

MPharm Experiential Learning

Feedback and Supervised Learning Events

Guidance for EL facilitators | Academic session 2026–27

About this guide

This guide is for pharmacists and pharmacy team members who host University of Strathclyde MPharm students on Experiential Learning (EL) placements in community pharmacy, hospital and primary care. It explains what we ask you to complete for each student, how the University uses what you write, and what good feedback looks like.

Everything you record is assessed through the University's **Experiential Learning Assessment (ELA) framework**. The framework runs from Year 2 to Year 5 and is aligned to the GPhC Standards for the Initial Education and Training of Pharmacists (2021).

What we ask you to complete

Years 3, 4 and 5 attend two EL blocks a year, and Year 2 attends one. Unless the table says otherwise, each item is needed **once per block**.

YEAR	YOU COMPLETE ON TURAS	STUDENT COMPLETES ON MYPLACE
Year 2	Facilitator feedback form	Self-assessment Attendance record
Year 3	Facilitator feedback form	Self-assessment Attendance record
Year 4	Facilitator feedback form Mini-CEX	Self-assessment Attendance record Patient feedback (once in the year) Peer feedback (once in the year)
Year 5	Facilitator feedback form Mini-CEX Case-Based Discussion (CBD)	Self-assessment Attendance record Patient feedback (once in the year) Peer feedback (once in the year)

Students start the Mini-CEX and CBD requests on TURAS and send them to you to complete. TURAS is the NHS Public Services Delivery portfolio, which students keep using through their foundation training year and beyond, so your feedback stays with them for longer than one placement.

HOW YOUR FEEDBACK IS USED

After each EL placement, the Experiential Learning team reviews everything the student has submitted, including your TURAS entries, and gives the student a **Red–Amber–Green (RAG)** rating. The rating is developmental. It is there to track progress and to spot early when a student needs extra help.

RATING	WHAT IT MEANS
RED	Needs significant support or prompting to perform safely
AMBER	Performs appropriately with occasional guidance
GREEN	Performs consistently and appropriately for their stage of training, with minimal supervision

Students rated amber or red are offered additional support from their professional development advisor and, where needed, the EL team. Your written comments are what make that support targeted, so a clear description of a concern is more useful to the student than a softened one.

What to expect at each stage

Please judge each student against what is expected for their year, not against a qualified pharmacist or a student further on in the course.

YEAR	PROGRESSION THEME	LEARNING OUTCOMES ASSESSED
2	Professional identity formation	LO 1–5
3	Structured patient interaction	LO 1–5
4	Integrated clinical interactions	LO 1–6
5	Readiness for practice	LO 1–7

Learning Outcome	THE STUDENT...
LO 1	Communicates respectfully and professionally with patients and staff
LO 2	Demonstrates insight into personal limitations and learning needs
LO 3	Demonstrates responsibility for safe and accurate task completion
LO 4	Recognises complexity and escalates appropriately
LO 5	Conducts a simple structured patient consultation under supervision
LO 6	Performs more complex consultations using integrated clinical, scientific and professional judgement
LO 7	Manages routine patient care activities

WRITING FEEDBACK THAT HELPS

The most useful feedback lets a student picture the moment you are describing and know exactly what to do next time. Before you write, it can help to answer four questions.

1	What did I see or hear?	Describe a real moment from the placement: a consultation, a phone call, a task, a conversation with the team.
2	Why did it matter?	Say what effect it had on the patient, the team or safety. This is what turns a comment into learning.
3	What should they keep doing?	Name the strength precisely, so the student can repeat it on purpose.
4	What should they do next, and by when?	Give one or two concrete actions, with a timescale: the next patient, the next day, the next block or foundation training.

Good habits

- **Write it soon.** Record your feedback as close to the event as you can, ideally the same day, while the detail is fresh.
- **Talk first, then write.** Discuss the feedback with the student before you record it, so nothing on TURAS comes as a surprise.
- **Stick to behaviour.** Describe what the student did, not what kind of person they are. Leave out emotive words such as "terrible" or "amazing".
- **Explain high ratings too.** A student rated "very good" needs to know why just as much as a student who is struggling.
- **Keep it proportionate.** Everyday things are worth commenting on: how they introduce themselves, timekeeping, how they approach the team, whether they ask when unsure.
- **Use the ELA learning outcomes.** Linking a comment to an outcome (for example, "LO 4: escalated appropriately") helps the EL team interpret it.
- **Protect confidentiality.** Never include patient names or other identifiable details in anything you record.

COMPARE

Not helpful: "Great communicator, no concerns."

Helpful: "Explained a new medicine to a patient with limited English using a translated leaflet and simple phrases, then checked understanding by asking her to show how she would take it (**LO 1**). Next block: book an interpreter when the conversation is about anything more complex."

FACILITATOR FEEDBACK FORM ON TURAS

Every student needs one facilitator feedback form for each block. The first four fields are filled in automatically. For each question you choose a rating on a five-point scale and write a comment. Please add a comment to **every** rating, including high ones.

Below is an example of a completed form for a Year 4 student in community pharmacy, set out in the same order as TURAS. The learning outcome in brackets after each point shows how you can link your comments to the ELA framework.

Student details

Trainee name	Student K <i>Pre-populated in TURAS</i>
Trainee's registration number	Matriculation number <i>Pre-populated in TURAS</i>
Trainee post	MPharm Year 4 <i>Pre-populated in TURAS</i>
Activity rotation	Community pharmacy, Block 1 <i>Pre-populated in TURAS</i>

Ratings and comments

How professional is the trainee?	☐ Very poor ☐ Poor ☐ OK ☒ Good ☐ Very good <i>Think about: timekeeping, preparation, phone use, confidentiality, how they respond to feedback, whether they look for work.</i> Student K arrived before opening every day and had read up on our Pharmacy First services before the placement started (LO 1). When a customer asked whether two medicines could be taken together, they said they were not sure and checked with me rather than guessing, then came back with the answer and the reference they had used (LO 2). When I pointed out on day two that they were not asking about allergies, they added it to their routine straight away (LO 2, LO 3).
How are the trainee's communication skills?	☐ Very poor ☐ Poor ☐ OK ☐ Good ☒ Very good <i>Think about: in person, by phone and in writing; with patients, carers, the team and other professionals; adapting language to the person.</i> A customer became upset when her prescription was not ready. Student K stayed calm, apologised, explained the delay without blaming the surgery and offered her a seat while it was sorted (LO 1). With a patient who spoke limited English, they used a translated leaflet and simple phrases, then asked her to show how she would take the medicine to check she had understood (LO 1, LO 5).
How does the trainee relate to other members of the team?	☐ Very poor ☐ Poor ☐ OK ☒ Good ☐ Very good <i>Think about: fitting into the team, asking the right person for help, sharing information and passing on problems.</i> Student K learned the team's roles quickly and asked the dispensers, not just the pharmacist, when they had routine questions (LO 1). During the accuracy check they noticed that a patient's levothyroxine strength had changed from the previous prescription. They stopped and asked me to confirm it with the surgery before the item went out (LO 3, LO 4).

How does the trainee interact with patients?	○ Very poor ○ Poor ○ OK ● Good ○ Very good <i>Think about: gathering information, advice and counselling, checking understanding, responding to worries and questions.</i> For a customer with a cold, Student K took a structured history covering who the medicine was for, symptoms, duration, what had been tried and other medicines. They ruled out a decongestant because the customer took medicine for high blood pressure, and explained why (LO 5). In a Pharmacy First consultation for suspected UTI symptoms, they worked through the exclusion criteria, took her other medicines into account and explained clearly why she needed to see her GP instead (LO 6).
Are there any areas that the trainee is undertaking well that should be recognised?	<i>Think about: one or two specific examples that link back to your ratings.</i> Recognising when to refer. A customer asking for indigestion treatment mentioned unexplained weight loss and difficulty swallowing. Student K recognised these as red-flag symptoms, did not sell a product and brought me in straight away. The customer saw his GP the same day (LO 4).
Are there any areas that the trainee could improve?	<i>Think about: one or two achievable actions, each with an example and a timescale.</i> When the queue was long, Student K rushed and twice nearly missed the second identity check at hand-out (LO 3). From the next block, they should say the patient's name and address aloud at every hand-out, however busy it is. Their consultations also tended to end abruptly. From the next consultation, they should finish with a short summary, when to seek further help and a chance to ask questions (LO 5).
How would you rate the trainee's overall performance to date?	○ Very poor ○ Poor ○ OK ● Good ○ Very good <i>Think about: a short summary of strengths and development points for this block.</i> A safe, well-prepared student who communicates very well and knows when to ask for help. The main priorities for the next block are keeping safety checks consistent under pressure and giving consultations a clear close (LO 3, LO 5).

TIP

If you are unsure how to rate a student, look at the supervision level for their year on page 2. A Year 2 student who needs direct supervision for a task is performing as expected, but a Year 5 student who needs the same level of support is not.

SUPERVISED LEARNING EVENTS (SLES)

A **supervised learning event** is a piece of the student's real work that you watch or talk through with them, followed straight away by a feedback conversation. SLEs are learning tools first. Their job is to show the student what they are doing well and what to work on next, while there is still time to practise it.

Why we use them

- They give students regular, focused feedback on real patient care.
- They help students judge their own performance and plan what to work on.
- They build a record of progress on TURAS that continues into foundation training.
- They help the EL team find students who would benefit from extra support at an early stage.

Which SLEs each year completes

YEAR	MINI-CEX	CASE-BASED DISCUSSION (CBD)
Years 2–3	Not required	Not required
Year 4	One in each placement (two in total)	Not required
Year 5	One in each placement (two in total)	One in each placement (two in total)

The student sets up each SLE on TURAS and sends it to you. You then add your feedback about what you observed or discussed. Please agree with the student in advance which activity you will use, so that you can be present for it.

MINI-CEX (YEARS 4 AND 5)

A **Mini-Clinical Evaluation Exercise (Mini-CEX)** is a live observation. You watch the student deal with a real patient, in person or by phone, then give feedback on how they brought their skills together: gathering information, communicating, examining where relevant, reasoning and agreeing a plan. The encounter only needs to last a few minutes.

Activities that work well

COMMUNITY PHARMACY	HOSPITAL	PRIMARY CARE
- Pharmacy First consultation for a common condition - Advice on an over-the-counter medicine for a patient with other conditions - Blood pressure check with lifestyle advice - Counselling on a new medicine or device	- Taking a medication history on admission - Counselling a patient on a new medicine before discharge - Explaining a change to someone's regular medicines - Checking inhaler or injection technique	- Telephone call to follow up a medicine change - Discussing side effects with a patient - Talking a patient through a medication review - Explaining a switch to a formulary product

Whatever the setting, the brief description on TURAS must not contain anything that could identify the patient.

Worked example: community pharmacy (Year 4)

Title	Hay fever treatment for a customer who is 20 weeks pregnant
Setting	Community pharmacy
Main focus	Consultation skills, clinical reasoning, patient-centred care
ELA outcomes	LO 1 · LO 5 · LO 6
What went well	Student E moved to the consultation room without being prompted and opened by asking what the customer already knew about treatments she could use (LO 1). They asked about symptoms, duration, other medicines and pregnancy history in a logical order (LO 5). They also checked two references before recommending a nasal spray and explained why they had not suggested an oral antihistamine first (LO 6).
To develop	Student E gave all the information at once, and the customer looked unsure by the end (LO 5). Next time, break the advice into two or three points and ask the customer to repeat back how she will use the spray.
Agreed actions	- From the next patient: use teach-back when giving advice. - Before the next block: review the red-flag symptoms in allergic rhinitis that need referral.

Worked example: hospital (Year 4)

Title	Counselling on a new inhaler before discharge
Setting	Hospital ward
Main focus	Patient education, consultation skills, professionalism
ELA outcomes	LO 1 · LO 3 · LO 5
What went well	Student F checked the patient's current technique with a placebo device before explaining the new inhaler, which showed that the patient had not been rinsing their mouth after using a steroid inhaler (LO 3, LO 5). They demonstrated each step and used plain language throughout (LO 1).
To develop	The consultation did not have a clear close. The student did not summarise, check whether the patient had questions or explain who to contact after discharge (LO 5). Practise a short closing routine for every counselling session.
Agreed actions	• Next day: use a summary and a "What questions do you have?" at the end of each consultation. • By the end of the block: counsel on at least two other device types.

CASE-BASED DISCUSSION (YEAR 5)

A **Case-Based Discussion (CBD)** looks back at a case the student has already been involved in. The student talks you through what they did and why, and you ask questions to explore how they reasoned, how they reached decisions and how they applied what they know. No patient needs to be present. A CBD usually takes 15 to 20 minutes.

Your feedback should be recorded promptly. It should say clearly what the student did well, what they need to develop, and the specific actions they will take to close any gaps.

Cases that work well

COMMUNITY PHARMACY	HOSPITAL	PRIMARY CARE
- A prescription with a potential interaction or dosing problem, resolved with the prescriber - A medicines query from a patient or another professional - Recommending an alternative during a stock shortage	- Screening a discharge prescription and resolving issues - A patient whose kidney function affected dosing decisions - A medicines information enquiry from the ward	- Reviewing a patient's medicines after a hospital admission - Acting on an abnormal blood result linked to a medicine - A polypharmacy review for an older patient

Worked example: primary care (Year 5)

Title	Medicines review after an admission with acute kidney injury
Setting	GP practice
Main focus	Medicines management, clinical reasoning, clinical management
ELA outcomes	LO 1 · LO 4 · LO 6 · LO 7
What went well	Student G identified the medicines that should be paused during dehydrating illness and explained the reasoning for each (LO 6). They had checked the latest kidney function results and the local sick-day guidance before the discussion, and proposed a sensible plan to restart them (LO 7).
To develop	When asked how they would explain the plan to the patient, the student's answer relied on clinical terms (LO 1). They were also unsure who in the practice would update the medication record (LO 7). Practise explaining sick-day guidance in everyday language, and find out who owns each step of the process.
Agreed actions	- This week: shadow a practice pharmacist giving sick-day advice. - Before foundation training: be able to state the escalation route for abnormal results in each setting they have worked in (LO 4).

Worked example: community pharmacy (Year 5)

Title	Antibiotic prescription for a patient with a recorded penicillin allergy
Setting	Community pharmacy
Main focus	Clinical reasoning, communication with prescriber, teamwork
ELA outcomes	LO 3 · LO 4 · LO 6 · LO 7
What went well	Student H spotted the allergy on the patient's record and asked the patient what reaction they had experienced before contacting the surgery (LO 3, LO 4). They suggested a suitable alternative and gave a clear reason (LO 6), and they recorded the outcome accurately in the pharmacy system (LO 3).
To develop	On the phone to the surgery, the student took some time to get to the point (LO 7). Use a structured handover such as SBAR (situation, background, assessment, recommendation) so the prescriber hears the problem and the proposed solution in the first 30 seconds.
Agreed actions	- From the next call: write down an SBAR summary before phoning a prescriber. - Next block: lead at least one further prescriber intervention with the facilitator listening in.

QUESTIONS

For questions about this guidance or about a particular student, please contact the MPharm Experiential Learning team.