year 2	5 days	N/A	N/A	N/A
Year 3	5 days	5 days	N/A	N/A
Year 4	5 days*	5 days*	5 days*	5 days*
Year 5	10 days*	10 days*	10 days*	10 days*

*** Students in Y4 & Y5 will spend time in each sector over two next two academic years, with a quarter of the class in each sector in each week of EL in each semester.**

The timing of the experiential learning fits with teaching and learning in the University. We will send the students out for their experiential learning at the following times.

W/C date for each EL block

Year	1st Semester	2 nd Semester
Year 2	-	19 th Feb
Year 3	6 th Nov	4 th March
Year 4	13 th Nov	12 th Feb
Year 5	20 th & 27 th Nov	29 th Jan & 5 th Feb

2. Additional Cost of Teaching Pharmacy Funding

The Scottish Government announced in September 2018 that funding would be made available to support the additional cost of teaching (ACTp) for experiential learning for student pharmacists. This funding is to expand and enhance the quality of EL and help better prepare the future Pharmacy workforce.

Scottish undergraduate pharmacy Experiential Learning is organised in partnership between the University of Strathclyde, Robert Gordon University, NES and other pharmacy stakeholders.

The pharmacist facilitating EL (Facilitator) needs to have completed or have committed to undertaking Preparation for Facilitating Experiential Learning Training (PFEL) and provide feedback on student pharmacist performance to the University at the end of EL activity. This funding allows Facilitators to spend dedicated time supporting Student Pharmacists during EL.

3. Information for students

During EL 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, in accordance with the Fitness to Practice requirements, and adhere to the GPhC Standards for Pharmacy Professionals:

(https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf). Students agree to adhere to this when you sign a fitness to Practice declaration with the university.

- You are expected to be dressed smartly and appropriately – if you are unsure what this means please contact the EL team at University
- For infection control purposes
 - any sleeves should be above the elbow
 - **You should not wear any jewellery:** plain band wedding rings are the only jewellery permitted.
 - **Nail polish, gel or false nails are not permitted.**
- Long hair must be tied back and kept above the collar
- Student EL working hours are based on the standard NHS working week of 37.5 hours, Mon-Fri , 08:30/9.00-5.00 with an appropriate break. However, this is the base position. We recognise that some EL providers will have extended hours, work out of hours, or in the case of NHS 24 require working on a Saturday. Therefore, it is acceptable for EL facilitators to arrange, in agreement with the student, to cover the 37.5 hours in a way that suits the EL provider and offers the best learning opportunities to the students. Please do not ‘bank’ hours to allow you to take a half day, it is expected that you will do 5 full days in practice.
- **Students MUST contact providers in advance to check of any restrictions to the dress code as a result of local infection control policies.**
- Remember to take your matriculation card, lanyard and “Student Pharmacist” badge as the facilitator 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 named Facilitator and the University** as soon as possible and no later than on the day of absence.
- 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 security policy.
- Please adhere to your placements’ mobile phone policy which you will be advised of by your facilitator.

During your EL 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 Director of Teaching, Professor Boyter. This may be a breach of Fitness to Practice requirements. Please do not take pictures while on placement and do not post any details of your placement on social media as it will breach placement and University confidentiality.

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

Attendance will be closely monitored by the University. It is compulsory to submit an attendance record, signed by the EL facilitator, after your EL (available on MyPlace). MyPlace submission will open for seven days after your placement to upload completed attendance forms. Non- attendance without a valid reason (e.g. illness, adverse weather)

or failure to submit reflective entries in your portfolio will result in failure of the module. Please discuss any issues with the Experiential Learning Coordinators Paul Kearns and Morven McDonald or the MPharm Director and Director of Teaching Professor Boyter.

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 before your placement).

Student responsibilities while on experiential learning

Student's main responsibilities are that they must:

Contact your facilitator prior to your placement and complete the pre EL communication form

- Arrive at the pharmacy on time
- Be appropriately dressed as indicated above
- Interact and engage in an appropriate manner with the pharmacy team and patients
- Be prepared to stay in the pharmacy for the allocated time
- Complete some or all of the activities indicated below, as planned with your facilitator, a number of times to gain competency
- Submit signed attendance record at the end of your placement (link will be available on MyPlace)

Pre Placement Checklist

- Familiarise yourself with the relevant sections of the EL handbook
- Pre EL communication form: https://www.nes.scot.nhs.uk/media/gnjpvbbp/pre-el_communication_form_2023-24.docx
- PVG Certificate "Student Pharmacist" badge and student card.
- **Occupational Health Questionnaire completed (mandatory)**
- GDPR (MyPlace)
- Equality and Diversity (only needs completed in Year 2)
- Cyber Security (MyPlace – only needs completed in Year 2)
- Check expenses policy (MyPlace)
- TURAS modules (MyPlace)
- Attendance record (MyPlace)
- EL induction checklist (EL handbook)
- EL student guide for Health & Safety Advice (EL handbook)

EL resources

- BNF app
- Medicines Complete <https://about.medicinescomplete.com/>
- Pharmacotherapy section of GMS contract [The 2018 General Medical Services Contract In Scotland \(www.gov.scot\)](https://www.gov.scot/publications/2018-general-medical-services-contract-in-scotland/pages/primary-care/) for Primary Care.
- Community Pharmacy Scotland NHS Services section [Community Pharmacy Scotland \(cps.scot\)](https://www.cps.scot.nhs.uk/).
- Minor Illness or Major Disease Sixth edition (if available at EL placement)
- Introduction to Pharmaceutical Calculations Fourth edition (if available at EL placement).
- Experiential learning frameworks: <https://www.nes.scot.nhs.uk/our-work/experiential-learning-for-student-pharmacists-in-scotland/>

Student Feedback on Experiential Learning

Student Feedback is an integral part of the quality management systems in NES. It is used to review experiential learning (EL) sites and improve these to better the experience for students in subsequent years.

Students are required to complete feedback at the end of their EL and reflect on their experience, detailing support from facilitator and site staff, as well as learning opportunities and ability to meet learning objectives. Students are encouraged to give open and honest feedback, highlighting good experiences of facilitating learning, alongside examples that may require further improvement to enhance EL. Since experiential learning is accompanied with public monies (additional cost of teaching pharmacy funds), it is imperative that we engage with students to continually develop and improve experiences through the collation and review of honest feedback. This is a vital part of NES's ongoing commitment to improving the quality and breadth of experiences available to students within Scotland. Students, please access the feedback form: <https://response.questback.com/nhseducationforscotland/tsf7bzktjf> OR access via QR code on MyPlace.

Whistleblowing

Whistleblowing is defined in the Standards for Pharmacy Professionals as when a person 'raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong-doing'.

If you have any such concerns regarding a wrongdoing, patient safety and/or malpractice during EL, please refer to the relevant Whistleblowing policy. Please ensure you are familiar with the following Whistleblowing policies before your EL:

NHS Scotland: <https://workforce.nhs.scot/policies/whistleblowing-policy/>

The University of Strathclyde also have their own Whistleblowing policy that can be found at:

[https://www.strath.ac.uk/media/ps/strategyandpolicy/Public Interest Disclosure Whistleblowing Policy .pdf](https://www.strath.ac.uk/media/ps/strategyandpolicy/Public%20Interest%20Disclosure%20Whistleblowing%20Policy.pdf)

Additional resources available from GPhC:

- **Keeping patients safe – being open and honest**
- **Pharmacy team toolkit – learning from incidents**

University Contacts

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Mr Philip Brown
MPharm Experiential Learning Administrator
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4. Reflective Portfolio Guidance

While on experiential learning you must undertake some or all of the suggested activities as relevant. Activities 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 module in each year:**

Year	Module
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 module is detailed in the year descriptor for EL below and in the module page on MyPlace.

You will need to use Reflection to learn from your actions. There are three basic assumptions to the process of reflection:

1. Accurately go over the experience in your head (without bias)
2. Understand that experience at a deeper level – how does it make you feel?
3. Use the understanding to do things differently next time i.e. effect change through learning

Driscoll 3 stage model consists of asking 3 fundamental questions; **‘What?’**, **‘So what?’**, and **‘Now What?’** are matched to the stages of an EL cycle, with added trigger questions that can be asked to complete the cycle.

WHAT – This is a description of the event. Describe the experience and identify what happened.

Trigger questions

What...

- is the purpose of returning to this situation?
- happened?
- did other people do who were involved in this?
- did I see/do?
- was my reaction to it?

SO WHAT – This is an analysis of the event. Describing the experience is not enough – why is it significant?

Trigger questions

So what ...

- did I feel at the time of the event?
- are my feelings now, after the event, any different from what I experienced at the time?
- were the effects of what I did (or did not) do?
- positive aspects now emerge for me from the event that happened in practice?
- have I noticed about my behaviour in practice by taking a more measured look at it?
- observations do any person helping me to reflect on my practice make of the way I

- acted at the time?
- is the purpose of returning to this situation?
- were those feeling I had any different from those of other people who were also involved at the time? Did I feel troubled, if so, in what way?

NOW WHAT – Proposed actions following the event. What will you do with the single insight learned?

Trigger Questions

Now what ...

- are the implications for me and others in clinical practice based on what I have described and analysed?
- difference does it make if I choose to do nothing?
- is the main learning that I take from reflecting on my practice in this way?
- help do I need to help me 'action' the results of my reflections?
- aspect should be tackled first?
- Where can I get more information to face a comparable situation again?
- How can I modify my practice if a similar situation arises again?
- How will I notice that I am any different in clinical practice?

For the MPharm portfolios this 3 stage model will be used throughout the 4 years, but the content and hence reflective aspect (i.e. the 'So what' and 'Now what') increase year on year.

Reflective component of the MPharm

Module	Reflective Log Content	
	Formative	Summative
BaP 1	1 x 500 words	2 x 500 words – entries must reflect aspects of curriculum and EL
BaP 2	-	2 x 500 words – entries must reflect aspects of EL
BaP 3	-	2 x 500 words – entries must reflect aspects of EL
BaP4	-	3 X 500 words – entries must reflect aspects of EL

5. Information for Facilitators

EL 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 EL increases year on year as the students move through the course.

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

The learning activities 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 EL. Students will also participate in Peer Learning sessions in the University where they will discuss their experiences with other students and share learning from their EL.

Students should use this workbook to capture ideas for suitable reflections: they may seek your help in looking for suitable examples.

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 EL 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 Professor Anne Boyter MPharm Programme Director and Director of Teaching (anne.boyter@strath.ac.uk) or the EL team (sipbs-experiential-learning@strath.ac.uk).

Facilitator responsibilities for students on EL

The main responsibilities of the facilitator to the students are but not limited to:

- To inspire this new generation of pharmacists.
- To provide a suitable environment for experiential learning.
- To allow the students access to appropriate material to complete their EL.
- To be familiar with the suggested learning activities for that student year EL set out in the EL handbook prior to students coming on placement.
- To enable competencies relevant to curriculum to be participated in/undertaken and repeatedly practiced by students.
- To give feedback to student which allows them to continuously develop i.e. formative, whilst student is undertaking placement.
- To ensure student pharmacist is supernumerary and not a replacement for other staff. Make any changes to rotas or staffing to accommodate students.
- Become familiar with feedback processes to universities and NES.
- Complete appropriate equality and diversity training (NES directed or organisation owned).
- Become familiar with the GPhC - Guidance on Tutoring and Supervising Pharmacy

Professionals in Training (for pre-registration training but the content is relevant).
[guidance on supervising pharmacy professionals in training august 2018.pdf \(pharmacyregulation.org\)](#)

- Get in touch with any questions.
- Contact University if any student matters arise or non-attendance of student on placement.
- Student EL working hours are based on the standard NHS working week of 37.5 hours, Mon-Fri, 08:30/9.00-5.00 with an appropriate break. However, this is the base position. We recognise that some EL providers will have extended hours, work out of hours, or in the case of NHS 24 require working on a Saturday. Therefore, it is acceptable for EL facilitators to arrange, in agreement with the student, to cover the 37.5 hours in a way that suits the EL provider and offers the best learning opportunities to the students. Please do not allow the student to 'bank' hours to allow taking a half day during placement. Any student appointments need to be pre authorised by the EL team.

Facilitator feedback

Facilitators are requested to complete feedback on the student, as part of the educational agreement with NES and the experiential learning providers. By providing this honest and constructive feedback you will support them in evaluating their skills, knowledge and behaviours as witnessed in the workplace and help them to develop these as they progress through their journey to becoming pharmacists. You are ideally placed to feedback on behaviours that you observe and providing this honest feedback in a suitable way could help to shape and develop the pharmacist which could impact on their future career. Facilitators, please access the feedback form here:

<https://response.questback.com/nhseducationforscotland/ve7azmw0cu>

****Year 3 and 4 feedback will be on TURAS****

Whistleblowing

Whistleblowing is defined in the Standards as when a person 'raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong-doing'.

Student pharmacists have been signposted to raise any concerns they have regarding a wrongdoing, patient safety and/or malpractice during EL via the relevant Whistleblowing policy. They have been asked to familiarise themselves with the following Whistleblowing policies before their EL:

NHS Scotland: <https://workforce.nhs.scot/policies/whistleblowing-policy/>

University of Strathclyde also have a Whistleblowing policy that can be found at:

[https://www.strath.ac.uk/media/ps/strategyandpolicy/Public Interest Disclosure Whistleblowing Policy .pdf](https://www.strath.ac.uk/media/ps/strategyandpolicy/Public%20Interest%20Disclosure%20Whistleblowing%20Policy.pdf)

6. Year 2 Experiential Learning

Year 2 students are in their first year of study of the MPharm programme. These students will spend 5 days in community pharmacy in academic year 2022/23. Students' EL 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 EL, 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 module in year 2.

All activities should be under the supervision of an appropriately trained member of staff.

Learning outcome

To demonstrate application of communication skills related to assessing and treating minor ailments/common clinical conditions in the community pharmacy setting. Demonstrate the skills necessary for the safe supply of medicines including all aspects of the receipt, assembly and in person collection of prescriptions.

Learning Activities

- Students will achieve this by completing some or all of the following suggested learning activities on multiple occasions. The following activities are not meant to be a 'checklist', they are suggested activities to meet the learning outcome. For additional linked activities: Experiential learning frameworks: <https://www.nes.scot.nhs.uk/our-work/experiential-learning-for-student-pharmacists-in-scotland/>

6.1 Community Pharmacy Experiential Learning

Orientation

Orientation to the community pharmacy is important but should be integrated into the learning experience. During EL students will be in a new environment. To meet the learning outcomes students are expected to demonstrate understanding of:

<i>Activity</i>	<i>Additional Linked Activities</i>	<i>Student Comments/Reflection</i>
The role of all team members in the community pharmacy		
If your facilitator is an independent prescriber, have a discussion about how they use prescribing		

in everyday practice.		
The role of Standard Operating Procedures(SOPs) in community pharmacy appropriate for the activities they will carryout including minor ailments consultations. Complete SOP requirements necessary for this EL and discuss these with facilitator – this will prepare students for undertaking SOP workshops if not already done		
The layout of the premises and the need for a space for confidential conversations.		
Discuss and reflect on the need for professional behaviours and how these are demonstrated in the community pharmacy setting.		
Display professional behaviour when answering the pharmacy phone and interacting with colleagues and patients.		
What patient groups are available in the local area, how do they support people living with long term conditions, attend a meeting if possible.		
'What matters to me?', have a discussion with a person living with a long term condition about what matters to them in terms of delivering healthcare to them.		
Make use of ad hoc learning opportunities, every community pharmacy will offer a different range of services.		

Acute Medicines Service

<i>Activity</i>	<i>Additional Linked Activities</i>	<i>Student Reflection/Comments</i>
Participate in procedures for taking in and handing out prescriptions before demonstrating competence in these tasks by accepting prescriptions for dispensing and engaging the patient in conversation relevant to the situation.		
Discuss the requirements of a GP10 prescription, i.e. compulsory and optional content to check that a prescription is legal before accepting it for dispensing. Then engage in this activity.		
Describe prescriptions beyond GP10 prescriptions e.g. dental, veterinary, private and nursing and be able to check whether the items prescribed are permitted on the NHS or must be paid for.		
Check patient details on the PMR system and communicating any discrepancies within the prescription to the pharmacist.		
Participate in the acute medication supply (AMS) functionality on the computer labelling, recording, sending information.		
Hand out dispensed prescriptions which require a name and address check (in accordance with the pharmacies SOP) – these prescriptions may need special storage conditions or simple counselling.		

NHS Pharmacy First Scotland

<i>Activity</i>	<i>Additional Linked Activities</i>	<i>Student Comments/Reflection</i>
Describe NHS Pharmacy First Scotland		
Participate and record in NHS Pharmacy First Scotland consultations using learned consultation skills/tools (e.g. WWHAM). This should include simple counselling on the use of the medicine you have prescribed – for example dosage regimen, maximum dose, or frequency.		
Demonstrate an 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		
Demonstrate an understanding of the range of dosage forms and legal categories available for a single medicine. (e.g. tablets, capsules, liquid, eye drops).		
Demonstrate a knowledge of the implications of different legal categories of medicines (e.g. storage, prescription requirements)		

Feedback

<i>Activity</i>	<i>Additional linked Activities</i>	<i>Student comment/reflection</i>
Discuss feedback with your facilitator about your performance on placement, ask your facilitator to complete feedback on TURAS.		

6.2 Reflective Diaries

Standard	Assessment	Reflection
Effective Communications	Formative	Based on the communication skills workshops you had in semester 1; identify and reflect on one weakness in your communication skills that you identified in the workshop and what you would do to improve.
Professional Knowledge and Skills	Summative	Based on the SOP workshop you had, reflect the usefulness of using SOP in practice while you were on EL
Person Centred Care	Summative	Reflect on an OTC consultation where you had to use WWHAM to gather information and how this helped/did not help to identify the person's medical condition (problem).

7. Year 3 Experiential Learning

7.1 Community Pharmacy Experiential Learning.

These students will spend 5 days in community and 5 days in hospital during their EL weeks in academic year 2022/23. In Y3 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. They will encounter GI & endocrine conditions, and cardiovascular and respiratory conditions later in Y3. Students will be developing familiarity with MCR and other core contractual responsibilities.

All activities should be under the supervision of an appropriately trained member of staff.

Learning outcome

To demonstrate application of communication skills related to NHS Pharmacy First Scotland and MCR in the workplace. To learn and demonstrate the skills necessary for the safe supply of medicines including all aspects of the receipt, assembly and giving out of prescriptions.

Learning Activities

Students will achieve this by completing some or all of the following suggested learning activities on multiple occasions. The following activities are not meant to be a 'checklist', they are suggested activities to meet the learning outcome. Learning outcomes from year 2 should be revisited during the year 3. For additional linked activities: Experiential learning frameworks: <https://www.nes.scot.nhs.uk/our-work/experiential-learning-for-student-pharmacists-in-scotland/>

Acute Medicines Service

<i>Activity</i>	<i>Additional Linked Activities</i>	<i>Student Comments / reflection</i>
Describe Acute Medication Service		
Produce labels and maintaining patientfiles on PMR		
Assemble prescriptions		
Record your own error rate in dispensing (dispensing at least 50 items). Use EL providers system for recording any near misses.		
Discuss and record any near misses in your dispensing with the pharmacist. This must include the potential implications and what can be learnt from near misses.		

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. (Your plan for counselling should be discussed with the pharmacist first).		
Demonstrate competency in using the BNF and any other suitable information source as a medicines information resource available to a community pharmacist. Suggested EL resources included in first section of EL handbook.		
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.		
Perform a calculation to assist in determining the correct dose of a medication.		

NHS Pharmacy First Scotland.

<i>Activity</i>	<i>Additional linked Activities</i>	<i>Student Comments / reflection</i>
Discuss and record with the pharmacist any services provided by Pharmacy 1 st in the area.		

Use the WWHAM 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 deciding on most appropriate outcome. If this is prescribing a suitable medicine, patient should be counselled appropriately.		
Record interventions (advice, referral, treatment) on PMR and discuss this with the pharmacist.		

Medicines, Care and Review (MCR)

<i>Activity</i>	<i>Additional linked Activities</i>	<i>Comments/Reflection</i>
Describe Medicines: Care and Review		
Participate in Serial prescription (SRx) operations (where possible) and speak to team and reflect on operational advantages vs. AMS.		
Familiarise self with the Patient Care Record (PCR), taking opportunities to use this under Pharmacist or Pharmacy Technician supervision as appropriate.		
Liaise with another Health Care Professional about a care issue in relation to a long-term condition/medication. Record and discuss the intervention with your facilitator.		
Register a patient for MCR including input into the establishment of a Pharmacy Care Record and Risk Assessment		

Service Provision

<i>Activity</i>	<i>Additional linked Activities</i>	<i>Student Comments / reflection</i>
Describe prescriptions beyond GP10 prescriptions e.g. dental, veterinary, private and nursing and be able to check whether the items prescribed are permitted on the NHS or must be paid for.		
Discuss and record any interventions for providing unscheduled care and showing how this can be undertaken if the situation arises		
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		
Undertake and complete simple administration tasks e.g. completing private prescription / CD registers, completing paperwork / electronic claim for PHS services / PCR administration for smoking cessation.		
What patient groups are available in the local area, how do they support people living with long term conditions, attend a meeting if possible.		
'What matters to me?', have a discussion with a person living with a long term condition about what matters to them in terms of delivering healthcare to them.		

Make use of ad hoc learning opportunities, every community pharmacy will offer a different range of services e.g. smoking cessation consultations, sharps services, gluten free food service		
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7.2 Hospital Experiential Learning – Year 3.

These students spend five days in hospital pharmacy in academic year 2023/24. At the time of year 3 EL, students will be learning about and will be becoming familiar with common medicines used in the treatment of infections and infectious diseases, GI & endocrine conditions, and cardiovascular and respiratory conditions.

All activities should be under the supervision of an appropriately trained member of staff.

Learning outcome

To demonstrate application of communication skills related to the hospital workplace.

Students will achieve this by completing some or all of the following suggested learning activities on multiple occasions. The following activities are not meant to be a 'checklist', they are suggested activities to meet the learning outcome.

Learning Activities

Students will achieve this by completing some or all of the following suggested learning activities on multiple occasions. The following activities are not meant to be a 'checklist', they are suggested activities to meet the learning outcome. For additional linked activities: Experiential learning frameworks: <https://www.nes.scot.nhs.uk/our-work/experiential-learning-for-student-pharmacists-in-scotland/>

Orientation

<i>Suggested Activity</i>	<i>Additional linked Activities</i>	<i>Student Comments /reflection</i>
Introduction to hospital pharmacy.		
Undertake medicines reconciliation. **Please complete TURAS medicines reconciliation module prior to placement**		
Discharge plan for patients. Take part in interface care planning. Communicate a pharmaceutical care issue with healthcare providers in community/primary care		
Perform a level one medicines information enquiry and communicate your answer to the enquirer.		
Reflect on the services provided by the aseptic unit and how these support the delivery of pharmaceutical		

care to patients.		
Discuss and reflect on the roles of the hospital pharmacy team (including pharmacy technicians, pharmacy support workers, independent prescribers and specialist services etc.).		

Pharmacy and MDT teams

<i>Suggested Activity</i>	<i>Additional linked Activities</i>	<i>Student Comments /reflection</i>
Discuss what are the potential career pathways/structures within hospital pharmacy		
Discuss and reflect on different members of the multidisciplinary team and the role of the wider team on the patient journey.		
Communicate a pharmaceutical care issue to a member of the multidisciplinary team		

Person Centred Care

<i>Suggested Activity</i>	<i>Additional linked Activities</i>	<i>Student Comments/Reflection</i>
Consider the patient journey from hospital admission to discharge to ensure the accurate, safe and timely prescribing and administration of medicines.		

Participate in the delivery of pharmaceutical care.		
Participate in patient counselling, where, important points are emphasised about medicines.		
Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing		
What is realistic medicine? How would you use the principles when delivering pharmaceutical care		
Discuss the links between hospital pharmacy, community pharmacy and primary care pharmacy. Discuss the links between hospital pharmacy and other primary care healthcare professionals. How is communication achieved? Are there any considerations to be taken into account e.g. information sharing, data protection, patient confidentiality. Take part in interface care planning.		

Governance

<i>Suggested Activity</i>	<i>Additional linked Activities</i>	<i>Comments/Reflection</i>
Consider antimicrobial stewardship and infection control measures.		
Consider local formulary guidance and how it influences prescribing decisions.		
Utilise current and emerging systems and technologies in safe prescribing e.g., HEPMA, ward view, robotics		
Understand the clinical governance of the pharmacist independent prescriber, who may also be in a position to supply medicines to people		
Consider how local and national guidelines influence pharmaceutical care and prescribing.		
Error and incident reporting, for example, via Datix (or similar). How is it done and why is it important.		

7.3 Reflective Diaries

Standard	Assessment	Reflection
Professional knowledge & Skills	Summative	Reflect on a situation from your EL where you identified a care issue for a patient registered with the Medicine Care and Review service and how you resolved this.
Effective Communication & Partnership working	Summative	Reflect on a situation from your EL where you completed medicines reconciliation and demonstrated effective communication to achieve high quality of care and safe use of medicines.

8. Year 4 & 5 Experiential Learning

8.1 Community Pharmacy Experiential Learning including Specialist EL in Community Pharmacy.

Year 4 students will spend a week in each semester and Year 5 students will spend two weeks in each semester of the MPharm undertaking EL. In any given week(s) of EL a quarter of the module will be in each sector and students will rotate through all sectors over the two years

In year 4 students will study 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.

In year 5, students will study Advanced Clinical Practice and completing their projects. This module is about the students knowing how to justify their decisions on sound scientific principles and how to make clinical decisions and 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.

As the amount of EL increases over the next few years students at this stage, especially Y5, should now show some of the skills and behaviours linked to Foundation Year. Priority should be given to ensuring quality interactions with patients and other healthcare professionals and supporting services provided by the community pharmacy.

All activities should be under the supervision of an appropriately trained member of staff.

Learning outcomes

To demonstrate communication skills and competency in a range of activities related to the core elements of the Community Pharmacy contract.

Learning Activities

Some activities may be repeated from Years 2 and 3 but students should undertake the activities in other patient groups and in patient with multiple morbidities. Students achieve competence through performing activities to an acceptable standard repeatedly.

Students will achieve this by completing some or all of the following suggested learning activities on multiple occasions. The following activities are not meant to be a 'checklist', they are suggested activities to meet the learning outcome. For additional linked activities: Experiential learning frameworks: <https://www.nes.scot.nhs.uk/our-work/experiential-learning-for-student-pharmacists-in-scotland/>

Acute Medicines Service

<i>Activity</i>	<i>Additional Linked Activities</i>	<i>Student Comments/Reflection</i>
Continue to demonstrate competency in the delivery of the Acute Medicines Service as described in years 2 & 3 (& 4).		
Demonstrate competency in communicating with patients about their medicines – with patients who are on multiple medications and with patient representatives who are collecting medicines.	Suggested activities include an MCR review / asthma or COPD review / annual review of compliance aid patients	
Lead a patient safety discussion on near misses, using Quality Improvement tools to analyse near misses.	Week one – record and review near misses, dispensing incidents. Week two lead team review.	
Undertake a discussion regarding patient care issue with another Health Care Professional and record this appropriately.		
Use the New Medicines Intervention Support Tool (NMIST), following up with patient. Schedule intervention on PCR as reminder.		
Use the PCR tools to deliver either a smoking cessation or gluten free foods consultation		
Check the dose of a prescription for a child and explain why this is appropriate or not.	Record as an intervention on PMR system. Discuss guidelines for dispensing for children and related standard operating procedure.	
Discuss with the pharmacist prescriptions for which potential drug interactions have been identified and explaining why action was or was not taken.	Identify tools such as Stockley's for undertaking interactions reviews. Record a number of interactions and their significance and discuss	

	with facilitator and identify relevant actions to be taken.	
Perform CD management, following standard operating procedures.	<ul style="list-style-type: none"> • Dose checking opioid medicines and ensuring breakthrough medication is appropriate strength/formulation. • CD destruction processes for out of date (OOD) and patient returns 	
Counsel patients about a treatment regimen involving more than one medicine for one purpose e.g. H pylori treatment or NSAID and PPI.		
Counsel patients on different devices and therapies – e.g. inhalers, GTN spray, diabetes testing strips, antidepressants, anticancer therapy, DMARD Etc		
Lead a team training session on a drug/ device (e.g., insulin pen, inhaler etc).	Find out what is important for the pharmacy team for this session. What are their learning needs?	
Complete a reflection on an interaction with a patient. Get feedback from facilitator, pharmacist, pharmacy team members, patient	What happened / why was this important for the patients care / What will you change in your practice next time?	
Process a prescription for an unlicensed medicine (where possible). This will include clinical assessment of the prescription, following the national specials authorisation process, ordering and dispensing of the medication. If not		

possible, discuss process with team.		
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NHS Pharmacy First Scotland and additional services

<i>Activity</i>	<i>Additional Activities</i>	<i>Student Comment/reflection</i>
Investigate NHS Pharmacy First Plus and discuss with the facilitator and team to demonstrate your understanding.	Participate in a consultation relating to the supply of a medicine using a PGD. Demonstrate and get feedback on your clinical decision-making skills. Complete the relevant SBAR.	
Continue to demonstrate competency in delivery of the Pharmacy First Service as described in years 2, 3 (and 4), especially around differential diagnosis.		
Demonstrate knowledge of Pharmacy First interventions and be involved in patient consultations for this.	Complete an SBAR	
Is your facilitator an independent prescriber (IP). Is there a "common Clinical Conditions clinic in your pharmacy – do a reflection on the role of the IP in a common clinical conditions' clinic. What considerations are there for IP in community pharmacy?		

Medicines, Care and Review (MCR)

<i>Activity</i>	<i>Additional Activity</i>	<i>Student Comments/Reflection</i>
Demonstrate competency in delivery of the MCR as described in years 2, 3 (and 4).	Record the MCR on the PCR. Highlight care plan priority. Create a care plan for relevant patients and discuss with your facilitator.	
Describe the place of Medicines Care and Review in the wider NHS Scotland System		
Demonstrate competency, undersupervision, undertaking clinical checks on a series of MCR serial prescriptions where possible		

Demonstrate competency in registering a patient for MCR including input into the establishment of a Pharmacy Care Record Stage 1 Review		
Demonstrate communication skills in liaising with staff, including the primary care pharmacist, at a medical practice to resolve a problem with a prescription. This may be undertaken either in person or over the phone.	Record any phone interventions you make and reflect on your in the consultation	
Demonstrate communication skills in interviewing patients taking a medicine that requires monitoring.		
Identifying and investigate at least four cases of polypharmacy (5+ items) and discuss both the medicines and the co-morbidities with the pharmacist and/or other healthcare professional if appropriate		
Assess patients for a compliance aid and explaining why their medicines are either suitable or not suitable for supply in this device.	How are patients identified for this? Role of multi disciplinary team in this. What are the options?	
Contribute to care planning for patients already registered for MCR and or Serial Prescriptions. Identify care plan issues, ideally for at least two patients, and steps to be taken as a result.		
Undertake a pharmaceutical care risk assessment (Stage 2) or review an assessment already completed.		
Reconcile a patient's medicine when returning to community after a hospital discharge.		

Public Health

<i>Activity</i>	<i>Additional Activity</i>	<i>Student Comments/Reflections</i>
Observe drug misuse harm reduction activities and then, under supervision, undertaking these activities where possible. Reflect on this and discuss with facilitator.		
Undertake, under supervision, opioid substitution dispensing including the accurate recording of dispensing and collection in the controlled drugs register.		
Discuss with pharmacy team non-pharmacological support measures in place for patients with substance misuse issues		
Identify and suggest any areas for improvement in smoking cessation PCR management processes		
Proactively participate in current national Public Health campaign.		

Transfer of Care

<i>Activity</i>	<i>Additional linked Activities</i>	<i>Student Comments/Reflection</i>
Discuss the areas of risk when patients transfer from one care setting to another (e.g. home to hospital, hospital to care home etc)		
Use opportunities to build contacts with other Healthcare Professionals e.g. GPs, Dentists, Optometrists, NHS24, nurses, Care homes and other members of the Pharmacy Interface team.		

Pharmacy as a Business

<i>Activity</i>	<i>Additional Linked Activity</i>	<i>Student Comments/reflection</i>
Participate in Stock management including procurement, storage, stock control and shrinkage.		
Discuss General Business Administration tasks appropriate to EL site.	Human Resources, Prescription recording, Health and Safety	
Investigate Quality improvement activities undertaken within the pharmacy	Patient Safety Climate Report Design own Quality improvement activity	

Calculations:

Activity	Additional Activity	Student Comments/Reflection
Record any calculations performed in practice.		

8.2 Hospital Experiential Learning including Specialist Hospital EL– Year 4 & 5.

In year 4 and year 5 students will rotate through different pharmacy settings such as hospital, community, primary care and specialist pharmacy practice. The learning outcomes and learning activities detailed in this section are suitable for both year 4 and year 5 student pharmacists.

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 what these students did in Years 2 and 3 and students will revisit topics in ever increasing complexity. They are learning to identify and prioritise care issues and how to action them.

In year 5 students are studying Advanced Clinical Practice and completing their projects. This module is about the students knowing how to justify their decisions on sound scientific principles and how to make clinical decisions and 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 3-4.

All activities should be under the supervision of an appropriately trained member of staff.

Learning outcomes

- To gain an understanding of the role of the Clinical Pharmacist
- To gain an understanding of the whole patient journey through their hospital admission.
- To participate in patient counselling
- To participate in medicines reconciliation
- To participate in, prioritisation of patients, pharmaceutical care planning and discharge processes. This includes communication with the patient and other members of the pharmacy and multidisciplinary team.
- To understand the pharmacists' role and interaction within the multi-disciplinary team
- To demonstrate application of skills including communication skills learnt in university in the delivery of Pharmaceutical Care.
- Demonstrating clinical decision-making skills.

Learning Activities

Students should already be aware of the structure of the hospital pharmacy and the staff that support it. They should also have an awareness of the patient journey and some experience of patient counselling.

Students will achieve this by completing some or all of the following suggested learning activities on multiple occasions. The following activities are not meant to be a 'checklist', they are suggested activities to meet the learning outcome. For additional linked activities: Experiential learning frameworks: <https://www.nes.scot.nhs.uk/our-work/experiential-learning-for-student-pharmacists-in-scotland/>

Orientation

<i>Suggested Activity</i>	<i>Additional linked Activities</i>	<i>Student Comments /reflection</i>
Brief induction to hospital site.		
Perform medicines reconciliation. **Please complete TURAS medicines reconciliation module prior to placement**		
Discharge plan for patients. Take part in interface care planning. Communicate a pharmaceutical care issue with healthcare providers in community/primary care		
Perform a level one medicines information enquiry and communicate your answer to the enquirer.		
Reflect on the services provided by the aseptic unit and how these support the delivery of pharmaceutical care to patients.		

Pharmacy and MDT teams

<i>Suggested Activity</i>	<i>Additional linked Activities</i>	<i>Student Comments / reflection</i>
<p>Discuss the links between hospital pharmacy, community pharmacy and primary care pharmacy. Discuss the links between hospital pharmacy and other primary care healthcare professionals. How is communication achieved? Are there any considerations to be taken into account e.g., information sharing, data protection, patient confidentiality.</p> <p>Take part in interface care planning and communicate issues identified to the relevant member of the primary care/community team and the patient if appropriate.</p>		
<p>Participate with your pharmacist in any independent prescriber activities if applicable. Reflect on their journey towards being an independent prescriber.</p>		

<p>Discuss and reflect on different members of the multidisciplinary team and the role of the wider team on the patient journey.</p>		
<p>Communicate a pharmaceutical care issue to a member of the multidisciplinary team</p>		
<p>Discuss the roles of the hospital pharmacy team (including technical staff independent prescribers and specialist services etc.).</p>		
<p>Discuss what are the potential career pathways/structures within hospital pharmacy</p>		

<p>Reflect on the delivery of specialist services e.g. independent prescribers, clinics, palliative care, cancer care, pharmacist and technicians interactions in the multidisciplinary team.</p>		
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Person Centred Care

<i>Suggested Activity</i>	<i>Additional linked Activities</i>	<i>Student Comments / reflection</i>
<p>Participate in the prioritisation of patients with respect to pharmaceutical care in different clinical areas.</p>		
<p>For patients with multiple morbidities identify relevant care issues and suggest actions to improve the pharmaceutical care of these patients</p>		
<p>Participate in the management of a person prescribed a high risk medicine e.g. warfarin, insulin, vancomycin, gentamicin, lithium, DOACs, antipsychotics, cytotoxics. Determine what local and national guidance is available to assist in the management of high risk medications</p>		
<p>Undertake supervised patient counselling. Ask your facilitator for feedback and reflect on the encounter.</p>		
<p>Participate in and discuss with the pharmacist the resolution of an issue with the complex administration of a medicine e.g. swallowing difficulty, nil by mouth, nasogastric tube.</p>		

Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing		
Discuss how altering the method of administration affects the medicines product licence and the implications for prescriber/nursing staff/pharmacists involved in the care of the patient.		
Identify a patient receiving parenteral therapy and check prescribing and administration is appropriate including diluent, compatibility, infusion rate.		
Review patient lab results and discuss how these influence prescribing decisions.		
What is realistic medicine? How would you use the principles when delivering pharmaceutical care		
What written communication methods are used within pharmaceutical care.		
Perform calculations to assist in determining the correct dose of a medication.		
What is pharmacogenomics and how does this affect prescribing and patient care		
Demonstrate effective communication at all times and adapt your approach and communication style to meet the needs of the person		
What is homecare and how does this affect prescribing, cost effectiveness and patient care?		
Consider equality, diversity and inclusion in relation to person centred care.		

Governance

<i>Suggested Activity</i>	<i>Additional linked Activities</i>	<i>Comments/Reflection</i>
Participate in antimicrobial stewardship and infection control measures.		
Reflect on local formulary guidance and how prescribing decisions in secondary care influences ongoing patient care.		
Reflect on local unlicensed medicines procedures and how this impacts prescribing in secondary and primary care.		
Discuss and reflect on internal and external incident reporting. For example reporting of dispensing or medicine administration errors on Datix (or similar)		
Discuss potential ethical dilemmas that may arise in clinical practice.		
Discuss how altering the method of administration affects the medicines product licence and the implications for prescriber/nursing staff/pharmacists involved in the care of the patient.		
Utilise current and emerging systems and technologies in safe prescribing e.g. HEPMA, ward view, robotics		
Understand the clinical governance of the pharmacist independent prescriber, who may also be in a position to supply medicines to people		
Consider how local and national guidelines influence pharmaceutical care		

8.3 Primary Care Experiential Learning including Specialist Primary Care EL– Year 4 & 5.

Learning Outcomes:

To demonstrate communication skills with patients and healthcare professionals, and competency in a range of activities related to Primary Care Pharmacy by:

- Gaining an understanding of the range of tasks that a Primary Care Pharmacist might do in their role and asking relevant questions about the primary care role.
- To participate in, under supervision, a patient consultation.
- To participate, under supervision, in a medicine review.
- To gain an understanding of the role of the Primary Care Pharmacist within the wider Primary Care Healthcare team.
- To demonstrate the application of skills including communication skills learned at university in the delivery of pharmaceutical care
- Demonstrating clinical decision-making skills

Students experience will vary depending on which Health Board, GP practice and pharmacists that they work with. Students will not all gain the same experiences and should be able to share their involvements in the Peer Reflective workshop after their placements.

Students should NOT be expected to do all of these activities – just those that are relevant to the place and to the student’s level of experience and point in the undergraduate course.

All activities should be under the supervision of an appropriately trained member of staff.

Learning Activities

Students start year 4 with a module on the management of CNS conditions and will have started the next module on the Management of Malignancy conditions before their 1 semester EL. In the second semester they will have largely completed a module on the Management of Inflammation and Inflammatory Conditions prior to their EL. Y5 Students undertake the full year looking at advanced Clinical Practice. Facilitators should be mindful of the Year of study and semester when planning activities. Facilitators should be aware that students will have no previous experience of Primary Care Pharmacy.

Students should have an awareness of medicines reconciliation, the patient journey and some experience of patient counselling.

Students will achieve this by completing some or all of the following suggested learning activities on multiple occasions. The following activities are not meant to be a ‘checklist’, they are suggested activities to meet the learning outcome. For additional linked activities: Experiential learning frameworks: <https://www.nes.scot.nhs.uk/our-work/experiential-learning-for-student-pharmacists-in-scotland/>

Students should be able to reflect on some of the activities from those listed:

Orientation

Suggested Activity	<i>Additional linked Activities</i>	Student Comments/Reflection
Discuss the GP contract and how pharmacy is used to support it. Students will be asked to undertake pre-placement activities and will be expected to ask questions of their facilitator to expand their knowledge of this.		
Choose a project for the week from a range of options, which will require some research and results analysis. Give a short presentation to facilitator and other practice staff at the end of the placement (guide - should be around 5 slides long).		
Participate with your pharmacist in any independent prescriber activities. Reflect on their journey towards being an independent prescriber.		
What is the primary care pharmacist's role in actioning prescription requests, how would this differ if the pharmacist was an IP		
What is the primary care pharmacist's role in actioning immediate discharge letters.		

Person Centred Care

Suggested Activity	<i>Additional linked Activities</i>	Student Comments/Reflection
Undertake medicines reconciliation. Please ensure you complete the medicines reconciliation Turas module before your		

placement.		
Participate in interaction related to patient care with other healthcare professionals. Reflect on the pharmacist as a role model within the practice pharmacy team.		
Undertake medication reviews (including polypharmacy) and reflect on their role in relation to patient safety – could be care home or general population. What is the process used? Identify and prioritise any care issues.		
Review patient lab results and discuss how these influence prescribing decisions.		
Demonstrate appropriate interpersonal skills.		
Undertake a medication compliance review.		
<p>Liaise with other pharmacists as necessary</p> <ul style="list-style-type: none"> • Primary Care Network • Pharmacy Interface interactions • Signposting to other services in Remote and Rural settings. 		
Participate in pharmacotherapy level 1 services.		
Participate in Specialist Prescribing clinic if possible – prepare case notes and discuss prescribing decisions and when it would be right to refer.		
Undertake a remote consultation. What do you need to consider when doing this and how did you adapt your consultation skills.		
Consider equality, diversity and inclusion in relation to		

person centred care.		
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MDT

Suggested Activity	<i>Additional linked Activities</i>	Student Comments/Reflection
Understand the Pharmacy Primary Care Team – Area Lead, Pharmacists, Pharmacy Support workers, Technicians, and their associated role(s). Discuss with your facilitator		
Understand the wider Primary Care Team – GP, Nurses (Practitioners, Practice, District), Midwives, health visitors, support staff. Discuss with your facilitator		
Respond to GP and patient queries – what reference sources are available to help answer queries. What did you do to resolve the issue? How is this actioned and recorded?		

Governance

Suggested Activity	<i>Additional linked Activities</i>	Student Comments/Reflection
Use of IT in practice: e.g., EMIS/Vision, Docman, Clinical Portal, TRAK Looking at the range of prescribing support tools, PRISMS, electronic formulary and formulary updates, Scottish Therapeutic Utility (STU) and discuss how they are used in practice – see any that are currently used		
Cost Effective prescribing within NHS budgets and using relevant formularies. Look at and discuss the rationale and the process		

<p>for cost saving and patient safety interventions.</p> <p>This should include a discussion/observation of patient interaction – either face to face, phone, or letter.</p>		
<p>Review audit data to make a patient safety intervention in the practice e.g. for patients on DMARDs or other Shared Care medicines, Sodium Valproate, for those patients who over order their medicines, or high value prescribing medicines reviews.</p>		
<p>Undertake monitoring of high-risk medications.</p>		
<p>Discuss and reflect on process of Significant Event recording and analysis used in practice</p>		

****PLEASE ENSURE YOU SELECT THE CORRECT REFLECTIVE DIARIES FOR YOUR YEAR****

8.4 Reflective Diaries for Year 4 (BaP3)

Standard	Assessment	Reflection
Confidentiality and privacy	Summative	Reflect on a situation from your EL where you had to consider the confidentiality and privacy of a patient
Professional knowledge and skills	Summative	Reflect on a situation from your EL where you used your knowledge and skills to influence the management of a patient

8.5 Reflective diaries for Year 5 (BaP4)

Standard	Assessment	Reflection
Professional Behaviour	Summative	Reflect on a situation where you used a tool and/or a technique to avoid or report a medication error or adverse event associated with prescribing, supply, or administration of medicine.
Professional judgement	Summative	Reflect on a situation where you applied professional judgement and considered legal and ethical reasoning.
Person Centred Care	Summative	Reflect on a situation where you demonstrated the values, attitudes and behaviours expected of a pharmacy professional to resolve an EDI issue.

Guide for Students

Safety Services

Before EL

EL Organisers:

- ensures that placement organisation has appropriate safety policy and procedures
- considers safety issues relating to location of placement including travel
- briefs student on safety on placements

Student receives:

- Guidance for students on placement
- email confirming placement arrangements
- Induction Checklist in EL Handbook

On EL

Employer gives student induction training on health and safety policy and procedures, including risk assessments

Student submits Induction Checklist to EL Organisers

After Placement

EL Organisers review all EL for H&S concerns

Further advice can be obtained from your EL Organisers

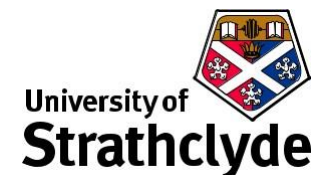
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Guide for Students



LOCAL RULES ON THE SAFETY REQUIREMENTS FOR EXPERIENTIAL LEARNING PLACEMENT OF STUDENT PHARMACISTS



The University's EL Organisers* will take steps to ensure that students are placed in organisations which have appropriate safety policies and procedures, including generic or specific risk assessments. For example, there might be particular health risks for students working in clinics or safety risks arising from some industrial placements.

The EL Organiser will consider any risks associated with the Placement by reason of its location. For example, there may be safety risks relating to particular forms of transport or health risks specific to some sites

As a student, you are required to:

- attend any safety briefings (before and during placement)
- read and retain the Health and Safety Guidance Notes and other information provided by the University and the employer
- complete and return the Induction Checklist within the first week of the placement
- inform the EL Organisers immediately of any concerns about health and safety while on placement
- report any accident or incident to EL Organiser.

The University's Local Rules cover a number of "placement" circumstances including:

- student placement within UK industry and commerce, higher education institution or NHS Trust undertaken as an integral part of the student's course within the UK
- the placement of student teachers (and other students) into schools in the UK
- students on placement overseas

and are, therefore, fairly comprehensive. However, there may be some placements which fall out with the above definitions and, as such, the Local Rules may not be fully relevant for such placements. Nevertheless, the standards within these Rules must be applied as far as reasonably practicable.

*The term "EL Organisers" is used to indicate the members of University staff responsible for arranging and managing the placement

The University of Strathclyde recognises its moral responsibility for the health and safety of its students, on placement as well as on campus, and acknowledges that its moral responsibility is accompanied by legal obligations. **The University's Local**

Rules on the Safety Requirements for the Placement of Students (available at:

https://www.strath.ac.uk/professionalservices/media/ps/safetyservices/campusonly/localrules/Student_Placements-2023.pdf) **considers the responsibilities for the health and safety of the people and the organisations involved in placement.**

In general terms, students on placement should for all health and safety purposes be treated as employees of the host organisation irrespective of whether they are paid or unpaid. Consequently, the primary responsibility for meeting health and safety requirements within a placement rests with the host employer. (Within the UK, employers are

bound by safety legislation, including the Health and Safety at Work Act 1974.) The employer's responsibility is shared with the University as the placement organiser and with the student: **you have a responsibility for your own safety and that of others.**

University policy is that students with special needs or with particular health problems should not be prevented from undertaking placement because of these. However, some adjustments may have to be made to working arrangements or safety procedures to take account of the student's needs.

Student Health & Safety Induction Checklist

Name of student : _____ Dates of EL _____

Employer :

The following items should be included in your induction into the organisation, preferably on your first day. Please check off the items below when they occur. It may be that not all of the items below are applicable, for example, your EL may not involve any manual handling. This list is not exhaustive and other topics may be covered, which you may note if you wish:

	Health and Safety Issues	Date
1.	Emergency procedures*	
2.	First Aid arrangements*	
3.	Fire procedures*	
4.	Accident reporting and location of accident book*	
5.	Safety Policy received and location known*	
6.	PPE/Protective clothing arrangements*	
7.	Other issues	

***These items must be included in any induction training**

Signed: _____ (must be an authorised signatory)

Position: _____ Date: _____

Please upload to MyPlace