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The University of Queensland, St Lucia QLD, Australia



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About this book

The UQ Bachelor of Pharmacy (Hons) Placement Handbook is a resource that has been developed for students to provide all the information needed before and during placement.

The *Handbook* is organised into sections:

1. About Placements: outlines the purpose and timing of placements and provides useful contact information.
2. Before Your Placement: including must read policies, compliance requirements and uniform details.
3. During Your Placement: including student and preceptor responsibilities, appropriate conduct while on placement as well as safety and what to do in the event of an incident.
4. Course sections (for students enrolled from 2022): provides more detail of the placement structure for each course and outlines the three types of placement; residential aged care, community and hospital.
5. Course sections (for students enrolled before 2022): provides more detail of the placement structure for each course.
6. Rural Placements: outlines which courses are suitable for rural placement, funding for rural placements, travel and accommodation and safety.
7. Hospital Specific Information: provides information on the Queensland Health compliance requirements, mask fitting and specific requirements for each of the hospitals.
8. Entrustable Professional Activities (EPAs): including how EPAs are integrated with the program, guides for completing and making level of entrustment decisions, and all EPA templates.
9. 'How To' Guides: provides useful guides on InPlace and ePortfolio.

How to use the *Handbook*

The *Handbook* is intended as a resource to be read by students prior to placement and can also be referenced at different points during the placement.

The information in this *Handbook* is presented using different multimedia, such as interactive infographics, images, and videos. We recommend that students bookmark the link to access the online version to retain the functionality of the multimedia elements. However, the *Handbook* can also be downloaded as a PDF if required.

Editions and Revisions

The first edition of the *Handbook* was published for the first placement in the program in semester 1, 2024.

Revisions

July 2024 Updates to all sections in response to student feedback

Dec 2024 Update EPAs

Feb 2025 Remove references to aged care placement

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Acknowledgement of Country

We acknowledge the Traditional Owners and their custodianship of the lands on which this project originated. We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country. We recognise their valuable contributions to Australian and global society.



A Guidance Through Time by Casey Coolwell and Kyra Mancktelow © The University of Queensland

About the artwork

Quandamooka artists Casey Coolwell and Kyra Mancktelow have produced an artwork that recognises the three major campuses, while also championing the creation of a strong sense of belonging and truth-telling about Aboriginal and Torres Strait Islander histories, and ongoing connections with Country, knowledges, culture and kin. Although created as a single artwork, the piece can be read in three sections, starting with the blue/greys of the Herston campus, the purple of St Lucia and the orange/golds of Gatton.

The graphic elements overlaying the coloured background symbolise the five UQ values:

- The Brisbane River and its patterns represent our Pursuit of excellence. Within the River are tools used by Aboriginal people to teach, gather, hunt, and protect.
- Creativity and independent thinking is depicted through the spirit guardian, Jarjum (Child in Yugambeh language), and the kangaroo
- The jacaranda tree, bora ring, animal prints, footprints and stars collectively represent honesty and accountability, mutual respect and diversity and supporting our people.

Learn more about [The University of Queensland's Reconciliation Action Plan](#).

PART I

INTRODUCTION

1. Contacts



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Absences and General Placement Enquiries

Email: placements@pharmacy.uq.edu.au

Please use this email address for all general placement queries including absences, InPlace and ePortfolio questions.

Absences must be recorded in InPlace. [See the 'How To' chapter of this book.](#)

Absences of 3 days or more due to illness require the submission of a medical certificate to the School Office according to School policy. If you are absent for 3 days or more for reasons other than illness, you will need to submit the School of Pharmacy Absentee Form and a Statutory Declaration. Please visit MyUQ and refer to your ECP for further detail.

Placement Management and Planning

If you have any placement problems or would like to discuss your placement, contact:

Monica Newton – Work Integrated Learning Partnerships Coordinator

Email: placements@pharmacy.uq.edu.au

Phone: +61 7 3346 1900

Level 4, 20 Cornwall Street, Woolloongabba, Qld 4102

8am – 4pm Monday to Friday, Wednesdays work from home.

Placement Administration Support and Rural Funding Enquiries

Duncan Stark – Student & Academic Administration Officer

Email: pharmacy@enquire.uq.edu.au

Phone: +61 7 3346 1900

Compliance Enquiries

For any compliance questions, please contact the **HMBS Placement Ready Team**.

Please check their [webpage](#) first as there are detailed instructions and videos that may answer your query.

Email: hmbs.placementready@uq.edu.au

Location: Room 539A, Level 5, Human Movement Studies Building (#26B), St Lucia

Hours: **Counter enquiries:** Monday 1pm to 4pm or Wednesday 9am to 12pm **Online chat:** Monday to Thursday, 1pm to 3pm via [Prepare for your placement](#).

1:1 Zoom consultation: Book via [Student Hub](#) appointments.

Immunisation queries: immunisation@uq.edu.au

Counter enquiries: Monday – Thursday 11am – 2pm.

Phone: +61 7 3346 0903 Monday – Friday 8:30am – 4:30pm

Live Video Calls

Students can click this [HMBS Placement Ready link](#) or scan the QR Code below and video chat with a member of the HMBS Placement Ready Team between 8:30am and 4:30pm – Monday – Friday.



Student Help on Campus (SHOC)

Email: shoc@uqu.com.au

Phone: +61 7 3346 3400 / +61 7 3377 2200

Office Location: Level 4, UQ Union Building (21A) Union Complex (next to the Student Services)

Office Hours: Monday to Friday 08:00 – 16:00

SHOC (Student Help on Campus) is a FREE service here to listen, support, guide and advise students on issues relating to legal, welfare, education, gender, sexuality or employment.

UQ Security – for incidents and emergencies

Email: security@pf.uq.edu.au

Phone: +61 7 3365 3333

[Emergencies link](#)

2. About Placements

Purpose of Placements

Bachelor of Pharmacy (Hons) students undertake placements throughout the program to gain a clear and vital understanding of life as a health professional.

Placements allow you to put theory into practice and graduate confident and ready to commence a dynamic career in the pharmacy profession. Students often find that their placements are one of the most exciting and rewarding aspects of their program.

Placements occur in a variety of settings, including public and private hospitals, private clinics, professional organisations, and community centres.

Placement Structure Overview

Students enrolled from 2022 will complete over 500 hours of placement, shown in the table below.

Click image to expand

	Semester 1	Semester 2
Year 2		PHRM2102 1-week community pharmacy placement Week 5
Year 3	PHRM3101 1-week community pharmacy placement Rolling over weeks 3-12	PHRM3102 1-week community pharmacy placement Rolling over weeks 3-12
		PHRM3101 or PHRM3102 1-week hospital placement
Year 4	PHRM4071 6-week QUM research focused placement <i>or</i> PHRM4072 6-week community pharmacy placement (both start 2 weeks prior to semester)	PHRM4071 6-week QUM research focused placement <i>or</i> PHRM4062 / PHRM4072 6-week community pharmacy placement (both start 2 weeks prior to semester)

* Students selecting to do Majors in 4th year will not complete a QUM Research Focused Placement, and will do the community pharmacy placement in semester 2.

PART II

BEFORE YOUR PLACEMENT

3. MUST READ POLICIES

UQ has a number of policies and procedures that relate to work integrated learning activities. **By enrolling in your program and courses you have agreed that you will abide by these policies.**

- [PPL Working with Children](#)
- [PPL Vaccinations and Immunisation](#)
- [PPL Working Safely with Blood and Body Fluids](#)
- [PPL Work Integrated Learning and Work Experience](#)
- [PPL Supporting Students' Fitness to Study](#)
- [PPL Student Code of Conduct](#)
- [PPL Student Integrity and Misconduct](#)

Supporting Students' Fitness to Study

As a student of the Faculty of Health, Medicine and Behavioural Sciences, you will be required to provide care to patients and clients from a diverse range of backgrounds as part of your practical placements. It is the University's duty to provide you with the necessary support to become a safe practitioner who is able to offer a professional level of care to their clients. This includes being both physically and mentally able to undertake the demands of your intended profession, as well as being able to demonstrate you have the necessary knowledge, skills and professional behaviours expected of student practitioners at the respective stage of your program of study.

The University's [Supporting Students' Fitness to Study Policy](#) aims to provide standards of behaviour and conduct, while helping to identify potential concerns early on, balancing student needs with patient safety, and safeguarding the University and its placement providers.

Concerns about your fitness to study may be raised if you:

- Engage in **conduct** that is outside the bounds of what is considered acceptable, or worthy, for membership of your chosen profession.
- Demonstrate **performance** that is not consistent with the profession's established standards.
- Exhibit disregard for – or an inability to meet – **compliance** issues, which are the rules, regulations or standards for practising as a member of the profession, or for undertaking professional practice with a provider.
- Display a **disability** or **health** condition that impairs your capacity to practise as required by the profession.

In these circumstances, a fitness to study concern may be reported to the University, where it will be investigated.

Do you have a temporary or permanent condition which could impact upon your fitness to study?

If you are concerned that you may have difficulty fulfilling the minimum requirements of your program you are encouraged to contact the Program Director or Course Coordinator to discuss what reasonable adjustments may be possible by completing a Student Access Plan (SAP).

Any agreed adjustments must be made in consultation with [UQ Student Services – Disability](#) and must not compromise the safety and well-being of the student or client, nor prevent you from demonstrating the necessary knowledge and skills for independent professional practice.

Contact your [WIL Partnerships Coordinator](#) if you have any questions or concerns in relation to your fitness to study.

4. Pre-Placement Requirements



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What to understand and do before your placement

- **Read and understand** the:
 - Course Profile for **assessment requirements and dates for submission** of these assessment requirements.
 - [Student Code of Conduct and the Work Integrated Learning and Work Experience Policy](#) and understand their **confidentiality obligations**.
 - Faculty of Health and Behavioural Sciences [Prepare for your Bachelor of Pharmacy \(Honours\) placement](#) information and **complete the pre-placement requirements** for your course/placement site by the deadline. If you are not compliant you will be unable to participate in placement.
- For 3rd year hospital placements – students **must attend a mandatory Pre-placement Hospital Workshop** in week 1 or 2 of the semester in which their hospital placement is scheduled (refer to the [course specific information for PHRM3101/3102](#) for more information).
- For 4th year self-sourced community pharmacy placements – students must **visit the pharmacy in person to request a placement**. DO NOT telephone pharmacies to make a request for the placement. Submit your placement site and preceptor details through [InPlace](#).
- Students **cannot be paid** for their work on placement and must not complete a placement at their usual place of employment.
- Placements are valuable learning opportunities and students **must not attend more than one placement at a placement site**.
- Students **must NOT be supervised by relatives**, or complete placements at sites owned or managed by relatives.
- Community pharmacy **placements must be completed in Australia** as the reflections and tasks are based on Australian standards.
- Read and **adhere to the recommended dress code and behaviour standards**.
- Students **must NOT commence the placement until you receive confirmation that the placement has been approved** (verified) by the School via InPlace (Placement Agreements must be organised by the School for each placement site).
- **Contact your preceptor at least two weeks before your placement begins to discuss placement expectations and your schedule**. If you are attending a hospital placement, please note that your preceptor may instead contact you.

If your placement period includes a public holiday:

- You are expected to attend if the site is open and your preceptor is happy for you to do so. Please confirm this with your preceptor at least one week prior, using your student email address or via

phone if possible.

- If the site is closed, or your preceptor advises that appropriate supervision won't be available, you are not required to attend.
If you are at a community pharmacy and would like to make up the hours, please discuss this with your preceptor and notify your WIL Partnerships Coordinator of any updated times.
- **NOTE** that placements during the university vacation times, on weekends or outside usual working hours must be authorised by the WIL Partnerships Coordinator (to request timeframe alterations e-mail your Course Coordinator for approval).

Placement Accessibility

If students feel they may require adjustments to their placement conditions, they should make an appointment with [UQ Student Services](#) for a Student Access Plan (SAP).

It is the students responsibility to communicate their SAP to the [WIL Placement Coordinator](#).

If you have any questions or concerns in relation to your [Fitness to Practice](#), contact, your [WIL Partnerships Coordinator](#).

5. Pre-Placement Compliance

[The student placement journey \(YouTube, 3m 45s\):](#)



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=36#oembed-1>

All placement compliance is managed by the [HMBS Placement Ready Team](#) and all compliance queries should be directed to this team. The contact information for the HMBS Placement Ready Team can be found [here](#).

Before you commence your placement, you will need to submit evidence that you have met the requirements below. Some of these requirements have expiry dates so there will be times when you will need to renew a requirement.

It is **your responsibility** to ensure that you meet these requirements and renew any requirements **before** they expire. It is essential that you read and promptly action the emails we send you so that we can assist you to be placement ready.

You can view your compliance requirements in InPlace, and will also receive regular email reminders from the HMBS Compliance Team leading up to your placement. Make sure you action these. Some requirements can take weeks or even months to complete!

[Visit the HMBS Placement Ready page](#) to find out what you need to do to be compliant.

[Brief guide to InPlace for Health, Medicine and Behavioural Sciences students \(YouTube, 6m 21s\):](#)



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=36#oembed-2>

The HMBS Placement Ready team are available to help you. View contact information [here](#).

6. Uniform

Students are required to present professionally at all times while on placement:

- Wear the UQ Pharmacy placement shirt / polo (purchased through the [Queensland Pharmacy Students' Association \(QPSA\)](#)) and the correct identification badge; no placement can be undertaken without meeting this requirement.
- Wear smart trousers or knee length skirt. No denim or athletic gear.
- Wear smart, comfortable, closed toe shoes. **No trainers**, regardless of colour. There may be an exception for hospital placements but check with your preceptor first.
- If you choose to wear make-up and jewellery this must be conservative and in line with the organisations' dress code.



https://www.qpsarx.com/store/c17/Placement_Shirt.html

PART III

DURING YOUR PLACEMENT

7. Your Responsibilities

- Students must attend the placement during the timetabled session or at a time which is convenient to the preceptor and confirmed with the WIL Partnerships Coordinator.
- Any change in placement details (e.g. placement site, placement preceptor) must be discussed with the [WIL Partnerships Coordinator](#), prior to the proposed change.
- Placement attendance is compulsory. The student is to notify their preceptor and the School of Pharmacy and Pharmaceutical Sciences (placements@pharmacy.uq.edu.au) as soon as they know they will be absent from their placement.
- **Absences** should be recorded in UQ's placement portal, InPlace ([instructions here](#)).
 - If you miss more than TWO days of placement (ie on the THIRD day) due to medical reasons you must also upload a medical certificate to InPlace.
 - Students with COVID-19 must seek advice from their preceptor **before** returning to placement.
 - Students are to plan with preceptors to make up missed days/hours at a later date that suits the preceptor.
 - In cases where the student is unable to make up missed placement days a decision will be made on a case-by-case basis by the course coordinator as to whether the placement has been completed satisfactorily or not.
- Be [professionally presented](#) at all times
- Students may take brief notes if agreed with the preceptor, but all assessable items are **completed after the placement** on their own computer and uploaded by the student via the Blackboard links.
- DO NOT use any placement equipment (including all computers and electronic devices) unless prior approval has been given by the Preceptor.
- DO NOT post any messages related to your placement (including photographs) on social media sites.
- Preceptors may be unavailable, at times, to teach or answer student queries. Students can demonstrate initiative and willingness to learn by using this time to participate in other pharmacy activities e.g. interact with other staff; research learning tasks.
- It is the student's responsibility to keep placement compliance current, whilst enrolled in placement courses. Please action reminder emails or texts from the HaBS Placement Ready Team at your earliest convenience.
- **Students who have any placement problems or would like to discuss their placement with the [WIL Partnerships Coordinator](#) or Course Coordinator, please email placements@pharmacy.uq.edu.au**

8. Preceptor Responsibilities

Placement supervisors have key responsibilities to ensure the student is inducted and aware of the following upon commencement of the placement:

- Occupational health and safety
- Organisation policies and procedures, code of conduct
- Standard operating procedures
- Internal confidentiality
- Expected working hours/dates
- Providing day to day supervision of the student in a safe and supportive work environment
- Providing ongoing, constructive feedback to the student, as well as providing final feedback via the ePortfolio
- Being available and responsive to student questions and needs
- Liaising with the UQ WIL Partnerships Coordinator and Course Coordinator

9. Presentation and Professionalism

As well as possessing the appropriate skills and knowledge, the University has standards for behaviour and conduct while studying a professional program and undertaking practical placements. You are expected to conduct yourself in a manner consistent with the University's [Student Code of Conduct](#) as well as any relevant codes or guidelines issued by the Faculty, discipline professional body, registering authority or placement providers.

Expected behaviours include but are not limited to:

- attending all teaching sessions and completing any academic requirements set by the School or placement provider
- avoiding unprofessional behaviour (including on social media websites)
- being honest and trustworthy in all matters
- being responsible for your own health
- respecting and protecting confidential information
- respecting the views of others, even when they differ from your own
- seeking clarification on a policy or other University directive that you find unclear
- taking advantage of all learning/development opportunities
- treating all persons with respect and without discrimination

In addition students are expected to uphold standards of professional behaviour including:

- abiding by the workplace rules, policies, and procedure
- complying with the [dress code](#)
- liaising with the UQ [WIL Partnerships Coordinator](#) and Course Coordinator
- notifying your workplace supervisor of any concerns during the placement

UQ has a [Fitness to Practice Policy](#) which aims to guide student behaviour on placement and to manage cases where student behaviour is not consistent with expected behaviours or contravenes expected standards in the workplace.



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=648#oembed-1>

10. Conduct and Confidentiality

Please ensure you have read and understood the Work Integrated Learning and Work Experience Policy and understand that:

It is the responsibility of the student to:

- conduct themselves professionally, within their expected scope of practice, in accordance with any legal and/or policy requirements of the Host Organisation, including completion of any mandatory training; and
- comply with relevant policies and procedures of The University of Queensland, including the [Student Code of Conduct](#), and external regulatory requirements (including visa requirements).

As part of the Student Code of Conduct, UQ expects you to:

- conduct yourself in a professional manner while undertaking industrial placements or other forms of clinical or practice-based experience, and respect the confidentiality of patient, client or commercial information made available to you as part of your practical learning activities Patient Privacy and Confidentiality in Healthcare
- give to any person, directly or indirectly, any information acquired during the placement, that may lead to identification of someone receiving or who has received a service / treatment unless the Student is compelled to do so by law, or the person being identified consents to it, or the information is required for further treatment of the person being identified.
- give to any person, directly or indirectly, any information acquired during the placement relating to financial or business management practices of the preceptors, the placement site and the Agency providing the placement unless the student has obtained express permission from the preceptor / Agency to do so, or unless the Student is compelled by law to provide the information.
- access, read, record, communicate, OR attempt to access, read, record, communicate any written or electronic information concerning any person receiving or who has received a service/treatment UNLESS specifically directed or permitted to do so by the placement preceptor/Agency, and then only for the purposes of carrying out a specific activity as part of the placement training.
- share on social media any placement opinions, information, experiences, images, videos, audio clips, websites and applications used for social networking*, UNLESS specifically directed or permitted to do so by the university AND the preceptor/ Agency.

11. Duty of Care

Although students are supervised while on experiential placements, you still have a responsibility to adopt and maintain a duty of care toward patients and other health care professionals. Please review the **“Pharmacist’s Code of Professional Conduct”** in the current APF and follow this Code in your practice. Other professional standards and guidelines are available in the APF and students would benefit from familiarising themselves with these principles.

Policy on the Rights of Patients in Pharmacy Education

These guidelines have been developed by the School of Pharmacy for educational activities that are not considered part of usual or routine clinical care.

- Patients must understand that pharmacy students are not qualified pharmacists.
- Preceptors and students must obtain explicit verbal consent from patients before students take their case/drug histories or physically examine them, making sure they understand the primarily educational purpose of their participation.
- Preceptors and students should never perform physical examinations or present cases that are potentially embarrassing for primarily educational purposes without the patient’s verbal consent—including for the number of students present. When individual students are conducting/witnessing such examinations a chaperone should usually be present;
- Patients who are unconscious or incompetent must be involved only in primarily educational activity only with the explicit agreement of their responsible clinician and after consent from parents (children) or consultation with relatives (adults);
- Students must respect the confidentiality of all information communicated by patients in the course of their treatment or participation in educational activity. Patients should understand that students may be obliged to inform a responsible pharmacist or clinician about information relevant to their clinical care.

Preceptors are responsible for ensuring that these guidelines are followed. If students are asked by anyone to do the contrary, they must politely refuse, referring to these guidelines. Encouraging students to ignore these guidelines is unacceptable.

12. Safety



Photo by [Clarissa Watson on Unsplash](#)

Your safety on placement, including when you are travelling to and from your placement, is one of UQ's highest priorities. However, you also have a responsibility to prioritise your own personal safety.

Please take time to read over the resources on [Your personal safety on placement](#), for staying safe on placement – we recommend you review these regularly. Remember, safety includes both physical as well as psychosocial safety. The [Qld Police Adult Safety website](#) has great advice on how you can stay safe.

Student Support

In the first instance you should contact your UQ [WIL Placement Coordinator](#) or Course Coordinator for assistance with your placements. However, if this is not possible or preferred, there are other options available to students seeking support. Contact details can be found on [Your personal safety on placement](#).

COVID-19 While on Placement

If you have or develop [COVID-19 symptoms](#) while on placement stay at home until you no longer have symptoms. Test as soon as possible.

If you test positive for COVID-19 during your placement period, please follow these steps:

- Notify your preceptor and check what their procedure is for returning to the placement site.
- You must isolate until at least 5 days have passed since either the onset of acute respiratory infection symptoms or the positive COVID-19 test (whichever was first) as per [Old Govt advice](#).
- Email a positive PCR test result to placements@pharmacy.uq.edu.au
- As you near the end of your isolation period, contact your preceptor to let them know when you will be returning and discuss the possibility of making up some of the time missed.
- Once you are well enough to return, email placements@pharmacy.uq.edu.au to provide an update on your planned placement hours.
- Update your placement hours in InPlace ([instructions here](#)).

Close contacts:

- If you are a close contact of someone with COVID-19 you do not need to isolate if you are symptom free

- You must contact your preceptor **prior to returning** to the placement site to let them know.
- Closely monitor your symptoms, wear a face mask and immediately isolate and test should you begin to feel unwell.

PHRM4071 students may be able to work from home while isolating so long as you feel well enough. Please discuss this option with your preceptor.

13. Reporting an Incident



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In the event that an incident occurs on placement, please report incidents through the [Report an incident or hazard page](#).

In addition, please report to the Pharmacy Administration Team (placements@pharmacy.uq.edu.au).

If an incident or emergency occurs outside of normal business hours, please contact UQ Security on 07 336 53333.

PART IV

COURSE SPECIFIC PLACEMENT INFORMATION (STUDENTS ENROLLED FROM 2022 ONWARDS)

14. PHRM2102 Community Pharmacy Placement

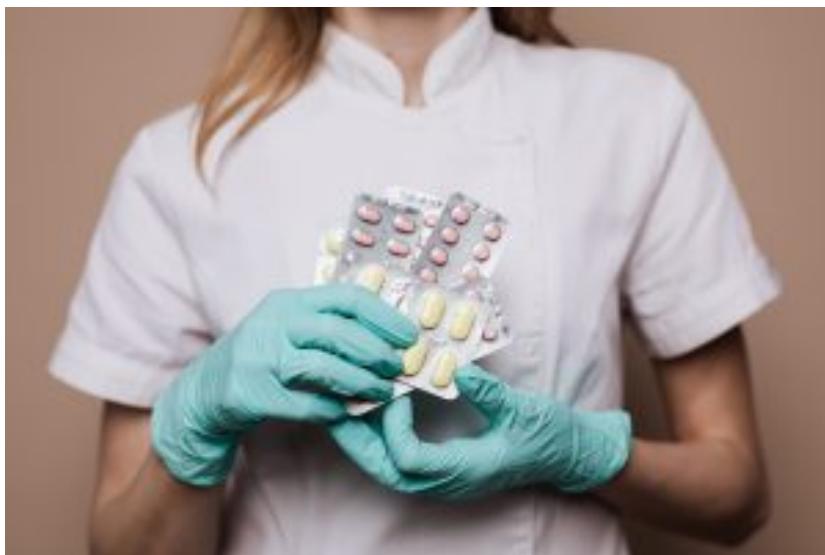


Photo by [Karolina Grabowska](#) on Pexels.

Purpose

You will have opportunity to gain pharmacy practice experience and enhance your employability through work integrated learning experiential placements in a community pharmacy environment.

Placement Structure

- 1-week full-time
- While at the placement, the expectation is you will experience the many aspects of community practice, including interaction with staff and customers.
- Students are expected to perform across THREE entrustable professional activities (EPAs) which are:
 - Taking in prescriptions
 - Dispense medicines
 - Provision of OTC/S2/S3 medications
- Receive feedback from the preceptor on your performance for the three EPAs, and develop an action plan on how you can improve your performance.

Assessment

- Refer to your course Blackboard page and the Course Profile for assessment details.

To Know

- These placements are self-sourced by students.
- There are strict compliance requirements to meet before you can go on placement. Be sure to read and action all communication from the [HaBS Placement Ready Team](#).
- Students who are not compliant will forfeit their placements and jeopardise their ability to successfully complete the course.

15. PHRM3101 and PHRM3102 Overview

PHRM3101 and PHRM3102 Work Integrated Learning Overview

- The course has a 'rolling placement' model, with placement blocks based on a student's tutorial group and taking place over weeks 3-12.
- Classes missed while on placement will be available the following week.
- Over the year, students enrolled in PHRM3101 and PHRM3102 will complete 3 placements.
- Each student will complete:
 - Two x 1-week community pharmacy placements; 1 each semester; and
 - One 1-week hospital placement; in either semester 1 or semester 2.
- All placements are sourced by the WIL Partnerships Coordinator.

	Semester 1		Semester 2	
	Group A	Group B	Group A	Group B
Community 1-week	✓	✓	✓	✓
Hospital 1-week	✓			✓

This table demonstrates the placement model, with students undertaking 1-week hospital placement in semester 1 or 2.

Assessment

Refer to your course Blackboard page and the Course Profile for assessment details.

16. PHRM3101/PHRM3102 Community Pharmacy Placement



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Purpose

Students will complete a 1-week community pharmacy placement in semester 1 (PHRM3101) and semester 2 (PHRM3102). During these placements you are expected to consult with consumers regarding common OTC requests, take a medication history either from a patient new to the pharmacy or an existing patient presenting with a new medicine, and educate a patient on a new medication, all with direct, proactive supervision.

Learning outcomes

EPAs to be completed on this placement are:

- Provision of OTC Medicine (for relevant clinical area(s) covered in second year late Semester 2 or early semester 1 in third year) (community pharmacy).
- Taking a medication history either from a patient new to the pharmacy or an existing patient presenting with a new medicine
- Educating a patient on their new medication(s)

Assessment / Learning Activities

- Prior to the end of the placement, you will complete the self-assessment for professionalism on placement.
- Entrustable Professional Activities. Prior to the end of your placement, you will complete the self-assessment for the EPAs in the ePortfolio, accessed via the link Learn.UQ. A link to these will be emailed to your preceptor who can access your self-assessment. You should make sure you arrange to meet with your preceptor to provide you with feedback on your activities and provide their level of entrustment. Note you are not assessed on your level of entrustment.
- Individual Learning Plan (ILP) and Placement reflection

- Refer to the Course Profile for assessment detail and deadlines

To Know

- Placements have been sourced by the WIL Partnerships Coordinator and students select from a list of opportunities made available through InPlace.
- Students are encouraged to complete these placements in rural locations, and funding is available. We have existing partnerships with rural pharmacies, or students can self-source. Further information is available in the [Rural chapter](#) of this book.
- Students wishing to complete a rural placement in a region that does not have placements advertised should email placements@pharmacy.uq.edu.au

17. PHRM3101/PHRM3102 Hospital Placement



Photo by [Maria Ionova on Unsplash](#)

Purpose

You will have the opportunity to experience hospital pharmacy and to observe or be observed completing two to three entrustable professional activities (EPAs).

- Taking a medication history
- Educating a patient on their medication(s)
- Chart review

Placement Structure

- 1-week full-time placement.
- You will shadow the hospital pharmacists and assist when practical.
- You may be supervised by multiple pharmacy staff over the week.

Placement Preparation

All students will attend a mandatory **Pre-placement Hospital Workshop** in week 1 or 2 of the semester in which their hospital placement is scheduled. The purpose of the workshop is to improve student preparedness for hospital placement and optimise the placement experience.

The learning outcomes of the workshop:

- Understand what pharmacists will expect of you on the wards (Do's and Don't) to optimise your placement time
- Understand the activities of the pharmacist on the wards to be an asset to the pharmacist
- Describe effective medication history taking and processes in a busy hospital context using a Medication Action Plan (MAP) form

Assessment

- Complete a self-assessment of where you feel you could improve.
- Based on feedback from your preceptor, plan two learning goals for the following semester.
- Receive a level of entrustment from your preceptor based on their observation of your performance.
- Students are assessed on their learning plan and reflections, not the level of entrustment.

To Know

- Placements are sourced by the WIL Partnerships Coordinator and students are allocated based on their term address.
- Students wishing to complete a [rural placement](#) should email placements@pharmacy.uq.edu.au in advance of placements being allocated to see whether this may be possible.
- In ePortfolio please send your submission to your preceptor (the pharmacist you shadowed) rather than the hospital, as only 1 email address can be associated with each site. Note that your preceptor in ePortfolio may differ from the person listed in InPlace, who is typically the Clinical Educator.
- Instructions for adding a preceptor can be found in the 'How To Guide' section of this handbook.

18. PHRM4062 and PHRM4072 QUM Pharmacy Practice Placement



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Purpose of the Year 4 Experiential Pharmacy Placement

During this placement, the expectation is that students will:

- Attend their placement on a full-time basis (4 days/week), over the 6 consecutive weeks starting 2 weeks prior to the start of either Semester 1 or Semester 2.
- Submit a total of 6 SEAL Reflective Learning Tasks (5 for PHRM4062) according to the submission dates outlined in the Course Profile.
- Reflect on placement experiences in a Career Development Workshop.
- Actively seek out appropriate opportunities to gain feedback from their Preceptor.
- PHRM4072 students complete the Optimising Socially Accountable and Holistic Care (Work Based Task) where they will collect anecdotal evidence and contemporary evidence to produce and submit a written report on the gap between current and best practice in a particular patient demographic.

Note: Placement attendance days are at the discretion of the placement supervisor. Students should contact their supervisor 4 weeks prior to the placement start date to discuss.

Assessment

Refer to your course Blackboard page and the Course Profile for assessment details.

19. PHRM4071 QUM Research-Focused Placement



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Purpose of the Year 4 QUM Research-Focused Placement

These placements are designed for the students to examine a Quality Use of Medicine (QUM) issue at the placement workplace. While on placements the students are to gain experience at the placement site as well as completing this QUM project.

Students attend their placement on a full-time basis (4 days/week), over the 6 consecutive weeks starting 2 weeks prior to the start of either Semester 1 or Semester 2. Placement attendance days are at the discretion of the placement supervisor. Students should contact their supervisor 4 weeks prior to the placement start date to discuss.

Students are expected to undertake a minimum of TWO EPAs during their placement experience. Students completing their placements within a hospital or other clinical setting can choose from a range of clinical and non-clinical EPAs based on their individual learning goals and current experience. Students completing their placements at a non-clinical (i.e. non-patient facing) facility can undertake the non-clinical EPAs which focus on Data Collection and Management and Teamwork and Collaboration.

Assessment

Refer to your course Blackboard page and the Course Profile for assessment details.

PART V

**COURSE SPECIFIC PLACEMENT
INFORMATION (STUDENTS ENROLLED
BEFORE 2022)**

20. PHRM3011 Community Pharmacy Placement (students enrolled prior to 2022)



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PHRM3011 community pharmacy placements are self-sourced. During this placement, the expectation is that students will:

- Attend SIX (6) weekly placements of 3-4 hours/week (attendance sheet to be signed by the Preceptor at the completion of each placement).
- Experience most aspects of community practice including Dispensing and Patient Consultation on Medications, Communication, Professional and Ethical issues, and Business (where applicable).
- Use their placement experience to complete the following assessment items to pass PHRM3011
 - Weekly Reflective Diary
 - Evidence examples for Developing Skills Task
 - Assessment of Dispensing Task
 - Graduated Descriptor Tool Discussion Declaration
 - Attendance Sheet
 - Satisfactory Preceptor Evaluation

By completing this process, it is hoped that the students will show responsibility for their professional practice learning and increase their readiness to undertake future practice placements.

[PHRM3011 Community Pharmacy Placement Student Manual_2024 \(PDF, 1.44MB\)](#)

Further information including assessment detail can be found on the [PHRM3011 Blackboard page](#).

21. PHRM3012 Community Pharmacy Placement (students enrolled prior to 2022)



Photo by [Christina Victoria Craft](#) on [Unsplash](#)

Placement Overview and Requirements

PHRM3012 community pharmacy placements are self-sourced. During this placement, the expectation is that students will:

- Attend a 1-week full-time placement (attendance sheet to be signed by the Preceptor at the completion of each placement).
- Experience most aspects of community practice including Dispensing and Patient Consultation on Medications, Communication, Professional and Ethical issues, and Business (where applicable).
- There are 7 required tasks as part of the placement assessment:
 1. Agreed Placement Times (ePortfolio) and Placement Site (InPlace)
 2. Daily Reflective Diary (ePortfolio)
 3. Evidence Examples of Developing Skills (ePortfolio)
 4. Dispensing Task (ePortfolio)
 5. Placement Attendance, Feedback and Student Evaluation (by Preceptor) (ePortfolio)
 6. Attendance Sheet
- These tasks should be submitted to the UQ ePortfolio or Blackboard using the submission links provided.
- Students are advised to thoroughly read the information provided on placement tasks in the PHRM3012 Course Profile and the [PHRM3012 Community Pharmacy Placement Student Manual_2024 \(PDF, 1.44MB\)](#)

- Due dates are available in the PHRM3012 Course Profile, which can be found on the left-hand menu Course Profile. Agreed Placement Times (ePortfolio) and Placement Site (InPlace)

Further information including assessment detail can be found on the PHRM3012 Blackboard page.

Rural Placements

- Many students complete their PHRM3012 community pharmacy placements in a rural location. The school has existing partners who provide rural placements, but students can also self-source.
- Funding is available and information on this can be found in the Rural Placements chapter of this book.
- Further information will be communicated to you late in semester 1. Please contact Jo Williams, the WIL Partnerships Coordinator at placements@pharmacy.uq.edu.au with any questions.

22. PHRM4062 and PHRM4072 QUM Pharmacy Practice Placement



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Purpose of the Year 4 Experiential Pharmacy Placement

During this placement, the expectation is that students will:

- Attend their placement on a full-time basis (4 days/week), over the 6 consecutive weeks starting 2 weeks prior to the start of either Semester 1 or Semester 2.
- Submit a total of 6 SEAL Reflective Learning Tasks (5 for PHRM4062) according to the submission dates outlined in the Course Profile.
- Reflect on placement experiences in a Career Development Workshop.
- Actively seek out appropriate opportunities to gain feedback from their Preceptor.
- PHRM4072 students complete the Optimising Socially Accountable and Holistic Care (Work Based Task) where they will collect anecdotal evidence and contemporary evidence to produce and submit a written report on the gap between current and best practice in a particular patient demographic.

Assessment

Refer to your course Blackboard page and the Course Profile for assessment details.

23. PHRM4071 QUM Research-Focused Placement



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Purpose of the Year 4 QUM Research-Focused Placement

These placements are designed for the students to examine a Quality Use of Medicine (QUM) issue at the placement workplace. While on placements the students are to gain experience at the placement site as well as completing this QUM project.

Students attend their placement on a full-time basis (4 days/week), over the 6 consecutive weeks starting 2 weeks prior to the start of either Semester 1 or Semester 2.

Students are expected to undertake a minimum of TWO EPAs during their placement experience. Students completing their placements within a hospital or other clinical setting can choose from a range of clinical and non-clinical EPAs based on their individual learning goals and current experience. Students completing their placements at a non-clinical (i.e. non-patient facing) facility can undertake the non-clinical EPAs which focus on Data Collection and Management and Teamwork and Collaboration.

Assessment

Refer to your course Blackboard page and the Course Profile for assessment details.

PART VI

RURAL PLACEMENTS

[UQ Pharmacy student Brooke shares her thoughts on rural placement \(YouTube, 2m 24s\):](#)



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=82#oembed-1>

Have you ever thought about what life is like in regional and rural Australia?

Have you ever wondered how people who live in these communities access healthcare services? Why not experience this first-hand by undertaking a life-changing rural placement!

We are committed to providing you with the opportunity to broaden your horizons and experience a rural placement supported by our Faculty's University Department of Rural Health, [Southern Queensland Rural Health](#) (SQRH) as well as a range of other partners throughout Queensland.

[Rural and regional placements – Faculty of Health and Behavioural Sciences – University of Queensland \(uq.edu.au\)](#)

24. Which courses can include a rural placement?



Photo by [Kai Gradert](#) on [Unsplash](#)

Students are encouraged to consider rural and regional opportunities for the following courses:

2nd and 3rd Years

PHRM2102, PHRM3012, PHRM3101 and PHRM3102 Community Pharmacy Placements

A 5-day community pharmacy placement is a great opportunity to 'dip your toes in the water' and explore life in a rural town! You can find your own placement or register your interest with the placements team for School of Pharmacy sourced opportunities. Please note, funding is limited, and we will not reimburse airfares for 5-day placements.

4th Year

PHRM4072/PHRM4062 QUM Community Pharmacy Placement, PHRM4071 QUM Research Focused Placement

These 6-week placements allow you to get a real taste of life as an allied health professional in a rural or regional area. 4th year placements begin 2 weeks prior to the start of each semester and can potentially be extended to 8 weeks if you would like to start sooner, during semester break. You can source your own placement or register interest for one sourced by the placements team. Keep an eye on your emails so you are up to date with deadlines and opportunities!

Community pharmacy placements can be **self-sourced**, or you can apply for opportunities sourced by the Placements Team. PHRM4071 placements must be **sourced by the School**.

- Placements sourced by the School, [Southern Queensland Rural Health \(SQRH\)](#) or [University Centre for Rural Health \(UCRH\)](#) or [Murturpuni Centre for Rural Health \(CRRH\)](#) will be advertised on InPlace.
- Students will be notified once applications are open.
- Do not contact these pharmacies directly.
- ([UCRH Info Session Recording](#)).

[This interactive map](#) shows Queensland Health hospitals and health services.

Self-Sourced Placements

You are welcome to source your own placements across Australia. Please note the following:

- There must be a signed placement agreement, between UQ and the provider.
- Make sure you read the Course Profile. If it is a community pharmacy placement, many rural hospitals will not be able to provide the learning experiences required. As a guide, they must have retail / outpatient services.
- Make sure you are clear on the accommodation and travel options, including local transport, and the

UQ travel policy. Do not book anything until your placement is approved.

25. Funding Your Rural Placement



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There are a number of funding options available to you to help you cover the costs of a rural placement.

Most funding specifies the placement must take place in **Modified Monash Model (MMM)** category 3 or above. The MMM classifies areas according to geographical remoteness and town size. Please see the attachment for further information. [You can check the MMM category of a specific location here.](#)

- **UQ** provides [financial hardship assistance](#) to eligible students.
- The UQ Student Union provides [placement bursaries](#) for students who are experiencing financial hardship as a result of their work-integrated learning placement.

Rural Pharmacy Student Placement Allowance Program

Eligible students can apply for funding to support transport and accommodation costs to attend their placement. To be eligible you must:

- Be an Australian citizen or a [permanent resident \(check definition\)](#)
- Be enrolled as a full-time student in an undergraduate pharmacy degree
- Placements must be in Modified Monash Model (MMM) Category 3 to Category 7 locations.
- [RPSPA Program Rules Rural Pharmacy Student Placement Allowance \(ppaonline.com.au\) \(PDF, 236KB\)](#)
- Apply for the allowance through their university. Students must complete a [Pre-Placement Rural Funding Application Form](#) prior to travel
- Submit a travel diary and a brief report detailing the activities undertaken while on placement, once the placement is complete.
- Agree to participate in longitudinal studies on the recruitment of rural pharmacists to rural practice.
- Further information on booking travel and accommodation using this funding is in the next section of this handbook.

SQRH Bursary

In addition to all of the other great support, SQRH is offering a limited number of bursaries. To be eligible you must:

- Be doing an extended rural clinical placement (**8+ weeks**) Students completing an 8-week placement

will be awarded \$800 to help with costs.

- The placement must be in a rural location (classification [MMM3-7](#)) within the SQRH region. Please note Toowoomba City is classified as MMM2 and is not included as an eligible location.

Other Funding

There are also many other external organisations that provide financial support via bursaries and competitively awarded scholarships to students undertaking rural placements:

- [CRANplus](#) (peak professional body for the remote and isolated health workforce) offers [awards, scholarships and grants](#) to support the development of nursing and allied health students.
- [HWQ Going Rural North](#) offers bursaries of \$200 per week toward travel and accommodation costs for placements in Far North Qld (excl hospitals). This is only for students who have remaining out-of-pocket expenses after accessing RPSPA funding.
- [NAFEA National Association of Field Experience Administrators](#) rural placement scholarship program.
- [ACEN Australian Collaborative Education Network](#) student work-integrated learning scholarships. [Read Lisa's story](#) of how she was able to undertake a placement in Mt Isa with the help of an ACEN scholarship.
- [Central Queensland Rural Health](#) offers scholarships of \$1500 per year to health students who are from a rural or regional area of Queensland and who can demonstrate a commitment to working in a rural community after graduation.
- The [National Rural Health Student Network](#) provides a summary of rural placement scholarships available across Australia.
- [Rural Health Pro](#) also provides a summary of scholarships available to students undertaking rural placements.
- [UQ WIL Placement Financial Hardship Grant](#) available for students experiencing genuine financial hardship resulting from the requirements of participation in WIL placement and may forfeit the opportunity without hardship funding. Open to International and Domestic students, for rural and metro placements.

Other ways you can access rural placement support

- Join [Towards Rural and Outback Health Professionals in Queensland \(TROHPIQ\)](#). TROHPIQ is Queensland's student-run rural health club dedicated to helping medical, nursing and allied health students experience the unique career and lifestyle opportunities to be found beyond the big town of Brisbane.
- The [National Rural Health Student Network](#) also provides [helpful resources](#) related to rural health placements and is a voice for rural health students.
- Register with [Country Universities Centre \(CUC\)](#). CUC is an organisation that provides secure spaces where you can focus on your studies while you're on a rural placement and they have centres located in [Roma](#), [St George](#) and [Dirranbandi](#), [Goondiwindi](#) as well as in other Australian states and territories. The centres offer high-speed internet, printing and copying facilities as well as desktop computers, video conferencing and other study spaces.
- [Health Workforce Queensland](#) supports students via a number of initiatives that provide you with the opportunity to undertake activities and experience the possibilities of a rural career.

26. Booking and Funding Your Travel and Accommodation



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Students Accessing Funding Through the Rural Pharmacy Student Placement Allowance (RPSPA) Program

If you are applying for funding through the RPSPA Program, placements must be confirmed in InPlace and your [Pre-Placement Funding Application Form](#) must be approved before booking accommodation. Check you meet the eligibility criteria first. You must be an Australian citizen or have permanent residency (PR) to receive this funding.

1. Students research their own travel and accommodation options and gain quotes, either online or through a travel agent.
2. Complete the [Pre-Placement Funding Application Form](#) on StudentHub and attach quote for approval.
3. Once the budget form is submitted and approved by the School, students will receive an email with the approved amount and an [Expense Claim Form](#). You may be eligible to claim for:
 - Flights
 - Accommodation (including Airbnb)
 - Private vehicle costs, e.g. fuel for travel from your home location to your placement location (Please note: car hire, toll charges, and fuel used while on placement are **not** eligible for reimbursement)
 - Train/bus tickets
 - Taxi or rideshare fares (e.g. to and from the airport)
4. Students are to book and pay for their own travel and accommodation. Once you have done so, complete the [Expense Claim Form](#) and email to pharmacy@enquire.uq.edu.au. If your expense form is completed correctly, you can expect to be reimbursed within 10 – 15 working days.
5. Once you return from your placement, you must complete the [Post-Placement Mandatory](#) Reports on StudentHub within 14 days.
6. Please refer to the ATO website for information on eligible deductions and completing a travel diary. See the [example of a travel diary](#).

Things to note:

- The total funding available to the school is capped. Students must select the most economical transport and accommodation possible to ensure as many students as possible are able to access this support.

- We suggest working on a budget of \$100.00 – \$250.00 per night for accommodation. As we need to ensure that the funds are distributed in a fair and equitable manner, so bookings for 5-star accommodation will not be approved. However, when booking your accommodation your safety is our number one priority. Therefore, we prefer that you do not stay in a backpacker's hostel or above a pub, for example.
- Where possible students should select accommodation relevant to their group size. i.e. if you are traveling alone, look at studios, bedsits, and 1-bedroom options. If there are 2 students, look for 2-bedroom units.
- If you are travelling with other students, each group member must submit a claim for their portion of the accommodation. The accommodation quote must include the names of all students and you will be asked to name them when completing your pre-placement funding application form.
- If travelling with other students, only the owner of the vehicle will be paid the fuel allowance. The fuel allowance will be calculated from the driver's home address to the accommodation and return. Additional fuel costs will only be reimbursed for travel between placement sites.
- Accommodation is only able to be reimbursed for the placement dates. If you are travelling for more than 3 hours to your accommodation, you can claim accommodation costs for the day before placement commencement and the night your placement finishes.
- Airfares will not be approved for 5-day placements. If you wish to travel further afield, you can do this in your 4th year.

Other Accommodation Options

Queensland Health

If you are placed in a Queensland Health facility in Southern Qld you may be eligible for free accommodation and you should check with Qld Health first before booking alternative accommodation.

To book Qld Health accommodation in the South West region (eg. Quilpie, Thargomindah, Cunnamulla, Charleville, Roma, St George) you should contact SWHHS.Student.Placements@health.qld.gov.au.

To book Qld Health accommodation in the Darling Downs region (eg. Chinchilla, Kingaroy, Toowoomba, Goondiwindi, Stanthorpe) you should contact your Placement Coordinator for the accommodation contact.

[South Queensland Rural Health \(SQRH\)](#)

SQRH has some accommodation available free of charge for UQ students on placements. Locations include Charleville, Chinchilla, Goondiwindi, Kingaroy, Roma, St George, and Toowoomba. Further information about accommodation available, eligibility criteria and instructions for how to apply can be found on the [SQRH accommodation](#) webpage.

[Murtupuni Centre for Rural and Remote Health \(CCRH\)](#)

CCRH provide [accommodation for students](#) undertaking placements in their region. Areas in the region include Mt Isa, Weipa, Normanton and Longreach.

[The University Centre for Rural Health \(UCRH\)](#)

UCRH also has heavily subsidised accommodation they can arrange for students undertaking placements within the Northern Rivers region.

[The Australian Homestay Network](#) have great value options across Australia with rates starting at \$200 per week. This accommodation is open to all students and is an excellent option for students not eligible for funding including **international students** and those doing placements in an **MM2** classified location.

If you will not have your own transport, please research the area and make sure you are in safe proximity to walk or cycle to your placement site as it is unlikely there will be public transport. If you will be driving, please read the attached tips for rural road safety.

27. Safety on Rural Placements



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Please review the information and advice regarding your personal safety to and from, and on your placement on the [Your personal safety on placement page](#).

Do you need to travel more than 50km **and** stay away from home for your placement? You shouldn't travel for your placement until your travel is authorised. If your placement is visible to you in InPlace, it means that travel for this placement has been approved by UQ. If your travel has been approved, you should do the following before you depart:

1. Read the [UQ travel procedure](#). Pay careful attention to Section 4.1. *Students* and ensure you understand what your responsibilities are.
2. Update your emergency contact details in [mySi-net](#) and [InPlace](#).
3. Ensure your personal mobile number is up to date on InPlace in international format e.g., +61 412 345 678.
4. Familiarise yourself with [UQ travel insurance information for students \(PDF, 307KB\)](#)
5. Complete and submit the [Traveller Declaration for Domestic Travel](#)
6. [Register your profile and your trip with International SOS](#) (even for domestic travel).
7. [Install and register with the Sonder Safety app \(PDF, 1.28MB\)](#) – free 24/7 health and safety support from anywhere in Australia. This app is similar to International SOS but also includes other safety and wellness features including 'Track my journey' and 'Check on me'.

REMEMBER: It's in your best interests and also your responsibility to minimise your risk when undertaking UQ authorised travel. Registering with International SOS and Sonder will help you do that.

Are you driving to a placement outside Brisbane?

Driving in rural Australia is challenging and brings with it additional risks. Review the [Queensland Government regional driving](#) webpage for recommended precautions if you are driving on country roads for your placement. Remember that some remote locations have limited mobile phone coverage. You should check this prior to commencing your journey and ensure you notify people of your travel plans.

PART VII

HOSPITAL PLACEMENT INFORMATION



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Compliance

- You will be notified of your hospital allocation in InPlace. All hospitals require you to meet [Qld Health Compliance Requirements](#).
- At present, all Qld Health sites also require students to be professionally fit tested for N95 masks prior to placement. The placements team will contact you to organise an appointment if this affects you. Further information on fitting your N95 mask is available in the “what you need to know” tab. You must take your fit test card to the placement.
- Check the information page for each hospital you are attending. Some will require you to print all copies of your paperwork to take with you and some will want you to email them. Action these as soon as possible! If you aren’t prepared, you will not be completing your placement.
- Hospital specific requirements are covered in the following chapters.

Absence / Illness

- Students are to notify their preceptor as soon as they know they will be absent from their placement.
- Students who have any symptoms of an acute respiratory infection should isolate immediately and test for COVID-19.
- If you test positive for COVID-19 you must not return to your placement until at least 5 days have passed since either the onset of acute respiratory infection symptoms or the positive COVID-19 test (whichever was first) as per [Qld Govt advice](#).
- Email the School at placements@pharmacy.uq.edu.au to let us know you are absent.
- Enter your absence in InPlace ([instructions here](#))

To Note

Visiting the hospital setting for the first time can sometimes be confronting, due to the different sights, sounds, and smells you might experience. This can sometimes be overwhelming, and it is not unusual for people to feel unwell or faint as a consequence. It is very important to let your preceptor know immediately if you feel unwell.

28. Greenslopes Hospital

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#).
- In addition to the QH vaccination requirements, students attending placements at Ramsay Health facilities must have evidence of either:
 - Three doses of paediatric formulation Hepatitis B vaccine
 - OR 2 doses of adult formulation Hepatitis B vaccine (given between 11 and 15 years of age)
 - OR Three doses of adult formulation Hepatitis B vaccine
 - OR Assessment for Hepatitis B vaccination where there is no vaccination evidence.
 - AND Documented evidence of a post-vaccination serological screening
 - **Please note students who's screening does not show Hep B antibodies will need to be vaccinated and this process can take several months to complete**
- **Students who have tested positive for COVID cannot attend placement until Day 8 post their positive test**, or in line with state health advice. They will be required to wear appropriate PPE at all times whilst on placement. Students who have tested positive for COVID should not undertake P2/N95 respirator mask fit testing within 14 days of a positive COVID test. Please refer to the relevant state health advice and Public Health Directions regarding RAT testing after the initial positive result.
- Students are not to attend placement if feeling unwell with cold or flu like symptoms (including but not limited to, fever, cough, sore throat, shortness of breath, loss of taste or smell, vomiting or diarrhoea)
- 4th year students allocated to Greenslopes Hospital will receive an email from Ramsay Health Care's placement portal. Here you will find details of all compliance requirements, hospital specific information, and pre-placement eLearning modules. Please ensure you familiarise yourself with the portal and complete all tasks. You must keep the evidence of your training.
- You can find additional information on the [Ramsay Careers](#) page, including information on their graduate opportunities.

Address and contact details

Newdegate Street
Greenslopes Qld 4120
Ph 3394 7896

Plan to arrive 15 minutes early

Greenslopes Private Hospital provides a free shuttle bus service, the GPH Express. The GPH Express operates between the Greenslopes TransLink Busway Station and the main entrance of Greenslopes Private Hospital between 6 am and 6 pm (approximately every 15 – 20 minutes), Monday to Friday (excluding public holidays).

For information on local transport that connects with the Greenslopes BusWay phone 13 12 30 or visit www.translink.com.au

Free off-street parking is available in the side streets surrounding the Hospital (be careful not to park in a 2-hour zone) or paid parking is available in the multi-story car park, enter via Newdegate Street.

29. Gold Coast University Hospital

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#).
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival. Gold Coast University Hospital is part of the Gold Coast Health HHS.
- You must take evidence of your N95 fit testing to your placement.

Address and contact details

1 Hospital Boulevard

Southport, QLD 4215

Ph 1300 744 284

Plan to arrive 15 minutes early

Public transport is recommended.

Buses **710, 714, 719, 738** and **739** all stop at Gold Coast University Hospital.

There is an underground [G:Link](#) tram station below the main entrance of Gold Coast University Hospital.

If you decide to drive, there is undercover parking, however this is a paid car park.

30. Ipswich Hospital

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#). You must also take the QLD Health Orientation checklist, iLearn module certificates of completion, and evidence record of allied health student training with you.
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival. Ipswich Hospital is part of the West Moreton HHS.
- All students must take their evidence of N95 fit testing to the placement.

Address and contact details

Level 6, Chelmsford Avenue

Ipswich, QLD 4305

Ph 3810 1222

Plan to arrive 15 minutes early

There is a public multi-story car park opposite the main entrance which may be more suitable for those starting earlier in the day, free street parking may also be available in the surrounding areas (watch for the 2-hour zones!) or alternatively, Ipswich Central Train Station is approximately a 15-minute walk from the Hospital.

31. Logan Hospital

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#).
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival. Logan Hospital is part of the Metro South HHS.
- You must take evidence of your N95 fit testing to your placement.

Address and contact details

Level 2, Building 1
Cnr Loganlea Road and Armstrong Road,
Meadowbrook, QLD 4131
Ph 3299 8818

Plan to arrive 15 minutes early

Logan Hospital is easily accessed from Loganlea Train Station which is on the Gold Coast/Airport/Beenleigh Train Line.

If you decide to drive, there is limited street parking (watch for 2-hour zones and pay machines) around the hospital. Parking is also available in the multistorey Queensland Health car park on Armstrong Road, however this is a paid car park.

32. Mater Health Services

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#). You must also take the QLD Health Orientation checklist, iLearn module certificates of completion, and evidence record of allied health student training with you.
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival. Mater Hospital is part of the Metro South HHS.
- In addition, all students placed in a Mater facility will need to complete the following forms and upload evidence of completion to InPlace before placement commencement:
 - [Mater Student Placement Checklist \(PDF, 1.45MB\)](#)
 - [Mater Confidentiality Undertaking \(PDF, 238KB\)](#)
- You can find out further information and access the forms via the [Mater Hospital pre-placement requirements page](#). You will not be able to commence your placement until both items are completed.
- You must take evidence of your N95 fit testing to your placement.

Address and contact details

Level 2, Salmon Building, Raymond Terrace,
South Brisbane QLD 4101
Ph 3163 8220

The meeting point is on the seats outside the entrance to Mater Pharmacy (retail), and the Level 2 entrance of the Salmon Building on Raymond Terrace.

Plan to arrive 15 minutes early.

Public transport is recommended (Mater Hill Bus Station & Southbank train station), [Mater Hill station | TransLink](#)

If you do decide to drive, parking at Water Street car park and Hancock Street is available.

To further prepare for your placement, you may also like to look at the Mater Education website: [Placement | Mater Education](#)

33. Prince Charles Hospital

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#).
- You must email the QLD Health Orientation checklist, iLearn module certificates of completion, and evidence record of allied health student training, to your supervisor – see InPlace for details.
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival. RWH is part of the Metro North HHS.
- Students must take evidence of N95 fit testing to the placement.

Address and contact details

Location: Rode Road

Chermside QLD 4032

Phone: (07) 3139 4000

Plan to arrive 15 minutes early

Public transport is recommended. There are regular bus services to and around The Prince Charles Hospital Bus stop in the hospital precinct:

- The Prince Charles Hospital on Main Road
- You can catch [Route 354](#) from the hospital front entrance, on Main Road, to the Chermside bus station at Westfield Chermside.

If you decide to drive, parking is available at a multi-story car park on Rode Road.

34. Princess Alexandra Hospital

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#).
- You must bring a copy of the QLD Health Orientation checklist, iLearn module certificates of completion and evidence record of allied health student training to supervisor on arrival
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival. The PA Hospital is part of the Metro South HHS.
- You must take evidence of your N95 fit testing to your placement
- To ensure you have access to the electronic prescribing system, please [complete this form](#) a **minimum of 2 weeks prior** to your placement.

Address and contact details

199 Ipswich Road
Woolloongabba, QLD 4102
Ph 3176 2557

The meeting point is outside the Main Pharmacy (Building 1, ground floor). Enter via the main entrance on Ipswich Road, turn left, and follow signs to the Main Pharmacy.

Plan to arrive 15 minutes early

Public transport is recommended. There are trains to Dutton Park or Buranda and buses along Ipswich Road or to the Buranda and PAH Bus Stations.

If you decide to drive, parking is available in the public multi-storey car park, entrance on Wolseley Street and in the Hospital car park (spaces are limited).

35. Queensland Children's Hospital

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#).
- You must also take the QLD Health Orientation checklist, iLearn module certificates of completion, and evidence record of allied health student training with you.
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival. Qld Children's Hospital is part of the Children's Health Qld HHS.

Address and contact details

Level 2, 501 Stanley Street

South Brisbane, QLD 4101

Ph 3068 1900

The meeting point is outside the Pharmacy Department, Level 2, through the main entrance and to the right if entering via Raymond Terrace. Alternatively up the escalators and to the left if entering via Stanley Street (wait near seating area outside Pharmacy).

Plan to arrive 15 minutes early.

Public transport is recommended.

The hospital is near both the Mater Hill Busway Station and the South Bank Train Station.

If you do decide to drive, parking is available via Raymond Terrace however is expensive and car parks may be full. Street parking is limited and metered.

36. Redlands Hospital

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#). You must also take the QLD Health Orientation checklist, iLearn module certificates of completion, and evidence record of allied health student training with you.
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival. Redlands Hospital is part of the Metro South HHS.
- All students must take their evidence of N95 fit testing to the placement.

Address and contact details

Weippin Street
Cleveland, QLD 4163
Phone: (07) 3488 3111

Plan to arrive 15 minutes early

Public transport is recommended. The nearest bus station is located out the front of the hospital on Weippin Street. This stop is on bus route 272 and travels from Victoria Point to Cleveland town centre via Redland Hospital and Cleveland station.

The nearest railway station to Redland Hospital is Cleveland (Cleveland line) which is located approximately 3km from the hospital. From the train station, bus 272 (Victoria Point) travels to Redland Hospital.

Paid parking is also available.

37. Robina Hospital

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#).
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival. Gold Coast University Hospital is part of the Gold Coast Health HHS.
- You must take evidence of your N95 fit testing to your placement.

Address and contact details

2 Bayberry Lane,

Robina QLD 4226

Ph: (07) 5687 0557

Plan to arrive 15 minutes early.

[Public Transport](#):

Buses: Routes 747, 748, 750, 751, 752, 755, 758, and 759 stop outside Robina Train Station. From there, it's a 350m walk to the hospital's main entrance.

Trains: Robina Train Station is directly opposite Robina Hospital and within walking distance to the Robina Health Precinct (2 Campus Crescent) and Campus Alpha (2 Investigator Drive).

Driving: [Paid parking](#) is available on site.

38. Royal Brisbane and Women's Hospital (RBWH)

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#).
- You must email the QLD Health Orientation checklist, iLearn module certificates of completion, and evidence record of allied health student training, to your supervisor – see InPlace for details.
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival. RBWH is part of the Metro North HHS.
- Students must take evidence of N95 fit testing to the placement.

Address and contact details

Level 1, Ned Hanlon Building
Cnr Butterfield Street and Bowen Bridge Road
Herston, QLD 4209
Ph 3636 7042

The meeting point is outside the Pharmacy Department. Wait at tables outside the pharmacy in the Atrium.

Plan to arrive 15 minutes early

Public transport is recommended.

If you decide to drive, parking is available at 2 multi-story car parks on Butterfield Street and Herston Road.

39. Sunshine Coast University Hospital

Compliance Requirements

- Students attending placements at Sunshine Coast University Hospital must be fully compliant with the Qld Health requirements, as well as have completed a CPR course within 12 months of starting your placement.
- Please use the link below to view all requirements, and access pre-placement training and documentation.
- [Support for students attending placement at a SCHHS facility | Queensland Health](#)
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival. Sunshine Coast Hospital is part of the Sunshine Coast HHS.

Location

6 Doherty Street
Birtinya, Qld 4575

Public parking is available on levels G, M and 1 with direct access to the hospital via the Level 1 link bridge at a cost of \$18 per day.

There is a bus stop at the main entry of the hospital on Eccles Boulevard and close to the entry of the Sunshine Coast University Private Hospital.

40. Toowoomba Hospital

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#).
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival. Toowoomba Hospital is part of the Darling Downs HHS.
- You must take evidence of your N95 fit testing to your placement.

Address and contact details

Pechey Street
Toowoomba, QLD 4350
Ph 07 4616 6000

There is a multi-storey carpark, and you can buy a 5-day visitor pass, by pressing the phone icon on screen, at the pay stations on Level 2 of the car park for \$29.

There are a number of bus routes available at Toowoomba Hospital. The 901, 902, 905, 907 routes service Toowoomba Hospital.

Accommodation

Students completing PHRM3101 at Toowoomba Hospital will be offered accommodation at the hospital, free of charge. This accommodation may also be available for PHRM4071 students, subject to availability. Access [details of the accommodation \(docx, 808KB\)](#).

For any questions regarding accommodation, please contact the WIL Team at placements@pharmacy.uq.edu.au

41. Wesley Hospital

Compliance Requirements

- All students must meet the [Queensland Health compliance requirements](#). You must also take the QLD Health Orientation checklist, iLearn module certificates of completion, and evidence record of allied health student training with you.
- Complete the [Student Deed Poll](#), print a hard copy and present to your supervisor on arrival.
- All students must take their evidence of N95 fit testing to the placement.

Address and contact details

451 Coronation Drive
Auchenflower, QLD 4066
Ph 3232 7000

Plan to arrive 15 minutes early

Public transport is recommended, and The Wesley Hospital is within a 10- minute walk of the Auchenflower train station or buses.

The Wesley Hospital has a large carpark which can be accessed from the corner of Lang Parade and Chasely Street, Auchenflower. Fees apply.

PART VIII

ENTRUSTABLE PROFESSIONAL ACTIVITIES

42. Entrustable Professional Activities (EPAs)

In this video, Dr Jane Lee introduces Entrustable Professional Activities and how they are used as a framework for learning and feedback during placement.

[Learning on placement: Entrustable Professional Activities \(YouTube, 5.40ms\)](#)



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=193#oembed-1>

Note that EPAs are used in placement activities for the following courses only: PHRM2102, PHRM3101, PHRM3102, PHRM4062, PHRM4072 and PHRM4071.

An Entrustable Professional Activity (EPA) is an observable professional activity, such as a task or responsibility, that can be fully entrusted to a trainee once they have demonstrated the necessary competence to execute the activity unsupervised.

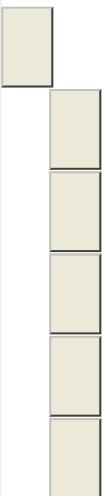
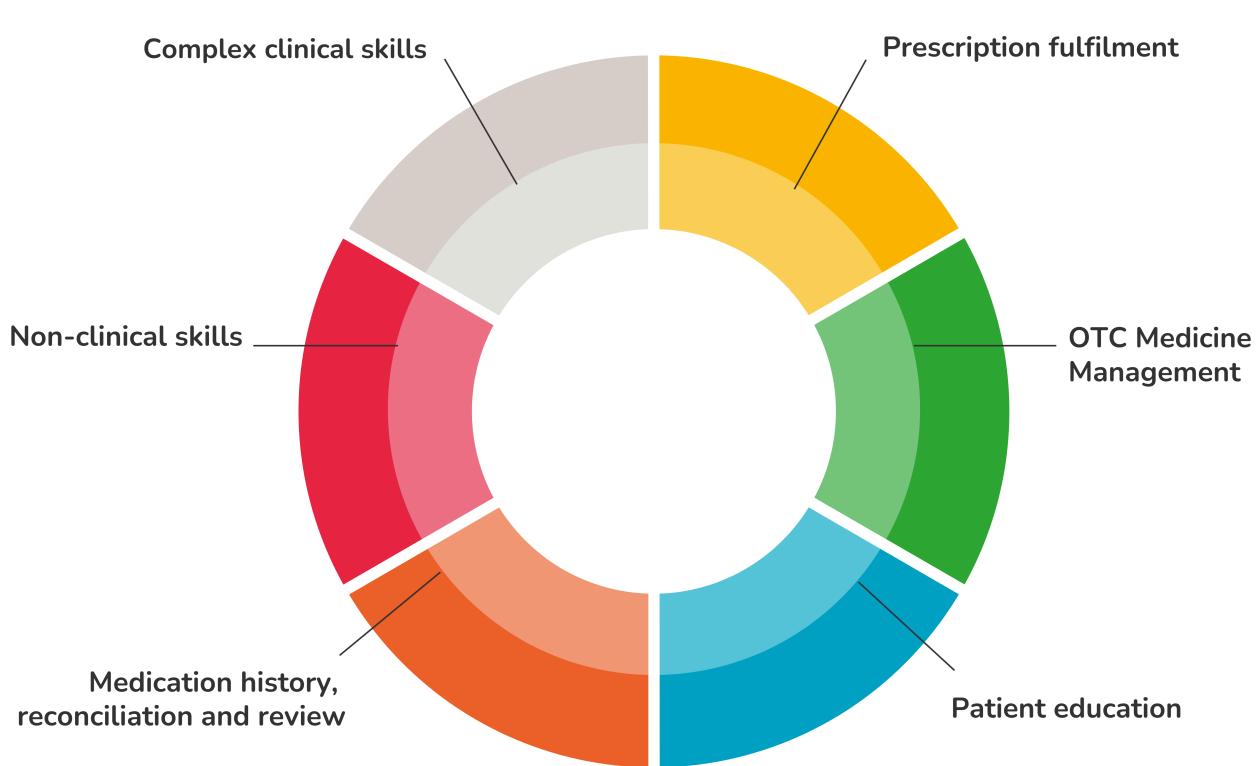
EPAs are used in the Australian Pharmacy Council (APC) internship programs as a work-based assessment; for further information on EPAs, please visit the APC page [Introduction to Entrustable Professional Activities](#). The Bachelor of Pharmacy (Hons) has aligned its workplace activities with this format to prepare students for the work-based assessments they will undertake during their internship program. The EPAs form an integral part of the placements in the Bachelor of Pharmacy (Hons) program and have been developed to identify key professional activities relating to **patient care or safe healthcare in the workplace**, which are aligned to the National Competency Standards Framework and the Australian Pharmacy Council performance outcomes.

Entrustable Professional Activities in the Bachelor of Pharmacy (Hons)

There are six skills-based categories of EPAs in the Bachelor of Pharmacy (Hons):

- Prescription Fulfilment
- OTC Medicine Management
- Patient Education
- Medication History, Reconciliation and Review
- Non-clinical Skills
- Complex Clinical Skills

Click the plus icons below for more details on each category



1

Complex clinical skills

Students begin EPAs in Complex Clinical Skills from year 4 in both community and hospital pharmacy placements. The EPAs include:

- Perform MEDSCHECK
- Therapeutic drug monitoring

2

Prescription fulfilment

Prescription fulfilment is the focus of students' foundational skills in their first community placement in year 2 of the program. To demonstrate these skills, students complete the following EPAs:

- Prescription triage (Taking in a prescription)
- Prescription processing (Dispensing)

3

Non-clinical skills

Students begin EPAs in Interprofessional Practice from year 4. The EPAs focus on data management and teamwork and collaboration.

4

OTC Medicine Management

Students will complete an EPA on OTC Medicine Management each placement. The EPA will focus on the relevant clinical area being taught in the program when the placement occurs, for example, dermatology or GIT.

5

Patient Education

Students begin EPAs in Patient Education from year 3 in both community and hospital pharmacy placements. EPAs include:

- Counselling on new medications
- Discharge counselling

6

Medication history, reconciliation and review

Students begin EPAs in Medication History, Reconciliation and Review from year 3 in both community and hospital pharmacy placements. EPAs include:

- Medication history
- Medication chart review
- Medication reconciliation



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=193#h5p-1>

You will complete EPAs from different categories each placement. The infographic below provides an overview of the categories of EPAs that are completed across the program:

Click on the image to enlarge

Year 2	Year 3	Year 4
 Prescription fulfilment  OTC medicine management	 OTC medicine management  Medication history, reconciliation and review  Patient education	 OTC medicine management  Non-clinical skills  Complex clinical skills

Overview of categories of EPAs to be completed across the Bachelor of Pharmacy (Hons)

You will undertake your first placement in semester 2 in the second year of the program. In this placement, the EPAs focus on foundational skills in prescription fulfilment, and OTC medicine management. In the third year of the program, the EPAs focus on OTC medicine management, Medication history, reconciliation and review, and Patient education. By the fourth year, the EPAs continue to evaluate skills in OTC medicine management and Medication history, reconciliation and review, as well as non-clinical skills and complex clinical skills.

Within each category, the EPAs have been designed to increase in complexity as you progress and so you have the opportunity to apply your skills in a range of professional contexts.

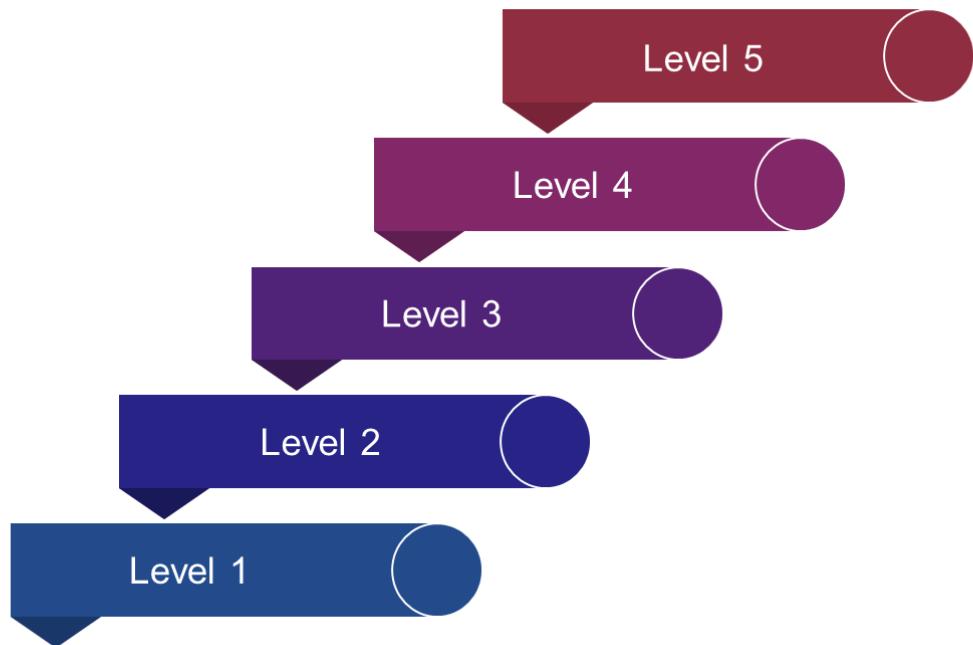
Level of Entrustment

The level of entrustment is decided at the end of the placement after preceptors have observed you undertaking the EPAs. This is represented as a numerical value on a scale of 1-5, however, entrustment level 5 is outside the scope of the Bachelor of Pharmacy (Hons).

It is important to note that an entrustment level is **not a grade** and does not contribute to your overall course outcomes, but rather, it is intended to help you monitor your progress across your program and identify areas for further development.

Your level of entrustment will not always increase from placement to placement, as the complexity of the activity and the work context or level of risk changes. For example, it is expected that a student would receive a lower level of entrustment on a hospital EPA, such as medication chart review, in their third year than they would on a community pharmacy EPA, such as dispensing a prescription, in their second year. Some EPAs, such as provision of OTC medicines, are completed in each placement across the program, therefore, it would be more likely to see an increase in the level of entrustment between placements.

Click the plus icons below for more details on each entrustment level



1

Entrustment level 5

Level 5: Supervise more junior colleagues

This is the expected entrustment level for students at the end of their internship year and is not expected for students in the Bachelor of Pharmacy (Hons)

2

Entrustment level 4

Level 4: Perform with minimal supervision, available if needed, essentially independent performance

3

Entrustment level 3

Level 3: Perform with indirect proximal (nearby) supervision, on request and quickly available

4

Entrustment level 2

Level 2: Perform with direct, proactive supervision and intervention

5

Entrustment level 1

Level 1: Observe only, even with direct supervision

This is the expected entrustment level for students with limited community pharmacy experience



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=193#h5p-8>

Qualities that enable entrustment

EPAs have been designed to include qualities that enable entrustment; the APC references the research of Cate & Chen (2020), in which the authors propose a model for entrustment decision making using the acronym **A RICH**: **A**gency, **R**eliability, **I**ntegrity, **C**apability, and **H**umility. For further information on the qualities that enable entrustment, please see the APC page [Introduction to Entrustable Professional Activities](#).

These qualities are referred to as **Entrustable Attributes** in your self-assessments. Students should familiarise themselves with **A RICH** and refer to these qualities when completing their self-assessments and reflections. When providing the Entrustment level, we ask preceptors to consider **A RICH** as well as performance of clinical skills, and provide you with constructive feedback on your self-assessments of the Entrustable Attributes.

Click on the image to enlarge



ARICH – Entrustable Attributes

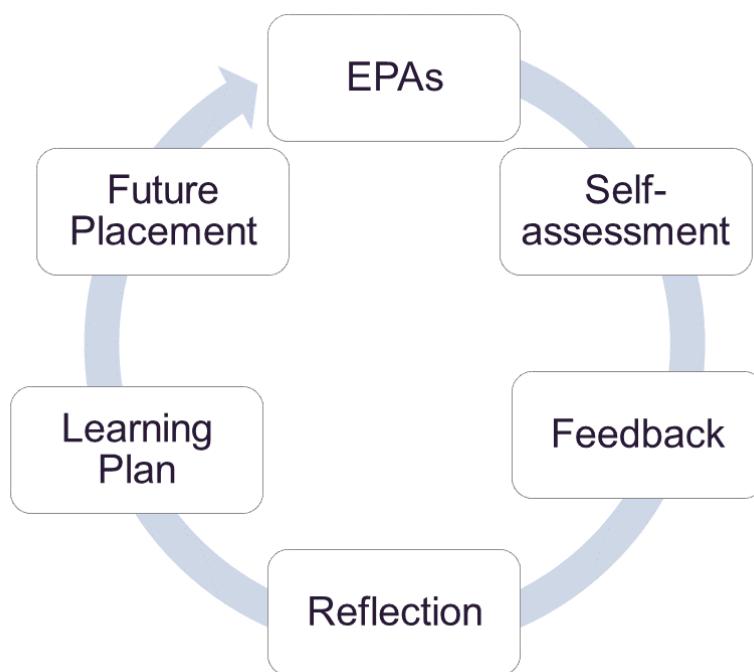
Connection to coursework

The EPAs align with our philosophy of student directed learning in the Bachelor of Pharmacy (Hons);

you will use the EPA templates to seek specific feedback, track your progress across the program, and identify areas for improvement. The EPAs completed during placement are important for the overall course assessment and for future placements, however, the entrustment decisions **do not** affect your final grade. You are assessed on your ability to reflect and create a learning plan based on your performance, placement experiences, and feedback.

Both preceptors and students have an active role in completing the EPAs. For the preceptor, it's important to carry out **short practice observations** during the placement so that the **level of entrustment decision** is based on multiple observations of the student undertaking these activities at different points in time. It's also important to provide the student with feedback throughout the placement and to help them to consider ways in which they can improve.

The student's role is to carry out the EPAs responsibly and seek feedback, as well as initiate the final feedback process at the end of the placement by completing a **self-assessment** in the ePortfolio. When you submit your self-assessment, the preceptor will receive an email with a link to complete their feedback in the ePortfolio. You will use this feedback in your reflection and learning plan assessments, where you develop your goals for the next placement.



43. Taking in a Prescription

Outcome:

Prescription is appropriately accepted from customer with adequate information to allow accurate dispensing and supply.

Potential Risks:

Insufficient information acquired from customer to allow safe and appropriate medication supply.

Enabling Competencies from the National Competency Standards Framework 2016

1.3 Practice within applicable legal framework

1.3.1 Comply with statute law, guidelines, codes and standards

2.1 Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care

2.1.2 Support and respect the rights of patients and other clients to contribute to decision-making

2.4 Apply interpersonal communication skills to address problems

2.4.1 Analyse the problem or issue to be addressed and the possible solutions

2.4.2 Engage with others as appropriate to resolve the identified problem or issue

3.1 Develop a patient-centred, culturally responsive approach to medication management

3.1.1 Obtain relevant health and medicines information

Performance Outcomes from Australian Pharmacy Council

2.1 Communicating appropriately and effectively with a socially and culturally diverse range of people in a manner with inspires confidence and trust by

a. demonstrating appropriately tailored verbal, written and non-verbal communication

b. engaging with all persons in a respectful, culturally appropriate, compassionate, responsive and empathetic manner

c. demonstrating awareness of and sensitivity to Aboriginal and Torres Strait Islander and/ or Māori history, communication styles and community protocols

d. demonstrating appropriate communication and interpersonal behaviours

2.2 Documenting, communicating and recording relevant information, findings, decisions, recommendations and other information accurately and concisely, taking due account of privacy and confidentiality

2.4 Collaborating with patients, carers and other clients in shared decision-making by

a. supporting the rights of patients, carers and other clients to access relevant information and participate in decisions relating to their care

b. respecting their choices

Required Knowledge, Skills, Attitudes, and Experiences

- Knowledge of legal requirements for prescriptions
- Knowledge of scheduling of medicines
- Communication skills
- Attention to detail
- Person-centred approach
- Awareness of personal limitations
- Willingness to seek assistance



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=421#h5p-5>

Course

This EPA is undertaken in PHRM2102

Entrustment level

The anticipated entrustment level for a PHRM2102 is between 1-3, depending on the level of experience in a community pharmacy.

EPA Template

Note: Printable EPA templates are available on course sites.

Element	Performance Criteria Description
Prescription Review	<p>Prescription is checked for legality, validity and completeness according to all relevant jurisdictional requirements:</p> <ul style="list-style-type: none"> - Ensure prescription fulfills PBS requirements (if applicable) - Ensure prescriptions for S4s, S8s and Monitored Medicines comply with the Medicines and Poisons (Medicines) Regulation 2021 - Q Script check performed (if applicable)
Confirm Patient details	<ul style="list-style-type: none"> - Confirm correct patient, patient address, and date of birth - Confirm Medicare/Concession status (i.e. Repat, CTG, etc) - Generic brand preferences
Confirm Patient Preferences	<ul style="list-style-type: none"> - Confirm item(s) required for supply <ul style="list-style-type: none"> - Confirm if CMI/patient information required - Confirm if patient has any specific questions to address - Confirm timing for supply (i.e. Is patient waiting or calling back?)
	<p>Applies a disciplined and systematic process to gather relevant information from patient:</p>
Confirm Relevant Medical History	<ul style="list-style-type: none"> - Has the medication been used before? - Confirm allergies/ADRs - Does the patient have any medical conditions? - Is the patient taking any medicines, including OTC and CAMs: - Pregnancy/BF status (if applicable)
	<p>Individualised assessment of the appropriateness of the prescribed medication in the context of the specific patient including the indication and feasibility of use:</p>
Clinical Review/Reasoning	<ul style="list-style-type: none"> - Consider the personal characteristics, preferences, values, beliefs and cultural and linguistic diversity of the individual - Consider potential adherence issues based on communication skills, health literacy, visual/hearing impairment, physical limitations (e.g. swallowing difficulties, dexterity issues, etc)
Finalising Prescription In-take	<ul style="list-style-type: none"> - Prescription placed in appropriate area in dispensary in accordance with local procedures within the pharmacy - Handover of any relevant information is provided to pharmacist <ul style="list-style-type: none"> - Closing communication to patient (e.g. Thanks for waiting, we will call out your name when your Rx is ready)
Collaboration and Agency	<ul style="list-style-type: none"> - Clarification is sought for any further information required and appropriate action taken - Identify and acknowledge any professional or personal limitations and seek support where necessary

44. Dispensing a Prescription

Outcome:

Medication is safely, accurately and appropriately dispensed to the correct patient according to name, brand, strength, quantity and formulation with accurate instructions as intended by the prescriber.

Potential Risks:

Inappropriate and/or inaccurate dispensing may lead to individual patient harm and/or harm to the health and safety of the public.

Enabling Competencies from the National Competency Standards Framework 2016

- 1.3 Practice within applicable legal framework
 - 1.3.1 Comply with statute law, guidelines, codes and standards
- 2.1 Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care
- 2.1.2 Support and respect the rights of patients and other clients to contribute to decision-making
- 2.4 Apply interpersonal communication skills to address problems
 - 2.4.1 Analyse the problem or issue to be addressed and the possible solutions
 - 2.4.2 Engage with others as appropriate to resolve the identified problem or issue
- 3.1 Develop a patient-centred, culturally responsive approach to medication management
 - 3.1.2 Assess medication management practices and needs
 - 3.2 Implement the medication management strategy or plan
 - 3.2.3 Dispense medicines (including compounded medicines in consultation with the patient and/or prescriber)

Performance Outcomes from Australian Pharmacy Council

- 3.14 Dispensing medicines safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines, and other relevant jurisdictional requirements to optimise patient outcomes.
- 4.2 Identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals.
- 5.3 Recognising and responding to the inherent complexity, ambiguity, and uncertainty of contemporary and future professional practice.

Required Knowledge, Skills, Attitudes, and Experiences

- Knowledge of legal requirements for prescriptions
- Knowledge of scheduling of medicines
- Knowledge of pharmacology, medical chemistry, pharmacotherapeutics, pharmacodynamics, pharmacokinetics, formulations
- Communication skills
- Attention to detail
- Person-centred approach
- Awareness of personal limitations
- Willingness to seek assistance



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=422#h5p-3>

Course

This EPA is undertaken in PHRM2102

Entrustment level

The anticipated entrustment level for a PHRM2102 is between 1-3, depending on the level of experience in a community pharmacy.

EPA Template

Note: Printable EPA templates are available on course sites.

Element	Performance Criteria Description
Prescription Review	<ul style="list-style-type: none"> - Prescription is checked for legality, validity and completeness according to all relevant jurisdictional requirements: - Ensure prescription fulfils PBS requirements (if applicable) - Ensure prescriptions for S4s, S8s and Monitored Medicines comply with the Medicines and Poisons (Medicines) Regulation 2021 - Q Script check performed (if applicable)
Clinical Reasoning	<p>Individualised assessment of the clinical appropriateness and safety of the prescribed medication in the context of the specific patient including the feasibility of use:</p> <ul style="list-style-type: none"> - Consider the personal characteristics, preferences, values, beliefs and cultural and linguistic diversity of the individual
Clinical Review	<p>Clinical review of prescription for appropriateness:</p> <ul style="list-style-type: none"> - Indication - Contraindications - Dose (considering individual patient factors such as age/weight, renal/hepatic function, severity of disease, etc) - Drug interactions - Allergies and ADRs
Dispensing Procedure	<p>Applies a disciplined and systematic process to dispense prescription:</p> <ul style="list-style-type: none"> - Prescription details are accurately entered into the dispensing software - Accurate selection of product to be dispensed - Dispensing label and relevant ancillary labels are appropriately attached to the product in a manner that complies with the legal requirements and professional conventions - Prescription paperwork is assembled correctly OR e-Prescription processed appropriately - Maintains records of dispensed medicines consistent with legal requirements and professional conventions
Checking Process	<p>Checks are carried out at the appropriate stages dispensing process:</p> <ul style="list-style-type: none"> - Final check of dispensed product is performed ensuring the dispensing reflects the intentions of the prescriber <ul style="list-style-type: none"> - Patient name and address - Medication/strength/formulation/quantity - Dosage instructions and duration of use - Number of repeats (if applicable) and dispensing interval (where required) - Date of prescribing - Prescribing doctor - Use of dispensing bar-code scanner <ul style="list-style-type: none"> - Product and paperwork are stored appropriately, considering patient privacy, prior to patient collection
Handing out	<p>Patient receives correct medication and associated paperwork:</p> <ul style="list-style-type: none"> - Confirmation of patient details, using multiple open-ended questions, to ensure correct patient receives dispensed product - Clarification is sought for any concerns identified and any changes to the prescription are documented appropriately
Collaboration and Agency	<ul style="list-style-type: none"> - Identify and acknowledge any professional or personal limitations and seek support where necessary <ul style="list-style-type: none"> - Prescription is dispensed in a timely manner

45. Provision of OTC Medicine

Outcome:

Medication is safely, accurately and appropriately dispensed to the correct patient according to name, brand, strength, quantity and formulation with accurate instructions as intended by the prescriber.

Potential Risks:

Inappropriate and/or inaccurate dispensing may lead to individual patient harm and/or harm to the health and safety of the public

Enabling Competencies from the National Competency Standards Framework 2016

- 1.3 Practice within applicable legal framework
 - 1.3.1 Comply with statute law, guidelines, codes and standards
- 2.1 Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care
- 2.1.2 Support and respect the rights of patients and other clients to contribute to decision-making
- 2.4 Apply interpersonal communication skills to address problems
 - 2.4.1 Analyse the problem or issue to be addressed and the possible solutions
 - 2.4.2 Engage with others as appropriate to resolve the identified problem or issue
- 3.1 Develop a patient-centred, culturally responsive approach to medication management
 - 3.1.2 Assess medication management practices and needs
 - 3.2 Implement the medication management strategy or plan
 - 3.2.2 Provide primary care and promote judicious use of medicines
 - 3.2.5 Provide counselling and information for safe and effective medication management

Performance Outcomes from Australian Pharmacy Council

- 3.2 Making and prioritising recommendations to manage health, medical and medication needs of patients, including both pharmacological and non-pharmacological strategies, based on the Quality Use of Medicines Framework and the best available evidence
- 3.6 Obtaining relevant health, medical and medication information from patients, carers and other clients
- 4.2 Identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals.
- 5.3 Recognising and responding to the inherent complexity, ambiguity, and uncertainty of contemporary and future professional practice.

Required Knowledge, Skills, Attitudes, and Experiences

- Knowledge of scheduling of medicines
- Knowledge of pharmacology, medical chemistry, pharmacotherapeutics, pharmacodynamics, pharmacokinetics, formulations
- Communication skills
- Attention to detail
- Person-centred approach
- Awareness of personal limitations
- Willingness to seek assistance



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=423#h5p-4>

Course

This EPA is undertaken in PHRM2102, PHRM3101, PHRM3102, PHRM4062 or PHRM4072

Entrustment level

The anticipated entrustment levels are:

PHRM2102: between 1-3, depending on the level of experience in a community pharmacy.

PHRM3101 and PHRM3102: 2-3

PHRM4062 and PHRM4072: 2-3

EPA Template

Note: Printable EPA templates are available on course sites.

Element	Performance Criteria Description
Introduction to Consultation	<ul style="list-style-type: none"> - Greet consumer and introduce yourself and your role - Ascertain the purpose of client visit to the pharmacy <ul style="list-style-type: none"> - Establish patient identity
Patient Background	<p>Retrieve and contextualise relevant patient factors that may impact medicines management:</p> <ul style="list-style-type: none"> - Age, gender, weight, pregnancy/breastfeeding status - Allergies and ADRs - Medical conditions - Previous history - Medications (including CAMs and OTC medicines) - Factors that may affect patient ability to use medicine (e.g. dexterity issues, swallowing difficulties, visual/hearing impairment, cognitive impairment, etc) - Discuss patient preferences in the context of available treatment options
Questioning Technique	<ul style="list-style-type: none"> - Consultation is conducted in a manner that maintains privacy and confidentiality of patient information - Use an appropriate questioning technique to obtain relevant information from the patient/carer <ul style="list-style-type: none"> - Use appropriate person-centred language (non-judgmental and avoids medical jargon) - Use appropriate non-verbal communication skills to aid in questioning as appropriate - Consider alternative method of communication of necessary, to accommodate for patients with barriers to communication (e.g. visual/hearing impairment, language proficiency, etc) - Use a mixture of open and closed questions; avoids leading and/or negative questions
Diagnosis of condition	<p>Uses a structured and systematic approach to retrieving relevant information about the patient condition to allow differential diagnosis:</p> <ul style="list-style-type: none"> - Signs/symptoms of condition - Duration of symptoms - Previous experience with condition (including any treatment(s) that may have been tried previously and their effectiveness) <ul style="list-style-type: none"> - Confirms specific information relevant for therapeutic area - Demonstrates awareness of clinically relevant referral points that would warrant referral to GP - Appropriate product(s) selected based on diagnosis of condition and within the context of patient preferences/factors that may affect use
Selection of Appropriate Treatment and Provision of Information	<p>Provision of clear instructions and information to allow safe use of selected product(s):</p> <ul style="list-style-type: none"> - Explain how the product works and link to diagnosis/symptoms - Dose/frequency/timing/duration of use - Application/demonstration if relevant (e.g. creams, eye drops, nasal sprays, ear drops, etc) - Adverse effects (if appropriate) - Precautions and contraindications (if appropriate) <ul style="list-style-type: none"> - Provision of consumer resource if appropriate (e.g. written CMI or PSA Self Care Fact Card) - Provision of non-pharmacological treatment options or preventative strategies - Referral or follow up indicators
Confirmation of Patient Understanding	<ul style="list-style-type: none"> - Provide consumer with opportunity to ask any questions - Confirm understanding of condition and use of product(s) provided <ul style="list-style-type: none"> - Confirm with consumer their needs have been satisfactorily met - Clarification is sought for any concerns identified and escalated to an appropriate stakeholder
Collaboration and Agency	<ul style="list-style-type: none"> - Identify and acknowledge any professional or personal limitations and seek support where necessary <ul style="list-style-type: none"> - Consultation is conducted in a professional, efficient and respectful manner

46. Best Possible Medication History

Outcome

Accurate and complete medication history is obtained and recorded as the first step in the medication reconciliation process, which forms the basis for therapeutic decisions to be made.

Potential Risks

Inaccurate medication histories can lead to inappropriate discontinuation/recommencement of therapy and failure to identify a medicine-related problem, potentially leading to patient harm.

Enabling Competencies from the National Competency Standards Framework 2016

- 1.3 Practice within applicable legal framework
 - 1.3.1 Comply with statute law, guidelines, codes and standards
- 2.1 Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care
 - 2.1.3 Promote patient/client engagement with feedback and follow-up systems
 - 2.2.2 Engage in teamwork and consultation
 - 2.3 Communicate effectively
 - 2.3.1 Use appropriate communication skills
 - 3.1 Develop a patient-centred, culturally responsive approach to medication management
 - 3.1.1 Obtains relevant health and medicines information

Performance Outcomes from Australian Pharmacy Council

- 2.1 Communicating appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust
- 2.2 Documenting, communicating and recording relevant information, findings, decisions, recommendations and other information accurately and concisely, taking due account of privacy and confidentiality
- 3.6 Obtaining relevant health, medical and medication information from patients, carers and other clients
- 4.2 Identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals.

Required Knowledge, Skills, Attitudes, and Experiences

- Knowledge of formal, structured approach to obtaining medication history
- Communication skills
- Attention to detail
- Person-centred approach
- Awareness of personal limitations
- Willingness to seek assistance



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=424#h5p-6>

Course

This EPA is undertaken in PHRM3101 or PHRM3102.

Entrustment level

The anticipated entrustment level for PHRM3101 and PHRM3102 is 2-3.

EPA Template

Note: Printable EPA templates are available on course sites.

Element	Performance Criteria Description
Introduction to consultation	<ul style="list-style-type: none"> - Greet patient, establish patient identity, confirm time is convenient - Provide clear introduction to consultation, explaining your role and purpose of the consultation - Obtain patient consent to discuss patient medication history with other health professionals if necessary
Patient Background	<ul style="list-style-type: none"> - Retrieve and contextualise relevant patient factors that may impact medicines management - Consider individual patient factors: Age, gender, height, weight, pregnancy/breastfeeding status Ethnic background, social background Cognitive function and reliability as trustworthy source of information Ability to communicate in English - Review previous medical history - Consider any available pathology results or other relevant information from patient's medical records
Questioning Technique	<ul style="list-style-type: none"> - Use an appropriate questioning technique to obtain relevant information from the patient/carer - Use appropriate person-centred language (non-judgmental and avoids medical jargon) - Use appropriate non-verbal communication skills to aid in questioning as appropriate - Consider alternative method of communication if necessary to accommodate for patients with barriers to communication (e.g. visual/hearing impairment, language proficiency, etc) - Use a mixture of open and closed questions; avoids leading and/or negative questions
Allergy and ADR Review	<ul style="list-style-type: none"> - Confirm and document accurate and comprehensive allergy and ADR history, including: Name of the medication Type of reaction Date of reaction - If patient reports no history of allergies/ADRs, ensure 'nil known allergies' is documented
Medication Details	<ul style="list-style-type: none"> - Uses a structured and systematic approach to obtaining a comprehensive medication history - Use multiple appropriate sources to obtain information regarding current medications, including: Patient and/or carer Patient's own medicines list Patient's medicines, prescriptions or Dose Administration Aid (DAA) Community pharmacy Residential Aged Care Facility (RACF) GP/specialists referral letter
Patient Understanding and Experience of Medicine Use	<ul style="list-style-type: none"> Electronic records (dispensing software, previous discharge medication records, etc) MyHealth record - Specifically questions patient/carer regarding the use of prescription and non-prescription medicines, including: Oral medication (e.g. tablets, capsules, liquids) Topical medication (e.g. eye/ear drops, nasal sprays, inhalers, creams/ointments, patches) Injectable medication (e.g. insulins, anticoagulants) Intermittent medications (e.g. once weekly/monthly/bi-annual bisphosphonates, once weekly methotrexate) Complementary medicines (e.g. vitamins, herbal preparations, supplements, etc) - Asks about recently changed/ceased medicines and reasons for the changes
Documentation of Medication History	<ul style="list-style-type: none"> - Assess the patient's understanding of their illness/condition in the context of their medicine regime - Assess the patient's understanding of their medicines, including: Indication Perceived effectiveness and/or adverse effects Monitoring requirements - Assess the need for further information or referral - Discuss the storage of medicines at home and any issues relevant to patient adherence (e.g. swallowing difficulties, physical impairment, decline in cognition, etc) - Discuss the use of any other recreational substances including alcohol and nicotine if applicable/appropriate - Document all relevant aspects of obtained medication history using appropriate medication history documentation tool (e.g. Medication Management Plan) - Current medicines (including non-prescription and complementary medicines): Active ingredient and brand (if relevant) Dose, form, route, frequency, indication and duration - Allergies and ADRs - Relevant recent changes to medicines - Patient's GP and regular dispensing pharmacy - Adherence aids used

Element	Performance Criteria Description
Confirmation of Medication History	<ul style="list-style-type: none">- Confirm medication history to ensure accuracy and completeness using a second/third (if required) source of information- Clearly makes any relevant/appropriate adjustments to the documented history if needed

47. Medication Chart Review

Outcome

Ensure current, accurate and clear documentation of medications on the medication chart to facilitate safe and efficacious administration of medicines to patients.

Potential Risks

Inaccurate medication chart documentation can lead to inappropriate administration of therapy, potentially leading to patient harm.

Enabling Competencies from the National Competency Standards Framework 2016

- 2.1 Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care
 - 2.1.3 Promote patient/client engagement with feedback and follow-up systems
- 2.2 Engage in teamwork and consultation
- 2.3 Communicate effectively
 - 2.3.1 Use appropriate communication skills
 - 3.2 Implement the medication management strategy or plan
 - 3.2.2 Promote primary care and promote judicious use of medicines
- 3.3 Monitor and evaluate medication management
 - 3.3.1 Undertake a clinical review
 - 3.3.2 Apply clinical review findings to improve health outcomes
 - 3.3.3 Document clinical review findings and changes in medication management

Performance Outcomes from Australian Pharmacy Council

- 2.2 Documenting, communicating and recording relevant information, findings, decisions, recommendations and other information accurately and concisely, taking due account of privacy and confidentiality
 - 3.4 Carrying out systematic medication reviews, informed by the Quality Use of Medicines Framework, in order to identify and resolve potential medication-related issues and optimise the impact of medications on health outcomes in collaboration with patients, carers and other members of the health care team
 - 3.9 Recommending appropriate monitoring of the outcomes of health, medical and medication management plans and recommending adjustments to them where appropriate in collaboration with patients, carers and other health team members
 - 4.2 Identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals.

Required Knowledge, Skills, Attitudes, and Experiences

- Knowledge of formal, structured approach to obtaining medication history
- Communication skills
- Attention to detail
- Person-centred approach
- Awareness of personal limitations
- Willingness to seek assistance



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=425#h5p-2>

Course

This EPA is undertaken in PHRM3101 or PHRM3102.

Entrustment level

The anticipated entrustment level for PHRM3101 and PHRM3102 is 2-3.

EPA Template

Note: Printable EPA templates are available on course sites.

Element	Performance Criteria Description
Medicine Order/ Prescription Legality	<ul style="list-style-type: none"> - Correct patient identifiers are present - Prescribed medicines conform to relevant legislation and legal requirements - Relevant approvals for prescribing of medications or funding have been obtained/displayed (e.g. ID approval, LAM, PBS authority granted, etc)
Allergies and Adverse Drug Reactions (ADRs)	<ul style="list-style-type: none"> - Allergies and ADRs are clearly documented (including details of reaction and when the reaction occurred) - ADR stickers are attached to hard copy medical records, including NIMC <p>- The medication chart/MAR has: Medicines the patient was taking prior to admission either prescribed correctly or omitted with intention, and clear documentation of that intention Clear documentation of dose and frequency changes from the Patient Medication History (i.e. on NIMC/clinical notes/MAR)</p>
Medicine Order/ Prescription Clarity	<ul style="list-style-type: none"> - If true duplications are found, doctor appropriately contacted and duplicated medication ceased - All abbreviations used on NIMC are approved (ACSQHC recommendations for terminology, abbreviations and symbols) and if not approved, appropriate action is taken to amend - Medications are prescribed using generic names (except as recommended otherwise) and if not, appropriate action is taken to amend - Medication orders are clearly annotated to facilitate appropriate administration and enable safe supply, including: Clarification of illegible orders Extended release products Spacers or inhaler devices Timing with or without food Time therapy is to be commenced or ceased and infusion/injection dosing instructions Cytotoxic/Special Handling requirements Maximum doses (e.g. Paracetamol: Maximum of 4g in 24 hours) Duplicate orders (e.g. current orders for both Paracetamol and Paracetamol/Codeine products) Additional instructions are included on how to administer the dose if this is different to one whole dose form (e.g. 75mg = 1 ½ x 50mg).
Appropriate Choice of Medicine	<ul style="list-style-type: none"> - New medicines are reviewed in line with reason for admission/diagnoses - Continuation of each medication is justified by a clear indication and achievement of goals of therapy - Principles of evidence-based medicine is applied, ensuring appropriate choice of medicine, including likelihood of adverse effects, compared with therapeutic alternatives and ways to minimise adverse effects - Dosage form, route and method of administration are considered
Dose Review	<ul style="list-style-type: none"> - The dose is checked for each medication with respect to: Approved dosing ranges from reliable reference sources Individual patient and disease factors (e.g. age, weight, renal/hepatic function, concurrent illness, etc) Potential drug interactions Dose conversion when route or formulation changes
Route and Timing of Dose	<ul style="list-style-type: none"> - The most appropriate route has been selected and is viable (e.g. oral in preference to IV) - The intended time of dose is recorded on the medication order and is appropriate with respect to food/feeds, administration rounds, scheduled surgery, investigative procedures and therapeutic drug monitoring requirements - The frequency matches the administration times; check that medications have been administered (any missed doses should be followed up and the reason documented in the Medical Records) - Specific days for weekly, monthly and alternate daily dosing are annotated and days where doses are to be intentionally omitted are documented - First dose times in MAR are appropriate
Selection of Formulation, Concentration or Rate	<ul style="list-style-type: none"> - The formulation is appropriate for the patient considering: visual impairment, physical dexterity, swallowing difficulties (speech pathology review) and other patient factors, e.g. risk of overdose or diversion - Administration advice provided where needed, including: Crushing of oral medicines Parenteral medicines – dilution, compatible fluids, rate of administration, method of administration Handling of hazardous medicines, e.g. cytotoxic/teratogenic
Review and Interpretation of Patient-Specific Data	<ul style="list-style-type: none"> - Clinical data e.g. laboratory investigations, clinical observations (temperature, pulse, blood pressure, bowel function, pain scores, mobility) and progress notes have been accessed - Diagnoses and treatment plan reviewed – check therapy prescribed is in line with plan and appropriate - Clinical data has been accurately interpreted with respect to: clinical diagnosis and patient's current clinical state, past medical history and pathophysiology of disease(s), specifics of medicine (e.g. time to effect) and desired outcome and potential for medicine to be causing adverse effects - Effectiveness of treatment and potential adverse effects are monitored - Missing observation and laboratory data is identified and requested where needed - Review for missing therapy (e.g. laxatives whilst on opioids, VTE prophylaxis)

Element	Performance Criteria Description
Drug-Drug Interactions	<ul style="list-style-type: none"> - All common, well-documented drug-drug interactions are identified, including prescribed and non-prescribed therapy (including CAMs, alcohol and nicotine) - Clinical significance, potential consequences of drug-drug interactions and the probability of an adverse outcome occurring are assessed including discussion of appropriate course of action
Drug-Patient and Drug-Disease Interactions	<ul style="list-style-type: none"> - Identification of patient groups at risk of drug-patient and drug-disease interactions (e.g. use of sedatives in an elderly patient at risk of falls, NSAIDs in renal failure) - Identify the potential consequences of drug-patient and drug- disease interactions, including likelihood and clinical significance - An appropriate course of action (if any) is taken to minimise potential harm for the patient
Drug-Nutrient Interactions	<ul style="list-style-type: none"> - Identify the medications that interact with food (including enteral or parenteral feeds), if any - Identify potential consequences of drug-nutrient interactions, including probability and clinical significance and appropriate course of action
Drug Availability	<ul style="list-style-type: none"> - Confirms that medications are available on the ward - Prescribing conforms with hospital guidelines and formulary restrictions, and annotated appropriately - If a medication or combination product is not stocked and patient does not have own supply or alternate source of supply unable to be sourced, prescriber is contacted to review and prescribe alternative medicine
Storage	<ul style="list-style-type: none"> - Appropriate storage of medications is ensured on the ward and documented (e.g. fridge items, S4/S8 Monitored Medicines)
Accountability	<ul style="list-style-type: none"> - Pharmaceutical review is documented according to local guidelines

48. Patient Education

Outcome

Patients, carers, and other customers are provided with, and are able to understand accurate, relevant, contemporary, and tailored advice and education on the use of their medicines and on non-pharmacological and lifestyle measures designed to improve and maintain their health; adherence and quality use of medicines are promoted.

Potential Risks

Inappropriate, inaccurate and/or incomplete counselling may lead to individual patient harm and/or harm to the health and safety of the public.

Enabling Competencies from the National Competency Standards Framework 2016

2.1 Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care
2.1.3 Promote patient/client engagement with feedback and follow-up systems
2.3 Communicate effectively
2.3.1 Use appropriate communication skills
2.3.2 Confirm the effectiveness of communication
3.2 Implement the medication management strategy or plan
3.2.5 Provide counselling and information for safe and effective medication management

Performance Outcomes from Australian Pharmacy Council

3.17 Providing appropriate tailored counselling, information, and education to enable safe and effective medication, disease state and lifestyle management.
4.2 Identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals.
5.3 Recognising and responding to the inherent complexity, ambiguity, and uncertainty of contemporary and future professional practice.

Required Knowledge, Skills, Attitudes, and Experiences

- Knowledge of pharmacology, medical chemistry, pharmacotherapeutics, pharmacodynamics, pharmacokinetics, formulations

- Knowledge of non-pharmacological and lifestyle interventions
- Knowledge of privacy and confidentiality requirements
- Communication skills
- Interpersonal skills including empathy
- Cultural respect and responsiveness
- Person-centred approach
- Awareness of personal limitations
- Willingness to seek assistance



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=426#h5p-7>

Course

This EPA is undertaken in PHRM3101 and PHRM3102.

Entrustment level

The anticipated entrustment level for PHRM3101 and PHRM3102 is 2-3.

EPA Template:

Note: Printable EPA templates are available on course sites.

Element	Performance Criteria Description
Introduction to consultation	<ul style="list-style-type: none"> - Greet patient and establish patient identity - Confirm time is convenient (if applicable for placement setting) - Provide clear introduction to consultation, explaining your role and purpose of the consultation
Communication and Patient Background	<ul style="list-style-type: none"> - Consider individual patient factors and health literacy to carry out counselling in a culturally safe manner - Use appropriate person-centred language (non-judgmental and avoids medical jargon) - Use appropriate tone, volume and pace - Use appropriate non-verbal communication skills to aid in provision of information - Identify and address communication barriers - Consider appropriate alternative method of communication if necessary for patients with barriers to communication (e.g. visual/hearing impairment, language proficiency, etc)
Provision of Information	<ul style="list-style-type: none"> - Provide information that is specific and relevant to the patient and/or condition - Provide information to allow safe and efficacious use of the medicine, including, but not limited to: <ul style="list-style-type: none"> Brand and generic name of medication Indication for use Dosing regimen (dose, frequency, route of administration and duration) Administration technique if applicable (e.g. eye/ear drops, inhalers, nasal sprays, etc) Adverse effects Referral points Storage Continuity of supply
Patient Understanding and Adherence	<ul style="list-style-type: none"> - Provide written information to supplement verbal information where appropriate - Provide advice on complementary/alternative medicines where appropriate and/or relevant - Provide advice on non-pharmacological and lifestyle measures where appropriate and/or relevant - Assess patient/carer understanding of information and education provided - Ask patient/carer to recap key information or demonstrate administration technique (if applicable) - Provides patient/carer opportunity to ask questions and provides relevant answers appropriately - Assess patient compliance and ability to manage oral and non-oral medicines - Evaluate suitability or need for adherence aids (e.g. spacer for inhalers, DAA for oral medicines, etc)
Documentation and follow up	<ul style="list-style-type: none"> - Document information provided in patient profile or medical records where applicable - Provide update to relevant community health care providers where applicable (e.g. GP, RACF, community pharmacy, nursing services, etc) - Discusses the need for patient follow-up or referral for ongoing support where applicable

49. Resolving a Medication Related Problem

Outcome:

To ensure the optimisation of a patient's therapeutic regimen, improving efficacy, safety and adherence to achieve the desired health outcomes.

Potential Risks:

Unresolved medication related problems could lead to potential risk of the patient experiencing adverse effects, therapeutic failure or worsening of their condition.

Enabling Competencies from the National Competency Standards Framework 2016

- 2.1 Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care
 - 2.1.3 Promote patient/client engagement with feedback and follow-up systems
- 2.2 Engage in teamwork and consultation
- 2.3 Communicate effectively
 - 2.3.1 Use appropriate communication skills
 - 3.2 Implement the medication management strategy or plan
 - 3.2.2 Promote primary care and promote judicious use of medicines
 - 3.3 Monitor and evaluate medication management
 - 3.3.1 Undertake a clinical review
 - 3.3.2 Apply clinical review findings to improve health outcomes
 - 3.3.3 Document clinical review findings and changes in medication management

Performance Outcomes from Australian Pharmacy Council

- 2.2 Documenting, communicating and recording relevant information, findings, decisions, recommendations and other information accurately and concisely, taking due account of privacy and confidentiality
 - 3.4 Carrying out systematic medication reviews, informed by the Quality Use of Medicines Framework, to identify and resolve potential medication-related issues and optimise the impact of medications on health outcomes in collaboration with patients, carers and other members of the health care team
 - 3.9 Recommending appropriate monitoring of the outcomes of health, medical and medication management plans and recommending adjustments to them where appropriate in collaboration with patients, carers and other health team members
 - 4.2 Identifying and acknowledging professional limitations and seeking appropriate support where

necessary, including additional professional education and/or referral of patients to other health care professionals.

Required Knowledge, Skills, Attitudes, and Experiences

- Knowledge of formal, structured approach to obtaining medication history
- Communication skills
- Attention to detail
- Person-centred approach
- Awareness of personal limitations
- Willingness to seek assistance



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=889#h5p-9>

Course

This EPA is undertaken in PHRM4071, PHRM4072 or PHRM4062.

Entrustment level

The anticipated entrustment level for PHRM4071, PHRM4072 or PHRM4062 is 2-3.

EPA Template:

Note: Printable EPA templates are available on course sites.

Element	Performance Criteria Description
Review and Interpretation of Patient-Specific Data	<ul style="list-style-type: none"> - Where available, clinical data (e.g. laboratory investigations, clinical observations (temperature, pulse, blood pressure, bowel function, pain scores, mobility)) and progress notes are reviewed in the context of the patient's admission - Clinical data is accurately interpreted with respect to diagnosis and current clinical state, past medical history and pathophysiology of disease(s), specifics of medications (e.g. time to effect) and desired outcome and potential for medicine to be causing adverse effects - Effectiveness of treatment and potential adverse effects are monitored - Missing data is identified and requested if required (e.g. patient on anti-hyperglycaemic medication and no BSLs have been recorded)
Understanding and recognition of the medication-related problem	<ul style="list-style-type: none"> - Identification of the type, nature and severity of the medication related problem in the context of individual patient factors: <ul style="list-style-type: none"> -> Prescription legality, clarity and legibility -> Medication choice, availability, dose, formulation, frequency and route of administration -> Missing therapy (e.g. VTE prophylaxis) or duplication in therapy -> Monitoring parameters, laboratory values and patient vital signs -> Patient adherence and/or education -> Therapeutic drug monitoring for medications with a narrow therapeutic index or variable pharmacokinetics -> Special populations including the unique needs of paediatric, geriatric, obese, pregnant/lactating patients -> Drug-drug, drug-disease/drug-patient, drug-nutrient interactions - Understand the potential clinical impact of the medication-related problem in the context of the patient's presentation
Consideration of Appropriate Solutions in the Context of the Patient's Admission	<ul style="list-style-type: none"> - Appropriate and relevant resources are consulted if required to determine possible solution(s) - Judicious clinical judgement is applied in the context of the medication-related problem and the patient's current condition - Ability to determine the clinical urgency of the medication-related problem and decide on an appropriate escalation pathway
Communication with Relevant Stakeholders for Problem Resolution	<ul style="list-style-type: none"> - The prescriber is contacted for any urgent medication-related problems in a timely manner - Professional and appropriate language/manner is used to communicate with the prescriber - Confirm correct patient identity with the prescriber - Provides a clear and succinct description of the medication-related problem - If asked, is prepared with appropriate pathway(s) for the resolution of the medication-related problem - Confirms with the prescriber the preferred method of resolution
Clear Documentation of Confirmed Resolution or Appropriate Handover	<ul style="list-style-type: none"> - Confirmed resolution is clearly and appropriately documented in the patient records/chart/progress notes - Changes are communicated to relevant stakeholders involved (e.g. nursing staff) - If resolution is unable to be achieved, appropriate clinical handover is given to next pharmacist on duty - Appropriate follow-up is achieved in relevant timeframe
Incident Reporting	<ul style="list-style-type: none"> - Collate relevant documentation and evidence of medication-related problem - Report medication-related problem via workplace incident-reporting platform or escalate to manager (or delegate) if required
Consideration of Appropriate Education to Relevant Stakeholders	<ul style="list-style-type: none"> - Reflect on the nature of the medication-related problem and consider ways in which the problem could be mitigated in future - Consider education and/or discussion with relevant stakeholders involved to reduce future incidences
Collaboration and Agency	<ul style="list-style-type: none"> - Clarification is sought for any concerns identified and escalated to an appropriate stakeholder - Identify and acknowledge any professional or personal limitations and seek support where necessary - All communication is conducted in a professional, efficient and respectful manner

50. Assessment of Inhaler Technique and Counselling

Outcome:

Accurate assessment of inhaler technique and individualised education for patients initiated on an inhaler to allow for safe and effective use.

Potential Risks:

Inaccurate or incomplete provision of information can lead to inappropriate use of the medication, potentially leading to patient harm.

Enabling Competencies from the National Competency Standards Framework 2016

- 2.1 Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care
 - 2.1.3 Promote patient/client engagement with feedback and follow-up systems
- 2.3 Communicate effectively
 - 2.3.1 Use appropriate communication skills
 - 2.3.2 Confirm the effectiveness of communication
- 3.2 Implement the medication management strategy or plan
 - 3.2.5 Provide counselling and information for safe and effective medication management

Performance Outcomes from Australian Pharmacy Council

- 3.17 Providing appropriate tailored counselling, information, and education to enable safe and effective medication, disease state and lifestyle management.
- 4.2 Identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals.
- 5.3 Recognising and responding to the inherent complexity, ambiguity, and uncertainty of contemporary and future professional practice.

Required Knowledge, Skills, Attitudes, and Experiences

- Knowledge of formal, structured approach to obtaining medication history
- Communication skills

- Attention to detail
- Person-centred approach
- Awareness of personal limitations
- Willingness to seek assistance



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=891#h5p-10>

Course

This EPA is undertaken in PHRM4071, PHRM4072 or PHRM4062.

Entrustment level

The anticipated entrustment level for PHRM4071, PHRM4072 or PHRM4062 is 2-3.

EPA Template:

Note: Printable EPA templates are available on course sites.

Element	Performance Criteria Description
Introduction to Consultation	<ul style="list-style-type: none"> - Greet patient, establish patient identity, confirm time is convenient - Provide clear introduction to consultation, explaining your role and purpose of the consultation - Assess if carer/family member/translator needs to be present
Patient Background	<ul style="list-style-type: none"> - Clarify indication for inhaler therapy and likely duration of treatment (including follow up plan) - Assess concurrent medications for any potential drug-disease, drug-nutrient or drug-drug interactions (e.g. NSAIDs, beta blockers)
Communication Technique	<ul style="list-style-type: none"> - Evaluates patient's baseline understanding e.g. current diagnosis, indication for inhalers and administration technique - Uses a balance of open and close-ended questions to obtain relevant information in a logical order - Uses appropriate language (i.e. non-judgmental, non-alarmist, jargon-free, reassuring) - Speaks with appropriate tone, volume and speed - Demonstrates sensitivity to specific cultural/social needs and beliefs of the patient
Provision of Information and Assessment of Inhaler Technique	<ul style="list-style-type: none"> - Explain disease state in layman terms if applicable - Explain correct indication for new or established inhaler(s), including reason behind any cessation of inhalers - Explain mechanism of action in layman terms if applicable (i.e. the difference between the roles of 'reliever' and 'preventer' inhaler) - Explain aim of therapy and identify likely duration of therapy - Correctly demonstrates inhaler administration technique to patient and/or carer, providing visual aids if needed (e.g. diagram/leaflets/videos) - Encourage and demonstrate the use of spacer where applicable - Evaluates patient and/or carer's current understanding and ability to correctly demonstrate inhaler technique - Identify and educate patient on prescribed dose and frequency, including any dose changes to existing regimen - Discuss missed doses and what to do if this occurs - Reiterate importance of compliance as well as need to ensure that the 'reliever' is available at all times - Briefly summarise main points and provide patient with an opportunity to ask questions
Discuss Follow-Up and Action Plans	<ul style="list-style-type: none"> - Explain the need for ongoing regular follow up by GP and respiratory specialist if applicable - Explain the signs and symptoms to look out for if airways disease control is worsening - Provide patient with an Asthma Action Plan/COPD Action plan if appropriate
Cleaning and Storage of Inhaler Device	<ul style="list-style-type: none"> - Explain how to clean device and how often it should be cleaned - Explain storage requirements of inhaler (and if the inhaler must be carried at all times)
Lifestyle Factors	<ul style="list-style-type: none"> - Discuss any triggers for airways disease if applicable (e.g. allergies) - Assess smoking status and readiness to quit. Provide brief smoking cessation counselling for all smokers and organise provision of nicotine replacement therapy as inpatient or on discharge if applicable.
Adverse Effects	<ul style="list-style-type: none"> - Discuss common side effects and prevention if applicable (e.g. rinse mouth after use of inhaled corticosteroids) - Discuss other relevant adverse effects
Supply of Medication and Information	<ul style="list-style-type: none"> - Provide adequate supply of medication and suitable resources (e.g. CMI) - Explain to the patient how they will know when the inhaler has expired/run out of doses (e.g. dose window) - Discuss ongoing supply
Summary and Documentation	<ul style="list-style-type: none"> - Briefly summarise the main points and assess patient understanding by giving them opportunity to ask questions - Document education session clearly in the patient record and any arrangements for follow-up if applicable
Collaboration and Agency	<ul style="list-style-type: none"> - Clarification is sought for any concerns identified and escalated to an appropriate stakeholder - Identify and acknowledge any professional or personal limitations and seek support where necessary - Consultation is conducted in a professional, efficient and respectful manner

51. Oral Anticoagulant Education

Outcomes:

Accurate and individualised education for patients initiated on oral anticoagulant medication allowing them to use the medicine safely and appropriately.

Potential Risks:

Inaccurate or incomplete provision of information can lead to inappropriate use of the medication, potentially leading to patient harm.

Enabling Competencies from the National Competency Standards Framework 2016

- 2.1 Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care
- 2.1.3 Promote patient/client engagement with feedback and follow-up systems
- 2.3 Communicate effectively
 - 2.3.1 Use appropriate communication skills
 - 2.3.2 Confirm the effectiveness of communication
- 3.2 Implement the medication management strategy or plan
 - 3.2.5 Provide counselling and information for safe and effective medication management

Performance Outcomes from Australian Pharmacy Council

- 3.17 Providing appropriate tailored counselling, information, and education to enable safe and effective medication, disease state and lifestyle management.
- 4.2 Identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals.
- 5.3 Recognising and responding to the inherent complexity, ambiguity, and uncertainty of contemporary and future professional practice.

Required Knowledge, Skills, Attitudes, and Experiences

- Knowledge of formal, structured approach to obtaining medication history
- Communication skills
- Attention to detail
- Person-centred approach

- Awareness of personal limitations
- Willingness to seek assistance



The interactive version of this H5P content is available at:
[*https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=893#h5p-11*](https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=893#h5p-11)

Course

This EPA is undertaken in PHRM4071, PHRM4072 or PHRM4062.

Entrustment level

The anticipated entrustment level for PHRM4071, PHRM4072 or PHRM4062 is 2-3.

EPA Template:

Note: Printable EPA templates are available on course sites.

Element	Performance Criteria Description
Introduction to consultation	<ul style="list-style-type: none"> - Greet patient, establish patient identity, confirm time is convenient - Provide clear introduction to consultation, explaining your role and purpose of the consultation
Patient Background	<ul style="list-style-type: none"> - Assess patient's ability to read written information, and provide suitable resources in advance e.g. warfarin or DOAC booklet, CMI - Assess need for carer/translator to be present at time of education - Verify indication of oral anticoagulation, target INR (warfarin only) and predicted treatment duration - Consider any relevant clinical factors e.g. choice of anticoagulation, dose, compliance, patient age, weight, renal function, risk of bleeding, precautions and contraindications, drug interactions, plan for monitoring and follow up
Patient Education and Communication Technique	<ul style="list-style-type: none"> - Assess patient's baseline or prior knowledge and experience with oral anticoagulation (if any) - Explain indication and goal of oral anticoagulation specific to patient's condition (including need for bridging therapy if applicable e.g. enoxaparin) - Explain likely duration of therapy - Uses a balance of open and close-ended questions to obtain relevant information in a logical order - Uses appropriate language (i.e. non-judgmental, non-alarmist, jargon-free, reassuring) - Speak using appropriate tone, volume and speed - Demonstrate sensitivity to specific cultural/social needs and beliefs of the patient - At the end of session, summarise key points and provide opportunity for questions
Warfarin Only Information	<ul style="list-style-type: none"> - Explain that existing brands Marevan® and Coumadin® are NOT interchangeable - Specify patient's brand - Explain the importance and meaning of INR in layman terms - Inform patient of their target INR - Discuss regularity of blood tests and explain procedure if INR is too high or too low - Encourage patient to record INR and dose, highlight section in booklet - Identify follow-up plan for INR monitoring on discharge and ongoing in the community - Discuss the need to plan INR testing around travel - Discuss food interactions and the importance of a regular, consistent, balanced diet
Dosing	<ul style="list-style-type: none"> - Discuss frequency of dosing, select a consistent and convenient time to administer - Discuss importance of regular dosing, including what to do in the event of missed doses - Warfarin only - Explain why each patient will have a unique dose (and how this relates to INR) - Warfarin only - Assess patient's ability to calculate dose utilising multiple strength tablets
Drug Interactions	<ul style="list-style-type: none"> - Discuss potential interactions with other medications (including NSAIDs, OTC, complementary medicines), recommend safer alternatives if applicable e.g. analgesia - Advise patient to always check with doctor or pharmacist before starting any other medications including OTC and complementary medicines
Pregnancy or Breastfeeding	<ul style="list-style-type: none"> - If woman is of childbearing age, advise patient to discuss with doctor if planning to conceive - Assess current contraception and provide education around need for appropriate contraception - If breastfeeding, provide relevant information (and then discuss above)
Adverse Effects	<ul style="list-style-type: none"> - Discuss risks of bleeding - Educate on how to monitor for signs and symptoms of obvious and less obvious bleeding as well as action plan to address these - Discuss ways to reduce the risk of falls (e.g. non-slip bathmats, avoiding ladders) - Discuss any other relevant adverse effects
Other Health Professionals	<ul style="list-style-type: none"> - Highlight importance of informing other health professionals about concurrent oral anticoagulation treatment (e.g. specialists, locum doctors, dentists, surgeons), especially if scheduled for surgical procedures including dental work - Inform patients of potential requirement to temporarily cease anticoagulant prior to surgery (should be discussed with doctor)
Supply of Medication and Information	<ul style="list-style-type: none"> - Provide adequate supply of medication and suitable resources (e.g. warfarin or DOAC booklet) - Discuss ongoing supply and relevant costs
Collaboration and Agency	<ul style="list-style-type: none"> - Clarification is sought for any concerns identified and escalated to an appropriate stakeholder - Identify and acknowledge any professional or personal limitations and seek support where necessary - Consultation is conducted in a professional, efficient and respectful manner

52. Teamwork and Collaboration

Outcome

Demonstrate effective teamwork and collaboration skills; contribute meaningfully in the planning, development or implementation of a team-based project.

Potential Risks

Poor or ineffective communication, collaboration or conflict within the team could delay the project or result in suboptimal outcomes.

Enabling Competencies from the National Competency Standards Framework 2016

- 2.2 Collaborate with professional colleagues
 - 2.2.2 Engage in teamwork and consultation
- 2.3 Communicate effectively
 - 2.3.1 Use appropriate communication skills
 - 2.3.2 Confirm the effectiveness of communication
- 4.1 Show leadership of self
 - 4.1.1 Display emotional awareness and effective self-regulation of emotions
 - 4.1.2 Apply reflective skills for self-assessment

Performance Outcomes from Australian Pharmacy Council

- 2.1 Communicating appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust
- 2.3 Contributing to the interprofessional collaborative health care team in order to optimise patient outcomes – demonstrating appropriate teamwork behaviours
- 4.9 Promoting quality assurance and continuous quality improvement strategies through utilising skills in collaboration, critical thinking, curiosity and creativity

Required Knowledge, Skills, Attitudes, and Experiences

- Communication skills
- Attention to detail
- Person-centred approach
- Awareness of personal limitations

- Willingness to seek assistance



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=895#h5p-12>

Course

This EPA is undertaken in PHRM4071.

Entrustment level

The anticipated entrustment level for PHRM4071.

EPA Template:

Note: Printable EPA templates are available on course sites.

Element	Performance Criteria Description
Establish Professional Relationships	<ul style="list-style-type: none"> - Introduce yourself to the team members, explain your role and learning objectives - Actively engage in team formation and build rapport with individual team members - Recognise the strengths and expertise of team members and identify how these can be leveraged collaboratively to achieve project goals
Collaboration and Communication	<ul style="list-style-type: none"> - Demonstrate clear and effective communication with team members, ensuring ideas, feedback and concerns are articulated in a respectful and constructive manner - Actively contribute to team discussions/meetings; share relevant insights from your perspective to enhance team understanding - Respect others' viewpoints and demonstrate openness to constructive feedback - Recognise and adapt communication style to the cultural/professional differences and needs of the team and project requirements
Problem Solving and Critical Thinking	<ul style="list-style-type: none"> - Identify challenges within the project and contribute to problem solving in a collaborative, solution-orientated manner - Analyse the issue at hand and propose possible solutions that consider the perspective and constraints of all team members - Work with team members to evaluate the alternatives and come to a consensus - Recognise when issues are escalating and proactively suggest adjustments or interventions - Seek clarification on topics outside your expertise
Project Delivery and Management	<ul style="list-style-type: none"> - Work with team members to plan, prioritise and complete assigned tasks - Maintain awareness of project deadlines and milestones - Organise and manage time effectively to contribute to the progress of the project - Monitor the quality of work and ensure it meets the defined project objectives - Ensure handover of tasks (where relevant) is seamless and responsibilities are clearly defined
Reflection and Feedback	<ul style="list-style-type: none"> - Reflect on your role in the project and provide insight into personal strengths and weaknesses - Identify areas for future improvement - Accept constructive feedback and create specific action plan for future self-improvement - Offer actionable feedback to others to enhance future collaborations
Collaboration and Agency	<ul style="list-style-type: none"> - Clarification is sought for any concerns identified and escalated to an appropriate stakeholder - Identify and acknowledge any professional or personal limitations and seek support where necessary

53. Data Collection and Management

Outcome

Collect, store, manage, and document data to support a Quality Use of Medicines (QUM) research project, ensuring ethical compliance, accuracy, and alignment with research and professional standards.

Potential Risks

Inappropriate data management leading incorrect or biased results; breaches of privacy and/or confidentiality

Enabling Competencies from the National Competency Standards Framework 2016

2.2 Collaborate with professional colleagues
2.2.2 Engage in teamwork and consultation
2.3 Communicate effectively
2.3.1 Use appropriate communication skills
5.2 Participate in research
5.2.2 Establish gaps in evidence-base
5.2.3 Undertake critical evaluation activities
5.2.4 Design and deliver research projects to address gaps in evidence-base and identify areas for innovation and advances in practice
5.3 Research, synthesise and integrate evidence into practice
5.3.3 Apply research evidence into practice

Performance Outcomes from Australian Pharmacy Council

2.1 Communicating appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust
4.9 Promoting quality assurance and continuous quality improvement strategies through utilising skills in collaboration, critical thinking, curiosity and creativity
5.4 Demonstrating knowledge and skills in research and inquiry

Required Knowledge, Skills, Attitudes, and Experiences

- Communication skills (written and verbal)
- Research, critical thinking and analytical skills

- Time and project management skills
- Attention to detail
- Awareness of personal limitations
- Willingness to seek assistance



The interactive version of this H5P content is available at:

<https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=897#h5p-13>

Course

This EPA is undertaken in PHRM4071.

Entrustment level

The anticipated entrustment level for PHRM4071.

EPA Template:

Note: Printable EPA templates are available on course sites.

Element	Performance Criteria Description
Data Collection Tool Design	<ul style="list-style-type: none"> - Consider sources of organisational data or health information that may be available for collection and analysis - Develops a clear, relevant and purpose-driven data collection tool tailored to suit the QUM research objectives (e.g. surveys, interview questions, audit templates, etc) - Thoroughly considers the relevance of each data point on the template and its necessity in contributing to the overall research aims/objectives - Ensures the tool is validated or piloted to identify potential flaws and improve reliability
Data Collection and Analysis	<ul style="list-style-type: none"> - Demonstrates the ability to gather and record data using the data collection tool according to the research methodology - Ensures that the data is complete and accurate with minimal errors or omissions - Demonstrates competency in using relevant data management platforms and software (e.g. MS Excel, MS Teams, MS Forms, Qualtrics, etc) - Demonstrates effective communication skills when interacting with research participants, using both open and closed questions as appropriate - Perform appropriate data analysis according to the research objectives: <ul style="list-style-type: none"> -> Quantitative data – consider use of simple descriptive statistics or use relevant software to perform appropriate statistical analysis -> Qualitative data – review qualitative data (e.g. interview transcripts, open-ended survey responses) using thematic analysis
Data Storage and Management	<ul style="list-style-type: none"> - Maintains accurate and detailed documentation of research methods and data collection/ analysis process - Ensures data is stored in appropriate manner that protects that maintains privacy and confidentiality, with limited access to authorised individuals only - Establishes and maintains regular backup protocols to prevent data loss, storing backups in a secure location - Uses a systematic and logical approach to organize files (e.g. labelled folders, consistent file naming conventions) for easy retrieval and traceability - Maintains version control of data files, tracking changes made over time and ensuring the most up-to-date version is clearly identifiable
Ethical Considerations and Risk Analysis	<ul style="list-style-type: none"> - Ensure ethical integrity is maintained throughout the data collection process by considering the following aspects: <ul style="list-style-type: none"> -> Respect for participants – obtain informed consent from participants before collecting data where relevant; inform participants of their right to withdraw from the study at any point without consequences -> Privacy and confidentiality – de-identify participant data to protect individual identities -> Cultural sensitivity – recognise and respect cultural values, beliefs and practices of participants, particularly when working with diverse populations - Assess and identify any potential risks involved in the data collection process both to participants and researchers - Consider relevant strategies for risk mitigation, privacy breaches and potential for bias and errors
Collaboration and Agency	<ul style="list-style-type: none"> - Clarification is sought for any concerns identified and escalated to an appropriate stakeholder - Identify and acknowledge any professional or personal limitations and seek support where necessary

PART IX

"HOW TO" GUIDES

54. InPlace Guidance

[Building skills in clinical education: InPlace Guidance for Students \(YouTube, 3m 1s\):](#)



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://uq.pressbooks.pub/bachelor-pharmacy-placement-handbook/?p=56#oembed-1>

How do I submit my self-sourced placement?

Students in PHRM2012, PHRM2102, PHRM3011, PHRM3012, PHRM4062 and PHRM4072 are required to self-source community pharmacy placements.

To upload your placement, please follow these instructions:

1. On the left-hand side of your home screen, find the corresponding submission area and click on the link.
2. This will open up a form for you to complete. Mandatory details are marked with a * and include: store name, address, phone number and ABN, preceptors full name and email address. There is no current requirement for you to complete the weekly placement roster, so you can leave this section blank.
3. All details required on this form relate to your Placement Site and your Preceptor. Please DO NOT enter any of your own personal details (e.g. email address) in this form. Agency = Your placement site e.g. Dutton Park Pharmacy. Agency Contact = Your Preceptor/Supervisor
4. If your allocation has been confirmed, you will see a notification/message on the right-hand side of your home screen. If there is no notification showing, your allocation is still being processed.

How do I view where I have been allocated to for school-sourced placements?

1. Click on the “Confirmed” tab along the top.
2. On the next screen in the list, you should see your allocated Pharmacy in blue and the status of your placement should show as “upcoming”. This screen will also display the placement timeframe and total hours required.
3. Click on the pharmacy name and this will display the details of the Pharmacy, as well as your Preceptor/Supervisor for this placement. Please note that your Preceptor/Supervisor for your allocated placement will be the FIRST contact in the list, with “Supervisor” displayed under their name.
4. Once you can see this notification on your home page, please visit your allocated Pharmacy to organise your start/finish times for placement.

55. ePortfolio (Chalk and Wire) Guidance

If you are new to using ePortfolio, the [Student Guide](#) is a great step-by-step resource to refer to.

The links below take you to topic specific videos:

- [How to upload an ePortfolio file or document](#)
- [Submission to an external assessor](#)
- [Withdrawal and submission](#)
- [ePortfolio reviewing results](#)

[Contact the UQ Library AskUs service](#) if you need further technical help using the ePortfolio. Phone: 334 64312

If you encounter a problem while using the ePortfolio follow the [Reporting Technical Problems](#) with eLearning Systems guide.

After business hours support is also available from the ePortfolio software vendor. Email: support@chalkandwire.com

56. ePortfolio - 'Add Guest' Process for When Pharmacy Details Are Missing

Community Pharmacy Placements

Where the pharmacy can not be found during the submission process OR no email is received by the preceptor, an alternate option 'add guest' can be clicked on the 'submitting content' screen. (In the event of no email being received, the assessment will need to be first withdrawn from submission).

1. Click 'Add Guest' and fill out the required contact details – ensure that the email address that is provided is correct for your pharmacy. Please enter a hyphen '-' for **first name** and the pharmacy name as it appears in InPlace for **last name**. If it doesn't accept this name add a 1, 2, 3, etc to the end of the name until it is accepted.
2. Click 'Save Profile'
3. If the email address already exists in the system, then click on the displayed name to add the email to the submission list.
4. If the email doesn't already exist, it will appear in the list of assessor(s) to whom you wish to submit.
5. Click on the 'Submit' button, and the email will be immediately sent to your pharmacy

Hospital Placements

Only 1 preceptor can be added to each site / pharmacy. For hospital placements, please submit to your preceptor, rather than the hospital. If they are not already listed in ePortfolio, follow steps as above, but enter them as an individual, using their first and last name.

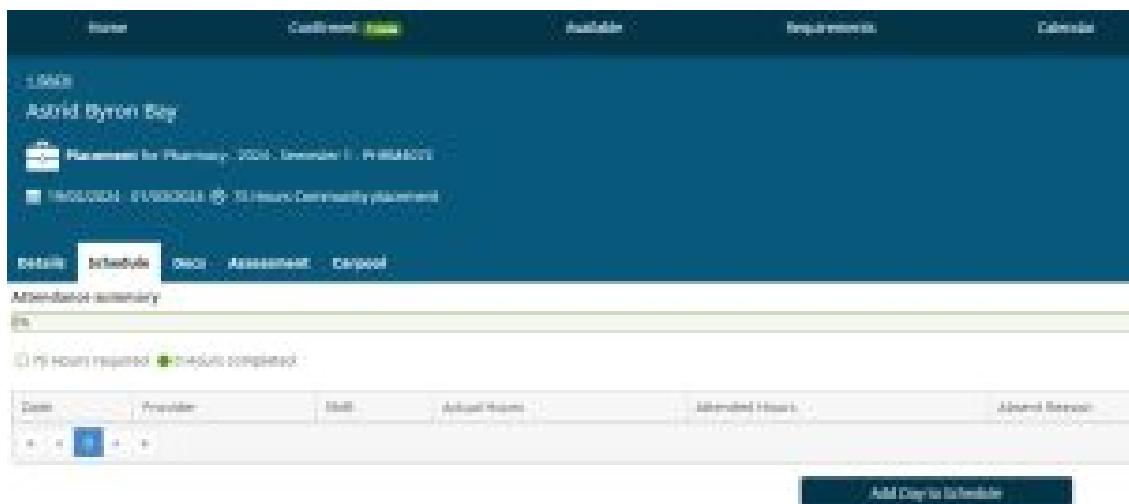
[Watch this video tutorial](#)

57. Absence Process and Recording Absences in InPlace

Students are to notify their preceptor as soon as they know they will be absent from their placement.

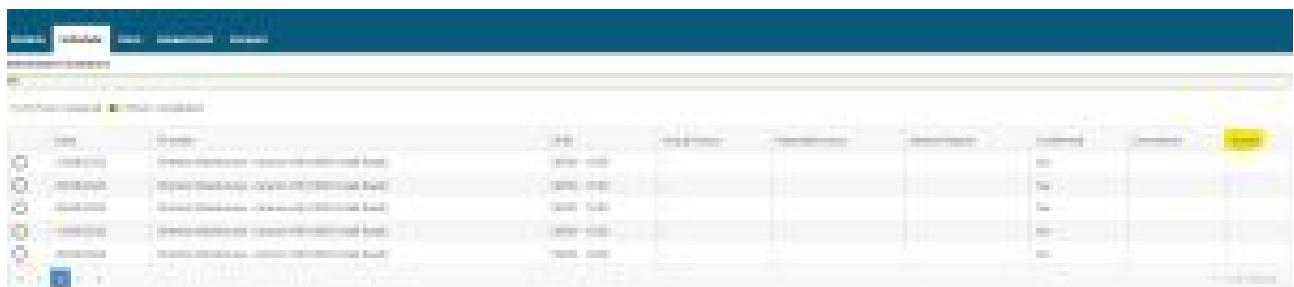
Absences must be recorded in **InPlace** within 24 hours or as soon as practical following the steps below:

- Go to Confirmed placement>Schedule.
- If you do not have a schedule, you must **Add Day to Schedule**.



The screenshot shows the InPlace software interface. The top navigation bar includes tabs for 'Home', 'Confirmed' (which is selected), 'Available', 'Request Absence', and 'Calendar'. Below the navigation bar, the user's name 'Adrienne Bryton Bay' is displayed, along with course information: 'Placement for Pharmacy - 2020 - Semester 1 - P1000001' and '1000001 - 1000001 - 30 Hours Community Placement'. The main content area shows a table for 'Allocation Summary'. The table has a single row with a status of '000'. Below the table, there is a note: '(0) Hours required. (0) hours completed.' A 'Timesheet' icon is located in the 'Action' column of the table. The bottom of the interface features a 'Add Day to Schedule' button.

- If a schedule is present, select the **Timesheet** icon under **Action**.



The screenshot shows the InPlace software interface with the 'Timesheet' table selected. The table has columns for 'Date', 'Preceptor', 'Shift', 'Actual Hours', 'Allocated Hours', and 'Actual Reasons'. The 'Actual Hours' column for the first row is highlighted in yellow. The table shows several rows of data, each with a checkbox in the first column and a yellow 'Edit' button in the last column.

- Students are to complete the timesheet with hours absent and absent reason and any hours made up.
- Students who are away for more than 2 days (i.e. on the THIRD day) due to illness must provide a medical certificate which they must upload to InPlace via Timesheets attachments.
- Students are to plan with preceptors to make up missed days/hours at a later date. Any variances occurring outside the placement dates in the Course Profile must be agreed with the WIL Partnership Coordinator in advance.
- If illness means the placement period is extended and an extension will be required for assessment items, students must contact their course coordinator and make a [formal extension request via MyUQ](#).
- In cases where the student is unable to make up missed placement days a decision will be made on a case-by-case basis by the course coordinator as to whether the placement has been completed satisfactorily or not.