



University of Strathclyde

**Strathclyde Institute of Pharmacy &
Biomedical Sciences**

**MPharm Experiential Learning Handbook
2019/20**

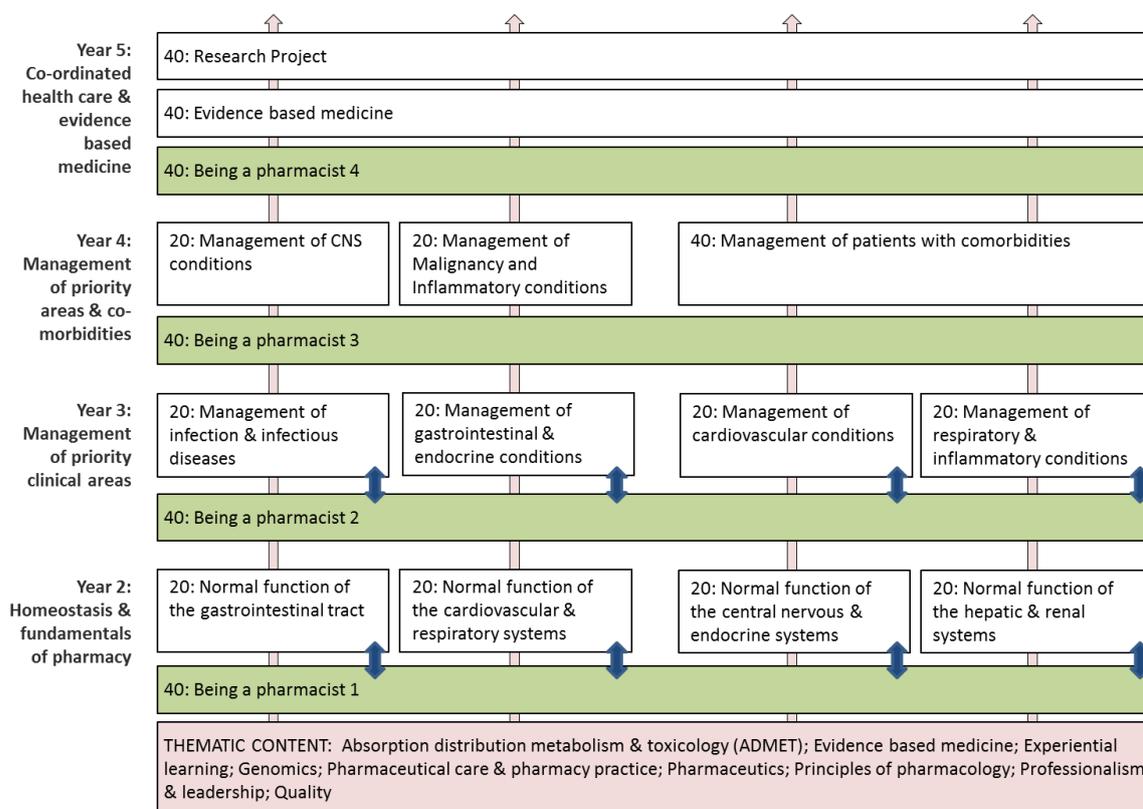


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1. The MPharm Programme and Experiential Learning

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 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 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.

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 the first two years of study will have experiential learning in community and hospital pharmacy. In year 4 students will experience community, hospital and primary care pharmacy. Final year students will spend an extended period in community, hospital pharmacy and/or emerging experiential learning (EEL) placements.

EEL placements are organised in conjunction with NES (NHS Education for Scotland) and may include placements in primary care, NHS 24, community/specialist hospitals, remote and rural community placements, mental health and prison pharmacy.

Time in each sector of pharmacy for session 2019/20

Year	Community practice	Hospital Practice	Primary Care
Year 2	2 x ½ days	1 x ½ day	-
Year 3	6 x ½ days	1 x ½ day	-
Year 4	3 x days	1 x day	1 x day
Year 5	10 days total experiential learning with a minimum of 5 days in community pharmacy.		

The timing of the experiential learning fits with 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 in Year 2 and Year 3 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.

Time of year for each EL sector

Year	Community practice	Hospital Practice	Primary Care
Year 2	February	February	-
Year 3	October/November/January	October/November	-
Year 4	Week commencing 3 rd February		
Year 5	Week commencing 18 th November and 17 th February		

2. Additional Cost of Teaching Pharmacy Funding

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

'Scottish Pharmacy Experiential Learning' is organised in partnership between the University of Strathclyde, Robert Gordon University, NHS Education for Scotland (NES) and other pharmacy stakeholders.

The pharmacist facilitating EL (Facilitator) needs to 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 experiential learning.

3. 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.
- Long hair must be tied back and kept above the collar in hospital placements.
- 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, lanyard and student badge 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 facilitator 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 is 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 of 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 facilitator at each site will co-ordinate and supervise the placement with the assistance of the pharmacy team.

Attendance will be closely monitored by the University. 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 class. Please discuss any issues with the MPharm Director and Head of Teaching Dr Boyter or Experiential Learning Coordinators Paul Kearns and Morven McDonald.

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:

- Arrive at the pharmacy on time
- Be appropriately dressed as indicated above
- Negotiate the remaining days in the community pharmacy (Years 2 & 3 only)
- 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 the activities indicated below a number of times to gain competency

Pre Placement Checklist

- PVG Certificate
- Student badge
- GDPR
- Equality and Diversity
- Hand Hygiene
- Cyber Security
- Social media policy

4. Reflective Portfolio Guidance

While on experiential learning you must complete the allocated tasks. 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.

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 experiential learning 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 similar 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

Class	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	1 x 500 words	2 x 500 words – entries must reflect aspects of curriculum or EL
BaP 3	1 x 500 words	2 x 500 words – entries must reflect aspects of EL
BaP4	1 x 500 words	3 X 500 words – entries must reflect aspects of EL

5. Information for Facilitators

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 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 experiential learning. 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 experiential learning.

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 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 MPharm Programme Director and Head of Teaching (anne.botter@strath.ac.uk) or the EL team (sipbs-experiential-learning@strath.ac.uk).

Facilitator responsibilities for students on experiential learning

The main responsibilities of the facilitator to the students are:

- To inspire this new generation of pharmacists.
- To negotiate the remaining days for experiential learning (Year 2 & 3 - community pharmacy).
- To provide a suitable environment for experiential learning.
- To allow the students access to appropriate material to complete their experiential learning.
- To be familiar with the set learning activities for that student year experiential learning set out in the EL handbook.
- To enable competencies relevant to curriculum to be observed and repeatedly practised by student e.g. MAS in first year, accuracy checking in second year.
- To give feedback to student which allows them to continuously develop i.e. formative.
- 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).
- Get in touch with any questions.

6. Year 2 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 2019/20. 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. **All activities should be under the supervision of a pharmacist or technician.**

Learning outcome

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

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

6.1 Community Pharmacy Experiential Learning Orientation

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

<i>Activity</i>	<i>Student Comments/Reflection</i>
The role of all team members in the community pharmacy	
The role of Standard Operating Procedures (SOPs) in community pharmacy appropriate for the activities they will carry out including minor ailments consultations.	
The layout of the premises and the need for a consultation room for confidential conversations.	

The need for professional behaviours. This should be shown by their dress and behaviour and conduct in the pharmacy.	
Professional behaviour when answering the pharmacy phone.	

Acute Medicines Service

<i>Activity</i>	<i>Student Reflection/Comments</i>
<p>Observing 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.</p> <p>This conversation could be about how long the patient will have to wait for the prescription to be dispensed or product availability.</p>	
Observing 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 engaging in this activity	
Checking patient details on the PMR system and communicating any differences in the prescription to the pharmacist	
Observing the acute medication supply (AMS) functionality on the computer.	
Handing out dispensed prescriptions which require a name and address check – these prescriptions may need special storage conditions or simple counselling.	

Minor Ailments

<i>Activity</i>	<i>Student Comments/Reflection</i>
Participating in the sale of OTC medicines using WWHAM – 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.	
Demonstrating 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	
Demonstrating 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	
Demonstrating knowledge of the different legal categories of medicines and where they are stored to the pharmacist by ensuring that new stock is stored correctly	

6.2 Hospital Experiential Learning – Year 2.

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 Activities

During experiential learning students will be in a new environment therefore orientation to hospital pharmacy is important but should be integrated into an *active* learning experience. To support the learning outcomes within year 2, suggested activities *may* include:

Orientation

<i>Suggested Activity</i>	<i>Student Comments/Reflection</i>
<p>Tour of pharmacy department and discussion around staffing structure</p> <ul style="list-style-type: none"> • Discuss the 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 Pharmacy Assistants. • Allow students to introduce themselves to staff and ask staff questions about their role. 	
<p>Tour of a ward</p> <ul style="list-style-type: none"> • Allow the students to see different aspects of hospital pharmacy and not just the dispensing or distribution services. • General introduction to ward environment, clinical notes, kardex etc. 	

Pharmacy and Multidisciplinary Teams

<i>Suggested Activity</i>	<i>Student Comments/Reflection</i>
<p>Discussion about Pre-registration training and the role of the Pre-registration tutor.</p> <ul style="list-style-type: none"> • 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? • A description of how the patient facing role develops over the pre-registration year. 	
<p>Discussion about the role of a foundation pharmacist.</p> <ul style="list-style-type: none"> • How the role of a hospital pharmacist develops after registration and what additional education and training is required e.g. NES foundation training, MSc, Independent prescribing. 	

<p>Discussion about the role of a clinical pharmacist</p> <ul style="list-style-type: none"> • Role of the clinical pharmacist and what it involves to be part of a multidisciplinary team. 	
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Patient Centred Care

<i>Suggested Activity</i>	<i>Student Comments/Reflection</i>
<p>Interface:</p> <ul style="list-style-type: none"> • Discussion about how hospital pharmacy differs from community pharmacy. • Discussion about how community pharmacy and hospital pharmacy communicate at the interface. 	

6.3 Reflective Diaries

Topic	Suggestions
Reflection on exam performance (Formative)	Consider one of your December exam results and reflect on how this result will influence you to improve your performance in the May exam/s.
Standards for Pharmacy Professionals (Summative)	Reflect on how you have been guided by these when representing the university on your placements.
Prescription Supply (Summative)	When you supplied a patient with a prescription, reflect on how you interacted with the patient and how you could improve this in the future.

7. Year 3 Experiential Learning

7.1 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 2019 – 20. 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 MCR 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.

Learning Activities

Learning activities from year 2 should be revisited and built upon during the year 3 Experiential Learning.

Acute Medicines Service

<i>Activity</i>	<i>Student 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.	
Demonstrating 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).	
Demonstrating competency in using the BNF as a medicines information resource available to a community pharmacist	

Minor Ailments

<i>Activity</i>	<i>Student Comments / reflection</i>
Using the WWHAM process (or equivalent) to interview a patient with a minor ailment and discussing 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	
Recording interventions (advice and referrals) on MAS and discussing this with the pharmacist.	

Medicines, Care and Review (MCR)

<i>Activity</i>	<i>Comments/Reflection</i>
Observing supply of medicines against serial prescriptions, where possible	
Updating the PCR for a patient on MCR	
Liaising with another Health Care Professional about a patient on MCR either in person or by phone	
Registering a patient for MCR including input into the establishment of a Pharmacy Care Record and Risk Assessment	

Public Health

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

Service Provision

<i>Activity</i>	<i>Student Comments / reflection</i>
Describing 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.	
Discussing procedures for providing an emergency supply or CPUS and showing how this can be undertaken if the situation arises	
Discussing 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	
Demonstrating an ability to complete simple administration tasks e.g. completing private prescription / CD registers, completing paperwork / electronic claim for PHS services / PCR administration for smoking cessation.	
Describing the content of a Pharmacy First service	

7.2 Hospital Experiential Learning – Year 3.

These students spend one half day in hospital pharmacy in academic year 2019/20. At the time of year 3 Experiential Learning, students will be learning about 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. **All activities should be under the supervision of a pharmacist or technician.**

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).

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 learning outcomes on multiple occasions. Learning outcomes from year 2 should be revisited during the year 3.

Learning Activities

During experiential learning students will build upon what was learnt in year 2 hospital experiential learning. Students should be aware of the structure of the hospital pharmacy and the staff that support it. To support the learning outcomes in year 3, suggested activities *may* include:

Orientation

<i>Suggested Activity</i>	<i>Student Comments /reflection</i>
Introduction to area of hospital pharmacy / speciality.	
Observation and participation in the delivery of an aspect of pharmaceutical care to a patient.	

Pharmacy and MDT teams

<i>Suggested Activity</i>	<i>Student Comments /reflection</i>
Discussing the different members of the multidisciplinary team and the role of the wider team on the patient journey.	

Discussing how patient focused services develop.	
Discussing the differing roles of the hospital pharmacist and the hospital pharmacist prescriber.	

Patient Centred Care

<i>Suggested Activity</i>	<i>Student Comments/Reflection</i>
Describing the processes which are undertaken during the patient journey from hospital admission to discharge to ensure the accurate, safe and timely prescribing and administration of medicines.	
Describing their observation and participation in a patient counselling session where important points are emphasised about medicines.	

Governance

<i>Suggested Activity</i>	<i>Comments/Reflection</i>
Explaining the rationale for antimicrobial treatment prescribed for a hospital patient.	
Describing the rationale for a local formulary, determine if a prescription adheres or not and propose actions to ensure adherence where possible.	

7.3 Reflective Diaries

Topic	Suggestions
Consulting Skills (Formative)	Reflect on how a conversation with a patient was structured
Collaborating to improve outcomes (Summative)	Reflect on how you collaborated with patient or member of the public or healthcare provider to achieve a desired outcome
Peer education (Summative)	Reflect on your contribution to the education of your peers during a workshop or feedback session in Year 3

8. Year 4 Experiential Learning

8.1 Community Pharmacy Experiential Learning.

Year 4 students spend 3 x days in community practice in academic year 2019/20 as part of their experiential learning block.

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. **All activities should be under the supervision of a pharmacist or technician.**

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.

Learning Activities

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. Students achieve competence through performing activities to an acceptable standard repeatedly.

Acute Medicines Service

<i>Activity</i>	<i>Additional Activities</i>	<i>Student 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	Bring dispensing standard operating procedure that was created Year 3 workshop to placement and compare it to the one that is in use in the community pharmacy	
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 items).	Take part in Pharmacy team meetings to discuss incident reports.	
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.	Record as an intervention on PMR system. Discuss guidelines for dispensing for children and related standard operating procedure.	
Discussing with the pharmacist prescriptions for which potential drug interactions have been identified and explaining why action was or was not taken.	What reference sources does pharmacy have/use.	
Performing CD management and following standard operating procedures.	Dose checking opioid medicines and ensuring breakthrough medication is appropriate strength/formulation.	
Counselling a patient about a treatment regimen involving more than one medicine for one purpose e.g. H pylori treatment or NSAID and PPI.		
Counselling patients on different devices and therapies – e.g. inhalers, GTN spray, diabetes testing strips, antidepressants, anticancer therapy, DMARD etc		
Demonstrating 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	If this is not witnessed during EL then can be covered by discussion with facilitator.	
Preparing a short presentation for the facilitator to demonstrate reflection on a process or event while on EL.		

Minor Ailments and additional services

<i>Activity</i>	<i>Additional Activity</i>	<i>Student Comments/Reflection</i>
Continuing to demonstrate competency in delivery of the Minor Ailments Service as described in years 2 and 3		
Demonstrating knowledge of Pharmacy First interventions and be involved in patient consultations for this	Complete SBAR on PCR	
Taking part in local PGD activities e.g. ONS, COPD Rescue meds, aciclovir etc	Complete relevant record keeping and or service claim processes	

Medicines, Care and Review (MCR)

<i>Activity</i>	<i>Additional Activity</i>	<i>Student Comments/Reflection</i>
Demonstrating competency, under supervision, in undertaking clinical checks on a series of MCR serial prescriptions where possible		
Demonstrating competency in registering a patient for MCR including input into the establishment of a Pharmacy Care Record Stage 1 Review		
Demonstrating 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.		

Demonstrating communication skills in interviewing patients taking a medicine that requires monitoring.		
Identifying and investigating at least four cases of polypharmacy (5+ items) and discussing both the medicines and the co-morbidities with the pharmacist.		
Completing a medicines review with a patient who is on more than 3 medicines – how and when they take their medicines.		
Assessing 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 MDT in this. What are the options?	
Observing the use of the High Risk and New medicines intervention tools (NMIST), including care planning where necessary doing a STAGE 2 Review on PCR		
Describing the Gluten-free foods scheme, explaining the rationale behind the service and observe the provision of the service where possible. This may include observing an annual review.		

Public Health

<i>Activity</i>	<i>Additional Activity</i>	<i>Student Comments/Reflections</i>
Observing drug misuse harm reduction activities and then, under supervision, undertaking these activities where possible		
Undertaking, under supervision, opioid substitution dispensing including the accurate recording of dispensing and collection in the controlled drugs register.		

Undertaking, where appropriate, a conversation with a patient receiving opioid substitution to understand their perspective on their therapy		
Being involved in a current NHS Public Health campaign		

8.2 Hospital Experiential Learning – Year 4.

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. **All activities should be under the supervision of a pharmacist or technician.**

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

Learning Activities

Students should 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. To support the learning outcomes in year 4, suggested activities *may* include:

Orientation

<i>Suggested Activity</i>	<i>Student Comments / reflection</i>
Introduction to area of hospital pharmacy/speciality.	
Observing and participating in the delivery of pharmaceutical care to patients.	

Pharmacy and MDT teams

<i>Suggested Activity</i>	<i>Student Comments / reflection</i>
<p>Discussing the links between hospital pharmacy, community pharmacy and primary care pharmacy. Discussing 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>Taking part in the sharing of information at the interface.</p>	

Patient Journey

<i>Suggested Activity</i>	<i>Student Comments/reflection</i>
<p>Under supervision – obtaining a medication history. Discussing with the supervising pharmacist the process of medicines reconciliation and the pharmacist's role in it.</p>	
<p>Constructing a simple pharmaceutical care plan for a patient.</p>	
<p>Under supervision – counselling a patient on a new medicine or discharge medications.</p>	
<p>Participating in discharge planning for a patient.</p>	

Governance

<i>Suggested Activity</i>	<i>Student Comments/Reflection</i>
Discussing current patient safety initiatives	
Observing prescribing, supply, storage, record keeping and administration of controlled drugs at both pharmacy and ward level.	
Discussing the need for additional prescription charts for high risk medicines, e.g. gentamicin, vancomycin, insulin, warfarin, epidural medicines.	

8.3 Primary Care Experiential Learning – Year 4.

Learning Outcomes:

To demonstrate communication skills 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 by shadowing them in their role.
- To participate in/observe, under supervision, a patient consultation in a Pharmacist Clinic.
- To observe/participate, under supervision, in a medicine review.
- To gain an understanding of the role of the Primary Care Pharmacist within the wider Primary Healthcare team.

Students experience will vary depending on which Health Board, GP practice, Pharmacist that they shadow. 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 be able to reflect on some of the activities from those listed:**

<i>Activity</i>	<i>Student Comment/Reflection</i>
Gaining an understanding of the GP Contract and how Clinical Pharmacy fits into it. Students will require to have undertaken pre-placement reading and workshops to support this and will be expected to ask questions of their facilitator to expand their knowledge of this	

Gaining an understanding of the Primary Care Team – Area Lead, Pharmacists, Technicians and their associated role(s).	
Gaining an understanding of the wider Primary Care Team – GP, Nurses (Practitioners, Practice, District), Midwives, health visitors, support staff.	
An introduction to IT systems (will vary depending on Health Board) examples may include: EMIS/Vision, Docman, Clinical Portal.	
Understanding National and Local Prescribing initiatives and Drug Switches.	
Gain an understanding of Medicines Review	
Understanding of the role of the primary care pharmacist in: Immediate Discharge Letters, acute and special prescription requests, secondary care prescription and information requests, repeat prescription management.	

8.4 Reflective Diaries

Topic	Suggestion
Reflection on exam performance (Formative)	Consider one of your December exam results and reflect on how this result will influence you to improve your performance in the May exam/s.
Identification health behaviours and beliefs (Summative)	Reflect on how you worked with the pharmacist to identify and address health behaviours/beliefs in a patient.
Long term conditions (Summative)	Reflect on how you influenced the management of a patient with long term conditions to ensure concordance with medicines.

9. Year 5 Experiential Learning

9.1 Community Pharmacy Experiential Learning.

For Final year students will spend 5 days in community pharmacy in academic year 2019 – 20.

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. **All activities should be under the supervision of a pharmacist or technician.**

Learning outcome

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

Learning Activities

Students should complete some or all of the following learning activities on multiple occasions.

Minor Ailments and additional services

<i>Activity</i>	<i>Additional Activities</i>	<i>Student Comment/reflection</i>
Continuing to demonstrate competency in delivery of the Minor Ailments Service as described in years 2, 3 and 4, especially around differential diagnosis		
Demonstrating knowledge of Pharmacy First interventions and be involved in patient consultations for this	Completing an SBAR	
Taking part in local PGD activities e.g. ONS, COPD Rescue meds, aciclovir etc	Completing relevant record keeping	

Acute Medicines Service

<i>Activity</i>	<i>Additional Activity</i>	<i>Student Comments/Reflections</i>
Continuing to demonstrate competency in the delivery of the Acute Medicines Service as described in years 2, 3 and 4.		
Demonstrating 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.		
Entering a near miss or dispensing error in the log	Leading a team meeting discussion. What tools have pharmacies got to review incidents and manage risk for the future	
Discussing a patient care issue with another Health Care Professional		
Using the New Medicines Intervention Support Tool (NMIST)		
Using the PCR tools to deliver either a smoking cessation or gluten free foods consultation		
Completing a reflection on a patient interaction	Getting feedback from facilitator, pharmacist, pharmacy team members, patient	
Leading a team training session on a drug/ device (e.g. insulin pen, inhaler etc)		

Dispensing a special or unlicensed medicine	Examining correct processes and discuss legal and ethical issues	
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Medicines, Care and review (MCR)

<i>Activity</i>	<i>Additional Activity</i>	<i>Student Comments/Reflections</i>
Demonstrating competency in delivery of the MCR as described in years 2, 3 and 4.		
Contributing to care planning for patients already registered for MCR and or Serial Prescriptions. Identify care plan issues for at least two patients and steps to be taken as a result.		
Undertaking a medicines review with a patient– either a brown bag review or based on a request for a repeat prescription.		
Undertake a pharmaceutical care risk assessment (Stage 2) or review an assessment already completed.		
Undertaking medicines review of a patient receiving multiple items using a recognised method.		
Reconciling a patients medicines when returning to community after a hospital discharge.		

Public Health

<i>Activity</i>	<i>Student Comments / reflection</i>
Participating in current national Public Health campaign.	

Transfer of Care

<i>Activity</i>	<i>Student Comments/Reflection</i>
Observing, action and record the receipt and subsequent actions related to a patient's hospital discharge information.	
Using opportunities to build contacts with other Healthcare Professionals e.g. GPs, Dentists, Optometrists, NHS 24, nurses, Care homes and other members of the Pharmacy Interface team.	

Pharmacy as a Business

<i>Activity</i>	<i>Additional Activity</i>	<i>Student Comments/reflection</i>
Stock management including procurement, storage, stock control and shrinkage.		
General Business Administration.	Human Resources, Prescription recording, Health and Safety	
Gain awareness of the financial framework which underpins the funding of NHS services (national and local) in Community Pharmacy.	Where possible complete any claims to be sent off. Be aware of what info is needed to release funding.	
Quality improvement and audit.	Patient Safety Climate Report	

9.2 Hospital Experiential Learning – Year 5.

For Final year **some** students will spend 5 days in hospital pharmacy in academic year 2019 – 20.

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. **All activities should be under the supervision of a pharmacist or technician.**

Learning outcome

To demonstrate application of skills including communication skills learnt in university in the delivery of Pharmaceutical Care.

Learning Activities

Students should 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. To support the learning outcomes in year 5, suggested activities *may* include:

Orientation

<i>Suggested Activity</i>	<i>Student Comments / reflection</i>
Introduction to area of hospital pharmacy/speciality.	
Observing and participating in the delivery of pharmaceutical care to patients.	

Pharmacy and MDT teams

<i>Suggested Activity</i>	<i>Student Comments / reflection</i>
Spend time with staff groups in the pharmacy team to build on understand their roles and responsibilities.	

Observing pharmacists and participating in undertaking specialist roles e.g. independent prescribers, clinics, palliative care, cancer care, pharmacist and technicians interactions in the multidisciplinary team.	
Observing and participating in interaction related to patient care with other healthcare professionals	
Understanding the role of the aseptic unit and the need for products to be made in the aseptic unit within the hospital (if possible)	

Patient Centred Care

<i>Suggested Activity</i>	<i>Student Comments / reflection</i>
Performing supervised medicines reconciliation at admission and discharge	
Participating in the prioritisation of patients with respect to pharmaceutical care in different clinical areas.	
Completing a minimum of two pharmaceutical care plans with reference to the evidence base for the chosen therapeutic area.	
Being involved in the management of a patient taking a high risk medicine e.g. warfarin, insulin, vancomycin, gentamicin, lithium, NOACs.	
Undertaking supervised patient counselling.	
Participating in and discussing with the pharmacist the resolution of an issue with the complex administration of a medicine e.g. swallowing difficulty, nil by mouth, nasogastric tube.	

Discussing 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.	
Identifying a patient receiving parenteral therapy and checking prescribing and administration is appropriate including diluent, compatibility, infusion rate.	
Undertaking a Level 1 medicines information enquiry at ward level and communicating the outcome to the supervising pharmacist and original enquirer.	
Participating in discharge planning for at least two patients and communicating medicines changes to patient/carer and primary care provider if appropriate.	

Governance

<i>Suggested Activity</i>	<i>Comments/Reflection</i>
Participating in antimicrobial stewardship and control of infection measures.	
Being aware of local formulary guidance and how prescribing in secondary care impacts on prescribing in primary care.	
Being aware of the local unlicensed medicines process and how this impacts prescribing in primary care.	
Observing and discussing internal and external incident reporting. For example reporting of dispensing or medicine administration errors.	
Discussing potential ethical dilemmas that may arise in clinical practice.	

9.3 Emerging Experiential Learning (EEL) – Year 5

For Final year some students will spend 5 days in emerging experiential learning placement in academic year 2019 – 20.

Students attending Emerging Experiential Learning (EELs) sites may undertake their Experiential Learning in one of a variety of sites. These could include Primary Care, NHS 24, Out of Hours, Remote and Rural locations, mental health/prison service, or community hospitals. General practice medicine is evolving, with core and shared skills among practitioners allowing flexibility in response to clinical demands, patient needs and staffing problems. Students should look to build on previous Experiential Learning and see this as part of the NHS providing Holistic Patient Centred Care and base their reflections around this.

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. **All activities should be under the supervision of a pharmacist or technician.**

Learning outcome

To demonstrate application of skills including communication skills learnt in university in the delivery of Pharmaceutical Care.

Learning Activities

Reflections should look at how we provide direct patient care through observing or taking part in in several of the following activities on a few occasions. The activities undertaken will depend on the placement, health board and practitioners you are shadowing and the roles that they are working in. Please also refer to the year 5 hospital or community learning activities depending on your EEL placement. Please note not all activities will be available on your placement. All activities should be done under supervision.

<i>Suggested Activity</i>	<i>Student Comments/Reflection</i>
Discussing the recent of the changes to the GP contract and how pharmacy is being used to support it. Students will require to have undertaken pre-placement reading and workshops to support this and will be expected to ask question of their facilitator to expand their knowledge of this.	
Choosing a project for the week from a range of options, which will require some research and results analysis. Giving a short presentation to facilitator and other practice staff at the end of the placement (guide would be around 5 slides long).	

<p>Introduction to IT: e.g. EMIS/Vision, Docman, Clinical Portal.</p> <p>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 being used</p>	
<p>Taking part in any therapeutic drug switches that are currently being worked on. Look at and discuss the rationale and the process for each one – these processes can be very different depending on drug</p> <p>This should include a discussion/observation of patient interaction – either face to face, phone, or letter.</p>	
<p>Participating in interaction related to patient care with other healthcare professionals</p>	
<p>Responding to GP and patient queries – what reference sources are available to help answer queries. What did you do to resolve the issue?</p>	
<p>Shadowing your pharmacist in any independent prescriber clinics they are running. Finding out how this clinic came to happen and about the pharmacist's journey to run it.</p>	
<p>Conducting patient medicines reviews – could be Care Home or general population patient</p>	
<p>Inputting data or using audit data for patient safety reviews in the practice e.g. for patients on DMARDs or other Shared Care medicines, Sodium Valproate, for those patients who over order their medicines, and high value prescribing medicines reviews.</p>	

<p>Auditing or assisting in practice prescribing issues e.g.</p> <ul style="list-style-type: none"> • Formulary Compliance and Specials Authorisation • Acute and Special medicines requests • Secondary Care Specialist Medicines requests • Repeats Management and Serial Prescribing. 	
<p>Liaising with other pharmacist as necessary</p> <ul style="list-style-type: none"> • Primary Care Network • Pharmacy Interface interactions • Signposting to other services in Remote and rural settings. 	
<p>Discussing Addictions/Drugs of Misuse and benzodiazepine and opiate repeat prescribing clinics. What are the aims of the clinic? What barriers do the DAT team workers need to overcome.</p>	
<p>Demonstrating strong interpersonal skills.</p>	
<p>Discussing Critical Incident Reporting and Datix reporting process and review process used in practice</p>	

Activities for EELs such as NHS 24 will be available before second semester.

9.4 Reflective Diaries

Topic	Suggestion
Patient Centred Care (Formative)	Reflect on where you provided patient centred care
Working in partnership (Summative)	Reflect on how you worked as part of the team to evolve a medicine related problem
Professional judgement (Summative)	Reflect on where you wanted to do something, but it may have been outside your competency
Use of knowledge and skills (Summative)	Reflect on how you used your knowledge or skills to manage a patient

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