



**University of Strathclyde**

**Strathclyde Institute of Pharmacy &  
Biomedical Sciences**

**MPharm Experiential Learning Handbook  
2022/23**



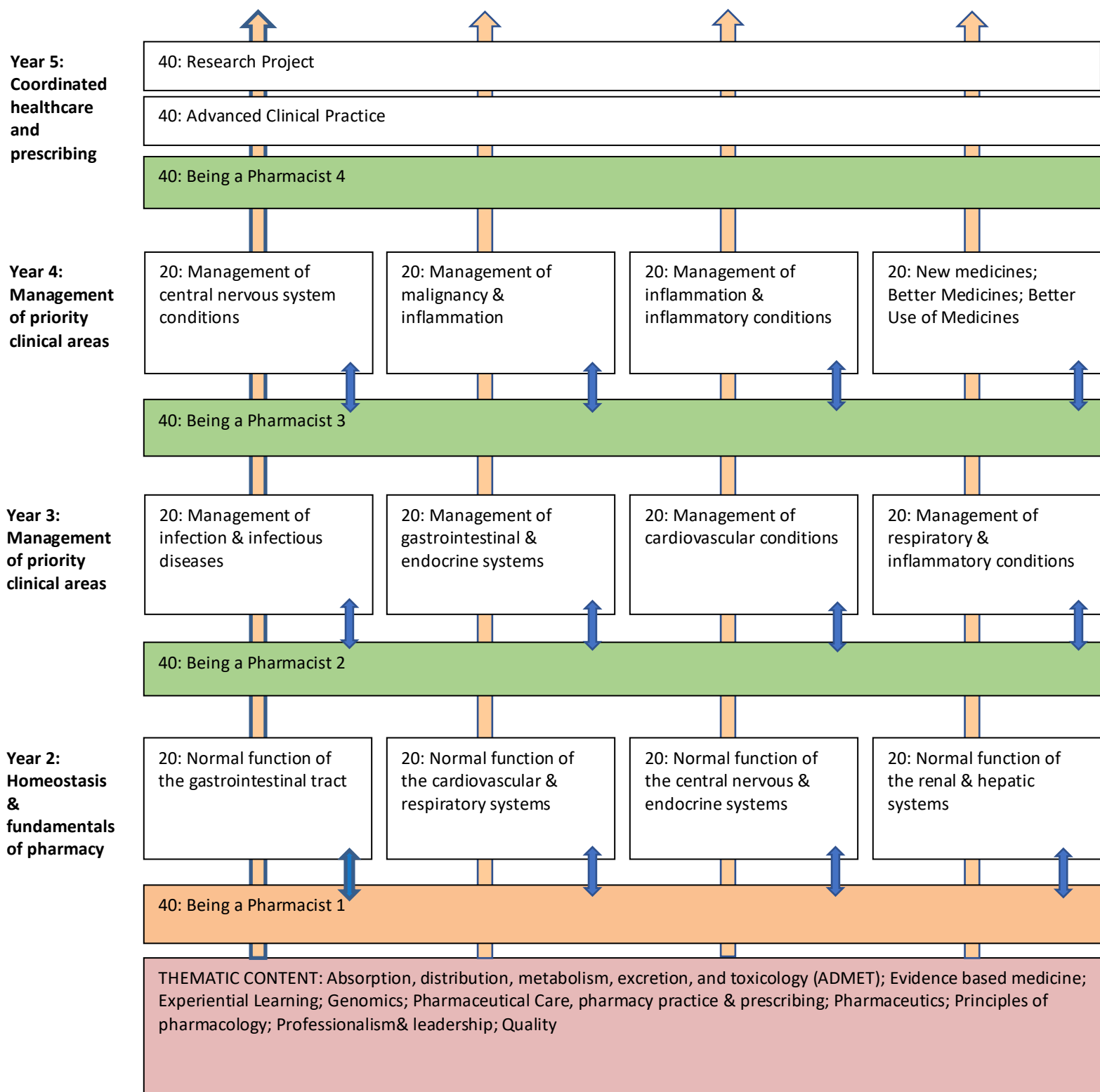
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# 1. The MPharm Programme and Experiential Learning

## MPharm structure 2022/23



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, 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 2021/22**

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

**\* Students entering Y4 & Y5 will spend 5 days 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**

<b>Year</b>	<b>1st Semester</b>	<b>2<sup>nd</sup> Semester</b>
Year 2	-	6 <sup>th</sup> Feb
Year 3	7 <sup>th</sup> Nov	6 <sup>th</sup> March
Year 4	17 <sup>th</sup> Oct	13 <sup>th</sup> Feb
Year 5	21 <sup>st</sup> Nov	30 <sup>st</sup> Jan

## **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](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.
- Please follow Scottish Government and placement Covid-19 precautions, some placements require wearing a face mask, please contact the EL team before your placement if you are exempt from wearing a face mask. **Adhere to personal protective equipment (PPE) requirements of the workplace and Scottish Government in line with COVID-19 regulations.**
- **Students MUST contact providers in advance to check of any restrictions to the dress code as a result of COVID-19.**
- 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 Head 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 may 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 a signed (by Facilitator) attendance record after your EL placement (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 Head 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](mailto: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/ep4erkqa/pre-experiential-learning-communication-form.docx>)
- PVG Certificate "Student Pharmacist" badge and student card.
- **Occupational Health Questionnaire completed (mandatory and will include Covid-19 risk assessment)**
- GDPR (MyPlace)
- Equality and Diversity (MyPlace – only needs completed in Year 2)
- Cyber Security (MyPlace – only needs completed in Year 2)
- Medicines Reconciliation (hospital year 3, primary care year 4)
- 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 \(www.gov.scot\)](http://www.gov.scot) for Primary Care.

- Community Pharmacy Scotland NHS Services section [Community Pharmacy Scotland \(cps.scot\)](http://cps.scot).
- Minor Illness or Major Disease Sixth edition (if available at EL placement)
- Introduction to Pharmaceutical Calculations Fourth edition (if available at EL placement).

### **Student Feedback on Experiential Learning**

Student Feedback plays an integral part of the quality management subsequent improvement systems within NES. It is used to review experiential learning (EL) placement 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 upon 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/0ob0izypdb> 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_Interest_Disclosure_Whistleblowing_Policy.pdf)

Additional resources available from GPhC:

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

**University Contacts**

Professor Anne Boyter

MPharm Course Director and Director of Teaching

[anne.boyter@strath.ac.uk](mailto:anne.boyter@strath.ac.uk)

Mr Paul Kearns

MPharm Experiential Learning Coordinator

[paul.d.kearns@strath.ac.uk](mailto:paul.d.kearns@strath.ac.uk)

07767497529

Mrs Morven McDonald

MPharm Experiential Learning Coordinator

[morven.mcdonald@strath.ac.uk](mailto:morven.mcdonald@strath.ac.uk)

Mr Philip Brown

MPharm Experiential Learning Administrator

[sipbs-experiential-learning@strath.ac.uk](mailto:sipbs-experiential-learning@strath.ac.uk)

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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 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.

<b>Reflective component of the MPharm</b>		
Module	Reflective Log Content	
	Formative	Summative
BaP 1	1 x 500 words	2 x 500 words – entries must reflect aspects of <b>curriculum and EL</b>
BaP 2	1 x 500 words	2 x 500 words – entries must reflect aspects of <b>curriculum or EL</b>
BaP 3	1 x 500 words	2 x 500 words – entries must reflect aspects of <b>EL</b>
BaP4	1 x 500 words	3 X 500 words – entries must reflect aspects of <b>EL</b>

## 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](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](mailto:anne.boyter@strath.ac.uk)) or the EL team ([sipbs-experiential-learning@strath.ac.uk](mailto: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](https://www.pharmacyregulation.org/guidance-on-supervising-pharmacy-professionals-in-training-august-2018.pdf)  
([pharmacyregulation.org](https://www.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/u8muim47uk>

**\*\*Year 2 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 their own Whistleblowing policy that can be found at:

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## 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 replace 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.

### 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.

#### 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>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>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.	
Observe and then 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 – these prescriptions may need special storage conditions or simple counselling.	
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### NHS Pharmacy First Scotland

<i>Activity</i>	<i>Student Comments/Reflection</i>
Describe NHS Pharmacy First Scotland	
Participate 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>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
Professional behaviour	Formative	Reflect on a time when you received particularly good service in any context. What was the situation and what professional skills and behaviours did the person you were dealing with display. How might this be relevant to your role as a pharmacist?"
Effective communication	Summative	Standards for Pharmacy Professionals: Reflect on a conversation you had with a patient and how you could improve this in the future.
Professional behaviour	Summative	Prescription Supply; Reflect on an incident that took place that made you have to seek further information

## 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.

#### 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.

#### Acute Medicines Service

<i>Activity</i>	<i>Student Comments / reflection</i>
Describe Acute Medication Service	
Produce labels and maintaining patient files 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 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>Student Comments / reflection</i>
Discuss with the pharmacist any services provided by Pharmacy 1 <sup>st</sup> 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>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 PharmacyCare Record and Risk Assessment	

### Service Provision

<i>Activity</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 procedures 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	

## 7.2 Hospital Experiential Learning – Year 3.

These students spend two days in hospital pharmacy in academic year 2021/22. 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.

### Orientation

<i>Suggested Activity</i>	<i>Student Comments /reflection</i>
Introduction to hospital pharmacy.	
Participate in the delivery of pharmaceutical care.	
Undertake medicines reconciliation.	
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>Student Comments /reflection</i>
Discuss and reflect on the roles of the hospital pharmacy team (including technical staff, independent prescribers and specialist services etc.).	
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	

## Patient Centred Care

<i>Suggested Activity</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 patient counselling where important points are emphasised about medicines.	
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>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	
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, how is it done and why is it important.	



### 7.3 Reflective Diaries

Standard	Assessment	Reflection
Person centred care	Formative	Reflect on a situation where you had to collaborate with a patient or a carer to improve outcomes.
Partnership working	Summative	Reflect on a situation where you worked collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care.
Effective communication	Summative	Reflect on a situation where an aspect of Equality, Diversity and Inclusion was considered and how this caused you to adapt your communication style to meet the needs of the person.

## 8. Year 4 & 5 Experiential Learning

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

Students will spend a week in each semester in the final two years of the MPharm undertaking EL. They will complete a week in hospital, community, primary care and specialist sites. In any given week 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 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.

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 2 – 4.

As the amount of EL increases over the next few years students at this stage, especially Y5, should now start to be showing 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.

#### Acute Medicines Service

<i>Activity</i>	<i>Additional 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 – in particular with patients who are on multiple medications and with patient representatives who are collecting medicines.		
Lead a patient safety discussion on near misses, using Quality Improvement tools to analyse near misses.		
Discuss a patient care issue with another Health Care Professional. How is this recorded?		
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 paediatric prescription 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.		
Perform CD management, following standard operating procedures.	<ul style="list-style-type: none"> <li>• Dose checking opioid medicines and ensuring breakthrough medication is appropriate strength/formulation.</li> <li>• CD destruction processes for out of date (OOD) and patient returns</li> </ul>	

Counsel a patient 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).		
Complete a reflection on a patient interaction.  Get feedback from facilitator, pharmacist, pharmacy team members, patient		
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.		

### **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 pharmacy Team.		
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 – gain an understanding of 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.)		
Describe the place of Medicines Care and Review in the wider NHS Scotland System		
Demonstrate competency, under supervision, 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.		
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 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>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, NHS 24, nurses, Care homes and other members of the Pharmacy Interface team.	
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### Pharmacy as a Business

<i>Activity</i>	<i>Additional 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	

## 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 the counselling of a patient(s)
- To observe and participate in medicines reconciliation
- To observe and 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.

### 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.

### Orientation

<i>Suggested Activity</i>	<i>Student Comments /reflection</i>
Brief introduction to hospital pharmacy/clinical area.	
Participate in the delivery of pharmaceutical care to a patient.	



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>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>	

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	
Discuss the roles of the hospital pharmacy team (including technical staff independent prescribers and specialist services etc.).	
Discuss what are the potential career pathways/structures within hospital pharmacy	

Reflect on the delivery of specialist services e.g. independent prescribers, clinics, palliative care, cancer care, pharmacist and technicians interactions in the multidisciplinary team.	
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### Patient Journey

<i>Suggested Activity</i>	<i>Student Comments / reflection</i>
Participate in the prioritisation of patients with respect to pharmaceutical care in different clinical areas.	
For patients with multiple morbidities identify relevant care issues and suggest actions to improve the pharmaceutical care of these patients	
Participate in the management of a patient prescribed a high risk medicine e.g. warfarin, insulin, vancomycin, gentamicin, lithium, DOACs.	
Undertake supervised patient counselling.	
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.	
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 a calculation to assist in determining the correct dose of a medication.	
What is pharmacogenomics and how does this affect prescribing and patient care	

## Governance

<i>Suggested Activity</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 primary care.	
Discuss and reflect on internal and external incident reporting. For example reporting of dispensing or medicine administration errors.	
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	
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

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.

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

#### Learning Activities

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.

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

Suggested Activity	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.	
Undertake medicines reconciliation. Please ensure you complete the medicines reconciliation Turas module <b>prior</b> to your placement.	

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).	
Understand the Pharmacy Primary Care Team – Area Lead, Pharmacists, Technicians and their associated role(s).	
Understand the wider Primary Care Team – GP, Nurses (Practitioners, Practice, District), Midwives, health visitors, support staff.	
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 being used	
Cost Effective prescribing within NHS budgets and using relevant formularies. Look at and discuss the rationale and the process for cost saving and patient safety interventions.  This should include a discussion/observation of patient interaction – either face to face, phone, or letter.	
Participate in interaction related to patient care with other healthcare professionals. Reflect upon the pharmacist as a role model within the practice pharmacy team.	
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?	
Participate with your pharmacist in any independent prescriber activities. Reflect on their journey towards being an independent prescriber.	
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 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.	
Undertake monitoring of high risk medications.	
Review patient lab results and discuss how these influence prescribing decisions.	
Demonstrate appropriate interpersonal skills.	
Discuss and reflect on process of Significant Event recording and analysis used in practice	
Undertake a medication compliance review.	
Liaise with other pharmacists as necessary <ul style="list-style-type: none"> <li>• Primary Care Network</li> <li>• Pharmacy Interface interactions</li> <li>• Signposting to other services in Remote and Rural settings.</li> </ul>	
Participate in pharmacotherapy level 1 services.	
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.	



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

#### **8.4 Reflective Diaries for Year 4 (BaP3)**

<b>Standard</b>	<b>Assessment</b>	<b>Reflection</b>
Professional behaviour	Formative	Reflect on how you demonstrated the values, attitudes and behaviours expected of a student pharmacist during EL
Person centred care	Summative	Reflect on a situation during your EL where you delivered patient-centred care
Partnership working	Summative	Reflect on a situation from your EL where you worked in partnership with other members of the healthcare team.

#### **8.5 Reflective diaries for Year 5 (BaP4)**

<b>Standard</b>	<b>Assessment</b>	<b>Reflection</b>
Effective communication	Formative	Reflect on a situation where you demonstrated effective communication and adapted your approach and communication style to meet the needs of the person
Professional judgement	Summative	Reflect on a situation where you applied an effective strategy to improve the quality of care and safe use of medicines
Professional behaviour	Summative	Reflect on a situation where you identified and addressed your own learning needs
Professional knowledge and skills	Summative	Reflect on a situation where you demonstrated diagnostic skills, including physical examination, to decide the most appropriate course of action for the person

## University Contacts

Professor Anne Boyter  
MPharm Course Director and Director of Teaching  
[anne.boyter@strath.ac.uk](mailto:anne.boyter@strath.ac.uk)

Mr Paul Kearns  
MPharm Experiential Learning Coordinator  
[sipbs-experiential-learning@strath.ac.uk](mailto:sipbs-experiential-learning@strath.ac.uk)  
07767497529

Mrs Morven McDonald  
MPharm Experiential Learning Coordinator  
[sipbs-experiential-learning@strath.ac.uk](mailto:sipbs-experiential-learning@strath.ac.uk)

Mr Philip Brown  
MPharm Experiential Learning Administrator  
[sipbs-experiential-learning@strath.ac.uk](mailto:sipbs-experiential-learning@strath.ac.uk)

# 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**

University of Strathclyde  
Strathclyde Institute of Pharmacy and Biomedical Sciences  
EL Team  
University of Strathclyde  
161 Cathedral Street  
Glasgow  
G4 0RE  
0141 548 3745

[sipbs-experiential-learning@strath.ac.uk](mailto:sipbs-experiential-learning@strath.ac.uk)

# Guide for Students



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

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 [www.strath.ac.uk/Departments/SafetyServices/placement](http://www.strath.ac.uk/Departments/SafetyServices/placement)) 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.

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<sup>42</sup>
- 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

### 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:

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

\*These items must be included in any induction training

Signed: \_\_\_\_\_ (must be an authorised signatory)

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Please upload to MyPlace.