Glossary – Patient Care Rotations Clinical Practice Assessment
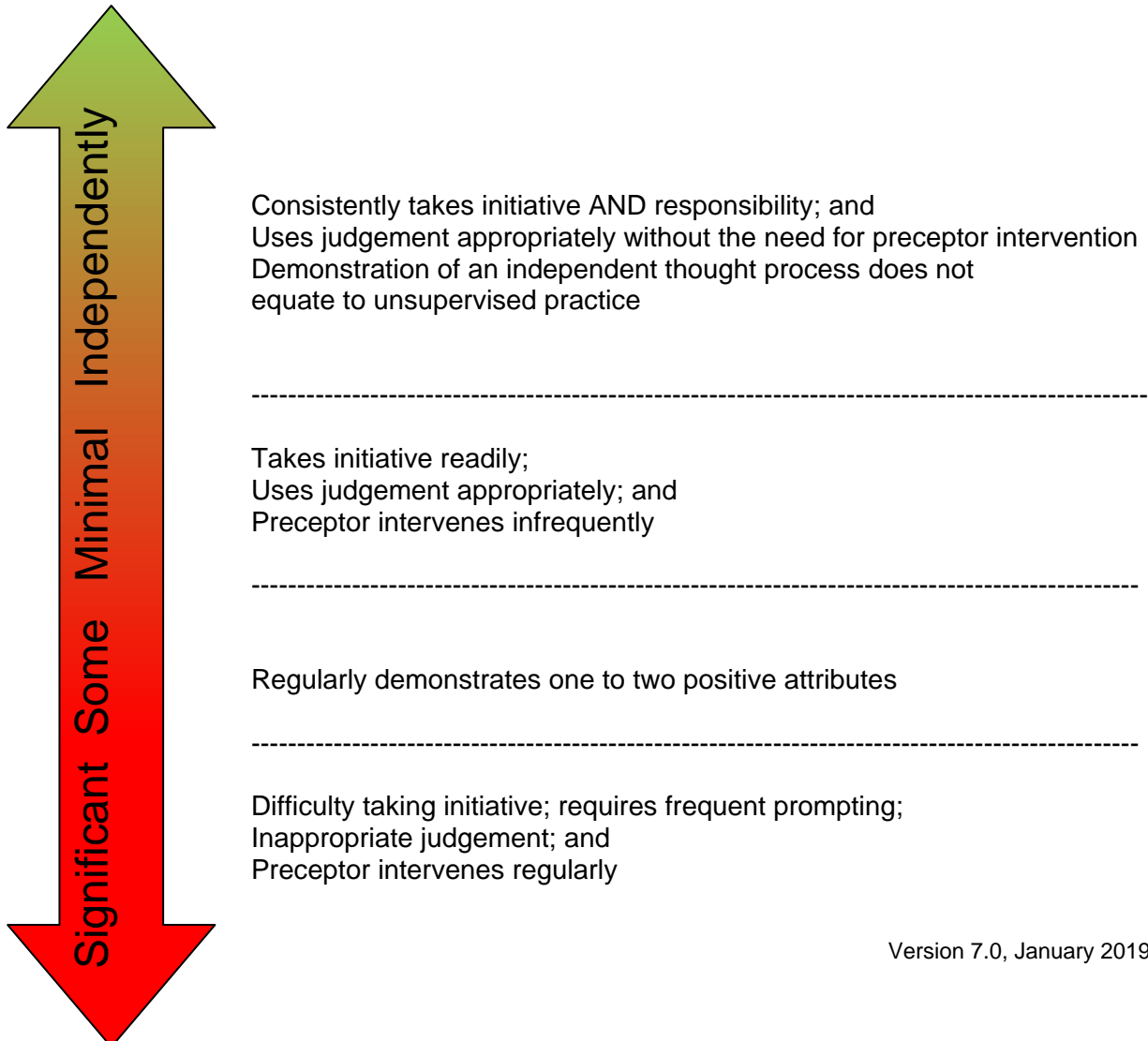Ontario Pharmacy Patient Care Assessment Tool (OPPCAT)

The following glossary has been developed by the Ontario Pharmacy Patient Care Assessment Tool (OPPCAT) Committee and is meant to be used in conjunction with OPPCAT during direct patient care rotations.

I. Guidance

One of the critical indicators of performance utilized throughout the assessment tool is 'guidance'. It is broken down into three subparts which indicate the extent to which the learner:

- Takes Initiative
  - Do they readily engage in practice or require prompting by preceptor?
- Requires direction from preceptor in thought process and decision-making
  - Do they appear to have logical thought processes and use professional judgment appropriately or are they uncertain about how to make decisions?
- Requires assistance from preceptor to help fill in the gaps
  - Do they require help filling in the gaps or do have all of the necessary, knowledge, skills and abilities to engage in practice?

Using these descriptors, the spectrum between significant guidance and independently is depicted below.

Consistently takes initiative AND responsibility; and
Uses judgement appropriately without the need for preceptor intervention
Demonstration of an independent thought process does not
equate to unsupervised practice

Takes initiative readily;
Uses judgement appropriately; and
Preceptor intervenes infrequently

Regularly demonstrates one to two positive attributes

Difficulty taking initiative; requires frequent prompting;
Inappropriate judgement; and
Preceptor intervenes regularly

Independently · Minimal · Some · Significant

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General Definitions

Independently

The term "independently" refers to a learner who consistently takes initiative AND responsibility; and, uses judgement appropriately without the need for preceptor intervention. This demonstration of an independent thought process, does not equate to unsupervised practice.

The Ontario College of Pharmacists has developed a helpful Fact Sheet to help pharmacists understand the principles of student/learner supervision, namely, that supervision is not a one-size-fits-all approach. **OCP Fact Sheet - Supervision of Pharmacy Students & Interns: http://www.ocpinfo.com/practice-education/practice-tools/fact-sheets/supervision/**

Systems

At the upper level of performance, the term 'systems' is used a number of times to reflect that the practice of the learner is moving or incorporating elements beyond the care of individual patients and is directed towards the structure and function of the practice environment as a whole (e.g., medication systems). This would include the organizational policies, workflows and processes that enable the provision of safe and effective patient care.

Patients = Clients

Any person or authorized agent of the person who is provided a product and/or service that is within the practice of pharmacy.

Patient-centered

Includes care that places the patient's needs as the focus of the clinician's work and care that maintains the patient as a 'holistic' being and does not fragment the patient into disease groups, organ systems or drug categories.

III. Domain Definitions

1.1 *Develops Patient Relationships*

Learner establishes a caring, professional relationship with patient, centered on patient's needs, which are placed above personal needs.
Aspects of this relationship include proper introduction, establishing credibility and trust with the patient, fostering this relationship with attentive, prompt, courteous responses to the patient's needs; discharges patient when needed appropriately.
The purpose of this relationship is ultimately to allow for proper patient assessment and care to occur.

1.2 *Conducts Patient Assessments*

Learner gathers appropriate/ needed information required to provide care to the patient.
Data gathering may be done through chart review, clinical databases, patient interview, or physical examination. Includes making a quality assessment of the data gathered in terms of usefulness or that more data gathering is required.

Patient assessments – assessments of patient parameters including, but not limited to, best possible medication history, past medical history, laboratory and diagnostics testing, physical examination data, medical diagnosis, family history, social history and related factors.

1.3 *Identifies Drug Therapy Problems*

Learner is able to assess patient data/medications for the purpose of identifying drug therapy problems, including assessing the safety and efficacy of the patient medications. This includes prioritizing drug therapy problems according to patient's clinical needs. The learner already possesses a reasonable drug and therapeutics knowledge base (or is able to look up needed information effectively and efficiently).

1.4 *Makes Clinical Decisions*

Learner is able to apply literature evidence to patient care appropriately for the purposes of assisting clinical decision making. This would imply that the learner is already able to successfully search, retrieve, and appraise the literature evidence.

Learner is able to generate a list of therapeutic options appropriate to the patient's drug therapy problems. Learner compares and contrasts different options, weighting evidence for options and prioritizing options based on evidence. The learner already possesses a reasonable drug and therapeutics knowledge base (or is able to look up needed information effectively and efficiently).

Learner makes a decision weighing patient's values/ preferences/factors, appropriate evidence, and practicality issues in order to devise a recommendation to manage the patient's drug therapy problem(s).

Learner is able to decide on a course of action regarding this recommendation.

Patient factors – includes elements such as convenience, cost, coverage, etc., that affect clinical decisions.

1.5 *Implements Care Plans*

Care plans – a detailed schedule outlining the practitioner's and the patient's activities and responsibilities; designed to achieve goals of therapy and resolve and prevent drug therapy problems.

Learner weighs and decides on clinical outcomes suitable for patient (**patient-centred**).

Learner researches, weighs, and decides on safety and efficacy therapeutic outcomes regarding recommendations including timelines.

Learner incorporates self-care, patient/ family education, and patient wishes into these decisions.

Learner takes the specific actions to implement the care plan and clinical decision(s). Learner **recommends** a monitoring plan, the need for such care, the nature of such care, safety and efficacy assessments of the care, the timelines and frequency of contact required for such care, the learner's responsibilities in such care, and the termination of such care as appropriate.

1.6 *Refers Patients (Informal or Formal)*

Learner recognizes a patient has a health care need or when management strategies fall outside the scope of pharmacist care and the patient's interests would be better served by another health care professional. Learner makes appropriate informal or formal referrals to these other health care professionals (e.g., physicians, other health care professionals, Community Care Access Centres, etc.) including having an appropriate reason for the referral. For example, learner identifies the need for a patient to be referred to a dietitian and initiates a written referral (formal) or provides a verbal recommendation (informal) to a preceptor or other health care professional as appropriate. Learner also provides the patient's other health care professionals with information and the care he/she has provided to the patient in a timely manner.

1.7 *Provides Follow-up and Evaluates Care*

Learner **implements** monitoring of the patient determined in 1.5 including the need for such care, the nature of such care, safety and efficacy assessments of the care, the timelines and frequency of contact required for such care, the learner's responsibilities in such care, and the termination of such care as appropriate.

Learner **assesses for and manages any new drug therapy problems** and health care issues as part of follow-up care.

Comprehensive follow-up – assesses all pertinent effectiveness and safety endpoints as part of an ongoing monitoring plan. Reassess patient care in terms of any new information obtained and identifies any new drug therapy problems.

1.8 *Promotes and Advocates for Patient Health and Wellness*

Learner assesses the need, advocates (influences), and demonstrates care for individual patients and populations "by using pharmacy expertise to understand health needs and advance health and well-being of others." (AFPC Educational Outcomes 2017).

Examples include, but are not limited to: assistance with patients' activities of daily living, disease prevention, aspects of health that fall into the scope of other health care practitioners, helping the patient navigate the health care system and access to health care services, assistance with patient's transition back to the community, and facilitating drug coverage.

2.1 *Demonstrates Communication Skills Effectively (Verbally and Non-verbally)*

Learner when speaking uses organized and articulate language with precise expressions and vocabulary in order to be able to carry out care to the patient, facilitating effective care delivery. This takes into account verbal (e.g., tone, volume, intonation) and non-verbal (e.g., eye contact, stance, and facial expressions) aspects used in communicating with patients and other health care professionals. Communication skills include active listening skills, responding with empathy and tact, respect for inter-cultural and inter-professional situations.

Learner is able to tailor their communication to specific contexts and patient care situations. Difficult communication situations would include such things as patient does not speak English (interpreter or family member used), patient has low literacy levels, considerable barriers to communication exist and cannot be modified (privacy not available, etc.), and patient is resistant

to communication, evasive or not forth-coming with needed details when responding to questions.

2.2 *Completes Documentation*

Learner writes in a clear, organized manner, with appropriate vocabulary, syntax and grammar. Learner's writings and documentation are useful for patient care, fulfills professional responsibilities, and where appropriate, follows the locally accepted documentation template in the patient's legal record.

Learner can adapt their writings and documentation to specific contexts and target audiences. Note: documentation does not equal non-verbal communication

3.1 *Applies Regulations and Ethical Principles in Practice*

Learner practices in accordance with legal requirements and standards of practice, as required for specific patient care situations, accepting responsibility for the patient's care needs and avoiding abandonment. Learner does not practice outside scope of practice.

Learner is able to weigh issues involved with an ethical situation, consider the ethical principles (Beneficence, Non-maleficence, Respect for Persons/Justice, and Accountability (Fidelity)), and decide on ethical course of action for the patient context. The patient's wishes are considered in decision-making, consent is obtained where necessary, and the patient's needs are prioritized over one's personal needs and conveniences. Refer to the OCP Code of Ethics and the Codes of Conduct that apply to specific institutions.

Examples include: patient confidentiality and privacy (circle of care), concerns regarding opioid prescribing (quantity, duration), conflict of interest (accepting gifts from patients), professional boundaries (social media).

3.2 *Demonstrates An Awareness of One's Own Practice Limitations*

Learner identifies where their own knowledge and skills are insufficient to appropriately manage their practice (e.g., with patients or practitioners, etc). Learner utilizes strategies to manage such situations requiring additional knowledge and skills.

Learner is able to self-reflect regarding practice, one's knowledge, skills, and attitudes, and one's limitations. Learner is able to self-reflect regarding potential solutions to one's limitations.

3.3. *Demonstrates Professional Behaviour and Self-Management*

Learner demonstrates professional behaviour in accordance to the Ontario College of Pharmacists and any applicable institution's professional policies and standards.
Learner adopts professional identity characteristics that include, but is not limited to, commitment to patients, society, profession and self.
Self-management is defined as management of or by oneself where the learner takes responsibility for own behaviour and well-being.

Examples include: (*AFPC Professionalism User Guide 2018*)
Commitment to patients (e.g. compassion, caring, empathy, respect for diversity)

Commitment to society (e.g. pharmacist role, responsibilities, accountabilities as it relates to society, etc.)
Commitment to the profession (e.g., upholding professional standards)
Commitment to self (e.g. academic integrity, work ethic (timeliness, dress code, self-discipline), awareness of email/phone/social media use in professional and personal activities, personal learning plan, self-awareness, personal care, feedback, life-long learning, etc.)

4.1 *Develops and Promotes Inter-/ Intra-professional Relationships*

Learner is able to negotiate the care, duties, and responsibilities of the pharmacist and other health care team members and pharmacists. Learner actively makes his/ her expertise available to and willingly shares with other team members and actively contributes to the care of the patient.

4.2 *Fulfills Roles and Responsibilities with Healthcare Team*

Learner understands and clarifies their professional roles and responsibilities with other health care team members. For example, learner practises collaboratively with other team members respecting, while not impinging on, their scope of practice. In addition, the learner appreciates how different professions practice together to ensure provision and follow up of care to the patient.

4.3 *Demonstrates Leadership*

Learner demonstrates initiative in managing assigned patients within the healthcare team consistent with the pharmacist's role and team's objective. Learner understands and adapts their role as a pharmacist and medication therapy management expert within the healthcare team to the circumstances in order to provide patient care. .

Learner articulates or helps manage patients from a systems based context – e.g., if certain DTP's are recurrent in a group of patients, are there considerations in the system and team of care that can be used to help those patients.

Where applicable according to the program, the learner accepts opportunities for leadership within the healthcare team,

5.1 *Prioritizes Patient Care Responsibilities to Manage Patient Workload*

Learner prioritizes patient care responsibilities according to patient care needs and urgencies. Learner completes these responsibilities within reasonable time periods (e.g., end of day or as negotiated with preceptor).

Expected patient workload – the agreed upon patient care expectations (e.g., number of patients to be followed, number of activities to be completed, etc) between the learner and the preceptor or as defined by a program's benchmarking documents.

5.2 *Manages Drug Dispensing*

The learner has an understanding of the technical elements of dispensing (labelling, counting, etc.) at a higher level, in that the learner is able to take responsibility for ensuring medications are "appropriate, accurate, effective, and safe and provided in a manner consistent with all legal

requirements". Depending on the practice site, this may or may not result in the learner directly contributing to the dispensing functions. (Note: learners are not being trained to be pharmacy managers)

Examples:

- In the hospital inpatient or LTC setting, this would involve assessing how well the learner understands how drug A gets to patient X and how effective the learner is at intervening when he or she recognizes that there is a challenge in this workflow that has the potential to compromise the care for patients.
- With FHT practice, this would be an assessment of how effectively the learner collaborates with a patient's prescriber and community pharmacy (sometimes multiple of each) in ensuring the patient receives appropriate medication treatment in a timely manner. Hospital discharges and patients rostered to Health Links are great examples of where a learner may be involved in coordinating access to medications (in an "appropriate, accurate, effective, and safe manner"), without physically handling the drug products themselves.

5.3 *Demonstrates Patient and Medication Safety*

Learner recognizes when a near miss or medication incident occurs. Learner manages that situation for their patient including steps to disclose, apologize, and report.

Learner understands the steps to prevent medication errors and recognizes unsafe or suboptimal practices. Learner addresses any potential for medication errors to occur in one's own practice and/ or within the system.

Near miss – an event that could have resulted in unwanted consequences, but did not because either by chance or through timely intervention the event did not reach the patient. *(ISMP* https://www.ismp-canada.org/definitions.htm)

Medication incident - any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. Medication incidents may be related to professional practice, drug products, procedures, and systems, and include prescribing, order communication, product labelling/ packaging/ nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use. *(ISMP* https://www.ismp-canada.org/definitions.htm)

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