

## Requirements Checklist for Inpatient Presentation to Practice Educator<sup>1,2</sup>

*Note: Student expectations for this activity to commensurate with expected year level performance characteristics.*

**NA = Not Applicable; U = Unsatisfactory; S = Satisfactory**

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

| <b>INFORMATION GATHERING:</b>               |                          |                          |  |
|---|--------------------------|--------------------------|--|
| <b>NA</b>                                   | <b>U</b>                 | <b>S</b>                 |  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Pertinent patient information is given (E.g. age, gender, weight, allergy assessment, body mass index, current diet and exercise, etc.)  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Provides the reason for encounter (chief complaint) and background information necessary to understand the concern (e.g. history of present illness)   |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Subjective and objective data is given, including review of systems/physical exam and relevant laboratory values. Able to interpret vital signs, findings of physical assessments and uncomplicated lab values (i.e. INR, serum creatinine, lipids, liver function, etc) |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Family and social history is provided  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Patient's beliefs/concerns and goals for health and wellness are considered  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Lists complete past and current medical condition(s)   |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Lists complete past and current medication therapies (prescription and non-prescription), including generic name, indication, doses, frequency, duration, etc. Provide detail for PRN dosing, adherence, and other relevant information                                  |
| <b>PHARMACEUTICAL CARE PLAN<sup>2</sup></b> |                          |                          |  |
| <b>NA</b>                                   | <b>U</b>                 | <b>S</b>                 |  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Identification and prioritization of appropriate Medical Issues/Problems   |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Justification for prioritization of medical Issues/problems provided   |
| For each medical issue:                     |                          |                          |  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Reports signs and symptoms   |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | States appropriate goals of therapy  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Goals of therapy are patient centered and realistic  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Goals of therapy are specific, measurable and the timeframe set is realistic   |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Identification of all Drug Therapy Problem(s) (DTPs) associated with the medical condition being presented, prioritized appropriately (may use NESA to help with this)   |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | All therapeutic alternatives are assessed appropriately for the patient  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Rationale included in assessment of therapeutic alternatives   |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Chooses the best option, provides justification and makes reasonable medication recommendations  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Pharmacological interventions include: dose, route, frequency, and duration  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Patient preferences have been taken into account   |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Both pharmacological and non-pharmacological options are explored  |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Provides an appropriate monitoring plan with efficacy and safety endpoints   |
| <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | Each parameter for monitoring is clear: frequency, expected change, timeframe, who is to monitor   |

<sup>1</sup> Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Hospital Transition Modules. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2016. All rights reserved.

<sup>2</sup> **FOR PHRM 272 ONLY:** Students are expected to complete a minimum of 1 patient work up and develop a care plan for a minimum of 1 of that patient's medical conditions.

|   |                          |  |
|---|--------------------------|--|
| <b>COMMUNICATION SKILLS (VERBAL / NON-VERBAL):</b>  |                          |  |
| <b>NA</b>   | <b>U</b>                 | <b>S</b>   |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> Speaks clearly with appropriate tone and pace   |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> Uses appropriate eye contact, body language, and posture  |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> Confident and relaxed when reporting  |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> Information is delivered <u>effectively</u> and <u>efficiently</u> (i.e. not excessively wordy) |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> Information is well-organized and flowed smoothly   |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> Uses appropriate professional language  |
| <b>PATIENT SAFETY:</b>  |                          |  |
| <b>NA</b>   | <b>U</b>                 | <b>S</b>   |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> Information provided is accurate i.e. no misinformation given                                   |
| <b>FEEDBACK COMMENTS:</b>   |                          |  |
|   |                          |  |
| <b>OVERALL ASSESSMENT<sup>3</sup>:</b>  |                          |  |
| <input type="checkbox"/> <b>Unsatisfactory</b> <input type="checkbox"/> <b>Satisfactory</b> |                          |  |

Practice Educator Initials/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>3</sup> **FOR PHRM 272-** Students are expected to complete a minimum of 1 patient work up and develop a care plan for a minimum of 1 of that patient's medical conditions and present the patient and care plan to the practice educator for assessment using this Requirements Checklist. To achieve an overall satisfactory assessment all criteria listed in all sections of this Requirements Checklist must be "satisfactory", if applicable.