



Introduction to Community Pharmacy Practice

2-week Community Rotation

MANUAL 1

STRUCTURED PRACTICE EXPERIENCE PROGRAM

This program was adapted from the Dalhousie University College of Pharmacy Community Rotation Manuals and used with permission.

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Practice Direction Reminder for Pharmacist Preceptors & Interns

IMPORTANT PRACTICE DIRECTION REMINDERS:

Interns and preceptors are reminded that while on structured practice experience program rotations, interns must be under the appropriate direction of their pharmacist preceptor. The pharmacist preceptor is professionally responsible for the intern.

Interns and preceptors must review at the start of the rotation the strategy that will be followed to achieve the appropriate level of direction to meet the pharmacy legislation requirements.

Interns must clearly identify themselves as Interns when in practice.

It is an expectation of the Nova Scotia College of Pharmacists (NSCP) that interns are directed by preceptors in a manner that maximizes opportunities for regular formative and summative feedback and the provision of safe and effective patient care at all times; and that satisfies the legal requirements for pharmacy practice in Nova Scotia.

Interns must be registered with the NSCP and must hold personal professional liability insurance and this insurance must be maintained while you are a registered intern, regardless of your rotation schedule. In addition, interns **must** hold a technical injection permit issued by the NSCP to provide injections. Interns must ensure that any required registration, preceptor, and site documentation is filed with and approved by the NSCP prior to the start of a practice experience program rotation. **The requirements for an International Pharmacy Graduate (IPG) to become licensed as a pharmacist in Nova Scotia can be found on the [Nova Scotia College of Pharmacists website](#).**

Information on SPEP Rotations

Welcome to the Structured Practice Experience Program (SPEP) for Nova Scotia. The program is comprised of 5 rotations.

Before beginning any rotations, a Preceptor and Site Approval Form [application](#) must be submitted and approved. Please submit to registrations@nspharmacists.ca and expect to hear back within 10 working days. Do not begin your rotation until you have received written approval of your application from the NSCP. While all the pharmacy staff can help the intern during their rotation, there must be ONE designated preceptor for each rotation. This would be the name submitted on the application. A separate application must be received for each designated preceptor and site.

Interns must complete the 20-week (800 hour) SPEP as one step towards licensing as a pharmacist in Nova Scotia. The Nova Scotia College of Pharmacists (NSCP) has been given permission to use the Dalhousie University College of Pharmacy Practice Experience Rotation Manuals and acknowledges Dalhousie University as the developer of these manuals. The 20-week (800 hour) program consists of 5 manuals:

Manual 1 -Introduction to Community Pharmacy Practice (2 weeks – 80 hours)
Manual 2 -Introduction to Hospital Pharmacy Practice (2 weeks- 80 hours)
Manual 3 – Community Practice (4 weeks -160 hours)
Manual 4- Hospital Practice (6 weeks -240 hours)
Manual 5 -Community Practice (6 weeks -240 hours)

An intern must complete Manuals 1, 2 and 3 in chronological order however Manual 4 and 5 do not have to be done in chronological order.

[For example, interns can complete manuals in the following order: Manual 1, 2, 3, 4 and 5 or Manual 1, 2, 3, 5, 4](#)

There is an option for interns to complete the entire 20 weeks in community practice as it is sometimes difficult to secure hospital placements. If an intern is unable to secure a hospital placement, they can complete the entire 20 weeks in community practice by completing Manuals 1 and 5 twice (and omitting Manuals 2 and 4).

[For example, complete the manuals in following order: Manual 1, 1, 3, 5, 5](#)

If the intern chooses to complete the SPEP **only in community**, when completing Manual 1 twice it must be completed in two different practice sites/pharmacies and when completing Manual 5 twice it also must be completed in two different practice sites/pharmacies.

[For example, complete the manuals in the following order: Manual 1 \(pharmacy A\), 1 \(pharmacy B\), 3 \(pharmacy A or B\), 5 \(pharmacy A\) and 5 \(pharmacy B\).](#)

Please note, the intern can also choose to complete all the manuals at different practice sites/pharmacies which would give them a more robust experience, but this is not required.

Requirements for completion of the SPEP rotations

Interns must:

- meet all of the rotation requirements
- spend at least the minimum time at the practice site

The number of **hours** given to complete each manual is the **MINIMUM** amount of time that interns are required to be at the practice site. All of the required tasks for the rotation must also be completed before an intern is able to move to the next manual. If the manual is not able to be completed in the minimum amount of time, the intern must continue working at the practice site **until all requirements are met**.

We recommend that interns commit 40 hours per week for their rotations to get the best experience. However, if this is not possible an intern must submit a request to the NSCP to commit to less hours per week. The request must indicate the number of hours per week which are intended to be completed and justification for requesting to reduce the weekly amount. The minimum an intern may complete is 20 hours per week and the maximum is 40 hours per week while on rotation.

Submissions to Nova Scotia College of Pharmacists (NSCP)

The intern must submit the completed self-evaluation form and the preceptor must submit the completed assessment form to registrations@nspharmacists.ca upon finishing each manual. Forms must be submitted as a PDF by email. (Free apps, such as TurboScan can be used to scan documents and convert them to PDF).

Please note: do not send other documents from the manual to NSCP.

Interns must wait for an email confirmation that the forms are complete before moving to their next manual. Submission of incomplete forms can delay the process of completing the SPEP in a timely manner.

PLEASE review each form to ensure ALL documentation is complete and ALL requirements have been met. You cannot move to the next manual if the previous manual is not completed.

Communication

Interns and preceptors can expect the NSCP to check-in with them upon completion and prior to the start of each manual. If there are any questions during the rotation, intern and preceptors can contact the NSCP by email: registrations@nspharmacists.ca

Next Step

Once the intern completes the SPEP, they can complete the Competency Based Assessment (CBA). **The CBA cannot begin until all SPE assessments have been received and approved.** The NSCP will notify the intern when they can begin the CBA.

THANK YOU TO PRECEPTORS:

Thank you to the community pharmacist preceptors and pharmacy team members who have worked tirelessly during uncertain times to provide care to Canadians as front-line primary health care providers.

Thank you for taking on the critical role of being a preceptor during these uncertain times.

Working in community pharmacy is a busy and challenging job. The Nova Scotia College of Pharmacists thanks you for taking the time to participate as a SPEP preceptor. Preceptors, you are the heart of the practice experience program and your dedication to the pharmacy profession is valued and appreciated.

Please feel to reach out to the NSCP at any time if you have a question at registrations@nspharmacists.ca

COVID-19 Resources and Guidance for Interns

As COVID-19 information continues to evolve, interns are reminded to consult provincial and national Public Health resources for the most up-to-date information. Interns should discuss with their preceptor(s) the public health, safety and security protocols and procedures that are in place at their rotation site.

AFPC EDUCATIONAL OUTCOMES: EXECUTIVE SUMMARY

The Association of Faculties of Pharmacy of Canada (AFPC) Educational Outcomes (EOs) focus on what graduates are able to do at the end of a Baccalaureate or Doctorate program that is the first professional degree in pharmacy (i.e., entry-to-practice pharmacy degree programs). They signal curricular priorities and a framework for curriculum design without being overly prescriptive. The Educational Outcomes focus attention on outcomes that matter to patients, the profession of pharmacy and Canadian society. They aim to advance pharmacy education so that pharmacy graduates are prepared to meet the changing expectations of the communities they serve.

The AFPC Task Force on Educational Outcomes was struck by the AFPC Council of Faculties in mid-2016 to revise the 2010 version and they completed their work in spring 2017. The result was the development of a revised set of educational outcomes for all entry-to-practice pharmacy programs in Canada, regardless of the degree offered (Bachelor of Science in Pharmacy or PharmD). The work was informed by feedback from focus group discussions with representatives from faculties of pharmacy in Canada and literature from pharmacy and the other health professions. The Task Force sought feedback on the draft documents from all pharmacy faculties across Canada, national and provincial pharmacy organizations and external stakeholders. The final document includes modifications based on the recommendations from these groups.

The 2017 version of the AFPC Educational Outcomes retains CanMEDS terminology (Royal College of Physicians and Surgeons of Canada) and draws from several concepts in CanMEDS 2015 role statements. It also draws upon concepts described in other sources. The 2017 Educational Outcomes represent a conceptual shift since publication of the 2010 EOs. In the 2010 version, the expression of each role was independent of and had no particular relationship to one another. In the 2017 version, the relationship of the roles to one another is based on provision of patient care (Care Provider), which is at the heart (core) of the discipline of pharmacy in Canada. To meet the expectations of patients and society, graduates must take an appropriate approach to the core of the discipline, which is pharmacy care. To provide the quality of pharmacy care required, graduates are able to approach pharmacy practice by skilfully integrating Communicator, Collaborator, Leader-Manager, Scholar and Health Advocate roles in their Care Provider role. In addition, graduates are educated to fulfill roles beyond those required of pharmacists, acknowledging that the goal of university education extends beyond solely preparing graduates to enter into pharmacy practice. AFPC believes that pharmacy graduates must be grounded in a professional identity when being a Care Provider. Accordingly, the conceptual shift is that the Professional role is not one among many roles; rather it is the overarching ethos of the discipline of pharmacy – the spirit that guides graduates' practice and their approach to practice regardless of the type of practice in the field of pharmacy.

The 2017 Educational Outcomes are significantly different from previous ones in organizing structure. The EOs comprises multiple Role Statements: Care Provider, Communicator, Collaborator, Leader-Manager, Health

Advocate, Scholar and Professional. Within each Role Statement, the Key Competencies define what graduates need to achieve by the end of the program. These competencies focus on measurable behaviours that are the end product of the program. They reflect the expectation that there will be use or application of knowledge and skill acquired during the program. Enabling Competencies delineate specific sub-components of competencies that graduates need to achieve in order to attain the competency required at the end of the program. A complete listing of Concepts that underlie the EOs 2017 is available in each Role Statement. To support the EOs 2017, several documents are included in an Educational Outcomes 2017 User Manual: Orientation Resource – Conceptual Framework for Educational Outcomes for Canadian First Professional Degree Programs in Pharmacy; Crosswalk to Canadian Interprofessional Health Collaborative (CIHC) National Interprofessional Competency Framework; Sample Learning Objectives; and Glossary of Terms.

AFPC Educational Outcomes 2017 – Executive Summary
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SUMMARY: AFPC EDUCATIONAL OUTCOMES 2017 – ROLES and KEY COMPETENCIES

ROLE	DEFINITION	KEY COMPETENCIES – Pharmacy Graduates are able to:
CARE PROVIDER (CP)	As Care Providers , pharmacy graduates provide patient-centred pharmacy care by using their knowledge, skills and professional judgement to facilitate management of a patient's medication and overall health needs across the care continuum. Care Provider is the core of the discipline of pharmacy.	CP1: Practise within the pharmacist scope of practice and expertise. CP2: Provide patient-centred care. CP3: Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety.
COMMUNICATOR (CM)	As Communicators , pharmacy graduates communicate effectively in lay and professional language, using a variety of strategies that take into account the situation, intended outcomes of the communication and diverse audiences.	CM1: Communicate in a responsible and responsive manner that encourages trust and confidence. CM2: Communicate in a manner that supports a team approach to health promotion and health care.
COLLABORATOR (CL)	As Collaborators , pharmacy graduates work collaboratively with patients and intra- and inter-professional teams to provide safe, effective, efficient health care, thus fulfilling the needs of the community and society at large.	CL1: Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions. CL2: Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.
LEADER-MANAGER (LM)	As Leaders and Managers , pharmacy graduates engage with others to optimize the safety, effectiveness and efficiency of health care and contribute to a vision of a high-quality health care system.	LM1: Contribute to optimizing health care delivery and pharmacy services. LM2: Contribute to the stewardship of resources in health care systems. LM3: Demonstrate leadership skills. LM4: Demonstrate management skills.
HEALTH ADVOCATE (HA)	As Health Advocates , pharmacy graduates demonstrate care for individual patients, communities and populations by using pharmacy expertise to understand health needs and advance health and well-being of others.	HA1: Respond to an individual patient's health needs by advocating with the patient within and beyond the patient care environment. HA2: Respond to the needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner.
SCHOLAR (SC)	As Scholars , pharmacy graduates take responsibility for excellence by applying medication therapy expertise, learning continuously, creating new knowledge and disseminating knowledge when teaching others.	SC1: Apply medication therapy expertise to optimize pharmacy care, pharmacy services and health care delivery. SC2: Integrate best available evidence into pharmacy practice. SC3: Contribute to the creation of knowledge or practices in the field of pharmacy. SC4: Teach other pharmacy team members, the public and other health care professionals including students.
PROFESSIONAL (PR)	As Professionals , pharmacy graduates take responsibility and accountability for delivering pharmacy care to patients, communities and society through ethical practice and the high standards of behaviour that are expected of self-regulated professionals. The Professional role is the overarching ethos of the discipline of pharmacy.	PR1: Committed to apply best practices and adhere to high ethical standards in the delivery of pharmacy care. PR2: Able to recognize and respond to societal expectations of regulated health care professionals. PR3: Committed to self-awareness in the management of personal and professional well being.

AFPC Educational Outcomes 2017 – Executive Summary
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FOR REVIEW AT START OF ROTATION

(Intern Communication Profile)

Adapted from Grey-Bruce Regional Health Centre/D'Youville College Student Placement Profile/Dalhousie School of Physiotherapy

Interns, please complete this Intern Communication Profile and review the contents with your preceptor at the start of the rotation.

Intern, please review the rotation orientation checklist in this manual with your preceptor at the start of the rotation.

INTERN NAME: _____

INTERN EMAIL: _____

CONTACT NUMBER DURING ROTATION: _____

ROTATION DATES: _____

Is there anything your preceptor should be aware of that might affect your ability to perform on this clinical rotation?

What are your personal learning objectives for this clinical rotation and explain how you intend to achieve them?

What are your clinical, interpersonal and professional strengths?

What other clinical, interpersonal and professional skills would you like to improve during this rotation? Are there any specific disease states or patient populations you wish to have an opportunity to work with and learn from during this rotation?

INTERN TRAVEL TO THE SITE

Please provide your travel/commuting plans to your site each day.

ILLNESS/SICK DAYS DURING ROTATIONS

If you have any COVID-19-like symptoms, please visit the Public Health online COVID-19 assessment tool for Nova Scotia. It is important to protect your health and the health of those around you. Please contact your preceptor should your COVID-19 screening require you to self-isolate due to travel, illness, testing or other public health protocols.

You must communicate any absence with your preceptor.

Is there anything else you wish to discuss with your preceptor at the start of your rotation?

Please continue on and review the orientation checklist that starts on the next page.

TO REVIEW: Rotation Orientation Checklist
Please complete during the first 48 hours of your rotation.

Intern & Site-Specific Information to Review

- ☐ Intern is registered with the Nova Scotia College of Pharmacists and holds valid personal professional liability insurance prior to the start of the rotation
- ☐ Preceptor and intern have discussed whether the intern can continue to work at another practice site e.g., part-time job, during this rotation. In some situations, due to COVID-19 levels in the community the rotation site may request that the intern limit their patient care activities to the rotation site only. This is the decision of the practice site.
- ☐ Important intern professional direction reminder provided in this manual reviewed and discussed.
- ☐ Intern is prepared to identify as a Intern during all professional interactions e.g., with patients, prescribers.
- ☐ Resume and letter of introduction received and reviewed by preceptor.
- ☐ Intern communication profile reviewed.
- ☐ Intern pre-rotation self-assessment completed & reviewed.
- ☐ Intern emergency contact sheet completed and provided to preceptor.
- ☐ Orientation to prescription processing and patient assessment, documentation, medication safety and follow-up procedures used by the site.

Rotation Scheduling and Planning

- ☐ Daily schedule reviewed e.g., arrival, lunch, breaks, departure etc.
- ☐ Rotation schedule reviewed
- ☐ Tentative date for mid-point course assessment using onsite assessment forms: _____
- ☐ Tentative date for final course assessment using onsite assessment forms: _____
- ☐ Upcoming CE events (virtual/online) intern may consider attending: _____

Important/Frequently Used Numbers

- ☐ Pharmacy phone number: _____
- ☐ Pharmacy fax number: _____
- ☐ How to access and save voice mail (if applicable): _____
- ☐ Prescriber's line: _____
- ☐ Preceptor's e-mail &/or cell: _____
- ☐ Insurance providers contact information and pharmacy specific identification number
- ☐ Other important numbers: _____

Introductions & Review

- ☐ Pharmacy Staff/Team Introductions
- ☐ Management (Pharmacy and Front Store)
- ☐ Healthcare team members (on and off site)
- ☐ Patients
- ☐ Review of pharmacy practice services offered at the site and how intern will be engaged
- ☐ Review, if available, the provincial Drug Information System (DIS) or equivalent online e-Health portal that connects health care professionals to patient's medication and health records including (if available) lab values and privacy protocols
- ☐ Review pharmacy privacy protocols
- ☐ Orientation and discussion about pharmacy safety and security protocols and procedures
- ☐ COVID-19 workplace health and safety protocols, shift scheduling of teams to avoid illness outbreaks, site-specific requirements for appropriate PPE
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Site Resources

- ☐ Coat and boot storage
- ☐ Personal area to work, store books and other materials
- ☐ Lunch/Staff Room/Microwave & Fridge for food: COVID-19 protocols for meals/breaks
- ☐ Pharmacy layout (front shop and dispensary)
- ☐ Location and use of private counselling/consultation room
- ☐ Washrooms for staff
- ☐ Drug information resources
- ☐ Internet access
- ☐ Parking
- ☐ Public transit locations
- ☐ Other:

Technology Information

- ☐ Review of site's computer use and health information privacy policy
- ☐ Review of telephone protocol
- ☐ Review of telephone system/answering machine
- ☐ Review of site's computer software for patient management, prescribing, documentation of full scope of practice services, prescribing assessment and documentation procedures, prescription processing, claims adjudication etc.
- ☐ If applicable, location of computer for word processing, e-mail, online searching etc.
- ☐ If applicable, passwords assigned for computer access
- ☐ Review of site's policy re: handheld electronic devices e.g., cell phones, pagers, i-pads, wireless internet etc.
- ☐ Completion of any required privacy modules related to provincial health information systems.
- ☐ Review of provincial drug and health information systems that Pharmacists would use to provide patient care including privacy protocols e.g., DIS, SHARE.
- ☐ _____

Health and Safety

- ☐ Handwashing stations and site policy on handwashing reviewed
- ☐ Site PPE requirements reviewed, location of PPE supplies
- ☐ Procedure to follow at the site if an intern receives a sharps injury or any other type of injury while at the site.
- ☐ Procedure to follow for safety in the private counselling/consultation room(s)
- ☐ Person to contact should an intern become ill at the site or at home during the rotation
- ☐ Procedure to follow should the intern call in sick or have a personal emergency
- ☐ Procedure to follow if there is a storm and travel and/or public transport is impacted to or from the site
- ☐ Procedure to follow if late arriving to the site e.g., who to contact
- ☐ Review the safety procedures to follow should the pharmacy be robbed
- ☐ Procedure to follow if there is a fire alarm or lock-down
- ☐ Site specific health & safety updates (or other pandemic, disease outbreak information)
- ☐ Review of store safety pages e.g., how to call security, or assistance to pharmacy etc.
- ☐ Information re: neighbourhood safety e.g., late-night departure
- ☐ Other:

Patient Safety

- ☐ Introduction to site's medication incident policy
- ☐ Introduction to quality assurance/ medication safety programs followed by the community pharmacy

Dress Code

- ☐ Review of site's dress code policy (including footwear)
- ☐ Intern wearing an ID badge that clearly identifies them as a intern

Privacy Policy

- ☐ Site's privacy policy reviewed
- ☐ Private counselling room
- ☐ Process to access patient profiles
- ☐ Other:

Pharmacy Intern Emergency Contact Information

Interns prior to starting your rotation: Please discuss with your preceptor the COVID-19 policy and procedures at your specific rotation site so that you will be prepared for your first day. Please complete this form and provide to your preceptor on the first day of your Practice Experience Program rotation.

Intern Name: _____

In case of emergency please notify the following person:

Name: _____

Address: _____

Daytime Phone Number: Area Code: ()-_____

Evening Phone Number: Area Code: ()-_____

Relationship to intern: _____

Summary of Major Required Activities

COVID-19 may lead to adjustments in on site activities and supports this if needed.

- ☐ Preceptor to receive & review intern's resume & letter of introduction prior to start of rotation.
- ☐ Interns must be registered with NSCP and have personal professional liability insurance
- ☐ Important practice direction reminder reviewed and discussed at the start of the rotation.
- ☐ Orientation of intern to the practice site by the preceptor.
- ☐ Review of interns onsite self-assessment at start of the rotation.
- ☐ Regular daily constructive/formative feedback provided.
- ☐ Mid-point intern self-assessment & preceptor assessment of intern completed & reviewed onsite.
- ☐ Final intern self-assessment & preceptor assessment of intern completed, reviewed onsite and sent to registrations@nspharmacists.ca
- ☐ Regular participation by intern in patient care activities in the prescription and non-prescription areas of the practice site under the appropriate direction of the pharmacist preceptor e.g., non-Rx & Rx counseling every day; medication reviews; minor ailments/pharmacist assessment & prescribing etc.
- ☐ Interns must complete and review with their preceptor onsite (do not submit to NSCP) the **Unit 2 Patient Care Interaction Feedback Checklists** for at least:
 - Four non-prescription (OTC) recommendations
 - Four prescription counsels

UNIT 1 - PROFESSIONAL AND INTERPERSONAL SKILLS

This unit involves a fulfillment of objectives as a continuum over the course of all structured practice experience program (SPEP) rotations. SPEP rotations provide opportunities for interns to continue to develop professional and interpersonal skills in “real-life” practice settings. **The expected level of competence displayed for an intern should be consistent with someone who has completed a pharmacist education program and is ready for entry to practice as a pharmacist.**

References:

1. Professional Competencies for Canadian Pharmacists at Entry to Practice, NAPRA, March 2014
2. Nova Scotia College of Pharmacists - Pharmacist's Code of Ethics:
<https://www.nspharmacists.ca/?page=codeofethics>
3. New Brunswick College of Pharmacists – Code of Ethics:
<https://www.nbpharmacists.ca/site/codeofethics>
4. PEI College of Pharmacists – Code of Ethics:
<https://pei.in1touch.org/uploaded/web/PEICP%20COE%20Final%20March%202017.pdf>
5. Model Standards of Practice for Canadian Pharmacists, NAPRA, March 2009

Learning Objectives (AFPC EDUCATIONAL OUTCOME in brackets):

Upon completion of the rotation, the pharmacy intern is expected to be able to:

- communicate effectively in diverse practice settings or patient situations (CARE PROVIDER; PROFESSIONAL);
- demonstrate professionalism during all pharmacy practice activities (PROFESSIONAL);
- demonstrate skills of self-reflection, self-assessment and self-improvement (PROFESSIONAL);
- demonstrate skills of self-motivation and initiative (PROFESSIONAL);

The expected level of competence displayed for an intern should be consistent with someone who has completed a pharmacist education program and is ready for entry to practice as a pharmacist.

Self-Assessment/Assessment Criteria:

- Demonstrates commitment to each patient regardless of race, religion, sex, gender, gender identity, gender expression, sexual orientation, age, health, cultural or educational background or economic status
- Presents themselves in a professional manner at all times; always verbally identifies themselves as a Pharmacy Intern and wears a nametag that identifies them as an Intern
- Displays appropriate verbal, non-verbal, writing & listening skills with patients, colleagues and other health care professionals
- Able to adapt communication to the needs of the patient
- Displays sensitivity, compassion, respect & empathy to patient concerns
- Follows an organized thought process to assess a patient and make a therapeutic recommendation
- Follows required dress code
- Is reliable and punctual
- Completes tasks carefully & thoroughly
- Respects patient confidentiality
- Displays a positive attitude toward pharmacy practice
- Shows interest and takes initiative
- Demonstrates good organization & time management skills
- Maintains appropriate professional boundaries
- Accepts responsibility for actions and decisions
- Uses feedback to improve performance
- Completes extra reading or assignments when suggested

UNIT 2 – PATIENT CARE IN THE COMMUNITY PHARMACY

Pharmacy practice legislation and regulations throughout Canada have been updated in the past few years and pharmacists have many options available to help patients in the community pharmacy. Interns are expected to work with their pharmacist preceptors to experience the full scope of pharmacy practice in Nova Scotia. The Interns should feel comfortable with the use of a systematic approach to patient assessment and care and should receive regular feedback from their preceptor about the supervised care they provide throughout the rotation. Interns should review with their preceptor how they plan to provide advice to patients in the community pharmacy. **Preceptors must be sure that interns are providing patient care under the appropriate direction of a pharmacist at all times.**

Reference:

<https://www.pharmacists.ca/pharmacy-in-canada/scope-of-practice-canada/>

Learning Objectives:

At the end of the rotation the intern will be able to:

- describe the role of community pharmacists as providers of patient care (CARE PROVIDER);
- describe when a community pharmacist could prescribe a medication (CARE PROVIDER);
- locate and review the standards of practice for pharmacist prescribing in the province of their rotation (if applicable) (PROFESSIONAL);
- describe what is required to obtain informed consent from a patient (PROFESSIONAL);
- demonstrate an organized approach to providing patient care and advice in a community pharmacy setting (CARE PROVIDER);
- describe and reflect upon the experience of providing patient care (under the appropriate direction of a preceptor) to patients seeking assessment and advice in a community pharmacy (CARE PROVIDER);
- demonstrate an ability to document patient care using the electronic health records of a community pharmacy (LEADER-MANAGER; CARE PROVIDER);
- provide examples of when it may be necessary to refer/triage patients (under the appropriate direction of a preceptor) and advise patients to seek further health care beyond the advice available in a community pharmacy from a pharmacist (CARE PROVIDER; PROFESSIONAL);
- describe the role of community pharmacists (CARE PROVIDER; PROFESSIONAL) when supporting patients navigating drug recalls or shortages in Canada.

The expected level of competence displayed for an intern should be consistent with someone who has completed a pharmacist education program and is ready for entry to practice as a pharmacist.

Activities

- a. Review the medications available to be recommended or prescribed by a pharmacist in Nova Scotia. Review the prescription medication storage layout; the behind the counter non-prescription medications and the medications located in the pharmacy public access area. Take time to become familiar with brand and generic names and the location of specific products in the pharmacy. Make sure you understand the pharmacy's layout and organization of product categories.
- b. Identify and discuss with your preceptor the following information for a minimum of five (5) medication categories:
 - i. Drug schedules and associated professional requirements
 - ii. Indication for use and desired outcomes of therapy
 - iii. Options available (variety of products)
 - iv. Comparison of advantages and disadvantages of products in this class
 - v. Potential drug-related problems
 - vi. Contraindications to medication use
 - vii. Appropriate patient education and advice
 - viii. Monitoring parameters (who would monitor; what should be monitored)
 - ix. Situations where patients should be referred to another health care professional rather than self-treat their condition
 - x. Opportunities for pharmacists to assess and prescribe medications as part of patient care
 - xi. Any appropriate non-drug therapy advice

Examples of medication categories for above discussion. Please feel free to use any medication category for this exercise. **A minimum of five medication categories should be covered by the intern over the two weeks of rotation.**

- ☐ Acetaminophen/ibuprofen dosing for pediatrics (by weight)
- ☐ Anthelmintics and antiparasitics – pinworms; threadworms; lice (excludes scabies)
- ☐ Antibiotics for some infections: otitis media, pneumonia, pharyngitis, exacerbation of COPD, skin and soft tissue infections, conjunctivitis, traveler's diarrhea, C. diff diarrhea, Lyme disease
- ☐ Asthma therapy
- ☐ COPD therapy
- ☐ Influenza
- ☐ Sunscreens
- ☐ Antihistamines/allergic rhinitis and conjunctivitis; insect bites
- ☐ Infant products: diaper dermatitis, formula, colic
- ☐ Cough and cold
- ☐ Eye and ear products
- ☐ Motion sickness
- ☐ First aid – topical antiseptics and topical antibiotics
- ☐ Foot products – for corns, callouses, warts
- ☐ GI medications (e.g., antacids, antidiarrheals, laxatives, anti-emetics, hemorrhoids) including constipation and diarrhea, adult and pediatric nausea and vomiting, IBS, PUD, GERD, IBD medications
- ☐ Skin care (acne, dandruff, eczema, dry skin, insect bites; psoriasis therapies - mainly topical steroids, topical calcineurin inhibitors)
- ☐ Vaginal and fungal therapies (also cover fungal therapies for athlete's foot and oral candidiasis)
- ☐ Vitamins and minerals including iron preparations
- ☐ Wart treatments – common and plantar

- c. Accompany your preceptor and observe while they assess and provide advice to patients who require care from a pharmacist. Are pharmacists required to use a private consultation room for all patient assessments? Are there any standards describing the type of patient consultation room required for pharmacist assessment and/or prescribing? How does the pharmacy obtain the patient's consent to receive care? Does the pharmacy use a patient privacy and consent form?
- d. Once the intern and preceptor are comfortable with the categories covered, interns should be provided with the opportunity to assess and advise patients requiring care from a pharmacist. This must be done under the appropriate direction of the preceptor. Interns should complete any required electronic health record documentation under the appropriate direction of the preceptor and their work must always be co-signed when charted or documented in the community pharmacy setting. Preceptors and interns will need to confirm the following were completed and feedback reviewed onsite:
 - ✓ **Four non-prescription/OTC recommendations**
 - ✓ **Four prescription consultation/counsels**

NOTE: Each intern must complete onsite a *Patient Care Feedback Checklist* (see forms at the end of this unit) documenting feedback obtained from and reviewed with their preceptor on the following types/number of patient interactions:

- ✓ **Four non-prescription (OTC) recommendations**
- ✓ **Four prescription consultations/counsels**

These forms do not need to be submitted to NSCP

- e. Following each patient care interaction interns should reflect on the encounter, information provided and if there is anything different, they would do next time? Interns should also receive regular feedback from their preceptor following the provision of patient care.
- f. As you gain experience with providing supervised care to patients, review with your preceptor when it is necessary to triage or refer patients for further care.
- g. Review with your preceptor what types of patient follow up is completed in the pharmacy. How does patient follow-up get documented?

PRESCRIPTION MEDICATIONS

Learning Objective:

At the end of the rotation the interns will be able to:

- provide medication information and advice to patients under the appropriate direction of their preceptor (CARE PROVIDER);
The expected level of competence displayed for an intern should be consistent with someone who has completed a pharmacist education program and is ready for entry to practice as a pharmacist.

Activities

- a. Observe (with the patient's consent) while your preceptor or another pharmacist educates and advises patients about prescription medications.
- b. Select, with the help of your preceptor, medications and devices that are appropriate for you to provide patient information/advice about and that are likely to arise as new prescriptions at your site. Review with your preceptor the specific information that should be provided to the patient about these medications/devices.
- c. **If needed:** Conduct practice sessions using these selected medications and devices. Have your preceptor act as the patient receiving a prescription and obtain their feedback on your strategy/technique used to provide patient information and education.
- d. Under the appropriate direction of your preceptor, educate and advise patients on the proper use of their prescription medications. Review and reflect on your patient care experience with your preceptor.

Patient Care Interaction Feedback Checklist

Preceptor: _____ Date: _____

Intern: _____

- ☐ Non-Prescription/OTC Assessment &/or Recommendation(s)
- ☐ Prescription Consultation/Counsel
- ☐ Other: _____
- ☐ Medications Covered: _____

Patient

Age: _____ Chief Complaint: _____

- ☐ New Assessment
- ☐ Follow-up Assessment

Communications

- ☐ Introduces self & purpose of communication with patient
- ☐ Appropriate non-verbal communication used
- ☐ Displays empathy and reflects feelings as appropriate
- ☐ Uses appropriate questioning techniques (e.g. open and closed, clarification etc.)
- ☐ Communication was organized yet flexible
- ☐ Explanation is logical and involves patient
- ☐ Overall tone & style was appropriate

Therapeutics

- ☐ Assessment & background information gathered
- ☐ DRPs identified/ruled out
- ☐ Appropriate recommendation made (if needed)
- ☐ Provides patient centred education

What went well

Interns Self-Assessment: _____

Preceptor Assessment: _____

Things to consider for next time

Preceptor Signature

Interns

Patient Care Interaction Feedback Checklist

Preceptor: _____ Date: _____

Intern: _____

☐ Non-Prescription/OTC Assessment &/or Recommendation(s)

☐ Prescription Consultation/Counsel

☐ Other: _____

☐ Medications Covered: _____

Patient

Age: _____ Chief Complaint: _____

☐ New Assessment

☐ Follow-up Assessment

Communications

☐ Introduces self & purpose of communication with patient

☐ Appropriate non-verbal communication used

☐ Displays empathy and reflects feelings as appropriate

☐ Uses appropriate questioning techniques (e.g. open and closed, clarification etc.)

☐ Communication was organized yet flexible

☐ Explanation is logical and involves patient

☐ Overall tone & style was appropriate

Therapeutics

☐ Assessment & background information gathered

☐ DRPs identified/ruled out

☐ Appropriate recommendation made (if needed)

☐ Provides patient centred education

What went well

Interns Self-Assessment: _____

Preceptor Assessment: _____

Things to consider for next time

Preceptor Signature

Interns

Patient Care Interaction Feedback Checklist

Preceptor: _____ Date: _____

Intern: _____

☐ Non-Prescription/OTC Assessment &/or Recommendation(s)

☐ Prescription Consultation/Counsel

☐ Other: _____

☐ Medications Covered: _____

Patient

Age: _____ Chief Complaint: _____

☐ New Assessment

☐ Follow-up Assessment

Communications

☐ Introduces self & purpose of communication with patient

☐ Appropriate non-verbal communication used

☐ Displays empathy and reflects feelings as appropriate

☐ Uses appropriate questioning techniques (e.g. open and closed, clarification etc.)

☐ Communication was organized yet flexible

☐ Explanation is logical and involves patient

☐ Overall tone & style was appropriate

Therapeutics

☐ Assessment & background information gathered

☐ DRPs identified/ruled out

☐ Appropriate recommendation made (if needed)

☐ Provides patient centred education

What went well

Intern Self-Assessment: _____

Preceptor Assessment: _____

Things to consider for next time

Preceptor Signature

Interns

Patient Care Interaction Feedback Checklist

Preceptor: _____ Date: _____

Intern: _____

☐ Non-Prescription/OTC Assessment &/or Recommendation(s)

☐ Prescription Consultation/Counsel

☐ Other: _____

☐ Medications Covered: _____

Patient

Age: _____ Chief Complaint: _____

☐ New Assessment

☐ Follow-up Assessment

Communications

☐ Introduces self & purpose of communication with patient

☐ Appropriate non-verbal communication used

☐ Displays empathy and reflects feelings as appropriate

☐ Uses appropriate questioning techniques (e.g. open and closed, clarification etc.)

☐ Communication was organized yet flexible

☐ Explanation is logical and involves patient

☐ Overall tone & style was appropriate

Therapeutics

☐ Assessment & background information gathered

☐ DRPs identified/ruled out

☐ Appropriate recommendation made (if needed)

☐ Provides patient centred education

What went well

Intern Self-Assessment: _____

Preceptor Assessment: _____

Things to consider for next time

Preceptor Signature

Interns

Patient Care Interaction Feedback Checklist

Preceptor: _____ Date: _____

Intern: _____

☐ Non-Prescription/OTC Assessment &/or Recommendation(s)

☐ Prescription Consultation/Counsel

☐ Other: _____

☐ Medications Covered: _____

Patient

Age: _____ Chief Complaint: _____

☐ New Assessment

☐ Follow-up Assessment

Communications

☐ Introduces self & purpose of communication with patient

☐ Appropriate non-verbal communication used

☐ Displays empathy and reflects feelings as appropriate

☐ Uses appropriate questioning techniques (e.g. open and closed, clarification etc.)

☐ Communication was organized yet flexible

☐ Explanation is logical and involves patient

☐ Overall tone & style was appropriate

Therapeutics

☐ Assessment & background information gathered

☐ DRPs identified/ruled out

☐ Appropriate recommendation made (if needed)

☐ Provides patient centred education

What went well

Intern Self-Assessment: _____

Preceptor Assessment: _____

Things to consider for next time

Preceptor Signature

Interns

Patient Care Interaction Feedback Checklist

Preceptor: _____ Date: _____

Intern: _____

☐ Non-Prescription/OTC Assessment &/or Recommendation(s)

☐ Prescription Consultation/Counsel

☐ Other: _____

☐ Medications Covered: _____

Patient

Age: _____ Chief Complaint: _____

☐ New Assessment

☐ Follow-up Assessment

Communications

☐ Introduces self & purpose of communication with patient

☐ Appropriate non-verbal communication used

☐ Displays empathy and reflects feelings as appropriate

☐ Uses appropriate questioning techniques (e.g. open and closed, clarification etc.)

☐ Communication was organized yet flexible

☐ Explanation is logical and involves patient

☐ Overall tone & style was appropriate

Therapeutics

☐ Assessment & background information gathered

☐ DRPs identified/ruled out

☐ Appropriate recommendation made (if needed)

☐ Provides patient centred education

What went well

Intern Self-Assessment: _____

Preceptor Assessment: _____

Things to consider for next time

Preceptor Signature

Interns

Patient Care Interaction Feedback Checklist

Preceptor: _____ Date: _____

Intern: _____

- ☐ Non-Prescription/OTC Assessment &/or Recommendation(s)
- ☐ Prescription Consultation/Counsel
- ☐ Other: _____
- ☐ Medications Covered: _____

Patient

Age: _____ Chief Complaint: _____

- ☐ New Assessment
- ☐ Follow-up Assessment

Communications

- ☐ Introduces self & purpose of communication with patient
- ☐ Appropriate non-verbal communication used
- ☐ Displays empathy and reflects feelings as appropriate
- ☐ Uses appropriate questioning techniques (e.g. open and closed, clarification etc.)
- ☐ Communication was organized yet flexible
- ☐ Explanation is logical and involves patient
- ☐ Overall tone & style was appropriate

Therapeutics

- ☐ Assessment & background information gathered
- ☐ DRPs identified/ruled out
- ☐ Appropriate recommendation made (if needed)
- ☐ Provides patient centred education

What went well

Intern Self-Assessment: _____

Preceptor Assessment: _____

Things to consider for next time

Preceptor Signature

Interns

Patient Care Interaction Feedback Checklist

Preceptor: _____ Date: _____

Intern: _____

☐ Non-Prescription/OTC Assessment &/or Recommendation(s)

☐ Prescription Consultation/Counsel

☐ Other: _____

☐ Medications Covered: _____

Patient

Age: _____ Chief Complaint: _____

☐ New Assessment

☐ Follow-up Assessment

Communications

☐ Introduces self & purpose of communication with patient

☐ Appropriate non-verbal communication used

☐ Displays empathy and reflects feelings as appropriate

☐ Uses appropriate questioning techniques (e.g. open and closed, clarification etc.)

☐ Communication was organized yet flexible

☐ Explanation is logical and involves patient

☐ Overall tone & style was appropriate

Therapeutics

☐ Assessment & background information gathered

☐ DRPs identified/ruled out

☐ Appropriate recommendation made (if needed)

☐ Provides patient centred education

What went well

Intern Self-Assessment: _____

Preceptor Assessment: _____

Things to consider for next time

Preceptor Signature

Interns

UNIT 3 - COMPOUNDING

Activities

Learning Objective:

At the end of the rotation the intern will be able to:

- describe and apply the professional requirements for preparing and dispensing compounded prescriptions (PROFESSIONAL; LEADER-MANAGER);
- prepare and/or help to prepare compounded prescriptions (under the appropriate direction of the preceptor) (CARE PROVIDER);

The expected level of competence displayed for an intern should be consistent with someone who has completed a pharmacist education program and is ready for entry to practice as a pharmacist.

- With your preceptor's guidance, review the provincial Pharmacy Act/Regulations and/or Standards of Practice for dispensing compounded prescriptions in Nova Scotia.
- Please visit the NAPRA website and review the available documents related to pharmacy compounding in Canada: www.napra.ca (search: compounding to retrieve documents) Please Note: NAPRA's suite of model standards for pharmacy compounding comprises three model standards, with one pertaining to non-hazardous sterile preparations, one to hazardous sterile preparations, and one to non-sterile preparations.

Interns please complete question 1 and 2 outside of your rotation time and review your answers with your preceptor.

Questions:

1. What types of compounded drug products must be prepared in a sterile environment? Are there provincial regulations and or national standards of practice available for sterile compounding in community practice? Where would a patient be able to obtain a sterile compounded product if needed in the community?
2. What are some of the common types of compounds prepared at the rotation site?

Interns should participate in compounding activities under the appropriate direction of their pharmacist preceptor as part of normal patient care activities in the dispensary. For any products that are compounded during the intern's rotation the following points should be reviewed:

- Review of relevant provincial and/or national standards that would apply to type of compounding being performed
 - Calculations used in determining the amount of ingredients
 - Compounding procedures
 - Use of the equipment in the dispensary
 - Additional ingredients used to enhance the mixing/compounding procedure
 - Precautions to follow when preparing and handling the ingredients and final product
 - Specific storage requirements
 - Expiry date of the preparation (is there a reference for the expiry date provided?)
 - Information on the label
 - Pharmacy documentation procedures followed e.g., compounding log or worksheet
3. Locate a formula for the following compounded oral products. Discuss with your preceptor the resource used to obtain the formula. Would they use that formula in their practice?
- metroNIDAZOLE oral suspension 50 mg/mL
 - hydrochlorothiazide oral suspension 5 mg/mL
4. Source the ingredients for the above suspensions. Where and how quickly can you obtain the ingredients if they are not in stock?
5. If a prescription was received for a compound and the pharmacy was able to prepare the compound:
- a. Who would prepare the product?
 - b. Where in the pharmacy would the product be compounded?
 - c. Who would complete the calculations for the compounded preparation?
 - d. How would the calculations be double-checked?
 - e. What type of record would be kept of the compound's preparation?
 - f. How would the product be labeled? What auxiliary labels would be used?
 - g. How is the expiry date for the compounded product determined?
6. If you were not able to assemble the ingredients within a reasonable timeframe for a compound discuss with your preceptor where and how you should refer the patient. Should the referral process be documented?

UNIT 4 - DRUG INFORMATION

Learning Objective:

At the end of the rotation the intern will be able to:

- assess and answer one prescription and one non-prescription drug information request encountered during the rotation that contributes to or supports patient care (SCHOLAR);

The expected level of competence displayed for an intern should be consistent with someone who has completed a pharmacist education program and is ready for entry to practice as a pharmacist.

Please Note: Extra research time may be required by interns outside of regular pharmacy rotation hours to successfully complete this unit.

Activities:

- a. Complete an orientation to the community pharmacy's drug information resources.
- b. Complete at least two drug information requests: one prescription and one non-prescription related drug information request as coordinated by the preceptor. The intern should complete questions that arise from and contribute to the patient care needs of the pharmacy practice. Requests may originate from:
 - the preceptor
 - other health care professionals
 - patients

Use the following steps as a guide to help you complete the drug information request:

- Receive and understand the question.
- Search for the data.
- Analyze the data and formulate a response. Integrate the information obtained from several sources, and critically evaluate the appropriateness of each source in relation to the information requested.
- Communicate the response: at least one verbally **and** one in writing.
- Communicate responses as appropriate to the requester (**under the appropriate direction of your preceptor**).
- Provide a clear and concise response that is referenced appropriately.
- Follow-up as required.

A sample DI Request Form is included with this unit for the intern to use or they may use another one of their choice or used by the rotation site

SAMPLE: PEP Drug Information Request/Response Form

Requester _____
Location _____
Address _____
Telephone _____
Fax _____
e-mail _____

ASAP ☐ Today ☐ 1-2 Days ☐ No Rush ☐

Source of Request

Health Professional:

☐ Physician ☐ Nurse ☐ Pharmacist ☐ Patient ☐ Other

Background Information (age, weight, disease states, medications, lab values, allergies etc.):

Ultimate Question:

Type of Request		
<input type="checkbox"/> Administration <input type="checkbox"/> Adverse effect <input type="checkbox"/> Alternative therapy <input type="checkbox"/> Biopharmaceutics <input type="checkbox"/> Compatibility/stability <input type="checkbox"/> Copy of article <input type="checkbox"/> Cost <input type="checkbox"/> Dosage	<input type="checkbox"/> Formulation <input type="checkbox"/> ID/availability <input type="checkbox"/> Interaction <input type="checkbox"/> Law/regulation <input type="checkbox"/> Lecture <input type="checkbox"/> Library <input type="checkbox"/> Monograph <input type="checkbox"/> Patient information	<input type="checkbox"/> Pharmaceutics <input type="checkbox"/> Pharmacology <input type="checkbox"/> Pregnancy/lactation <input type="checkbox"/> Professional issues <input type="checkbox"/> Therapeutics <input type="checkbox"/> Toxicity <input type="checkbox"/> Other

Response (use additional paper if needed):

References:

UNIT 5 - MEDICATION COVERAGE

Learning Objectives:

At the end of the rotation the intern will be able to:

- discuss the basic principles of third- party insurance plans (LEADER-MANAGER);
- discuss what types of medication coverage resources are available to patients in a community pharmacy practice setting (LEADER-MANAGER; ADVOCATE);

The expected level of competence displayed for an intern should be consistent with someone who has completed a pharmacist education program and is ready for entry to practice as a pharmacist.

Activities

- a. Review with your preceptor the discussion topics and questions provided below.
- b. Participate in the submission and adjudication of third-party insurance claims as part of regular pharmacy activities. Learn how to enter patient third party insurance information into the patient profile. Review a variety of insurance adjudication screens to learn how to interpret, apply, and problem solve therapeutic issues that may arise from insurance claims.

Discussion Topics and Questions

1. What are third party drug plans?
2. What is a “co-pay”? Are all co-pays the same?
3. What is a deductible? Where would you find out more information on a patient’s deductible?
4. What is a premium?
5. Who calls insurance providers to solve any insurance related problems in the pharmacy?
6. What type(s) of insurance plan problems would require the patient to call the insurance provider directly?

7. Does each third-party plan cover the same professional fee?
8. Does every plan pay for an unlimited “days’ supply” of medications?
9. Review with your preceptor how requests for changes in prescription quantity should be handled?
 - a. If the patient wants less than the amount prescribed?
 - b. If the patient wants all the refills at once?
 - c. Would your answer change if the type of medication changed?
10. While less of an issue during COVID-19 travel restrictions: please discuss with your preceptor what days’ supply options are available to seniors who travel south in the winter from your province. Can a package of prescription medication be mailed or shipped to the USA?
11. How is the price for medications and the professional fee determined? What type of mark-up is placed on prescription medications? Do all drug plans pay all submitted costs, mark-ups and fees? Is the difference always charged to the patient?
12. Do insurance plans reimburse patients for any professional services provided by pharmacists e.g., therapeutic substitution; assessment of minor ailments; prescription adaptation etc. Will insurance plans pay for prescriptions ordered by pharmacists?
13. Review a third-party transmission screen and discuss with your preceptor or delegate how a difference in submission cost/fee should be handled?
14. What process is followed in the pharmacy if a patient is not able to afford a medication ordered by prescription? If a patient refuses or declines to obtain a medication ordered by prescription is this documented? Is the prescriber contacted? What happens if the patient needs a medication, but the patient cannot afford the medications and going without the medication could cause the patient harm? How should a pharmacist manage this situation? Are pharmacy assistants or technicians required to involve the pharmacist in such a situation?
15. What resources or programs are available to patients in your province to help them access medications they cannot afford, or their third-party insurance plan will not cover? Resources to consider include:
 - Provincial diabetic supply programs
 - Cancer care medication programs
 - Community services
 - Medication samples
 - Pharmaceutical company compassionate use programs

- Provincial government sponsored insurance plans for the under-insured or non-insured individual e.g., Trillium Drug Program in Ontario, Family Pharmacare in Nova Scotia, The New Brunswick Drug Plan etc.
- Community based charities
- MS medication programs
- HIV medications including HIV Pre. Exposure Prophylaxis (PrEP) provincial coverage programs

PRODUCT SELECTION & INTERCHANGEABILITY

Learning Objective:

At the end of the rotation the interns will be able to:

- locate and apply the medication product selection and interchangeability regulations in place for the province of the rotation (LEADER-MANAGER);

The expected level of competence displayed for an intern should be consistent with someone who has completed a pharmacist education program and is ready for entry to practice as a pharmacist.

Activities

- a. Review any legislation related to product selection/interchangeability in your province.
- b. Review possible professional liability concerns related to product selection.

Learning Objective:

At the end of the rotation the intern will be able to:

- locate and use the provincial medication formulary for the province of their rotation (LEADER-MANAGER);
- describe when and where formulary updates are provided (LEADER-MANAGER);

The expected level of competence displayed for an intern should be consistent with someone who has completed a pharmacist education program and is ready for entry to practice as a pharmacist.

Activities

1. Review the organization of the provincial medication formulary to become familiar with formulary use and application in pharmacy practice.
2. Discuss with your preceptor an approach for and factors affecting decisions regarding prescription medication interchangeability in community practice. In particular how does the pharmacy decide which interchangeable generic products will be stocked?
3. How are pharmacists and pharmacy staff notified of changes to the provincial drug formulary?
4. Review with your preceptor how the pharmacy decides which interchangeable generic brands will

be carried. What happens if a preferred brand is short? Are there any reliable resources available to pharmacists to monitor and manage medication shortages? How are changes in brand documented? How is the patient notified of a generic brand change?

5. In provinces that have criteria codes and exception status drugs within provincially sponsored drug plans, review the process that must be followed to secure coverage of these drugs for patients.

Intern Name (please print): _____
Preceptor Name (please print): _____
Practice Site: _____
Rotation Start Date: _____
Rotation End Date: _____

INTERN SELF-ASSESSMENT FORM
NSCP 2-week Community Rotation

Interns:

Please take a moment to complete this self-assessment prior to your arrival on site, and before your midpoint and final assessments during your rotation. Read each statement on the left of the chart and select a description from the self-assessment scale that best reflects how prepared you are to practice the skill(s) described. Note the number of your selection below the appropriate time (PRE = initial self-assessment, MID=mid-point check-in & END=final). If you are not able to self-assess the described skill (s) please use the notation "NA". **(Please note – interns are expected to complete all tasks, not having the time to complete will not be accepted. Interns will have to extend their rotation to complete tasks if necessary).** In some parts of the self-assessment, you may be prompted to answer yes or no. **The expected level of competence displayed for an intern should be consistent with someone who is almost ready for entry to practice as a pharmacist.**

During your rotation, intern assessments are intended to help facilitate a constructive dialogue about strengths, weaknesses and areas for improvement.

Interns must review their initial self-assessment at the start of the rotation with the preceptor. An intern's initial self-assessment will reflect their past pharmacy work experiences. A review of the intern's initial self-assessment will provide information that allows the rotation to be tailored to suit the learning needs of the intern. Preceptors assign a grade of pass or fail at the conclusion of the rotation.

All concerns about an intern's performance, attendance or potential failure should be directed to the NSCP at spe@nspharmacists.cs as soon as the concern is identified.

Interns must clearly identify as an Intern during all professional interactions and must practice at all times under the appropriate direction of a Pharmacist Preceptor. See page 3 for further details.

Intern Self-Assessment Scale

- 1 Needs further development: please provide suggestions/further details
- 2 At expected level of practice
- 3 Above expected level of practice

N/A- Not able to assess or answer the yes or no prompts provided.

Intern Name (please print): _____
 Preceptor Name (please print): _____
 Practice Site: _____
 Rotation Start Date: _____
 Rotation End Date: _____

Intern is a registered Intern with the NSCP & holds personal professional liability insurance. YES___NO___

The preceptor/site application has been approved by NSCP YES ___NO ___(rotation cannot start until registration & insurance is in place and the preceptor/rotation site has been approved by NSCP)

Self-Assessment Scale	1 Needs Further Development: Please provide suggestions/further details	2 At Expected	3 Above Expected
In some areas of the Professional and Interpersonal Skills portion of the self-assessment/assessment form the option of answering yes or no to the self-assessment/assessment criteria may be preferred. Please provide suggestions/further details for any documentation of "No"			
Time of Assessment	PRE	MID-POINT CHECK-IN	FINAL
Unit 1 - Professional & Interpersonal Skills			
Demonstrates commitment to each patient regardless of race, religion, sex, gender, gender identity, gender expression, sexual orientation, age, health, cultural or educational background or economic status			
Presents them self in a professional manner at all times; always verbally identifies them self as a Intern and wears a nametag that identifies them as a Intern			
Displays appropriate verbal, non-verbal, writing & listening skills with patients, colleagues and other health care professionals			
Follows an organized thought process to assess a patient and make a therapeutic recommendation			
Able to adapt communication to the needs of the patient			
Displays sensitivity, compassion, respect & empathy to patient concerns			
Follows required dress code	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is reliable and punctual	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Completes tasks carefully & thoroughly			
Respects patient confidentiality	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Displays a positive attitude toward pharmacy practice			
Shows interest and takes initiative			

Demonstrates good organization & time management skills			
Maintains appropriate professional boundaries			
Accepts responsibility for actions & decisions			
Uses feedback to improve performance			
Completes extra reading or assignments when suggested			

Activities & Questions (document when completed)	
Unit 2 -Patient Care in the Community Pharmacy ✓ Four non-prescription/OTC recommendations ✓ Four prescription consultation/counsels	_____: # categories reviewed Questions/Activities Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Unit 3 - Compounding	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unit 4 - Drug Information • 1 Rx DI Question • 1 non-Rx DI Question	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unit 5 - Medication Coverage	Questions/Activities Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO

Intern's Written Comments / Notes for Preceptor: **Pre-Rotation:**

Mid-Point Check-in:

Final:

I declare that I understand that I must receive email approval from the NSCP that this assessment and the *Preceptor/Site Approval Application* for the next rotation have been received and approved prior to starting my next rotation.

I understand that any structured practice completed prior to receiving these approvals will not be counted toward the qualification requirements in Section 7 for all applicants for registration and licensing as a pharmacist.

Intern's Signature: _____

Mid-Point Assessment Review Date: _____

Preceptor's Signature: _____

Intern's Signature: _____

Final Assessment Review Date: _____

Preceptor's Signature: _____

Intern's Signature: _____

Interns and preceptors are to submit completed assessment forms (in PDF) to registrations@nspharmacists.ca

Intern Name (please print): _____
Preceptor Name (please print): _____
Practice Site: _____
Rotation Start Date: _____
Rotation End Date: _____

PRECEPTOR'S ASSESSMENT OF THE INTERN
NSCP 2-week Community Rotation

Please take a moment to complete this assessment and be prepared to discuss the results with your intern after reviewing and discussing the intern's mid-point check-in and final self-assessments. Please read each statement on the left of the chart. Select a rating from the assessment scale provided that best reflects what you have observed about the intern's ability to demonstrate that skill during the rotation. Note your selection below the appropriate time (PRE =initial self-assessment (only completed by the intern), MID=mid-point check-in & END=final). If you are not able to assess the described skill (s) please use the notation "NA" and make a note why (**Please note – interns are expected to complete all tasks, not having the time to complete will not be accepted. Interns will have to extend their rotation to complete tasks if necessary**). In some parts of the self-assessment, you may be prompted to answer yes or no. **The expected level of competence displayed for an intern should be consistent with someone who is almost ready for entry to practice as a pharmacist.**

Assessments are intended to be part of a constructive dialogue between you and your intern about strengths, weaknesses and areas for improvement. The expected level of competence displayed is that of a pharmacist preparing for licensure.

Completion of the column marked "PRE" is not required by preceptors. The intern will review their initial self-assessment at the start of the rotation with the preceptor. The intern's initial self-assessment will reflect their past pharmacy work experiences. A review of the intern's initial self-assessment at the start of the rotation helps provide information that will allow the rotation to be tailored to suit the learning needs of the intern.

If at any time a preceptor has identified that an intern may not successfully complete the rotation, the NSCP(spe@nspharmacists.ca) must be contacted as soon as the potential for this concern is identified.

Interns must clearly identify themselves as a Intern during all professional interactions and must work at all times under the appropriate direction of a Pharmacist Preceptor.

Intern Assessment Scale

- 1- Needs further development: please provide suggestions/further details
- 2- At expected level of practice
- 3- Above expected level of practice

N/A- Not able to assess or answer the yes or no prompts provided.

Intern Name (please print): _____
 Preceptor Name (please print): _____
 Practice Site: _____
 Rotation Start Date: _____
 Rotation End Date: _____

Intern is a registered Intern with the NSCP & holds personal professional liability insurance. YES___NO
 The preceptor/site application has been approved by NSCP YES ___NO _____(rotation cannot start until registration & insurance is in place and the preceptor/rotation site has been approved by NSCP)

Assessment Scale	1 Needs Further Development: Please provide suggestions/further details	2 At Expected	3 Above Expected
In some areas of the Professional and Interpersonal Skills portion of the self-assessment/assessment form the option of answering yes or no to the self-assessment/assessment criteria may be preferred. Please provide suggestions/further details for any documentation of "No"			
Time of Assessment	PRE	MID-POINT CHECK-IN	FINAL
Unit 1 - Professional & Interpersonal Skills			
Demonstrates commitment to each patient regardless of race, religion, sex, gender, gender identity, gender expression, sexual orientation, age, health, cultural or educational background or economic status			
Presents them self in a professional manner at all times; always verbally identifies them self as a Intern and wears a nametag that identifies them as a Intern			
Displays appropriate verbal, non-verbal, writing & listening skills with patients, colleagues and other health care professionals			
Follows an organized thought process to assess a patient and make a therapeutic recommendation			
Able to adapt communication to the needs of the patient			
Displays sensitivity, compassion, respect & empathy to patient concerns			
Follows required dress code		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is reliable and punctual		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Completes tasks carefully & thoroughly			
Respects patient confidentiality		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Displays a positive attitude toward pharmacy practice			
Shows interest and takes initiative			

Demonstrates good organization & time management skills			
Maintains appropriate professional boundaries			
Accepts responsibility for actions & decisions			
Uses feedback to improve performance			
Completes extra reading or assignments when suggested			

Activities & Questions (document when completed)	
Unit 2 -Patient Care in the Community Pharmacy ✓ Four non-prescription/OTC recommendations ✓ Four prescription consultation/counsels	_____: # categories reviewed Questions/Activities Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Unit 3 - Compounding	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unit 4 - Drug Information	
• 1 Rx DI Question	<input type="checkbox"/> YES <input type="checkbox"/> NO
• 1 non-Rx DI Question	
Unit 5 - Medication Coverage	Questions/Activities Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO

Written Comments from the Preceptor

Mid-Point Check-in:

Final:

I declare that I understand that I must receive email approval from the NSCP that this assessment and the *Preceptor/Site Approval Application* for the next rotation have been received and approved prior to starting my next rotation.

I understand that any structured practice completed prior to receiving these approvals will not be counted toward the qualification requirements in Section 7 for all applicants for registration and licensing as a pharmacist.

Intern's Signature: _____

Mid-Point Assessment Review Date: _____

Final Assessment Review Date: _____

Preceptor's Signature: _____

Intern's Signature: _____

☐ PASS

☐ FAIL

Interns and preceptors are to submit completed assessment forms in PDF to
registrations@nspharmacists.ca