

UNIVERSITY of  
**TASMANIA**



*School of Pharmacy and Pharmacology*

*College of Health and Medicine*

**CSA357**

*Pharmacy Skills in Practice*

**CSA430**

*Pharmacy Practice*

*Experiential Learning Program*

**HOSPITAL PHARMACY  
PRECEPTOR GUIDE**

**2024**



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## Concerns and Feedback

The School of Pharmacy and Pharmacology appreciates your continued support of the hospital pharmacy placements. If you have any concerns you would like to express, or feedback about the students and/or the material presented in this document and other associated documents, please contact Lucy Muir Wilson, (2<sup>nd</sup> & 3<sup>rd</sup> years,) or Mr Justin Cousins (4<sup>th</sup> years.) Alternatively, please contact Josie Hughes or Sophie Briggs (Academic Placement Coordinators for South and North students, respectively.)

## Potential conflicts of interest

The School of Pharmacy and Pharmacology recognises that a conflict of interest may arise from several situations, including family connections/relationships or paid employment within health-care settings where a student could be allocated to PEP. In order to ensure a quality placement experience and a valid final assessment in PEP, students must identify, manage, and where possible, avoid undertaking PEP in settings where such a 'conflict of interest' may arise.

If Preceptors are in any doubt regarding the suitability of a placements in relation to any real or potential conflict of interest with a particular student you are encouraged to seek advice from the appropriate Unit Coordinator, [Lucy.Muirwilson@utas.edu.au](mailto:Lucy.Muirwilson@utas.edu.au) or [Justin.Cousins@utas.edu.au](mailto:Justin.Cousins@utas.edu.au).

**Important:** If you have a student on placement who is performing very poorly, significantly below your expectations, or you are concerned about in any way, contact the placement team as early as possible.

## Pharmacy Placement Staff

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***For emergencies after hours, please call 0413 702 014***

## Acknowledgements

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## Objectives

The objective of the placement is to provide students with an extended experience of hospital pharmacy.

**Exposure** to the hospital environment prior to their first hospital placement in CSA357 is minimal. Consequently, their placement aim is predominantly to learn from observing hospital pharmacists in action.

**Fourth year students** have attended two semesters of hospital rounds and their placement is a chance for them to apply their therapeutic knowledge and skills, practice effective communication, and participate in a variety of roles within a hospital environment.

While we would like students to focus the majority of their time on clinical activities, visits to other departments/areas of the hospital or spending time with another member of the healthcare team is also encouraged as part of the overall learning from the placement. Providing the student with a timetable of varied activities and assigning them to different members of your team for their placement can help achieve this.

### **Student Cohort**

Given the recent change in course structure from the traditional 4-year Bachelor of Pharmacy degree, to the new 'fast-track,' 3-year Bachelor of Pharmacy degree with honours, there have been some changes in the 'year group' attending placements for 2024.

The CSA357 placement is undertaken in either:

- Third year of the traditional 4-year Bachelor of Pharmacy Degree, or
- Second year of the new fast-track Bachelor of Pharmacy with Honours degree

The CSA430 placement is still only available for fourth-year students completing the traditional 4-year Bachelor of Pharmacy Degree, however this is expected to change in 2025.

In consequence, you will find that for the 1-week placements in 2024, you will have both second and third-year pharmacy students.

### **Student Supervision**

Students require direct supervision from a registered pharmacist on placement. *If students are participating within the setting with other health professionals acting as clinical educators, students are advised to remain within scope and not to undertake tasks or interactions with patients that are not appropriate to the competencies and standards of practice for pharmacists. As a guiding principle, students are not permitted to participate (as opposed to observe) in the care of a patient unless under the direct supervision of a registered health professional.*

In line with AHPRA's registration standard (supervised practice arrangements), only pharmacists holding general registration should supervise students. In particular, Pharmacy interns or technicians should not be asked to supervise undergraduate students interacting with patients, as they are not registered pharmacists. Students may shadow and learn from other team members including interns or technicians where appropriate, but they do not hold responsibility for student supervision.

Undergraduate students should not be given tasks involving direct patient care (e.g., patient counselling, patient interview for history taking) if a suitable staff member is not available to directly supervise.

While it is ideal that students are at a pharmacist's side for their entire placement, the university understands that due to staffing and workload pressures, there may be times when it is necessary for students to work somewhat independently. Self-directed learning activities have been created

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for this purpose. The ready reference at the end of this guide provides examples of activities where supervision by a pharmacist would be required.

## **Thank you**

**We appreciate the time and effort that you and your staff put into placements for our students, and we are here to support you in any way we can.**

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## Orientation

All students, especially those who are visiting your site for the first time, will possibly be feeling nervous and anxious. They will benefit greatly from a thorough induction to your pharmacy and team at the start of the placement. Some points you might like to cover include:

- Expectations on appearance and the use of a uniform, if applicable. (Students have attire guidelines available on request.)
- Confidentiality issues and your privacy policy.
- Workplace Health and Safety policies, emergency procedures, relevant safety issues, including common workplace hazards; and wearing of personal protective equipment (PPE).
- Any other issues or policies the student should be aware of for the duration of the placement.

### ***Personal device (mobile phones etc.) uses on placement:***

- Students are informed that every individual workplace will have particular guidelines on the use of personal devices (mobile phones, tablets) during work hours for clinical or personal use. Students must familiarise themselves with, and adhere to, the personal device use guidelines within each workplace.
- Students are advised mobile phone use should be:
  - Limited to study and clinical needs only.
  - Should **never** be used to take copies or photographs of drug charts, scripts, files, or other patient identifying information. Students must not record or film patient encounters.
  - May need to be kept in a locker / out of use until meal or other breaks.
  - If kept with the student (when allowed) must be left on silent, and use must comply with venue policy.

All students should have attended a pre-placement talk to give them an overview of what we expect of them during placements. Furthermore, each student is provided with a workbook detailing the need to: maintain confidentiality during their placement; to exhibit professional behaviour in their manner, timekeeping, and appearance; as well as information on how to access support should they need it on their placement.

### ***Attendance and Punctuality***

**CSA357 placements** are one week in duration (Monday to Friday). Attendance for 38 hours is a mandatory component of the unit. If your hospital is situated more than 1 hour's drive from the students general place of study, we request that students be given the option to leave early on Friday afternoon, in order to drive back to their place of residence safely. For example, if a student is completing placement at the North West Regional Hospital, however typically resides in Hobart, they are permitted to leave early on Friday afternoon to return to Hobart. If the student however typically resides and studies in the Cradle-Coast region, then they are expected to remain at the North West Regional Hospital for the full working day on Friday.

**CSA430 placements** are three weeks in duration (a *minimum* of 32 hours/week). Usually Monday to Thursday each week.

Students have been advised that they must report nonattendance due to illness or any other unavoidable cause to their preceptor by 9:30am (*by phone call only*) on the day of absence, and to the Placement staff (*by email or phone call*) as soon as possible.

### ***Insurance and Policies***

The University of Tasmania provides insurance cover for students participating in Tasmanian Pharmacy placements. The students are also governed by all University policies and requirements during their placement. For more information see this document:

[https://www.utas.edu.au/\\_data/assets/pdf\\_file/0007/330487/Work-Integrated-Learning-Insurance-Form-2023-Student.pdf](https://www.utas.edu.au/_data/assets/pdf_file/0007/330487/Work-Integrated-Learning-Insurance-Form-2023-Student.pdf)

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### ***Covid Requirements***

All students are required to undertake current Australian Government and THS COVID-19 PPE infection control and hand hygiene training prior to attending placements.

Students are expected to follow any of your workplace specific requirements during placement including wearing of PPE. Students will be instructed to use meet any screening requirements on site as required. (e.g. RAT tests or use of check in tools where mandated)

#### **Students have been advised of the following if unwell in any way during placement:**

- If concerned that they may be at risk of COVID-19 due to any respiratory symptoms (such as fever, cough, sore throat, runny nose, or shortness of breath), self-isolate immediately.
- **Stay at home** (or in their placement accommodation) and do not attend placement. They are required to let their clinical supervisor and the unit coordinator know that they will be absent due to illness.
- Seek medical advice if they require immediate attention by contacting either **their own doctor** or the **Tasmanian Public Health Hotline on 1800 671 738**, or the **appropriate State Public Health hotline if based in another State or Territory on placement** or by calling 000 if seriously unwell.
- They have been advised to get tested as soon as possible either with RAT/ PCR testing and to always follow local Public Health guidelines.

#### **If students are self-isolating and/or whilst waiting for COVID-19 test results:**

- They must self-isolate immediately and contact their unit coordinator.
  - Second/Third Year Coordinator Lucy Muir Wilson (Lucy.Muirwilson@utas.edu.au)
  - Fourth Year Coordinator Justin Cousins (Justin.Cousins@utas.edu.au)
- Notify any housemates that they are self-isolating and avoid all contact.
- Remain isolated until their COVID-19 test result returns and they must not attend placement.

#### **If student result is negative:**

- They need to notify their Unit Coordinator of the COVID-19 negative result.
- They may not return to placement until well, no longer exhibiting flu-like symptoms, and have been advised by their Unit Coordinator that they can return to placement.

#### **If student result is positive:**

- They must follow the current advice provided by Public Health.
- They must also notify you as their placement clinical supervisor and their Unit Coordinator and complete a [Service Now form](https://www.utas.edu.au/about/safety-security-and-wellbeing/coronavirus), see <https://www.utas.edu.au/about/safety-security-and-wellbeing/coronavirus>
- They will be advised to remain in isolation and be supported as required during their infectious period by the School of Pharmacy and Pharmacology and UTAS student support services.
- Students return to placement will be governed by the current Public Health guidelines. Where necessary that may require absence from high risk settings for 7 days after symptoms resolve. Where students are unable to complete a placement the unit coordinator will discuss options, directly with the student, including repeating placement at a later date.

For more information on the University's Covid reporting and support requirements see here: <https://www.utas.edu.au/about/safety-security-and-wellbeing/coronavirus>

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## **Placement Exit & Emergency Procedures**

### ***Placement Exit & Student Support***

Placements are a compulsory and integral part of a student's studies. Therefore, students are given the opportunity to provide preferences for locations and reasons to be considered when allocating student placements. The consultative approach taken by the School in arranging placements provides placements which are hoped to be suitable and rewarding for both student and preceptor.

However, it is acknowledged that from time to time, placements may not work out as planned or an emergency situation may arise where preceptors may find the following information useful:

- Students and/or preceptors can telephone the Placement Team to discuss concerns at any time (contact details on page 2).
- If issue(s) cannot be resolved, arrangements can be made to remove students from placement and return them to the School if necessary.
- If a crisis occurs while a student is on placement, (whether they exit the placement early or not) they are provided with counselling options and details and are made aware of University counselling services available to them on their return.
- Alternatively, **Lifeline** offers a 24-hour counselling service to anyone, anytime from anywhere in Australia. Free call 13 11 14 or their website [www.lifeline.org.au](http://www.lifeline.org.au)

If necessary alternative placement hours may be arranged for the student depending on the reason and duration of absence, including for COVID-19, either with the original placement provider or at an alternative site. This will be discussed with the student and provider directly.

### ***Placement Workplace Health and Safety & Emergency Procedures***

The University is committed to providing a safe and secure teaching and learning environment including during placements. Many of our placements occur in rural and regional areas and students may be unfamiliar with the location. Pre-placement students are reminded to pay attention to weather forecasts and other emergency messages and to familiarise themselves with safe travel routes to and from accommodation and workplace sites.

Remembering that some students have limited previous work experience; preceptors should consider making students aware of more general workplace health and safety (WHS) risks, rights, and responsibilities. This is in addition to their professional responsibilities as student pharmacists. Students should be given an orientation to the workplace that includes basic emergency procedures, i.e., exits, evacuation point, location of first aid kit, common workplace hazards, and relevant WHS information. Preceptors may wish to review their organisation's Workplace Health and Safety Policy and WorkSafe Tasmania's guide on working with new and young workers:

<https://www.worksafe.tas.gov.au/topics/Health-and-Safety/managing-safety/managing-people-in-your-workplace/new-and-young-workers>

- Health care agencies and workplaces have obligations to students under the Work Health and Safety Act 2012. Students on Professional Experience Placement (PEP) must act in accordance with the individual agency's workplace policy and procedure including reporting processes in the event of an accident or injury occurring.
- If a student is involved in an accident or emergency situation while on placement, the preceptors (and/or student) should contact the School (details on page 2) as soon as practicable. If a situation arises out of business hours the Placement Officer can be contacted on 0413 702 014.

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- The student can also complete a University of Tasmania MySAFETY Incident/Hazard Reporting Notification or the placement team will do so on their behalf. <https://www.utas.edu.au/safety-and-wellbeing/mysafety>
  - Information is provided by the university or relevant local authorities about what to do in the event of a larger scale emergency such as fire, flood, or extreme weather events. Students are advised to follow any safety or evacuation orders from relevant authorities including police or emergency services.
  - During international placements refer to and obey local country emergency warnings and requirements.

Students are asked at the beginning of the year to provide emergency contact details, which are held in their student placement file with the Placement Officer, and in some instances sent to Preceptors when confirming placement details.

## **Preceptor Skills and Tips**

The clinical teaching environment is a complex teaching environment. The preceptor is always dealing with two sets of needs: health care needs of patients and learning needs of students. The pharmacist cannot provide good health care to patients without knowing what their needs are. Likewise, the preceptor cannot provide good clinical learning without knowing what the student's learning needs are.

### ***What makes a good preceptor?***

- A good role model (professional, caring, and competent)
- Is a supervisor (gives direction and feedback and involves students)
- Is available and approachable (empathetic, respectful, supportive, focused, and practical)
- Provides support (mentors, caring and shows an interest in the student)
- Is dynamic (motivates to learn, understands the relevance for learners and identifies their needs)
- Can handle errors with a no-blame approach (as a preceptor/teacher you need to anticipate mistakes, minimise the effect and then support the student to reflect and learn from the experience)
- Makes time to get to know the student as a person

### ***What makes a bad preceptor?***

- Lack of time
- Lack of confidence
- Being criticised about the way they teach (e.g., "that was poorly done," mentoring by humiliation/sarcasm)
- Lack of knowledge (e.g., not knowing how to give constructive feedback, motivate learners, and assess competency, using a 'telling' style instead of coaching)
- Lack of preceptor training
- Lack of rewards and recognition for taking on students
- Unpredictable and varied teaching style/content

One characteristic which is reported in almost all studies is the need for an enthusiastic and competent preceptor. Students perceive very quickly whether or not the preceptor is happy to have them working in their clinic or pharmacy.

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## ***Giving Feedback to Students***

### ***Feedback: what makes good feedback?***

- Allow adequate time to give feedback on a regular basis
- Set clear goals with specific outcomes, so that both the preceptor and student know what they are being assessed on
- Preceptors need to directly observe the student to be able to give feedback
- Positive feedback
- Provide solutions (e.g., what can be improved? This helps identify education/training needs)
- Try and give positive feedback in front of peers
- Constructive feedback should be given in private
- Allow for student input (e.g., was it a fair evaluation of your performance?)
- Actively listen
- Never use personal remarks in feedback, always concentrate on the act/behaviour, not the person
- Remember everyone needs feedback, poorly performing students, as well as the good students. We all want to become better.

### ***Feedback: how do you give positive feedback?***

After direct observation of the student a preceptor can give feedback. The following is a suggested dialogue you might like to use when providing this feedback.

1. Ask the student what they think they did well  
e.g., “What did you think you did well, in that situation?”
2. Preceptor then lists tasks/activities that they thought the student did well  
e.g., “Great, I agree you did XYZ very well, as well as...”
3. Ask the student what they think they could have done better  
e.g., “What do you think you could have done better?”
4. Preceptor then adds tasks/activities that they thought the student could improve on  
e.g., “I agree we may need to work on..., improve knowledge on....”

Asking the student first allows and encourages self-reflection. It also emphasizes the positives and avoids negative feedback. This is also the easiest way for a preceptor to give feedback as the student has brought up the areas of concern rather than the preceptor delivering the bad evaluation of task/activity. If a situation arises where the preceptor and student have different ideas e.g., student doesn't think they could have done anything better, this may reveal issues in the student's insight.

### ***Learning: plan for learning while working***

- Be specific about what is to be achieved and define the outcomes. Ensure that the outcomes are important and relevant to the student
- Are the goals achievable? Have you set too many goals or outcomes?
- Do the tasks allow you to measure and/or evaluate the student's competency?
- Ensure that the student has input into how the learning can be done. E.g., Student may request to counsel a patient on an antibiotic rather than an antipsychotic for their first medication counselling.
- Be clear about the roles and responsibilities for all parties involved, preceptor and student.

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## ***Poorly Performing Students***

### ***Poor performer: what's going wrong?***

We value preceptors input and ability to identify difficulties with students and helping them to resolve those difficulties during the placement. The only way we can determine if there is a problem is with direct observation to gather information about the problem:

- Gather information
- Set aside time for a confidential discussion
- Get the student to speak first and voice their concerns
- Define the issue(s)
- Determine the cause(s)
- Agree on an action plan
- Monitor the outcome with frequent feedback

It may be beneficial to also gather information from other people (e.g., nurses and allied health staff) who have also supervised or worked with the student.

**Reminder:** If you have a student on placement who is performing very poorly, significantly below your expectations, or you are concerned about in any way, contact the placement team as early as possible. Early intervention by proactive preceptors has reaped significant benefit to students in the past who may have otherwise failed.

### ***Further precepting information***

For more information about learning styles, preceptor skills, cultural competency, and to complete the CPD module, go to:

<http://www.utas.edu.au/health/professional-experience-placement/supervisors/online-learning-modules/jack-and-the-beanstalk>

Please refer also to the University of Tasmania, professional experience placements website for further resources:

[The Placement Experience - Professional Experience Placement | University of Tasmania \(utas.edu.au\)](http://www.utas.edu.au/health/professional-experience-placement/)

### ***References***

Pharmacy Board of Australia <http://www.pharmacyboard.gov.au/Registration-Standards.aspx>

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Kleffner, J.H. 2010. Becoming an effective preceptor. The University of Houston College of Pharmacy, Texas Southern University College of Pharmacy and Health Sciences, Texas Tech Health Science Centre School of Pharmacy and the University of Texas at Austin College of Pharmacy. USA

Spencer, J. 2003. ABC of learning and teaching in medicine. BMJ. 326:591-594

Clinical Education and Training Institute. 2011. The superguide: a handbook for supervising allied health professionals. CETI. Sydney, Australia.

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## **Preceptor's Assessment (general information)**

Your feedback regarding each student's skills, professionalism and attitude is included in the overall assessment. There is a separate assessment form for CSA357 and CSA430 students, and you will find sample templates included in Appendix 2 of this guidebook. The relevant assessment form will be sent to you during each placement, along with a reply-paid envelope. If you have any additional comments to make about your student, good or bad, please contact Lucy Muir Wilson (2<sup>nd</sup> & 3<sup>rd</sup> years,) or Justin Cousins (4<sup>th</sup> years) at any time.

It is important that you return your Preceptor Assessment(s) promptly once the placements have been completed. Constructive feedback received is passed on to students so that they can improve for subsequent placements.

If you anticipate that a student on placement will fall below the satisfactory score required to pass the placement (year four students) or is consistently performing below expectations (all students,) please notify the unit coordinator or a member of the placement team as early as possible. We can offer support to students and placement sites if necessary. Early intervention by proactive preceptors has reaped significant benefit to students in the past who may have otherwise failed.

### ***Assessment CSA357***

10% of student's final marks will be from preceptor's assessment of the student's skills, knowledge, attitudes, and behaviour whilst on placement (see Preceptor Assessment Sheet –CSA357 Pharmacy Students).

### ***Assessment CSA430***

#### **Final Year Intended Learning Outcomes (ILOs)**

The intended learning outcomes (ILOs) for fourth year students, taken from the BPharm Course ILOs, and used as component of the preceptor assessment for students on placement are:

1. Apply professional problem-solving skills to identify critical issues, conceptualise problems, use relevant information and formulate a range of solutions in relation to the provision of medicines or health advice
2. Demonstrate appropriate communication and collaboration skills combined with therapeutic decision making and incorporating patient-centred care principles in the management of acute illness and chronic disease.
3. Develop organisational and reflective professional practice skills and explain how they underpin professional and ethical practice.
4. Describe the different activities and settings which a pharmacist may perform and the impact this may have on patient outcomes.
5. Demonstrate the role of pharmacists in health promotion, harm minimisation and preventative health activities.
6. Search, evaluate and appropriately reference drug information and pharmacy related literature

### ***CSA 430 Hospital Assessment***

There are multiple assessment points for students undertaking CSA430 both during semester, when on placement and a final exam. There are two components to these hospital-based assessments: their hospital portfolio (worth 12.5%) and your assessment of their skills, knowledge, professionalism, and attitude (see Preceptor Assessment Sheet – CSA430 Pharmacy Students). In addition to this formal assessment, students are asked to present a case to the pharmacy department staff as an exercise in formal and professional communication.

#### **Hospital Portfolio**

Students are required to submit a summary of at least six activities conducted/observed on placement, with associated reflection (and accompanying evidence where appropriate), and any feedback that was provided to them by the supervising pharmacist/staff.

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We do not require preceptors to assess the portfolio, but the student may ask for guidance as to what to include. Some examples of what these activities could include are below. This list is non-exhaustive.

- Take a medication history from a patient / pharmacy / regular prescriber
- Complete a medication history and reconciliation (MH&R) with recommendations
- Pharmacist interventions
- Therapeutic drug monitoring and / or disease/condition monitoring
- Medication counselling – inpatient /at discharge/outpatient
- Respond to a medicines information query – from doctor, patient, nurse, pharmacist etc.
- Conduct a drug utilisation review on a ward / in the hospital
- Complete an ADRAC submission
- Complete / assist with a narcotic safe audit (direct supervision required)
- Participate in manufacturing processes for extemporaneous products
- Learn basic aseptic manufacturing procedures or TPN preparation

To ensure students reflect on a variety of activities, we have asked them to include a maximum of two of the same activities (e.g., two MH&Rs) in their portfolio.

### ***Formative Oral Presentation (Final Year)***

All CSA430 year students are expected to present a 10-minute presentation (+ 5 minutes questions) based on a long case to the pharmacy department staff. The presentation is designed as an exercise in communication as well as a forum to present in front of colleagues and peers. Please schedule a brief session at the end of the placement block for this to occur. We also request that you provide the student with formative feedback on their presentation (template attached – appendix 1).

While this does not count towards their formal assessment, it is valuable in highlighting their strengths as a presenter, and areas which require further work.

Students should have access to wards and patient notes to enable them to identify suitable cases for presentation. It is not necessary for students to review ‘unusual’ or highly complex cases in their portfolio or for the presentation. Cases that demonstrate medication management of a range of disease states, and/or where a pharmacist has contributed significantly to the patient’s management are acceptable presentation cases.

### ***Student Self-Assessment***

CSA430 students are provided with an assessment form (identical to the preceptor assessment form) for them to undertake a self-evaluation mid-way through their placement. They are encouraged to reflect on their placement so far and discuss their evaluation with their preceptor and/or the placement team. Please feel free to provide additional feedback to the student at this stage. The placement team can be contacted for support if the student is falling below expectations, or if any other issues arise.

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## Appendix 1– Oral Presentation Formative Feedback Form

### ORAL PRESENTATION FEEDBACK FORM

**Student:** \_\_\_\_\_

**Topic:** \_\_\_\_\_

Criterion	Excellent	Very Good	Good	Improvement needed
<b>Oral Presentation Skills</b> <ul style="list-style-type: none"><li>• Eye contact, posture</li><li>• Tone and volume of voice</li><li>• Conformed to time limit</li><li>• Engagement of the audience</li></ul>				
<b>Visual Aids</b> <ul style="list-style-type: none"><li>• Clarity</li><li>• Content</li><li>• Amount of information provided</li></ul>				
<b>Presentation Content</b> <ul style="list-style-type: none"><li>• Presented in in a logical and structured manner</li><li>• Information presented was factual correct</li></ul>				
<b>Discussion</b> <ul style="list-style-type: none"><li>• Response to questions (if relevant)</li></ul>				

**ADDITIONAL COMMENTS:** .....

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**Preceptor's Name:** .....

**Signature:** ..... **Date:** .....

## Appendix 2 – Assessment Forms:

Note: The relevant assessment form will be sent to your pharmacy with a reply-paid envelope prior to student finishing their placement.

### Preceptor's Assessment: CSA 357 Pharmacy Students

Student Name: <<Name>>..... Date <<Date>>.....  
 Placement Site: <<Pharmacy\_Name>>.....

Student assessment					
Attribute	Above Average/ Often	Satisfactory/ Usually	Borderline/Below Expectation	Un-satisfactory	Not able to be assessed
	3	2	1	0	
Demonstrates adaptability, enthusiasm and responds well to feedback					
Demonstrates professional responsibility and accountability, including timeliness					
Takes ownership of student-pharmacist clinical role and workplace duties (e.g. completing tasks assigned to them to an acceptable standard)					
Demonstrates empathy, integrity and honesty					
Understands the need to practice within the legal, professional and ethical framework of a pharmacist					
Demonstrates effective communication skills					
Demonstrates sound pharmaceutical knowledge**					

**\*\*Please note:** CSA357 students should be able to demonstrate extensive knowledge and reasonable competence in the areas of cardiovascular disease, diabetes and other endocrine diseases, bleeding disorders, renal disease, respiratory disease, psychiatry, urinary incontinence, insomnia, epilepsy, pain, and liver disease; They have also extensively covered OTC products prior to their placements.

#### Additional comments regarding the student's placement:

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Preceptor's signature: \_\_\_\_\_

Preceptor's name: \_\_\_\_\_ Date: \_\_\_\_\_

Many thanks for hosting a student placement and for completing this form. Please return using the reply-paid envelope provided.

#### General Program Feedback (Optional)

- Have you felt supported by the university as a preceptor this placement?  
 Yes  No  *(please circle)*
- Were you satisfied with the information and resources provided in assisting students in meeting their learning outcomes?  
 Yes  No  *(please circle)*
- Would you like a member of the placement team to call you to discuss your recent placements? Yes  No  *(please circle)*
- Please provide any additional comments or suggestions below:

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## Preceptor's Assessment: CSA430 Pharmacy Students

Student Name:

DATE:

Placement Site:

**Assessment (based on graduate attributes on the following page)**

Students need to achieve a score of 2/4 (adequate/satisfactory) to pass the placement.

*Please circle*

Excellent	Above Average	Satisfactory	Below average	Unsatisfactory
4/4	3/4	2/4	1/4	0/4

Additional comments regarding the student:

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Are there any areas where you feel the student needs to do some more work on their skills, knowledge, attitude or behaviors? (please try to be specific to assist the student to improve)

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Preceptor's signature: \_\_\_\_\_

Preceptor's name: \_\_\_\_\_ Date: \_\_\_\_\_

Many thanks for hosting a student on placement and for completing this form. Please return using the reply- paid envelope provided.

**Please note:**

Fourth year students at the time of their placements, have completed all of their academic coursework, and should therefore be able to demonstrate these attributes at a graduate level.

Competency domains listed in order of relevance to the assessment criteria. National Competency Standards Framework for Pharmacists in Australia 2016: Pharmaceutical Society of Australia URL: <http://www.psa.org.au/practice-support-and-tools/psa-information-framework>

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*If you wish to discuss a year four student's assessment,  
please call Justin Cousins (03 6226 1005)*

*Please turn over the page*

**Preceptor Assessment Sheet ( CSA430Pharmacy Students) – Please complete**

PROFESSIONALISM (For all placements)							
1. Professional Life-long Learners (linked to ILOs – 4; Competency Domain 1,2,(4.1,4.2 –self management/reflection),5)							
Demonstrates adaptability, enthusiasm and responds well to feedback	Satisfactory			Not satisfactory			
Demonstrates professional responsibility and accountability, including timeliness	Satisfactory			Not satisfactory			
2. Practices ethically and with integrity (linked to ILOs – 3; Competency Domain 1)							
Demonstrates empathy, integrity and honesty	Satisfactory			Not satisfactory			
Practices within the legal, professional and ethical framework of a pharmacist	Satisfactory			Not satisfactory			
CLINICAL SKILLS AND KNOWLEDGE (For community pharmacy, hospital and clinical placements only)							
Attribute	Excellent/ Always	Above Average/ Often	Satisfactory /Usually	Borderline/ Below Expectation	Un- satisfactory	Not able to be assessed based on student capability	Not applicable
	4	3	2	1	0		
CLINICAL SKILLS AND KNOWLEDGE (For community pharmacy, hospital and clinical placements only)							
3. Drug Distribution Experts (linked to ILOs – 1, 2, 6; Competency Domain 3,1,2)							
Ensures medication orders are safe and appropriate							
Accurate preparation and supply of medicines							
Demonstrates a patient centered approach							
4. Clinical Pharmacy Experts (linked to ILOs – 1; Competency Domain 3,5,2)							
Pharmaceutical knowledge							
Application of theory into clinical practice							
5. Problem-solvers (linked to ILOs – 1,2,6; Competency Domains 3,5,2)							
Effective and independent problem-solving							
6. Public Health Practitioners (linked to ILOs – 4, 5; Competency Domain 3,5,2)							
Promotes public health and wellness							
7. Communicators (linked to ILOs – 2; Competency Domain 2,3)							
Demonstrates effective communication skills							
Demonstrates appropriate counselling skills							

\* Please note, students MUST score a satisfactory score for each of the professionalism attributes to pass their placement.

**General Program Feedback (Optional)**

- Have you felt supported by the university as a preceptor this placement?  
Yes        No        (please circle)
- Were you satisfied with the information and resources provided in assisting students in meeting their learning outcomes?  
Yes        No        (please circle)
- Would you like a member of the placement team to call you to discuss your recent placements?  
Yes        No        (please circle)
- Please provide any additional comments or suggestions below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### **Appendix 3 –Pharmacy Preceptors’ Ready Reference:**

The following pages are a guide to help pharmacists with student supervision, and to standardise student exposure across placements. There are two parts: suggested activities students can assist you with; and tips to assist you develop your leadership and preceptor skills (see *Further Information* for directions on how to earn CPD points for this activity).

#### ***Activities***

During a pharmacy placement, students may complete as part of their course obligations: a dispensary rotation, a manufacturing rotation, and a clinical and specialist rotation. Within these rotations students will need to be directly supervised by a pharmacist; however, there are some activities that can be done without direct supervision. These activities can only be completed after the supervising pharmacist has:

- Shown the student what to do and informed them what is expected of them.
- Observed the student attempting the activity; and
- Given the student appropriate feedback regarding how they undertook the activity.

This process may be repeated numerous times until the supervising pharmacist is satisfied with the student’s performance, after which the student may undertake the activity unsupervised.

The following are suggested activities that students can perform unsupervised (**unless otherwise stated**) during each rotation through the hospital. NB: Due to workflow and staffing, not all students may get the opportunity to perform all the activities outlined below. EDS = electronic discharge system.

#### ***Dispensary rotation*** (CSA 357 & CSA430 students)

- Pick stock for in-patient, outpatient, and discharge prescriptions
- Label in-patient prescriptions
- Search for CMI’s for outpatient/discharge prescriptions
- Pick stock for ward imprest list with Stores personnel / ward technicians

#### ***Manufacturing rotation*** (CSA357 & CSA430 students)

- Label batches of pre-packed medications
- Check batches of pre-packed medications
- Pick stock for aseptic manufacturing (TPNs, iron infusion)
- Check stock, expiry dates and general stock-take
- Observe cytotoxic and aseptic manufacturing
- Attend Oncology Education Clinic with Out-Patient Oncology Pharmacist

**With direct supervision & checking by a supervising pharmacist/senior technician, they can:**

- Compound an extemporaneous product
- Calculate volumes / doses

#### ***Clinical and Specialist rotation*** (CSA357 students)

- Read through patients’ notes either paper based or in the DMR (Digital Medical Record)
- Obtain patient’s own medications and record them in a list
- Introduce themselves to the patient

- 
- Talk to patients to obtain a medication history (**after supervising pharmacist has obtained patient permission and introduced the student**)
  - Obtain the medication chart for review
  - Review a patient's laboratory data
  - Calculate patient's renal function (CrCl)
  - Pick stock for prescriptions
  - Attend ward rounds, grand rounds, and multidisciplinary meetings

**With direct supervision and checking by a supervising pharmacist**, students can:

- Contact a community pharmacy to obtain a medication history
- Assist with discharge/out-patient counselling
- Label stock with prescription and ancillary labels – supervising pharmacist must check the labelling prior to giving medication to patient/ward etc.

### ***Clinical and Specialist rotation*** (CSA430 students)

- Read through patients' notes either paper based or in the DMR (Digital Medical Record)
- Obtain patient's own medications and record them in a list
- Talk to patients to obtain a medication history (student will need to obtain patient permission and introduce themselves as a pharmacy student. They should not provide counselling or comment on treatment options without direct supervision)
- Contact a community pharmacy to obtain a dispensing history
- Contact a general practice to obtain a medication history
- Obtain the medication chart for review
- Review a patient's laboratory data
- Calculate patient's renal function (CrCl)
- Pick stock for prescriptions and label them (including ancillary labels)
- Attend ward rounds, grand rounds, and multidisciplinary meetings

**With direct supervision and checking by a supervising pharmacist**, students can:

- Inform the medical intern of medication related issues and provide appropriate solutions (issues and solutions must be run past supervising pharmacist before student approaches medical intern)
- Discharge / out-patient counselling
- Write in patient's progress notes regarding medication related issues\*
- Record admission and progress notes in HCS – under Episode notes\*
- Complete a Medication History in HCS\*
- Complete a Medication Reconciliation/Inpatient Review in HCS\*
- Produce a Patient Shared Medication List
- Annotate medication chart\* e.g. “*to be taken with food.*” This is not a clinical review; clinical pharmacist (not the student) must sign the clinical review box when they perform their review.

\* **Note** -supervising pharmacist must read all entries and notes in HCS, the progress notes and on the drug chart and countersign.