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| C:\Users\bin\Desktop\شعار_جامعة_الزقازيق.png **Faculty of Pharmacy & Zagazig University Hospital** |
| **Summer Training Manual** |
| **Bachelor of Pharmacy (Clinical Pharmacy )** |
| **Part Two** |
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**Overview:**

The fundamental goals of Summer Training are to provide students experiences and interactions with health care providers (such as physicians and pharmacists) and consumers (patients) in a hospital setting. Under appropriate supervision, students start to develop their knowledge and clinical skills regarding dispensing functions, profession rules and regulations and patient education and counselling through direct patient care activities.

**Prerequisite:**

Students must have completed year 4 of the Clinical Pharmacy Program.

**Training period:**

Student shall spend 100 hours, approximately 25 hours per week for 4 consecutive weeks in Zagazig University Hospital during the summer vacation.

**Orientation:**

Students are expected to read this manual carefully. On the first day at the practice placement, students will receive orientation by their preceptors about:

* Training objectives
* Assessment strategy
* Hours of operation and check-in and check-out times.
* Attendance, leave and absence
* Contact information
* Expectations of student and preceptor
* Daily responsibilities and tasks the student is expected to perform on daily basis
* Important policy and procedures pertaining to students such as dress code, handling conflicts, use of cell phones, access to patient records

**Attendance, leave and Absence:**

Attendance is mandatory. Student is expected to be punctual and document all his/her hours.

* An experiential hours verification form (See Appendix A) is to be filled by the preceptor to document the trainee attendance.
* Student not present at the practice site will fail the training course.
* It is the responsibility of the student to notify the preceptor and the faculty supervisor immediatelywhen he/she will be absent for an emergency circumstances.
* If a student is ill for more than one day, the student shall notify the preceptor each day that he/she will be absent. Also notify the faculty supervisor.
* The student MUST provide documentation to verify reasons for absence.

**Dress code:**

Students are expected to dress in a professional manner, white lab coats with attached identification badges.

**Confidentiality:**

Students will have access to patients’ medical records, charts, and data. Keep all information you know in the confidence. Do not discuss patient information outside the ward. If you must use patient information for a presentation, remember to use initials and not full names.

**RESPONSIBILITIES AND EXPECTATIONS:**

**Faculty supervisor's responsibilities:**

The faculty will assign the demonstrators of Pharmacy Practice Department to supervise the training process. The responsibilities of the faculty supervisorsare to:

* Visit training sites daily to ensure and facilitate student learning and resolve any emergent issues.
* Meet with students and site training preceptors during these visits.
* Provide the students and preceptors with his/her contact information (e mail and phone numbers)
* Submit a written report at the end of the practice period
* Assure compliance of student’s attendance and completion of training hours and timely submission of evaluation forms

**Preceptor responsibilities:**

* Take over the primary responsibility for training the student and thus will evaluate the student accordingly
* Provide an atmosphere and create opportunities for students to accomplish the stated goals and objectives
* Prepare and conduct discussion sessions of selected topics to expand student’s knowledge base and experiences
* Criticism should be constructive, empathetic, and conveyed to the student either privately, or in an appropriate manner
* Complete the final evaluation and submit to the faculty of pharmacy

**Student's responsibilities:**

* On the first day, students must stop by the site training department at 09:00 Sharp.
* Adhere to the professional standards of behavior and dress code specified by the preceptor to whom they are assigned.
* Be responsible for adhering to the time schedule agreed upon with the preceptor.
* Seek clarification of all unclear points.
* Realize that respect is necessary between students and preceptor.
* Respect all confidences revealed to them during the rotation, including pharmacy records, patient profiles, and professional policies.
* Be constantly alert to the laws and regulations that govern pharmacy practice.
* Complete the evaluation forms of preceptor/site supplemented in this manual no later than ONE week after completion of the training,
* Keep an updated portfolio (file) of their work during their training. The portfolio should be available in case asked to be reviewed by the site preceptor or faculty supervisor. Your portfolio should include:
* This manual
* Experiential hours verification form
* All evaluation forms
* All cases discussed during the practice experience (one case per each rotation)
* Any other materials done or worked on during training and signed by the preceptor.

**Assessment strategy:**

The assessment will be done by both the faculty supervisor and the hospital preceptor:

60% will be done by preceptor (based on student attendance, attitude and participation in case discussion) while the remaining 40% will be done by faculty (based on quality of student portfolio).

Three evaluations are required:

1. Student performance evaluation:Completed and submitted by site preceptor to the faculty supervisor

2. Preceptor performance evaluation:Completed by the student and included in student portfolio.

3. Practice experience evaluation: Completed by the student and included in student portfolio.

The student will submit his/her portfolio to the faculty supervisor (40%)

**Overall outcomes of the summer training:**

By the end of the summer training period, the student should be able to:

1) Perform Patient Assessments:

The student must demonstrate the ability to collect patient data (e.g., a medication history, the medical chart, and/or laboratory data) and assess a patient's health status. The goal of performing this patient assessment is to prevent, identify, and solve medication-related problems (such as drug-drug interactions, improper drug selection, improper dose, improper frequency or non-adherence to dosage regimen).

2) Conduct Drug Therapy Reviews:

The student must demonstrate the ability to successfully review a medication profile or medication administration record and identify medication-related problems.

3) Demonstrate knowledge of the IV system and sterile preparations:

The student must participate in reviewing admixture orders for dosage calculation, compatibility and stability.

The student must observe preparation, storage and dispensing of parenteral products using aseptic techniques. As well, observe techniques for chemotherapy and TPN orders

4) Exhibit good communication skills during interactions with preceptors, patients, and other health care professionals at the site.

5) Demonstrate a high standard of professional behaviour:

The student must behave in an ethical manner; maintain confidentiality, and demonstrate accountability. The student must accept constructive criticism.

**Types of rotations:**

|  |  |
| --- | --- |
| **Suggested contents** | **Rotation** |
| * Heart failure
* Hypertension
* Lipid Disorders
* Anticoagulation management
* Cardiac Arrhythmias
 | Cardiology |
| * Asthma
* Pneumonia
 | Respiratory  |
| * Cancer Basics
* Brain cancer
* Breast Cancer
* Colon/Rectum Cancer
* Prostate Cancer
* Leukemia
 | Oncology |
| * peptic ulcer disease
* Chronic liver disease and cirrhosis
* Hepatitis
* Inflammatory bowel disease
* Irritable bowel syndrome
 | Gastroenterology |
| * IV medication proper handling
* TPN formulation
* Sedation/analgesia
* Electrolyte imbalances
* Seizures
* Sepsis
* Acid-base disorders
* Antibiotics
 | Adult Critical Care |
|  | Dermatology |
|  | Emergency medicine |
| * Nutrition
* Seizure disorders
* Vaccinations
* Asthma
* Rheumatic heart disease
* Pulmonary hypertension
* Inborn errors of metabolism
* Gastrointestinal (diarrhea - Nausea/vomiting)
* Infectious disease (Endocarditis – Meningitis – Pneumonia- Urinary tract infection)
 | Pediatric |

Appendix A:

**STUDENT EVALUATION FORM**

(To be filled, signed and stamped by the preceptor in each rotation)

Rotation:…………………………………………….

Student Full Name: …………………………….

University ID number: …………………

Preceptor Full Name: …………………………………………………………

**Use the following numerical scale to evaluate student performance:**

3 = Exceeds expectations

2 = Meets expectations

1 = Need Improvement

NA = No opportunities exist on this rotation to allow student to demonstrate skills.

|  |  |
| --- | --- |
| **Outcome** | **scale** |
| 1. Understand the process of medications use process. |  |
| 2. Practice basic pharmaceutical care skills.  |  |
| 3. Demonstrate familiarity with brand and generic drug names, dosage form(s), and route of administration and therapeutic class for commonly-used drugs at the hospital. |  |
| 4. Demonstrate knowledge of the intravenous admixture system and sterile preparations. |  |
| 5. Address issues related to medication safety at the site. |  |
| 6. Exhibit good communication skills during interactions with preceptors, patients, and other health care professionals at the site |  |
| 7. Display a positive attitude about the practice of pharmacy and the ability to solve problems, and responsibility towards improving their learning. |  |
| 8. Demonstrate a high standard of professional behavior. |  |

**Overall assessment:**

 Pass  Fail

 Preceptor signature: ……………………………

**PRECEPTOR EVALUATION FORM**

(To be filled and signed by the student after each rotation)

**Rotation:** ……………………………………………………

**Use the Following scale to indicate your agreement with the following statements:**

|  |  |
| --- | --- |
| 1 = Strongly disagree  |  3= agree  |
| 2 = disagree  |  4 = Strongly agree  NA= Non applicable |
|  |  |
|  | 1 | 2 | 3 | 4 | NA |
| The preceptor is interested in teaching this rotation.  |  |  |  |  |  |
| The preceptor encouraged students to actively participate in discussions and problem-solving exercises.  |  |  |  |  |  |
| I had access to necessary patient information.  |  |  |  |  |  |
| Students were encouraged to use resource materials.  |  |  |  |  |  |
| The preceptor described their approach to thinking about therapeutic problems.  |  |  |  |  |  |
| The preceptor was readily available to answer questions and concerns.  |  |  |  |  |  |
| Good direction and feedback were provided.  |  |  |  |  |  |
| The preceptor is knowledgeable in their response to questions or their approach to therapy.  |  |  |  |  |  |
| The preceptor evaluated me at the end of the rotation in a manner which was helpful to me  |  |  |  |  |  |

Student signature: ………………………

**PRACTICE EXPERIENCE EVALUATION FORM**

(To be filled and signed by the student at the end of training period)

Use the Following scale to indicate your agreement with the following statements

|  |  |  |
| --- | --- | --- |
| 1 = Strongly disagree  | 4 = Strongly agree  | NA = Not applicable  |
| 2 = Disagree  |  |  |
| 3 = Agree  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **1** | **2** | **3** | **4** | **NA** |
| The practice provided opportunities to interact with other health care professionals.  |  |  |  |  |  |
| The goals and objectives of the practice were outlined and/or explained at the beginning of the practice.  |  |  |  |  |  |
| Practice activities were well organized and structured.  |  |  |  |  |  |
| This practice provided an environment that facilitated my learning.  |  |  |  |  |  |
| My verbal communication skills were enhanced in this practice.  |  |  |  |  |  |
| My written communication skills or documentation skills were enhanced in this practice.  |  |  |  |  |  |
| My clinical skills were enhanced in this practice.  |  |  |  |  |  |
| I was able to apply previously learnt concepts in this practice.  |  |  |  |  |  |
| I believe this experience will help me be a better pharmacist.  |  |  |  |  |  |

**Overall, how would you rate this practice experience?**

 Excellent Good Fair Poor

**Other comments: ……………………………………………………………………………………………………………………………………………………………………………………**

Student signature: …………………………

**EXPERIENTIAL HOURS VERIFICATION SHEET**

(To be filled, signed and stamped by the preceptor)

**Training period:**

**From: / /2018 to: / /2018**

|  |  |  |  |
| --- | --- | --- | --- |
| **Week** | **Site-Based Hours Completed** | **Total hours** | **Preceptor's signature** |
| Sunday | Monday | Tuesday | Wednesday | Thursday |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |

 I hereby certify that the student was punctual all through the practice experience

Preceptor signature: ……………………………

**Patient case form:**

|  |  |
| --- | --- |
| **History of present illness** | **Patient’s demographics** |
|  | Name:  |
|  | Age:  |
|  | Gender: Date of admission:  |
|  | Height: Doctor:  |
|  | Weight: |
|  | **Diagnosis** |
|  |  |
|  |  |
| **Past medical/surgical history** | **Family and social history** | **Allergy/drug intolerance** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Medication history** |  |
|  |  |
|  |  |
|  |  |
| **Current medications** |
| Start day | Stop day | Drug name/dose/strength/rout | Indication  | Comments (e.g: dose changed……) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Intervention:** |
|  |

Appendix B:

**PATIENT CONFIDENTIALITY STATEMENT**

Faculty of Pharmacy protects the confidentiality of all patients' health information, as required by law and the professional codes of ethics. Each student/preceptor has the responsibility to protect the confidentiality of patient’s health information.

All patient’s information, whether paper, verbal or electronic data, is confidential and shall not be discussed with individuals not directly involved in the care of the patient.

Examples of patient’s information include, but are not limited to:

* Physical, medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
* Patient insurance and billing records;
* Visual observation of patients receiving medical care or accessing services; and
* Verbal information provided by or about a patient.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records.

**I hereby acknowledge that I have read and understand the foregoing information.**

Name: Signature:

University ID: Date: