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 2025-26 are as follows:

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

Contents

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.

Direct	• feedback should be clear and concise
Timely	• feedback should be given promptly
Specific	• link feedback directly to what has been observed • give clear examples of what went well and areas for improvement
Bespoke	• avoid generic statements • tailor feedback to the individual student pharmacist
Objective	• do not use emotive language, keep it factual and based on what you observed
Honest	• honest feedback is necessary to inform the student pharmacist's learning and development

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

Purpose & Student Assessment

Student pharmacists are required to submit reflective accounts as part of their module portfolio. These are related to the feedback received from EL facilitators and so it is important that you consider how to provide constructive and meaningful feedback to support the student to reflect and plan their continued professional development. The way you communicate your feedback, both written and verbal makes a difference to the quality of student pharmacist reflections.

Examples

We are often asked for examples of what makes 'good' feedback and feedback that is useful for the student. Feedback that considers specific examples, describes what the student did well and what they can improve on is helpful to underpin reflections on performance. All student pharmacists are required to receive feedback on TURAS using the EL Facilitator Individual Feedback Form. When providing feedback in this form, please consider writing comments for each of the behaviours/skills that you are using to rate the student's performance/engagement during placement i.e. professionalism; communication skills; teamworking; and patient interactions. Where you have rated a student as 'good' or 'very good', feedback is as important as if you had rated them as 'very poor', 'poor' or 'OK'.

Examples of feedback

	😔	😐	😊
Facilitator feedback: positive behaviours	Student A was a fabulous student pharmacist.	Student A worked well with the team on placement. I cannot speak highly enough of them. They fitted right in and I would happily work with Student A again.	Student A fitted in really well into the pharmacy team. They remembered team members' names and offered to help when other team members were struggling. Going forward, Student A could learn to understand the different roles in the pharmacy to ensure that they are asking the most appropriate team member for assistance.
TOP TIPS	Although this feedback sounds very positive, it is not specific and does not demonstrate to the student what they actually did that was "fabulous"	This feedback has further detail on the reason for the positive rating, but lacks specific examples of behaviour and would benefit from clearer specificity of what the student did well.	More specific feedback linked to observed actions. Clearly highlights observed practice that was considered to be positive by the facilitator. Recommendations have been given for next steps which is important to support student pharmacists to plan their continued professional development. Feedback does not have to be on complex scenarios, consider: basic expectations like introducing themselves, ability to "chat" to team or customers, attend on time.
Facilitator feedback: constructive comments	Student B was a terrible student. The whole placement was a disaster.	Student B had a difficult time on placement. They need to improve their professionalism for their next placement.	Student B was late to placement on multiple occasions. They were looking at messages on their phone and I needed to remind them to ask for work if they had finished a set task. For their next placement, Student B should plan their route to placement in advance and plan to arrive 15min early in case of unexpected traffic. They need to think about the impact that their behaviour has on the team. Student B should look to take initiative when work needs to be completed rather than wait to be instructed each time.
TOP TIPS	Avoid using emotive language and try to use a description of specific examples of behaviour that was unacceptable. This feedback isn't constructive to allow a student to improve for the future.	Addition of specific GPhC standard to be focused on, but lacks specific examples of the student's behaviour.	Specific examples of behaviour have been used to highlight concerns about student behaviour. It has been framed constructively to help student improve for the future.

EL Facilitator Individual Feedback Form Guidance (all stages)

Trainee Name	*Student pharmacist name (pre-populated in TURAS)*
Trainee's Registration Number	*Matriculation number (pre-populated in TURAS)*
Trainee Post	*Information regarding stage and programme of student pharmacist (pre-populated in TURAS)*
Activity Rotation	*Stage of student and area of practice (pre-populated in TURAS)*
How Professional is the trainee	Very Poor / Poor / OK / Good / Very Good
	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**
How are the trainee's communication skills.	Very Poor / Poor / OK / Good / Very Good
	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.**
How does the trainee relate to other members of the team?	Very Poor / Poor / OK / Good / Very Good
	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.**
How does the trainee interact with patients?	Very Poor / Poor / OK / Good / Very Good
	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 & concerns etc**

Are there any areas that the trainee is undertaking well that should be recognised?	**Note** **Please ensure you give specific examples relating to the areas of note above.**
Are there any areas that the trainee could improve?	**Note** **Please ensure you give specific examples relating to the areas of note above.**
How would you rate the trainee's overall performance to date?	Very Poor / Poor / OK / Good / Very Good
	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 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 observation of an activity undertaken by a student pharmacist by 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.

EL facilitators are required to 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

Title of Mini-CEX	**Example: Pharmacy First Consultation – head lice** ***Maintain patient, public and staff confidentiality throughout.***	
Record a brief, anonymous description to allow the Mini-CEX to be contextualised	*Suggested examples in community pharmacy:* • *Consultation with patient regarding common clinical condition* • *Counselling patient on new medicine* • *Responding to a patient query in the pharmacy or over the phone* • *Taking a blood pressure measurement* • *Smoking cessation consultation* • *PGD consultation (UTI, impetigo, shingles, etc.)*	
Clinical Setting	Community Pharmacy	**x**
	GP Surgery	
	Ward	
	Home Visit	
	Other	
	If other, please describe	
Focus of encounter	Consultation Skills	**x**
	Clinical history taking	**x**
	Clinical assessment skills	**x**
	Clinical reasoning	
	Non-drug management/health promotion skills	
	Patient education	
	Holistic care/patient centred/shared decision making	**x**
	Professionalism	**x**
	Clinical documentation	
	Teamwork	
	Organisation efficiency	
	Overall clinical care	

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

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Managed Service mini-CEX Example

Title of Mini-CEX	**Example: DOAC counselling** *Maintain patient, public and staff confidentiality throughout.*	
Record a brief, anonymous description to allow the Mini-CEX to be contextualised The student will complete this in generating their request	*Suggested examples in hospital pharmacy:* • *Speaking to patient about drug history* • *Speaking to patient about medicines reconciliation* • *Counselling patient on new medication* • *Counselling patient on changes to medication on discharge* • *Handing out a prescription to patient and providing counselling*	
Clinical Setting	Community Pharmacy	
	GP Surgery	
	Ward	**x**
	Home Visit	
	Other	
	If other, please describe	
Focus of encounter	Consultation Skills	**x**
	Clinical history taking	
	Clinical assessment skills	
	Clinical reasoning	
	Non-drug management/health promotion skills	
	Patient education	**x**
	Holistic care/patient centred/shared decision making	
	Professionalism	**x**
	Clinical documentation	
	Teamwork	
	Organisation efficiency	
	Overall clinical care	

Feedback on the behaviours observed during the Mini-CEX	
What went well during the Mini-CEX	*Suggested areas for feedback:* ***Be specific!*** ***Communication:*** *good eye contact, professionalism, asked appropriate questions in a logical order, is clearly understood, patient-friendly language* ***Consultation skills:*** *Clear introduction from student pharmacist, reason for consultation, plan going forward, ability for patient to ask questions.* ***Patient centred:*** *caring, listened to patient, involved them in decision-making, checking patient's understanding* ***Clinical reasoning:*** *used information gathered to make reasonable decision. Suggested appropriate course of action* *Include a concise example / examples to illustrate the above*
Suggestions for development	*Suggested areas for feedback:* ***Be specific! What can the student pharmacist DO to improve for next time?*** ***Communication:*** *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,* ***Consultation Skills:*** *Did consultation have clear structure e.g. (introduction, information gathering, summary/ planning, allowing questions) in consultations.* ***Patient centred:*** *Allow time for patient to speak, listen to patient concerns, involve them fully in decision-making, patient engagement- focusing on current task* ***Clinical reasoning:*** *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*
	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. 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)*

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

Title of CBD	**Example: Interaction query – trimethoprim and methotrexate** _**Maintain patient, public and staff confidentiality throughout.**_	
Record a brief, anonymous description to allow the CBD to be contextualised	_Suggested examples in community pharmacy:_ • _Responding to a patient or healthcare professional medication query_ • _Identifying potential medicine interaction (or other issue with prescription), suggesting appropriate course of action and communicating with prescriber_ • _Liaising with GP practice regarding stock availability issue using clinical knowledge and reasoning to recommend suitable alternative_ • _Stage 1 reviews for MCR patients identifying care issues and responding appropriately_	
Clinical Setting	Community Pharmacy	**x**
	GP Surgery	
	Ward	
	Home Visit	
	Other	
	If other, please describe	
Focus of encounter	Understanding Context	
	Medicines Management	**x**
	History and data gathering	
	Examination	
	Investigations and procedural skills	
	Clinical Reasoning	**x**
	Clinical Management	
	Consultation skills	
	Teamwork	

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

Managed Service CBD Example

Title of CBD	**Example: Medicines reconciliation and formation of care plan** ***Maintain patient, public and staff confidentiality throughout.***	
Record a brief, anonymous description to allow the CBD to be contextualised **The student will complete this in generating their request**	*Suggested examples in hospital pharmacy:* • *Reviewing patient notes and forming care plan* • *Ward based medicines information enquiry* • *Discharge screening for a patient, identifying and resolving care issues*	
Clinical Setting	Community Pharmacy	
	GP Surgery	
	Ward	**x**
	Home Visit	
	Other	
	If other, please describe	
Focus of encounter	Understanding Context	
	Medicines Management	
	History and data gathering	**x**
	Examination	
	Investigations and procedural skills	
	Clinical Reasoning	**x**
	Clinical Management	
	Consultation skills	
	Teamwork	

Feedback on the behaviours observed during the CBD	
What went well during the CBD	*Suggested areas for feedback:* **Be specific!** *Use the "focus of encounter box" selected to help focus your feedback- you do not need to focus on everything at once.* **Communication**: *clear and concise, adjusts communication style and language appropriately* **Professionalism:** *confident, well prepared, articulate* **Clinical reasoning:** *used clinical knowledge to make reasonable decision, suggest appropriate course of action with confidence* *Include a concise example / examples to illustrate the above*
Suggestions for development	*Suggested areas for feedback:* **Be specific!** **Communication:** *Structure conversation to ensure the issue is communicated fully and it is clear what action is being recommended* **Professionalism:** *Use appropriate language when speaking with other healthcare professionals, improve confidence by being well prepared for the conversation* **Clinical reasoning:** *Continue to develop knowledge of medicines and use of appropriate resources, consider all options and be able to justify recommendation* **Clinical Management:** *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.* *Include a concise example / examples to illustrate why the above has been suggested*
Agreed Actions	*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)*