

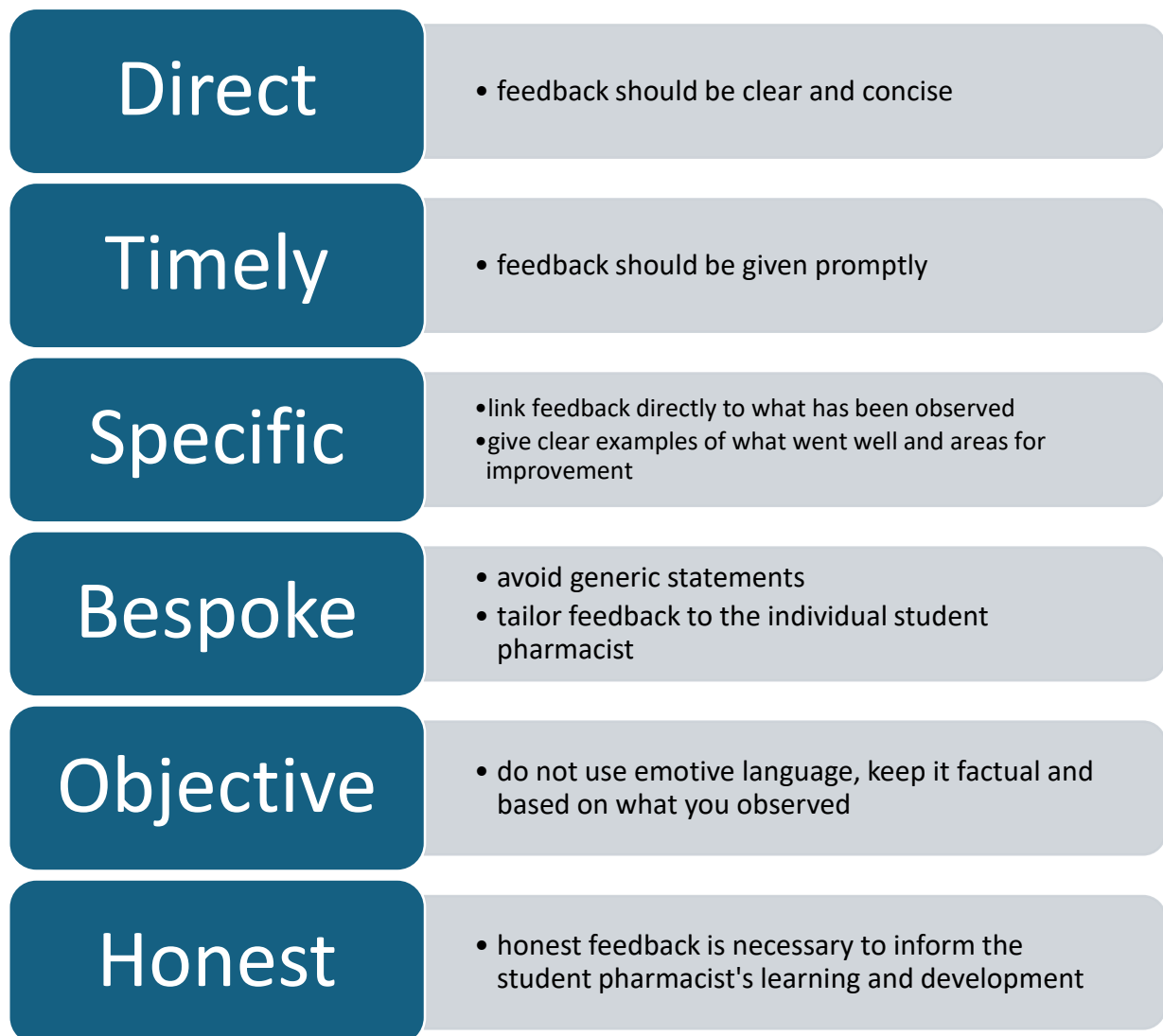
## Background

This document provides guidance on the completion of the RGU feedback requirements relating to EL placements. RGU student pharmacists are required to reflect on the feedback they receive as part of their module portfolio submission for assessment. Feedback requirements for academic session 2024-25 are as follows:

<b>STAGE OF STUDY</b>	<b>FEEDBACK REQUIREMENTS (FOR EACH EL PLACEMENT)</b>
<b>Stage 1</b>	Daily signed attendance record (on paper) EL facilitator individual feedback form (on Turas)
<b>Stage 2</b>	Daily signed attendance record (on paper) EL facilitator individual feedback form (on Turas)
<b>Stage 3</b>	Daily signed attendance record (on paper) <b>One mini-CEX</b> (on Turas) EL facilitator individual feedback form (on Turas)
<b>Stage 4</b>	Daily signed attendance record <b>One mini-CEX</b> (on Turas) <b>One CBD</b> (on Turas) EL facilitator individual feedback form (on Turas)

## Giving Feedback

When giving feedback, it is helpful to consider how your feedback will be used and this can be useful in thinking about what to include. The diagram below helps to consider what to include in your feedback conversation and then in recording your feedback on Turas.



Please refer to the EL Frameworks to help guide you on the expectations of student pharmacists during the different stages of the MPharm course.

**EL Facilitator Individual Feedback Form Guidance (all stages)**

Trainee Name	<u><b>Student pharmacist name</b></u>
Trainee's Registration Number	<ul style="list-style-type: none"> <li><b>Matriculation number</b></li> </ul>
Trainee Post	<ul style="list-style-type: none"> <li><b>Information regarding stage and programme of student pharmacist</b></li> </ul>
Activity Rotation	<ul style="list-style-type: none"> <li><b>Stage of student and area of practice</b></li> </ul>
How Professional is the trainee	<p>Very Poor / Poor / OK / Good / Very Good</p> <p>Note Please ensure you rate the student pharmacist based on how professional you think the student pharmacist has been. Please make sure you provide feedback on the student pharmacist's professionalism. For example, this may include information on timekeeping, engagement, preparation etc</p>
How are the trainee's communication skills.	<p>Very Poor / Poor / OK / Good / Very Good</p> <p>Note Please ensure you rate the student pharmacist based on what you have observed during the EL placement. Please make sure you provide feedback on the student pharmacist's communication skills. For example, this might relate to written communication, communication on the telephone, communication in person and may involve communication with members of the MDT, within the pharmacy team, with patients, carers and the public.</p>
How does the trainee relate to other members of the team?	<p>Very Poor / Poor / OK / Good / Very Good</p> <p>Note Please ensure you rate the student pharmacist based on what you have observed during the EL placement. Please make sure you provide feedback on the student pharmacist's teamworking skills. For example, this might relate to their interactions within the pharmacy team or the wider healthcare team. Please include specific examples in the feedback section.</p>
How does the trainee interact with patients?	<p>Very Poor / Poor / OK / Good / Very Good</p> <p>Note Please ensure you rate the student pharmacist based on what you have observed during the EL placement. Please make sure you provide feedback on the student pharmacist's interactions specifically with patients. For example, this might relate to providing information, counselling, gathering information, reassuring patients, responding to ideas &amp; concerns etc</p>

<b>Are there any areas that the trainee is undertaking well that should be recognised?</b>	<b>Note</b> Please ensure you give specific examples relating to the areas of note above.
<b>Are there any areas that the trainee could improve?</b>	<b>Note</b> Please ensure you give specific examples relating to the areas of note above.
<b>How would you rate the trainee's overall performance to date?</b>	<div style="text-align: center;">           Very Poor / Poor / OK / Good / Very Good         </div> <b>Note</b> Please ensure you rate the student pharmacist based on what you have observed during the EL placement. Please make sure you provide feedback on the student pharmacist's overall performance, including specific areas where the student pharmacist has performed well and areas of development.

## **Supervised Learning Events (SLEs)**

### **mini-CEX and CBD**

#### **What is an SLE?**

A supervised learning event (SLE) is an interaction between a student pharmacist and an EL facilitator which leads to immediate feedback and reflective learning. SLEs are designed to help student pharmacists develop and improve their clinical and professional practice and to identify areas for further learning and development.

#### **What are the purposes of an SLE?**

- support and facilitate learning to develop capabilities which deliver safe and effective patient care
- evaluate the student pharmacist's performance through the provision of immediate feedback to enable them to understand their own performance and reflect on areas for further development
- highlight the student pharmacist's strengths, achievements, and good practice as well as areas for improvement
- demonstrate engagement with student pharmacists in the educational process
- identify student pharmacists who may need additional support

Participation in this learning process, along with reflection on the feedback received, is an important way for student pharmacists to evaluate their progression towards achieving the outcomes throughout the RGU MPharm course.

## **What is a mini-CEX? (Stage 3 and 4)**

A Mini-Clinical Evaluation Exercise (mini-CEX) evaluates a global clinical encounter with a patient assessing the combination of skills essential for clinical care such as history taking, communication, examination and clinical reasoning. This SLE involves direct supervision with the patient present, either face to face or by telephone.

Student pharmacists will have instructions on how to generate the mini-CEX SLE on Turas for EL facilitators to then complete with feedback specific to what was observed.

We recommend that EL facilitators speak to the patient involved in the supervised interaction to gather specific feedback from the patient about the interaction and include this in their discussion with the student & record it on Turas. This should focus on:

- did the patient feel respected?
- did the patient understand information given by the student pharmacist?
- did the patient have all their questions answered?
- does the patient have any other feedback about the interaction?

**Community Pharmacy mini-CEX Example**

<b>Title of Mini-CEX</b>	<b>Example: Pharmacy First Consultation – head lice</b>  <b><u>Maintain patient, public and staff confidentiality throughout.</u></b>	
<b>Record a brief, anonymous description to allow the Mini-CEX to be contextualised</b>	<i>Suggested examples in community pharmacy:</i> <ul style="list-style-type: none"> <li>• <i>Consultation with patient regarding common clinical condition</i></li> <li>• <i>Counselling patient on new medicine</i></li> <li>• <i>Responding to a patient query in the pharmacy or over the phone</i></li> <li>• <i>Taking a blood pressure measurement</i></li> <li>• <i>Smoking cessation consultation</i></li> <li>• <i>PGD consultation (UTI, impetigo, shingles, etc.)</i></li> </ul>	
<b>Clinical Setting</b>	Community Pharmacy GP Surgery Ward Home Visit Other If other, please describe	<input checked="" type="checkbox"/>      
<b>Focus of encounter</b>	Consultation Skills Clinical history taking Clinical assessment skills Clinical reasoning Non-drug management/health promotion skills Patient education Holistic care/patient centred/shared decision making Professionalism Clinical documentation Teamwork Organisation efficiency Overall clinical care	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>    

Feedback on the behaviours observed during the Mini-CEX	
<b>What went well during the Mini-CEX</b>	<p><i>Suggested areas for feedback: <b>Be specific!</b></i></p> <p><b>Communication:</b> <i>maintained good eye contact, professionalism, asked appropriate questions in a logical order, clearly understood, patient-friendly language</i></p> <p><b>Patient centred:</b> <i>caring, listened to patient, involved them in decision-making</i></p> <p><b>Examination skills:</b> <i>gained consent, explained clearly to patient, used appropriate technique, documented clearly and accurately</i></p> <p><b>Clinical reasoning:</b> <i>used information gathered to make reasonable decision / advice/ diagnosis. Suggested appropriate course of action</i></p> <p><i>Include a concise example / examples to illustrate the above</i></p> <p><i>Please include feedback from the patient</i></p>
<b>Suggestions for development</b>	<p><i>Suggested areas for feedback: <b>Be specific!</b></i></p> <p><b>Communication:</b> <i>More eye contact, slow down speech, use teach-back or chunk and check to ensure patient understanding, avoid medical jargon, use conversational style rather than series of questions</i></p> <p><b>Patient centred:</b> <i>Allow time for patient to speak, involve them fully in decision-making</i></p> <p><b>Examination skills:</b> <i>Explain what you are doing and why, ensure patient is comfortable, practise to improve confidence</i></p> <p><b>Clinical reasoning:</b> <i>Continue to develop knowledge of medicines and common clinical conditions and use of appropriate resources</i></p> <p><i>Include a concise example / examples to illustrate why the above has been suggested</i></p> <p><i>Please include feedback from the patient</i></p>
<b>Agreed Actions</b>	<p><i>Discuss plans for how to improve during EL placements (e.g. next activity, next day, next EL placement, FTY as appropriate)</i></p>



**Managed Service mini-CEX Example**

<b>Title of Mini-CEX</b>	<b>Example: DOAC counselling</b> <u>Maintain patient, public and staff confidentiality throughout.</u>	
<b>Record a brief, anonymous description to allow the Mini-CEX to be contextualised</b>	<i>Suggested examples in hospital pharmacy:</i> <ul style="list-style-type: none"> <li>• Speaking to patient about drug history</li> <li>• Speaking to an MDT member about patient care</li> <li>• Speaking to patient about medicines reconciliation</li> <li>• Phoning community pharmacy about continuation of patient care</li> <li>• Counselling patient on new medication</li> <li>• Counselling patient on changes to medication on discharge</li> <li>• Handing out a prescription to patient and providing counselling</li> </ul>	
<b>Clinical Setting</b>	Community Pharmacy	
	GP Surgery	
	Ward	<b>x</b>
	Home Visit	
	Other	
	If other, please describe	
<b>Focus of encounter</b>	Consultation Skills	<b>x</b>
	Clinical history taking	
	Clinical assessment skills	
	Clinical reasoning	
	Non-drug management/health promotion skills	
	Patient education	<b>x</b>
	Holistic care/patient centred/shared decision making	
	Professionalism	<b>x</b>
	Clinical documentation	
	Teamwork	
	Organisation efficiency	
	Overall clinical care	

Feedback on the behaviours observed during the Mini-CEX	
<b>What went well during the Mini-CEX</b>	<p><b>Suggested areas for feedback: <i>Be specific!</i></b></p> <p><b>Communication:</b> good eye contact, professionalism, asked appropriate questions in a logical order, is clearly understood, patient-friendly language</p> <p><b>Consultation skills:</b> Clear introduction from student pharmacist, reason for consultation, plan going forward, ability for patient to ask questions.</p> <p>Concise communication with MDT members (used SBAR structure)</p> <p><b>Patient centred:</b> caring, listened to patient, involved them in decision-making, checking patient's understanding</p> <p><b>Clinical reasoning:</b> used information gathered to make reasonable decision. Suggested appropriate course of action Include a concise example / examples to illustrate the above</p>
<b>Suggestions for development</b>	<p><b>Suggested areas for feedback: <i>Be specific! What can the student pharmacist DO to improve for next time?</i></b></p> <p><b>Communication:</b> More eye contact, slow down speech, use teach-back or chunk and check to ensure patient understanding, avoid medical jargon, use conversational style rather than series of questions,</p> <p><b>Consultation Skills:</b> Did consultation have clear structure e.g. (introduction, information gathering, summary/ planning, allowing questions) in consultations.</p> <p><b>Patient centred:</b> Allow time for patient to speak, listen to patient concerns, involve them fully in decision-making, patient engagement- focusing on current task</p> <p><b>Clinical reasoning:</b> Continue to develop knowledge of medicines and conditions and use of appropriate resources e.g. BNF, local formulary, EMC, local and national guidelines where appropriate. Include a concise example / examples to illustrate why the above has been suggested</p>
	<p><b>Discuss plans for how to improve during EL placements:</b> Would you expect the student pharmacist to have made changes by the next patient they see (e.g. improve eye contact) or by the next day (e.g. looked up new medication), or by next placement (improvement in structure of consultations) or by FTY (e.g. use of clinical guidelines)</p>

## **What is a CBD? (Stage 4)**

A Case Based Discussion (CBD) is a retrospective evaluation of a student pharmacist's input into patient care, which assesses their clinical reasoning, decision-making and the application of clinical knowledge in practice. Feedback should be recorded promptly and should include specific and objective comments on the student pharmacist's strengths and areas for development. There should also be specific actions for the student pharmacist to undertake to address the identified learning needs.

**Community Pharmacy CBD Example**

<b>Title of CBD</b>	<b>Example: Interaction query – trimethoprim and methotrexate</b>  <u><b>Maintain patient, public and staff confidentiality throughout.</b></u>	
<b>Record a brief, anonymous description to allow the CBD to be contextualised</b>	<b>Suggested examples in community pharmacy:</b> <ul style="list-style-type: none"> <li>• <b>Responding to a patient or healthcare professional medication query</b></li> <li>• <b>Identifying potential medicine interaction (or other issue with prescription), suggesting appropriate course of action and communicating with prescriber</b></li> <li>• <b>Liaising with GP practice regarding stock availability issue using clinical knowledge and reasoning to recommend suitable alternative</b></li> <li>• <b>Stage 1 reviews for MCR patients identifying care issues and responding appropriately</b></li> </ul>	
<b>Clinical Setting</b>	Community Pharmacy	<b>x</b>
	GP Surgery	
	Ward	
	Home Visit	
	Other	
	If other, please describe	
<b>Focus of encounter</b>	Understanding Context	
	Medicines Management	<b>x</b>
	History and data gathering	
	Examination	
	Investigations and procedural skills	
	Clinical Reasoning	<b>x</b>
	Clinical Management	
	Consultation skills	
	Teamwork	

Feedback on the behaviours observed during the CBD	
<b>What went well during the CBD</b>	<p><i>Suggested areas for feedback: <b>Be specific!</b></i></p> <p><b>Communication:</b> clear and concise, adjusted communication style and language appropriately</p> <p><b>Professionalism:</b> confident, well prepared, articulate</p> <p><b>Clinical reasoning:</b> used clinical knowledge to make reasonable decision, suggested appropriate course of action with confidence</p> <p><i>Include a concise example / examples to illustrate the above</i></p>
<b>Suggestions for development</b>	<p><i>Suggested areas for feedback: <b>Be specific!</b></i></p> <p><b>Communication:</b> structure conversation to ensure the issue is communicated fully and it is clear what action is being recommended</p> <p><b>Professionalism:</b> Use appropriate language when speaking with other healthcare professionals, improve confidence by being well prepared for the conversation</p> <p><b>Clinical reasoning:</b> Continue to develop knowledge of medicines and use of appropriate resources, consider all options and be able to justify your recommendation</p> <p><i>Include a concise example / examples to illustrate why the above has been suggested</i></p>
<b>Agreed Actions</b>	<p><i>Discuss plans for how to improve during EL placements (e.g. next activity, next day, next EL placement, FTY as appropriate)</i></p>

**Managed Service CBD Example**

Title of CBD	<b>Example: Medicines reconciliation and formation of care plan</b>  <u>Maintain patient, public and staff confidentiality throughout.</u>	
Record a brief, anonymous description to allow the CBD to be contextualised	<i>Suggested examples in hospital pharmacy:</i> <ul style="list-style-type: none"> <li>• <i>Reviewing patient notes and forming care plan</i></li> <li>• <i>Ward based medicines information enquiry</i></li> </ul>	
Clinical Setting	Community Pharmacy	
	GP Surgery	
	Ward	<b>x</b>
	Home Visit	
	Other	
	If other, please describe	
Focus of encounter	Understanding Context	
	Medicines Management	
	History and data gathering	<b>x</b>
	Examination	
	Investigations and procedural skills	
	Clinical Reasoning	<b>x</b>
	Clinical Management	
	Consultation skills	
	Teamwork	

Feedback on the behaviours observed during the CBD	
<b>What went well during the CBD</b>	<p><i>Suggested areas for feedback: <b>Be specific!</b></i></p> <p><i>Use the “focus of encounter box” selected to help focus your feedback- you do not need to focus on everything at once.</i></p> <p><i><b>Communication:</b> clear and concise, adjusts communication style and language appropriately</i></p> <p><i><b>Professionalism:</b> confident, well prepared, articulate</i></p> <p><i><b>Clinical reasoning:</b> used clinical knowledge to make reasonable decision, suggest appropriate course of action with confidence</i></p> <p><i>Include a concise example / examples to illustrate the above</i></p>
<b>Suggestions for development</b>	<p><i>Suggested areas for feedback: <b>Be specific!</b></i></p> <p><i><b>Communication:</b> Structure conversation to ensure the issue is communicated fully and it is clear what action is being recommended</i></p> <p><i><b>Professionalism:</b> Use appropriate language when speaking with other healthcare professionals, improve confidence by being well prepared for the conversation</i></p> <p><i><b>Clinical reasoning:</b> Continue to develop knowledge of medicines and use of appropriate resources, consider all options and be able to justify recommendation</i></p> <p><i><b>Clinical Management:</b> Student identified knowledge from university and connected it to patient context. What factors were considered in making a judgement? Were guidelines applied to specific patient circumstances? How were prioritisation decisions made? Care issues identified; suggestions given for resolution. Relevant calculations carried out.</i></p> <p><i>Include a concise example / examples to illustrate why the above has been suggested</i></p>
<b>Agreed Actions</b>	<p><i>Discuss plans for how to improve during EL placements: Would you expect the student pharmacist to have made changes by the next patient they see (e.g. how to find blood results) or by the next day (e.g. consulted specific literature for a new medication), or by next placement (improvement in structure of care plan) or by FTY (e.g. use of clinical guidelines)</i></p>