|  |
| --- |
| **Assessment criteria and score** |
| **A. Patient background and medication list** |
| **5 (excellent)**: Information regarding patient’s medical / surgical / MH history clearly documented with no obvious omissions or errors. All relevant medication indicationsare identified, linked to patients PMH/PSH and evaluated against best practice and current guidelines. Excellent understanding of the use of drug therapy demonstrated.**4 (good)**: Information regarding patient’s medical / surgical / MH history documented with no obvious omissions or errors. Most relevant medication indications are identified, linked to patients PMH/PSH and evaluated against best practice and current guidelines (including all critical problems). Good understanding of the use of drug therapy demonstrated.**3 (adequate)**: Information regarding patient’s medical / surgical / MH history documented with minor omissions or errors. Most relevant medication indications are identified, linked to patients PMH/PSH and evaluated against best practice and current guidelines. Fair understanding of the use of drug therapy demonstrated.**2 (needs improvement)**: Information regarding patient’s medical / surgical / MH history documented with minor omissions or errors. Some relevant medication indications are identified, linked to patients PMH/PSH and evaluated against best practice and current guidelines. Some understanding of the use of drug therapy demonstrated.**1 (poor)**: Information regarding patient’s medical / surgical / MH history documented with omissions or errors. Critical medication indications are not identified, linked to patients PMH/PSH or evaluated against best practice and current guidelines. Poor understanding of the use of drug therapy demonstrated. |
| **B. Progress notes and medication changes** |
| **5 (excellent)**: Progress notes **clearly and accurately** documented demonstrating a logical account of events and medication usage.**4 (good)**: Progress notes documented demonstrating a logical account of events and medication usage.**3 (adequate)**: Progress notes documented demonstrating a **somewhat logical** account of events and medication usage.**2 (needs improvement)**: Progress notes documented demonstrating some account of events and medication usage but omissions evident.**1 (poor)**: Progress notes documented, confused so do not demonstrate a logical account of events and medication usage. |
| **C. Monitoring plan** |
| **5 (excellent)**: All relevant monitoring is identified. Excellent understanding of the significance of these results demonstrated and applied to this individual patient.There is evidence that the student has carried out the required monitoring appropriate to their role.**4 (good)**: Most relevant monitoring is identified including that deemed to be critical to the patient. Good understanding of the significance of these results demonstrated and applied to this individual patient. There is evidence that the student has carried out the required monitoring appropriate to their role.**3 (adequate)**: Most relevant monitoring is identified including that deemed to be critical to the patient. Some understanding of the significance of these results demonstrated and applied to this individual patient. There is evidence that the student has carried out most of the required monitoring appropriate to their role.**2 (needs improvement)**: Some relevant monitoring is identified including that deemed to be critical to the patient. Some understanding of the significance of these results demonstrated and applied to this individual patient. The student has carried out some of the required monitoring appropriate to their role.**1 (poor)**: Critical monitoring is not identified. Poor understanding of the significance of these results demonstrated and applied to this individual patient. There is little evidence that the student has carried out any of the required monitoring appropriate to their role. |

|  |
| --- |
| **D. Identification of Clinical problems (5 marks)** |
| **5 (excellent)**: All actual and potential clinical problems identified and implications fully understood.**4 (good)**: Most actual and potential clinical problems identified (including all critical problems) and implications understood.**3 (adequate)**: Most actual and potential clinical problems identified and implications understood.**2 (needs improvement)**: Few actual and potential clinical problems identified and some implications understood.**1 (poor)**: Critical actual and potential clinical problems not identified and poor understanding of the implications. |
| **E. Action Plan for Clinical problems and significant abnormal results (5 marks)** |
| **5 (excellent)**: Student shows an excellent understanding of all actual and potential clinical problems and abnormal results. A clear, concise and effectivestrategy is documented in the action plan for all those identified. Prioritisation is appropriate.**4 (good)**: Student shows a good understanding of most of the actual and potential clinical problems and abnormal results, including all critical problems. A clear concise and effective strategy is documented in the action plan for all those identified. Prioritisation is appropriate.**3 (adequate)**: Student shows a good understanding of some of the actual and potential clinical problems and abnormal results, including all critical problems. A strategy is documented in the action plan for all those identified. Prioritisation is present.**2 (needs improvement)**: Student shows an understanding of some of the actual and potential clinical problems and abnormal results, including most of the critical problems. A strategy is documented in the action plan for all those identified. Prioritisation is poor or absent. Some irrelevant information included in the PCP.**1 (poor)**: Student shows little understanding of the actual and potential clinical problems and abnormal results, critical problems not identified. Strategy is confused and poor for all those identified. Prioritisation is poor or absent. A lot of irrelevant material included in PCP. |
| **F. Forward planning and follow up** |
| **5 (excellent)**: All unresolved and ongoing pharmaceutical care problems identified with strategies to resolve suggested in discharge / ongoing and follow up plan.Patient concordance and counselling points fully considered. All relevant points communicated to the appropriate healthcare professional, patient or carer.**4 (good)**: Most unresolved and ongoing pharmaceutical care problems identified with strategies to resolve suggested in discharge / ongoing and follow up plan. Patient concordance and counselling points given thorough consideration. Most relevant points communicated to the appropriate healthcare professional, patient or carer.**3 (adequate)**: Most unresolved and ongoing pharmaceutical care problems identified with some strategies to resolve suggested in discharge / ongoing and follow up plan. Some patient concordance and counselling points considered. Some relevant points communicated to the appropriate healthcare professional, patient or carer.**2 (needs improvement)**: Few unresolved and ongoing pharmaceutical care problems identified with few strategies to resolve suggested in discharge / ongoing and follow up plan. Some patient concordance and counselling points considered. Few relevant points communicated to the appropriate healthcare professional, patient or carer.**1 (poor)**: No critical unresolved and ongoing pharmaceutical care problems identified and no strategies to resolve suggested in discharge / ongoing and follow up plan. Few patient concordance and counselling points considered. Relevant points not communicated to the appropriate healthcare professional, patient or carer. |

|  |
| --- |
| **G. Evidence for drug usage (5 marks)** |
| **5 (excellent)**: All medication usage is critically evaluated against best practice and current guidelines in a clear and concise manner. Primary evidence sources are utilised. Excellent understanding of the use of drug therapy individualised for the specific patient’s needs. All treatment aims are demonstrated. Excellent Referencing.**4 (good)**: Most medication usage is evaluated against best practice and current guidelines in a clear and concise manner. Good understanding of the use of drug therapy individualised for the specific patient’s needs. Most treatment aims are demonstrated. Mostly Referenced correctly. **3 (adequate)**: Most medication usage evaluated against best practice and current guidelines. Fair understanding of the use of drug therapy demonstrated. Some evidence of therapy individualised for the specific patient needs. Some treatment aims are demonstrated. Some incomplete or inaccurate referencing. **2 (needs improvement)**: Some medication usage evaluated against best practice and current guidelines. Little understanding of the use of drug therapy and individualisation for the specific patient needs. Few treatment aims. Referencing incomplete or inaccurate.**1 (poor)**: Medication usage not evaluated against best practice and current guidelines. Poor understanding of the use of drug therapy demonstrated. No individualisation or treatment aims demonstrated. No referencing. |
| **H. Continuing Professional Development** |
| **5 (excellent)**: Reason for completing PCP indicated with relevant associated learning needs clearly identified. An appropriate plan (specific and achievable) formeeting learning needs documented with further objectives identified as a result of carrying out the learning activity. It would be expected that a CPD record would be made for completeness and good practice.**4 (good)**: Reason for completing PCP indicated with associated learning needs identified. An adequate plan for meeting learning needs documented with some new objectives identified as a result of carrying out the learning activity. A CPD record may be considered for completeness and good practice.**3 (adequate)**: Reason for completing PCP indicated with some associated learning needs identified. A plan for meeting learning needs documented with few new objectives identified as a result of carrying out the learning activity. A CPD record may be considered for completeness and good practice.**2 (needs improvement)**: Reason for completing PCP indicated with few learning needs identified. A plan for meeting learning needs documented but may not be adequate. Little evidence of learning activity taking place with few or no new objectives identified. A CPD record would not be considered as learning activity incomplete.**1 (poor)**: Reason for completing PCP indicated with few or inappropriate learning needs identified. A plan for meeting learning needs documented but may be incomplete or inadequate. No evidence of learning activity taking place with new objectives lacking. A CPD record would not be considered as learning activity incomplete. |
| **I. Professional Framework Mapping** |
| **Pass/Fail** – PCP is mapped against the RPS Framework(s) |
| **Note: Any act, deliberate or unintentional, that may lead to patient harm may be awarded a mark of zero.**  |
| **Total / 40** |