



THE UNIVERSITY OF
SYDNEY

FACULTY OF PHARMACY

Master of Pharmacy
Clinical Residency Programme

Information for Preceptors



Dear Colleague,

Thank you for accepting the invitation to supervise a pharmacy student. The Clinical Residency Programme in the Master of Pharmacy includes placements in community and hospital pharmacy and other opportunities for professional practical experience. In Clinical Residency One, students undertake a total of three weeks experience in the community pharmacy setting.

In this document you will find the same information that has been given to students to guide their learning. Additionally, there is a copy of the insurance document confirming the arrangements for university coverage of students while on placements.

You will note that the student has a Portfolio of activities to guide their time in practice sites. Students should be self-directed, under your guidance, to complete their suggested activities. This portfolio of activities is designed to complement the daily activities of the workplace that you may bring to the attention of your student. The Portfolio activities for the Block placements are 'triggers' for the student to learn about and understand practice, and are directly related to the National Competency Standards Framework for Pharmacists in Australia (2010).

At the end of the placement you are asked to fill in a brief assessment form regarding the student (this is on the last two pages of this document). This assessment focuses on professional behaviour.

A copy of all this information can also be downloaded from the University website at <http://sydney.edu.au/pharmacy/about/preceptors.shtml>.

Please do not hesitate to contact us if you have questions or concerns regarding any aspect of the placements program. Any queries in the first instance should be directed to the Faculty Placement Officer, Vinnie Xue, on 93518957, or on pharmacy.placement@sydney.edu.au.

Yours sincerely

Professor Jo-anne Brien

Clinical Residency ONE

Welcome to Clinical Residency One - The overall objective of all clinical and experiential pharmacy placements is to familiarise you with your future professional roles and working environment.

General points on conduct and dress

You should remember that the preceptor/supervising pharmacist and other staff are voluntarily devoting time and effort to aid you in the learning process. It is expected that you behave in a courteous and professional manner at all times.

You MUST adhere to the following guidelines and rules:

You should wear professional dress- be well groomed and neatly attired. Shoes are the only acceptable form of footwear. You should wear a name badge (the university student card is a suitable badge). You should produce your student card on arrival at the pharmacy for identification and security purposes.

Confidentiality You must always ask your pharmacist/preceptor for permission before discussing a patient's medications. You should respect patient confidentiality at all times. You must delete the names and addresses of patients, prescribers, pharmacists and all other persons from any material associated with the placement visit. No identifying information should ever be recorded or presented. Professional and business matters discussed at the workplace are also confidential and cannot be discussed outside the placement.

You should be mindful of the fact you are representing the University while on placements, and you are expected to adhere to the University Student Code of Conduct at all times. Failure to adhere to these standards may result in a fail.

HEALTH AND SAFETY

While on placement you should be aware of your health and safety responsibilities and follow the directions of your preceptor/supervising pharmacist. In the event of any emergency you should follow the directions of the preceptor/supervising pharmacist. The University Health and Safety policy relating to clinical fieldwork is found at: <http://www.usyd.edu.au/ohs/policies/ohs/fieldwork/ClinicalFieldwork.shtml>

Please consult this for further information regarding your placement. For any concerns, contact the Clinical Placements Officer, Vinnie Xue (pharmacy.placement@sydney.edu.au) on 93518957, or Professor Jo-anne Brien.

For Clinical Residency One, there are three elements of your assessment:

1. Preceptor Evaluation

As you are on site for this time, your preceptor/supervising pharmacist is best placed to assess your professional behaviour. The assessment form is attached. This is worth 60% of your Residency.

2. Portfolio

You are to create a portfolio which is a log your activities- you should describe a description of your activities in the practice setting each day.

- a) In this you should *also refer to the Competency Standards* document (see details in the following pages) and comment on how what you have observed and done in your activities is related to those Competencies. This is important because the Competencies articulate the knowledge and skills demonstrated by pharmacists. During your Clinical Residencies you are developing those skills to become a qualified pharmacist.
- b) In the following pages there are *also* triggers and prompts for your activities during the Residency. Your primary approach is to work with your preceptor- who is your 'role model.' You can, and should be, self directed when time permits during the residency - and the triggers and prompts for activities are there for you to work through as time permits. This means you have work to do on your own while the pharmacy and your preceptor are busy.

Ensure that you document what you do during the Residency and that you also comment on the relationship between these activities and the Competencies. The portfolio is worth 30% of your assessment.

3. Reflective Diary

A critical step in learning is the reflective process. You are to write a reflective diary about your placement. This is for you to demonstrate that you are reflective and thoughtful about your learnings during the Residency period. This should be a narrative statement of approximately four pages. This is not a list of what you have done- that is in the portfolio. This reflective diary includes your thoughts about what you have seen and reflected on about the experiences and how they influence your learning to be a pharmacist. The reflective diary is worth 10% of your assessment.

All elements of the assessment must be completed and submitted for successful completion of the UoS. ***An electronic copy of the portfolio and reflective diary are to be submitted in March 2013. Please also keep your own copy.***

National Competency Standards Framework for Pharmacists in Australia, 2010 (*Pharmaceutical Society of Australia, 2010*)

The practice standards for pharmacists are regularly reviewed and updated. The *Pharmaceutical Society of Australia* (PSA) as the custodian of the Standards facilitates the review, development and consultative process. The *National Competency Standards Framework for Pharmacists in Australia 2010* was published in November 2010.

As pharmacists, you will be responsible to demonstrate competency in your knowledge and practice of pharmacy- as defined by these standards.

During the Block Placements, you are to become familiar with this document, and the standards as described - by seeking opportunities to see these practice standards in action in your placement sites and thinking about how YOU will need to practice to be a pharmacist. In doing so, you are developing your essential practice skills as a pharmacist.

The complete *National Competency Standards* document is available at www.psa.org.au (<http://www.psa.org.au/supporting-practice/national-competency-standards>)

Please download this document, print, and keep as a ready reference for your portfolio activities. (*caution it is a large document*)

Getting to know the *Competency Standards Framework* document:

You will note that there is a summary table on page 12 that lists the eight domains of the standards.

- 1. List** these eight domains below and reflect on what these domains mean to you in terms of practice skills and knowledge needed to be a competent practitioner:

....

....

....

....

....

....

....

....

2. On **Page 11**, there is a description of the **Structure of the Standards**.

Please note the headings in the document. **Write down** the definitions for these, and suggest an example from your experience of pharmacy to date:

Domain title:

Scope:

Competency Standard:

Performance Criteria:

Element:

Evidence Examples:

For your Portfolio, you are to look for examples of EACH DOMAIN being demonstrated, and consider specifically:

Competency Standard:

Performance Criteria:

Element:

Evidence Examples:

In your Portfolio you are to document, in writing, your activities: these may include observations of practice, including pharmacists and pharmacy staff and health professional colleagues, and patients and their carers. Your Portfolio activities may include specific roles that you have undertaken under the guidance of the supervising pharmacist or preceptor, and will also include self-directed activities where you are responsible for using your time appropriately to consider products that are available in the pharmacy.

Note: your observations may include noting communication between staff, and patients/customers and carers, counselling, dispensing, advice re product selection and all activities that are ongoing in the placement setting. Specific roles you have undertaken may include dispensing under supervision, counselling under supervision, stock management and other tasks. Self directed activities include learning about products and services that may be available in the pharmacy/placement site.

Everything you observe and do during your placement, should be documented in your portfolio. In your notes for each activity you should include which *Domain* of the *National Competency Standards Framework* is most relevant. You should also seek out examples all of the *Standards* in the eight *Domains* for each placement opportunity.

For each Residency you are also to write a brief reflective diary. This reflective statement demonstrates you have been thoughtful about the experience and are considering how this experience contributes to your learning about and understanding of real-world practice issues.

Using the *National Competency Standards* document referenced above to guide you to - for each of the Domains listed on the next pages- given examples of the following from your placement:

TIP:

Remember to use the definitions of 'Competency Standard', 'Performance Criteria', 'Element' and 'Evidence Examples' from the *Competency* documents to write this up on the pages below (add extra [ages as necessary]).

Domain 1 Professional and ethical practice

Standard 1.1 Practise legally

Standard 1.2 Practise to accepted standards

Standard 1.3 Deliver 'patient-centred' care

Standard 1.4 Manage quality and safety

Standard 1.5 Maintain and extend professional competence

This Domain includes those Competency Standards that address the legal, ethical and professional responsibilities of pharmacists. It encompasses the responsibility pharmacists accept as members of a profession to commit to maintaining professional competence and their obligation to uphold accepted standards of behaviour and professional practice, including those imposed through legislation. The Standards in this Domain underpin all professional activities undertaken by pharmacists.

Domain 2 Communication, collaboration and self-management

Standard 2.1 Communicate effectively

Standard 2.2 Work to resolve problems

Standard 2.3 Collaborate with members of the health care team

Standard 2.4 Manage conflict

Standard 2.5 Commitment to work and the workplace

Standard 2.6 Plan and manage professional contribution

Standard 2.7 Supervise personnel

This Domain includes those Competency Standards that are required to communicate effectively with consumers and colleagues, and build and maintain cooperative working relationships within the healthcare team. It also encompasses management of problems and interpersonal issues that arise at work as well as issues associated with taking responsibility for and managing their professional contribution. The Standards in this Domain underpin all professional activities undertaken by pharmacists.

Domain 3 Leadership and management

- Standard 3.1 Provide leadership and organisational planning
- Standard 3.2 Manage and develop personnel
- Standard 3.3 Manage pharmacy infrastructure and resources
- Standard 3.4 Manage quality service delivery
- Standard 3.5 Provide a safe and secure work environment

This Domain includes those Competency Standards that relate to the way in which pharmacists apply management and organisational skills to ensure the effective and efficient delivery of pharmacy services. The Standards encompass the ability of pharmacists to take a leadership role and undertake business planning as well as the planning and management of professional services and resources. It also addresses the competencies required to undertake all aspects of human resource management as well as those required to manage risk and assure a safe working environment.

Domain 4 Review and supply prescribed medicines

Standard 4.1 Undertake initial prescription assessment

Standard 4.2 Consider the appropriateness of prescribed medicines

Standard 4.3 Dispense prescribed medicines

This Domain includes those Competency Standards required for the accurate and timely supply of prescription medicines, including extemporaneously prepared products. This includes ALL aspects of QUM- the Quality Use of Medicines.

Domain 5 Prepare pharmaceutical products

Standard 5.1 Consider product requirements

Standard 5.2 Prepare non-sterile drug products

Standard 5.3 Aseptically prepare sterile drug products

Standard 5.4 Prepare cytotoxic drug products

NOTE: Standard 5.1 underpins all of the Standards in this Domain.

Standard 5.1 must be used in conjunction with each of Standards 5.2, 5.3 and 5.4.

This Domain includes those Competency Standards required for the extemporaneous preparation of single or multiple units of a medicine intended for immediate issue and/or use by a specific consumer. It also encompasses the competencies required for aseptic preparation of sterile products, including those containing cytotoxic drugs.

Domain 6 Deliver primary and preventive health care

Standard 6.1 Assess primary health care needs

Standard 6.2 Deliver primary health care

Standard 6.3 Contribute to public and preventive health

This Domain includes those Competency Standards that address the role pharmacists have in encouraging and assisting individual and groups of consumers to take responsibility for their own health.

Answer the following- in terms of the location and focus of pharmacy practice::

What is primary care?

What is tertiary care?

Domain 7 Promote and contribute to optimal use of medicines

Standard 7.1 Contribute to therapeutic decision-making

Standard 7.2 Provide ongoing medication management

Standard 7.3 Influence patterns of medicine use

This Domain includes those Competency Standards that address aspects of clinical practice directed at ensuring the safe and appropriate management of medicines. The Standards cover three of the key components of the consumer-focussed medication management cycle applicable to each episode of consumer care. The components covered are:

- *decision on appropriate treatment;*
- *provision of medicines information;*
- *monitoring of response to treatment; and*
- *transfer of verified treatment information.*

The central objective of clinical pharmacy practice is the achievement of QUM, that is:

- *selecting management options wisely;*
- *choosing suitable medicines if a medicine is considered necessary; and*
- *using medicines safely and effectively.*

The Standards in this Domain address the way in which pharmacists contribute their unique expertise to the healthcare team, participate in the management and education of individual consumers, apply best available evidence into professional practice and identify and manage the risks associated with medicines use.

Domain 8 Critical analysis, research and education

Standard 8.1 Retrieve, analyse and synthesise information

Standard 8.2 Engage in health, medicines or pharmacy practice research

Standard 8.3 Formally educate and train students and healthcare colleagues

This Domain includes those Competency Standards that address the capability of pharmacists to analyse and synthesise information from medical and pharmaceutical literature. It also covers their roles as researchers and educators.



THE UNIVERSITY OF
SYDNEY

ACTIVITIES AND THERAPEUTIC AREAS: suggested activities

TRIGGERS AND PROMPTS for some therapeutic areas- below are examples you may use if applicable. There are MANY examples here- it is not intended that you complete all these- but as many as possible. This is not an exhaustive list. Please add activities as appropriate according to the opportunities at your placement site.

Mental Health

1. Observe an interaction between pharmacist and patient/customer about 'sleep' .
(This may be a prescription for a benzodiazepine for insomnia, or someone seeking advice about an over the counter product, or general advice about how to improve sleep...).
2. Describe the discussion.
3. What are the key points in taking a relevant history?

11. **Depression** is common in the community, and may be difficult to discuss in the pharmacy.

What opportunities for counselling about depression and antidepressant medications would you want to have in your pharmacy? How would you facilitate this clinical service?

12. Observe the pharmacist dispense an antidepressant medication and, with permission, observe the counselling. What are the important counselling points when dispensing an antidepressant medication?

13. If possible, seek permission to interview the patient about their experience of medications.

14. Preparations of St John's Wort are commonly sold in pharmacies.

List examples of the products:

15. What is the evidence for benefit for this St John's Wort preparations?
Why is this not a scheduled medication?

16. What are the important drug interactions with St John's Wort?

17. What advice would you give to a customer who seeks to purchase St John's Wort?

24. What are the differences between **headache and migraine**?

25. What advice could you give regarding prevention of migraine?

26. What information or resources in the pharmacy may support your counselling?

27. If possible, interview a patient who has a **neurological condition** (**migraine, Parkinson's Disease, epilepsy**, other...). Find out about the impact of this condition on their health. What have been the medication-related issues for this patient? (do not record any identifying information)

28. If a customer seeks advice about assistance in **remembering to take medications, or if there is concern about confusion** regarding medications, what options can you suggest?

29. What questions would you ask?

30. What pharmacy resources or services may be appropriate?

31. List what you could do to assist the patient and carer.

Eye and Ear

32. Observe the way your pharmacist dispenses an eye or ear drop.

How is the product labelled?

Comment on this, are there any potential problems?

33. Which dispensing package do you have? And are there any differences among the computer systems and printers, when it comes to dispensing and labelling eye drops?

34. Design a label for dispensing eye drops, how could this label be produced?

35. Which resources are available in the pharmacy to assist with giving advice about technique for administering eye drops and ointment, ear drops.

36. Listen to your preceptor counsel some patients on the use of eye drops. What were the eye drops for? Do patients seem to have difficulty with correct techniques?

37. Counsel one patient on the use of their eye or ear drops (with supervision by a pharmacist).

List the questions you asked as well as the main counselling points you gave.
(do not record any identifying information)

39. Discuss with your preceptor how to differentiate between **bacterial, allergic and viral conjunctivitis** and how to treat each type.

	Bacterial	Viral	Allergic
CAUSES?			
Discharge? (describe)			
Associated with?			
TREATMENT?			

40. If possible, interview a patient who has been treated for **glaucoma** for a long time, (these patients are usually using more than one agent for treatment and are often elderly). In particular try to focus on the history of diagnosis, history of treatment, the impact of this condition on lifestyle.

Make notes on the interview. Do not record any identifying information.



Musculoskeletal

41. There are many different types of **NSAID** preparations on the market. Make a list of all the different dosage forms and their schedule, and describe when they might be useful.

Preparation	Potential Use
<i>Example: S2 Gel (Voltaren, Diclac)</i>	<ul style="list-style-type: none"><i>• Patient has injured one area playing sport e.g. elbow</i> <p><i>Caution required in treating this patient with systemic therapy</i></p>

42. Observe dispensing of a NSAID. Review the patient's medication history for any relevant clinical issues. Before supplying a NSAID, what are important clinical conditions and medications that should be considered in the patient's history?

43. If possible interview a patient about their arthritis. Ask the patient about their arthritis (i.e. is it **osteoarthritis or rheumatoid arthritis**). Find out about the impact on the mobility and lifestyle. Make notes on the interview. Do not record any identifying information

44. Are there any products/devices in your pharmacy that might assist an arthritic patient with their daily activities?

Are there any other places that you could refer such a patient?



47. **Mouthwashes** which contain alcohol can sting, cause irritation and discomfort to patients receiving **chemotherapy** affecting the oral mucosal lining. Look at the mouthwashes available in your pharmacy. List mouthwashes which do not contain alcohol. Of these, list three products which you could recommend to a patient who comes into your pharmacy requesting a mouthwash to help relieve symptoms of a sore mouth and mouth ulcers. Include the dose and any special instructions for use in your answer.

Product	Dose	Instructions

48. It is estimated that more than 50% of patients with a malignant illness are using or taking some form of alternative/complementary therapy. There is evidence to suggest that many patients choose not to discuss taking alternative or **complementary therapies** with their doctors. Look around your pharmacy, identify at least five treatments which might be used by people with cancer as alternate/complementary therapies. For each product, list how it is used or taken, the dose range which might be being taken, and any concerns and/or interactions which may be associated with your patients using these products.

Product	How Used	Dose	Interactions	Side Effects/toxicity

49. If possible, interview a patient who has been affected by cancer (includes all types of cancer including skin cancers) or carer who looks after someone receiving treatment for cancer. Make notes of the interview. Do not record any identifying information.

50. **Infections** may be a complication of the treatment of some malignancies. Depending on the type and severity of the infection, home-based intravenous treatment may be continued out of hospital. Does your pharmacy have any resources or services to support these patients and their carers?

If this were the situation for one of your regular patients, how could you assist the patient?



Dermatology

51. List FIVE topical products that may be recommended by a pharmacist- and list the condition, with signs and symptoms that would be treated appropriately with this topical product

product (generic name of drug and concentration)
symptoms)

Condition(signs and
symptoms)

----- --	----- --

55. What is the current suggested target range for blood pressure readings?

Interview Tip: Hypertension is common in the community. Interview a patient who is taking anti-hypertensive medications.

Questions you may consider.... *How long have you been taking these, or other blood pressure medications. Is it difficult to take medications every day? How do you take the medications? What do you do to assist in managing the medications? What is the most challenging thing about being on medication for your blood pressure?*

ACTIVITIES

56. High salt-content products are to be avoided for patients with hypertension and heart failure. Are there any products on the OTC shelves that have a high salt content and/or are not recommended for these patients? List:



57. A number of medications, including NSAIDs (nonsteroidal anti-inflammatory drugs), are contraindicated in heart failure. Many of these are available without prescription.

List the NSAID products that you find on the shelves.

What is the Schedule (S2 or S3 – hint look at the label).

Where are these located in the pharmacy?

Cardiovascular / Haematology

58. Look at different brands of warfarin: Coumadin (1, 2 & 5mg) and Marevan (1, 3 & 5mg) tablets. How can you tell the different tablets apart? Can you substitute one brand for another?

59. Identify devices or mechanisms available in the pharmacy that you could offer patients to identify themselves as taking warfarin in the event of an emergency.



60. Identify classes of medications, complementary alternative medicines and food supplements sold over the counter, which should be avoided or used with caution in patients taking warfarin.

61. It is advisable for patients taking warfarin to modify activities and to take extra precautions, to reduce their risk of haemorrhage. Some devices or aides may be available in your pharmacy. Identify these or investigate where a patient may be able to get access to them.

62. Read through a warfarin counselling booklet and identify three counselling points which you feel may make it difficult for *you* to adhere to the recommendations.



Renal

63. Pick ten different prescription medicines off the shelf.
- a.. Look up their product information and state how they are metabolised and excreted from the body. Complete the table below.
- b.. If the particular drug is metabolised or eliminated by the kidneys –
is dosage reduction required in renal failure?
at what level of renal impairment is this necessary?

<i>Drug Name</i>	<i>Metabolism (metabolised?, are metabolites active/ toxic?)</i>	<i>Elimination (what % hepatic, renal)</i>	<i>Dose Adjustment With Renal Function Decline</i>



64. Ask your pharmacist if they are aware of any patients with renal failure, and have a look at their list of medications.

NB. Most elderly patients will have a decline in renal function, so if your pharmacist doesn't suggest anyone in particular, review the medications of a geriatric patient and comment on their medications and doses.

Drug Name	Metabolism (metabolised?, are metabolites active/ toxic?)	Elimination (what % hepatic, renal)	Dose Adjustment With Renal Function Decline



65. List 3 OTC products that should be used with caution in a patient with decreased renal function. List these products, their ingredients and suggest an alternative product or your other recommendations.

Drug	Ingredients	Recommendations

Hint: look at

Nulax (contains potassium)

Salt substitutes (potassium)

Urinary alkalinizers

Magnesium containing antacids

66. Look up the Pharmaceutical Benefits Scheme (yellow/white) book to determine how patients with chronic renal failure are supplied with epoetin or darbepoetin.

67. What is "Section 100" of the PBS

68. What is “Section 85” of the PBS

Gastroenterology

ACTIVITIES

69. Assist a patient who requests an **antacid**. What would you recommend and why?

Look at the antacid products in your pharmacy and describe the differences between them.

List and summarise below:



70. **Observe** dispensing of a prescription for an H₂-antagonist or a proton pump inhibitor (ask your preceptor/supervising pharmacist about this)

Observe the counselling of the patient. Describe the interaction. What are the key counselling points?

71. Listen to your preceptor counsel a patient with **constipation**.

What product was recommended and why was this chosen?

What are the different classes of laxatives and when should they be recommended?

In which circumstances, should some of them NOT be recommended? Why?

72. Find where the oral rehydration solutions are kept in your pharmacy. List those that are available in your pharmacy.

73. For Gastrolyte, determine:

- a) instructions for preparation
- b) instructions for administration
- c) instructions for monitoring diarrhoea
- d) any precautions
- e) circumstances in which the patient should go to the doctor

Endocrinology / Urinary Tract

ACTIVITIES

80. List the aids available in your pharmacy, for patients with urinary incontinence.

81. Identify OTC products that are available for prophylaxis or symptomatic relief of urinary tract infections. List two of these OTC products, their pharmacological action and usual dose in the following table.

Product	Pharmacological action	Usual dose
1.		
2.		

82. Some medications can change the colour of urine. List three medications in your pharmacy that can change the colour of urine and list the colour of urine expected.

Endocrinology/ Osteoporosis

ACTIVITIES

83. Does your pharmacy offer measurements for bone mineral density?

What might be the role in screening for osteoporosis?

84. Look at the pharmacy shelves. List the over the counter medicines that have a role in preventing/treating osteoporosis?

85. Should these products be used in combination? How would you find evidence-based information about this to counsel patients?

86. What other advice/information could be provided to patients regarding osteoporosis? (hint- lifestyle, diet...)

Endocrinology / Diabetes

87. Look at the blood glucose monitoring products/devices on the pharmacy shelves. Describe these. Are these easy to use?



Audit & Risk Management
31 October 2012

TO WHOM IT MAY CONCERN

INSURANCE FOR STUDENTS ON WORK EXPERIENCE

Stated below are the insurance details which currently cover students of the University of Sydney whilst on work experience/placement. These policies apply to:

- a) activities that are a course requirement or are sanctioned by the Dean of the Faculty, authorised officer for the Faculty, or Head of School concerned, and:
- b) students who are not employees or workers of the organisation they are placed with for the purposes of or Workers compensation legislation.

INSURED: THE UNIVERSITY OF SYDNEY

Policy: Public Liability Insurance
Insurers: LLOYD'S SYNDICATES & OTHERS
Sum Insured: In excess of \$10 Million
Policy No: 10041X12
Period: 31.10.2012 to 31.10.2013

Policy: Professional Indemnity
Insurers: Vero
Sums Insured: In excess of \$10 million (per event),
Policy No: LPP012226352
Period: 31.10.2012 to 31.10.2013

Policy: Personal Accident
The University has in place personal accident cover for students whilst on authorised Work Experience activities and who are not employees or workers for the purposes of the Workers' Compensation legislation.

Subject to the terms, conditions, limitations and exclusions contained in the relevant policy wording this policy provides the following benefits:

- Death & Capital benefits
- Weekly benefits
- Non Medicare medical expenses

*****Note*** any placement involving travel in excess of 50km one way may also be covered by the University's Travel policy. Please refer to student travel insurance link on the University's Travel insurance webpage.**

Please note that this is a summary only. All insurance cover referred to in this advice is subject to the terms, conditions, limitations and exclusions contained in the relevant policy wording.

Audit and Risk Management

Rm 300 Lvl 3, Margaret Telfer K07
The University of Sydney
NSW 2006 Australia

t +61 2 9351 4127
f +61 2 9351 3596
e vlad.nesic.sydney.edu.au

ABN 15 211 513 464
CRICOS 00026A

PRECEPTOR ASSESSMENT OF STUDENTS
Faculty of Pharmacy, The University of Sydney

Student name:	Signature & date:
Student SID:	Placement site:
Preceptor name:	Signature & date:

to be returned to:

Placement Officer, Faculty of Pharmacy (A15), The University of Sydney, 2006
OR
Fax: 02 9351 4391

Preceptors Assessment

For each criteria preceptors will assign a grade of:

5 = Student demonstrated **excellent** skills in this area; was **extremely effective** and/or **very consistent**,

4 = Student demonstrated **very good** skills in this area; was **above average in effectiveness** and/or **consistency**,

3 = Student demonstrated **satisfactory** skills in this area; was **generally effective** and/or **consistent**,

2 = Student **needs some improvement** in this area; was **somewhat ineffective** and/or **inconsistent**,

1 = Student **needs significant improvement** in this area; was **ineffective** and/or **inconsistent** (performance was unsatisfactory),

or

N = Not enough evidence to evaluate,

For each individual placement, students must receive an average minimum total preceptor assessment of 3/5 corresponding to “satisfactory”. Students must receive an average preceptor assessment mark of 3.25/5 for their three placements. Any student who does not receive an average preceptor evaluation of 3.25 for the three placements or receives less than 3/5 for any individual placement will be required to undertake remediation and successfully complete an additional placement in order to meet requirements.

PROFESSIONAL BEHAVIOUR

1. Student is punctual

i.e., arrives at practice site and meetings early or on time; meets deadlines

I	I	I	I	I	OR	<input type="checkbox"/>
1	2	3	4	5		N
Unsatisfactory			Excellent			

2. Student wears appropriate attire

i.e., adheres to dress code (written or unwritten); attire is acceptable to practice setting.

I	I	I	I	I	OR	<input type="checkbox"/>
1	2	3	4	5		N
Unsatisfactory			Excellent			

3. Student behaves in an appropriate, polite, professional manner

i.e., student is courteous, appropriately behaved, follows instructions

I	I	I	I	I	OR	<input type="checkbox"/>
1	2	3	4	5		N
Unsatisfactory			Excellent			

4. Student behaves in an ethical manner

i.e., acts in patients' best interests; respects patient privacy;
acts in accord with the profession's and/or practice site's code of ethics

I	I	I	I	I	OR	<input type="checkbox"/>
1	2	3	4	5		N
Unsatisfactory			Excellent			

5. Student follows directions; is self-directed in undertaking and completing tasks

i.e., after initial instruction completes the task, self-motivated; functions independently

I	I	I	I	I	OR	<input type="checkbox"/>
1	2	3	4	5		N
Unsatisfactory			Excellent			

COMMUNICATION AND TIME MANAGEMENT

1. Student communicates articulately

i.e., clearly communicates thoughts; uses appropriate terminology and vocabulary

I	I	I	I	I	OR	<input type="checkbox"/>
1	2	3	4	5		N
Unsatisfactory			Excellent			

2. Student demonstrates confidence

i.e., communicates in a self-assured but unassuming manner

I	I	I	I	I	OR	<input type="checkbox"/>
1	2	3	4	5		N
Unsatisfactory			Excellent			

3. Student accepts and applies constructive criticism

i.e., responds openly and positively to feedback; modifies behaviour if necessary

I	I	I	I	I	OR	<input type="checkbox"/>
1	2	3	4	5		N
Unsatisfactory			Excellent			

4. Student is an active learner and willing participant

i.e., seeks knowledge; asks questions; searches for information; takes responsibility for own learning, keen to participate in team effort if required

I	I	I	I	I	OR	<input type="checkbox"/>
1	2	3	4	5		N
Unsatisfactory			Excellent			

5. Student uses time efficiently

i.e., allocates and utilises appropriate amounts of time to fulfil responsibilities

I	I	I	I	I	OR	<input type="checkbox"/>
1	2	3	4	5		N
Unsatisfactory			Excellent			