**Clinical Skills Portfolio Assessment – Guidance for students**

This assessment contributes 100% towards the Clinical Pharmacy Skills (PHAR63001) unit.

Portfolio Assessment Guidance

The full portfolio should be submitted via Blackboard **no later** than 12:00 pm (GMT) on the date specified on Blackboard. Please see Blackboard for specific instructions for uploading your work.

The Clinical Skills portfolio is a collection of short pieces of work that together, demonstrate your competence in seven basic clinical pharmacy skills. All of the portfolio entries MUST be based upon cases from your OWN practice as a pharmacist and should include a personal reflection. You will not be awarded extra marks for choosing the most complex or unusual cases, so please choose everyday examples from your own practice. Please note that collusion and plagiarism will be monitored for and dealt with as per university regulations.

Any questions about the assessment should be directed to your Academic Advisor (online route) or the Unit Leader (blended route).

**Guidelines for Written Portfolio**

## **Introduction**

The aim of the portfolio is for students to demonstrate basic clinical pharmacy skills that they have further developed through undertaking Foundations of Clinical Pharmacy course unit in conjunction with practising as a clinical pharmacist.

The portfolio will assess students in their ability to:

1. Benchmark their current practice against the RPS Foundation Framework through a personal development plan
2. Complete the Consultation Skills for Pharmacy Practice e-assessment through CPPE (UK registered students only)
3. Take and record a patient medication history
4. Provide information to a patient about their medication
5. Identify and deal with an adverse drug reaction
6. Identify and intervene to prevent a medication error from causing patient harm
7. Answer a medication related inquiry from another healthcare professional

The portfolio should consist of seven pieces of evidence – one to cover each of the objectives listed above. Students should use their experiences from their own practice as pharmacists and taught material from the unit to complete the tasks. Guidance is provided in this document for preparing each item in the portfolio.

Portfolio items will be awarded 15% of the marks each, with an additional 10% for presentation and clarity of layout of the portfolio. Note that item 2 should be a copy of the CSfPhP certificate and is assessed as pass or fail. A marking scheme is included at the end of this guidance document.

Note that **if errors in judgement are made (by act or omission) which could have compromised patient safety then students will score zero for that portfolio item. If those errors were potentially catastrophic then the student will receive zero for the complete portfolio.**

Blended learners must also include at least one observation of practice form which has been completed by your workplace tutor. This may be a consultation skills assessment or a direct observation of practice (this is mandatory).

Templates for this can be found in the Virtual Common Room. Please attach workplace assessments as appendices to the portfolio.

Online learners may attach an observation of practice or consultation skills assessment form if they have had the opportunity to be observed within the workplace (but it is not mandatory).

**Presentation of the portfolio**

The portfolio should be typed (font size 12), double-spaced on one side of A4 paper with a left-hand margin of approximately 25mm and a right hand margin of approximately 20mm. Each page should be numbered. The portfolio should contain the following elements.

1. The title page should include

**Clinical Pharmacy Skills Portfolio**

**PHAR63001**

**BY**

**STUDENT’S NUMBER**

**Submitted to the University of Manchester in partial fulfilment for the degree of Master of Science in the Faculty of Biology, Medicine and Health**

**Date (Month and Year)**

**Manchester Pharmacy School**

1. The portfolio should be approximately 3000 words. References, tables, RPS mapping and title page are not included in the word count.
2. Tables and figures may be useful when writing your portfolio; these should be inserted in a suitable position in the text. Number tables and figures consecutively and supply a brief title for each. Do not forget to refer to them in the text, for example “see table 12”
3. Abbreviations should be used only when necessary and not as a short cut. Where they are used, they must be clearly defined, in full, on the first occasion they are used. Do not use abbreviations in the headings.
4. If citing laboratory results, the reference range for the result must be provided.
5. The student should ensure that all page numbering is complete and that all pages are in numerical order.
6. It is the responsibility of the student to ensure that all typographical, spelling, and grammatical errors are corrected before submitting the report.

**Guidance on referencing**

At the end of the portfolio the full numbered list of references should be given. References should be numbered in the order in which they appear in the text.

**References to journal articles:** The authors’ names are followed by the title of the article; the title of the journal abbreviated according to the style used in the British Medical Journal; the year of publication; the volume number; and the first and last page numbers:

1. Soter NA, Wasserman SI, Austen KR Cold urticaria: release into the circulation of histamine and eosinophil chemotactic factor of anaphylaxis during cold challenge. *N Engl J Med* 1976;**294**:687-90.

**References to books** should give the names of any editors, title, place of publication, publisher, and year:

1. Osler AG. *Complement mechanisms and functions.* Englewood Cliffs: Prentice-Hall, 1976.

**Information from manuscripts not yet in press, papers reported at meetings, or personal communications** should be cited only in the text, not as a formal reference. Authors should get permission from the source to cite personal communications.

**References found on the Internet** should include:

The full name of the host organisation (if appropriate)

The title of the document within the site (If appropriate)

The full site address

The date on which the site was accessed.

1. Sowerby Centre for Health Informatics at Newcastle. Dyspepsia – symptoms guidance. Prodigy 2000. Available at URL: <http://www.prodigy.nhs.uk> Accessed April 2003.

**Common Journal Abbreviations**

American Journal of Health Systems Pharmacy Am J Health Syst Pharm

British Medical Journal BMJ

British Journal of General Practice Br J Gen Pract

Family Practice Fam Pract

International Journal of Pharmacy Practice Int J Pharm Prac

Pharmaceutical Journal Pharm J

**Standard Portfolio item layout**

Each portfolio item should be presented in the format outlined below (except items 1 and 2).

**A. CONTEXT**

Each portfolio item should include a brief introduction to the context in which the clinical skill was used. This should typically include:

* Background info (anonymised) about the patient and their history, e.g.:
  + Patient age & gender
  + Past medical / surgical / mental health history
  + Social history
  + A medication list where this is not presented as part of the portfolio entry
* Your role in the scenario e.g. ward pharmacist, responsible pharmacist, checking discharge prescription in dispensary, conducting MUR etc.

**B. THE CLINICAL SKILL**

Please ensure you follow the guidance below to include the required information for each clinical skill. A marking scheme is provided to help you.

**C. REFLECTION**

Each portfolio item should include a reflective evaluation of how well you performed each skill. You should follow the reflective cycle of describing what went well, what went less well, your feelings about your performance and how you would approach the skill differently in future or what you have learnt about yourself. To do this, you should draw upon learning within the Unit.

In addition to the above, each portfolio item should be mapped against the RPS Foundation Framework standards using the following template:

| **RPS Foundation Framework** | | | |
| --- | --- | --- | --- |
| Cluster 1 Patient and Pharmaceutical Care | Cluster 2 Professional Practice | Cluster 3 Personal Practice | Cluster 4 Management and Organisation |
| * 1. Patient Consultation   2. Need for Medicine   3. Provision of Medicine   4. Selection of Medicine   5. Medicine Specific Issues   6. Medicines Information and Patient Education   7. Monitoring Medicine Therapy   8. Evaluation of Outcomes   9. Transfer of Care | * 1. Professionalism   2. Organisation   3. Effective Communication Skills   4. Team Work   5. Education and Training | * 1. Gathering Information   2. Knowledge   3. Analysing Information   4. Providing Information   5. Follow Up   6. Research and Evaluation | * 1. Clinical Governance   2. Service Provision   3. Organisations   4. Budget and Reimbursement   5. Procurement   6. Staff Management |

Blended learners must also include at least one observation of practice form which has been completed by your workplace tutor. This may be a consultation skills assessment or a direct observation of practice (this is mandatory).

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|  |
| --- |
| 1. **Reflection on current practice against RPS Foundation Framework** |

For this item you are expected to familiarise yourself with the RPS Framework for Foundation Practice. This was covered in week one of the course.

The resources on the Royal Pharmaceutical Society website are available at:

<http://www.rpharms.com/foundation-practice/foundation-resources.asp>

The framework can be viewed as a pdf at:

<http://www.rpharms.com/development-files/foundation-pharmacy-framework---final.pdf>

You are then asked to write a reflective Personal Development Plan outlining how you think you currently perform against each of the four framework clusters. Please include where you think you perform well, identify some of the gaps in your practice and your thoughts for how you might improve your practice within each cluster. You need not cover every competence within each individual cluster but provide a general overview of your performance, pinpointing one or two competences where you feel you perform well and those you would like to develop.

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| --- | --- | --- | --- | --- |
| 1. Reflection on practice against the RPS Framework | | | | |
| Poor | Inadequate | Satisfactory | Good | Excellent |
| 1  No evidence of utilisation of the Framework | 2 | 3 | 4 | 5  Comprehensive use of the Framework to support reflection |
| 1  Superficial reflection on current practice |  |  |  | 5  Insightful and sustained reflection on current practice |
| 1  Areas for development not identified |  |  |  | 5  Areas for development outlined with an achievable action plan |
| Total mark / 15 | | | | |

**2. Consultation Skills for Pharmacy Practice**

For this portfolio item you must access the following website, <http://www.consultationskillsforpharmacy.com/>, and work through the learning resources available at <https://www.cppe.ac.uk/services/consultation-skills>.

When you are ready to take the e-assessment login to CPPE (<https://www.cppe.ac.uk/mycppe/login>) and follow the links.

For this portfolio item you must include a copy of your certificate of achievement (either as a PDF or screenshot of the certificate).

This item is marked as a pass or fail.

**If you are an international student who is not a UK registered pharmacist, you are not required to complete this item.**

**3. Medication history**

This MUST be a medication history you have taken yourself. You should present the full list of medication the patient is currently taking including any non-prescribed remedies and allergies or intolerances. You should also comment on the patient's concordance, as determined through taking the history. Make sure you document the sources of information used to take the history and include a justification of why you chose those sources. Finally, you should describe how your medication history contributed to the overall care of this patient and any associated patient outcomes.

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| --- | --- | --- | --- | --- |
| 1. Medication History marking scheme | | | | |
| 1  Medication list incomplete or incorrect. No OTC etc. documented | 2 | 3 | 4 | 5  Medication list complete with allergies / OTC use documented |
| 1  Little evidence of strategy or discussion re. concordance | 2 | 3 | 4 | 5  Entry includes communication strategy and evidence of discussion on concordance |
| 1  Sources unclear or inappropriate; no justification and outcome not documented | 2 | 3 | 4 | 5  Sources documented and well justified; positive contribution to patient care evident |
| Total mark / 15 | | | |  |

**4. Providing information or advice to a patient**

This must be counselling YOU have personally provided to a patient. List the medication/s you counselled the patient on and the context in which you provided this information e.g. new medication regimen, discharge from hospital etc. Systematically document all the counselling points you discussed with the patient and describe how you established the information needs of this patient in order to provide individualised, targeted counselling. Finally, make sure you include any questions asked by the patient as well as how you answered these and describe any feedback you received from the patient on the counselling you provided.

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| --- | --- | --- | --- | --- |
| 2. Patient Counselling marking scheme | | | | |
| Poor | Inadequate | Satisfactory | Good | Excellent |
| 1  Few or inappropriate counselling points; not linked to holistic care | 2 | 3 | 4 | 5  Counselling justified with sufficient information covered for each drug in context of overall care |
| 1  Little tailoring of advice evident | 2 | 3 | 4 | 5  Communication strategy described and appropriately targeted |
| 1  Reflection superficial with little or no patient involvement. No evidence of incorporating learning from CSfPhP | 2 | 3 | 4 | 5  Thorough reflection on communication skills with patient including any feedback or questions asked by patient.  Explicitly draws upon learning in CSfPhP and reflects upon this |
| Total mark / 15 | | | |  |

**5. Medication error**

A medication error could be a prescribing, dispensing, administration, or systems error that YOU had personal involvement in dealing with. Describe exactly what happened and clearly identify the error that occurred. Identify the potential risks posed by the error if not resolved and describe your intervention to rectify the error. Describe the outcome of your intervention and any measures you or your organisation took or could take to reduce the chances of this error happening again.

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| --- | --- | --- | --- | --- |
| 3. Medication Error marking scheme | | | | |
| Poor | Inadequate | Satisfactory | Good | Excellent |
| 1  Error poorly described or unclear if error; risks not identified or incorrectly interpreted. | 2 | 3 | 4 | 5  Error clearly described and potential risk to patient care identified |
| 1  Intervention unclear, inappropriate or not student’s own. | 2 | 3 | 4 | 5  Own intervention systematically detailed; appropriate and proportionate |
| 1  Outcome unclear or omitted. Reflection superficial or inappropriate intervention. | 2 | 3 | 4 | 5  Outcome described with thorough reflection on actual / potential interventions to reduce chance of similar error |
| Total mark / 15 | | | |  |

**6. Adverse drug reaction**

An adverse drug reaction (ADR) should be one that would be of sufficient magnitude to warrant completion of a 'yellow card' in the UK (see <https://www.gov.uk/topic/medicines-medical-devices-blood/vigilance-safety-alerts>). You MUST have had personal involvement in identifying or reporting the ADR. Describe how the patient presented with the reaction and how the potential causative drug was identified. Describe how the reaction was managed and how the patient’s condition and therapy was managed thereafter. Describe the eventual patient outcome and discuss whether the ADR was preventable; if you are based in the UK, this should include completion of a 'yellow card'.

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| --- | --- | --- | --- | --- |
| 4. Adverse Drug Reaction marking scheme | | | | |
| Poor | Inadequate | Satisfactory | Good | Excellent |
| 1  Presentation muddled and no link or inappropriately linked to history | 2 | 3 | 4 | 5  Patient presentation clearly described and appropriately linked to history |
| 1  ADR poorly described (or not ADR); management omitted or inappropriate | 2 | 3 | 4 | 5  Full and appropriate description of ADR and subsequent management |
| 1  Superficial reflection with patient outcome / preventability omitted | 2 | 3 | 4 | 5  Full reflection on patient outcome and preventability of ADR |
| Total mark / 15 | | | |  |

**7. Medication related inquiry from a healthcare professional**

This should be a medication-related question you have personally been asked by another healthcare professional that has required you to use one or more resources to provide an appropriate response. Describe the context and the question asked, then describe any further clarification you sought regarding the question before you answered it. Document the sources you used to answer the question and justify why you chose them. Provide a full account of the answer you supplied to the question, and how you delivered this information. Where appropriate, include details of the outcome and any feedback you received from the healthcare professional who asked the question.

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| --- | --- | --- | --- | --- |
| 5. Medication Query marking scheme | | | | |
| Poor | Inadequate | Satisfactory | Good | Excellent |
| 1  Question unclear and incomplete. Sources not documented or inappropriate. | 2 | 3 | 4 | 5  Question clearly recorded and clarified. Appropriate sources used. |
| 1  Answer misleading and/ or incomplete | 2 | 3 | 4 | 5  Answer appropriate and complete. |
| 1  Superficial reflection with outcomes / feedback omitted. | 2 | 3 | 4 | 5  Full reflection on own performance including outcomes or feedback |
| Total mark / 15 | | | |  |

**Clinical Pharmacy MSc**

**Marking scheme for clinical skills portfolio**

**Student number Agreed Mark**

**PRESENTATION 10 marks**

To include the following:

Title page correct; page numbering & spacing 2

Tables and figures inserted correctly 2

Grammar and spelling 2

Layout & structure 2

Referencing 2

## **CONTENT 90 marks**

PDP against RPS Framework 15

CSfPhP Certificate Pass/Fail

Medication History 15

Patient Counselling 15

Medication Error 15

Adverse Drug Reaction 15

Inquiry from other HCP 15

**Total / 100**

Marking criteria for written assignments (adapted version of the BMH Faculty marking criteria for written assignments and dissertations)

|  |  |
| --- | --- |
| **BAND** | **MARKING CRITERIA**  **Descriptor** |
| 90% - 100% | **EXCELLENT (may allow award of distinction\*)**  Exceptional work, nearly or wholly faultless for that expected at Master’s level. |
| 80% - 89% | **EXCELLENT (may allow award of distinction\*)**  Work of excellent quality throughout. |
| 70% - 79% | **EXCELLENT (may allow award of distinction\*)**  Work of very high to excellent quality showing originality, high accuracy, thorough understanding, critical appraisal, and very good presentation. Shows a wide and thorough understanding of the material studied and the relevant literature, and the ability to apply the theory and methods learned to solve unfamiliar problems. |
| 60% - 69% | **GOOD PASS (may allow an award of a merit\*)**  Work of good to high quality showing evidence of understanding of a broad range of topics, good accuracy, good structure and presentation, and relevant conclusions. Shows a good knowledge of the material studied and the relevant literature and some ability to tackle unfamiliar problems. |
| 50% - 59% | **PASS**  Work shows a clear grasp of relevant facts and issues and reveals an attempt to create a coherent whole. It comprises reasonably clear and attainable objectives, adequate reading and some originality. |
| 40% - 49% | **FAIL, POTENTIALLY COMPENSATABLE**  Work shows a satisfactory understanding of the important programme material and basic knowledge of the relevant literature but with little or no originality and limited accuracy. Shows adequate presentation skills with clear but limited objectives and does not always reach a conclusion. |
| 30% - 39% | **FAIL**  Work shows some understanding of the main elements of the programme material and some knowledge of the relevant literature. Shows a limited level of accuracy with little analysis of data or attempt to discuss its significance. |
| 20% - 29% | **FAIL** Little relevant material presented. Unclear or unsubstantiated arguments with very poor accuracy and understanding. |
| 0 - 19% | **CLEAR FAIL**  Work of very poor quality containing little or no relevant information. |