



Hospital Pharmacy Practice

2-week Hospital Rotation

MANUAL 2

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 NSCP, must hold a technical injection permit to provide injections, and must hold personal professional liability insurance and this insurance must be maintained while you are a registered intern, regardless of your rotation schedule. Interns must ensure that any required registration, preceptor, and site documentation is filed with/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 SPEG Rotations

Welcome to the Structured Practice Experience Program (SPEG) 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 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) SPEG 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 SPEG **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 of 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:

- a. meet all of the rotation requirements
- b. 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 hospital 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 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. Interns should strategize with preceptors about ways to complete the rotation activities while protecting your health and safety and the health and safety of patients as well as the pharmacy team. NSCP understands that some activities may need to be modified in order to accommodate Public Health restrictions.

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 skillfully 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. 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.

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. Please review storm day plans/communication during the Winter.

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.
- ☐ Review patient care documentation procedures followed at site.
- ☐ Review patient care documentation style and strategy followed by pharmacists at the site and what is expected to be followed by the intern including any co-signing procedures

Rotation Scheduling and Planning

- ☐ Daily schedule reviewed e.g., arrival, lunch, breaks, departure etc.
- ☐ Tentative rotation schedule reviewed for the 2 weeks
- ☐ 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 department phone number: _____
- ☐ How to access and save voice mail (if applicable): _____
- ☐ Preceptor's e-mail/cell/pager # (and best way to reach): _____
- ☐ Other important numbers:

Introductions & Review

- ☐ Pharmacy Staff/Team Introductions
- ☐ Management
- ☐ Healthcare team members
- ☐ Patients you will engage with
- ☐

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 department layout
- ☐ Washrooms for staff
- ☐ Internet access
- ☐ Parking
- ☐ Public transit locations
- ☐ Other:

Technology Information

- ☐ Review of site computer use policy
- ☐ Location of computers for patient information
- ☐ 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, wireless internet access etc.
- ☐ Other:

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 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
- ☐ Procedure to follow if there is a fire alarm or lock-down
- ☐ Site specific health & safety updates and infectious disease (or other pandemic, disease outbreak information)
- ☐ Review of hospital overhead paging codes, call security, or emergency assistance to pharmacy/or patient room.
- ☐ Information re: neighbourhood safety e.g., late-night departure
- ☐ Other:

Dress Code

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

Privacy Policy

- ☐ Site's privacy policy reviewed (PHIA or related provincial/federal privacy policies and procedures)
- ☐ Process to access patient records/charts in pharmacy department and on unit/floors
- ☐ _____
- ☐ _____

Other

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

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 Required Activities

*****The following is a list of required activities to be completed onsite if possible. These are uncertain times and there may be challenges or limitations to what can be accomplished at individual sites due to the pandemic. The NSCP supports any needed adjustments due to COVID-19.*****

Focus	Activities and Discussions to be done Onsite
Unit 1: Professional & Interpersonal Skills	<ul style="list-style-type: none"> Professional & Interpersonal skills outlined in the manual can be observed by preceptors onsite.
Unit 2: Hospital Pharmacy Practice	<ul style="list-style-type: none"> Discuss with your preceptor what you have learned about the pharmacist's patient care process (pharmaceutical care) During the rotation interns with the help of their preceptor should: <ul style="list-style-type: none"> Participate in patient care rounds with their preceptor if possible. Accompany their preceptor while the preceptor is providing clinical/direct patient care services to a specific hospital floor/service or affiliated patient clinic. Review the layout and design of the patient chart used at your site. Does the site use paper and/or electronic charts? Review with your preceptor who is allowed to read and access a patient chart at your site. Which healthcare professionals document in the patients' chart? Where does each health care professional document in the patient chart? Review the pharmacy documentation standards followed by your site (paper and/or electronic). Review and discuss with your preceptor the process you will follow to conduct a pharmacotherapy patient assessment If possible, observe the preceptor or another pharmacist conducting a detailed pharmacotherapy patient assessment (patient interview and chart review). Obtain with the help of your preceptor, the consent of a patient to conduct a pharmacotherapy patient assessment. Conduct a brief review of the patient's chart (with the help of your preceptor) prior to the patient interview. Conduct one detailed patient interview. Following the patient interview review the patient chart again with your preceptor (if necessary) to gather or clarify any further information. Identify with the help of your preceptor, any potential or actual drug related problems (DRPs) recognized as a result of the

	<p>patient assessment process (detailed patient interview, chart review and preceptor discussions). Discuss possible solutions to any identified DRPs with your preceptor.</p> <ul style="list-style-type: none"> • Complete the individual written pharmacotherapy patient case presentation exercise as outlined in the manual.
Unit 3: Hospital Pharmacy Drug Distribution Services	<ul style="list-style-type: none"> • Can pharmacy technicians become licensed in the province of your rotation? Are there pharmacy technicians who are licensed working within the pharmacy department? • Discuss with your preceptor or delegate the requirements for procurement, record keeping and distribution of the following: Medical Cannabis, Investigational/Study Drugs, Non-formulary drugs, antidotes, naloxone kits, and immunizations. • Review any special medication policies including: <ul style="list-style-type: none"> - Automatic stop orders related to drug distribution at your site, automatic substitution orders, after hours staffing of pharmacy and Pharmacist on-call services • Discuss with your preceptor the following questions as they pertain to any automated dispensing cabinet systems in place in the hospital: <ul style="list-style-type: none"> - How are automated dispensing cabinets replenished? - How does the pharmacy department/hospital determine what medications should be provided in these cabinets? • Discuss with your preceptor any medication administration policies that may be in place to allow medications to be under the direct control of the patient in their room. • Are patients allowed to bring medications to the hospital that they have been using at home? E.g. natural health products; non-formulary medications. • Does the province of your rotation operate a computer database linking community pharmacy profiles with hospitals and other health care providers? • How is permission obtained from a patient to gather patient information from their community pharmacy? <ul style="list-style-type: none"> - If the patient is conscious? - If the patient is unconscious?
Unit 4: Sterile Compounding & Parenteral Therapy	<ul style="list-style-type: none"> • With the help of your preceptor schedule time with a medication nurse to observe the administration of medications, charting procedures, safety checks and other related procedures nurses follow when administering medication to a patient. Discuss the following questions/points with the medication nurse, and then review with your preceptor: <ul style="list-style-type: none"> - Use of medication calendars, med cards, Medication Administration Record (MAR) on the floor/unit. - Is there a “double check” system in place at point of medication administration to patients? - Does the hospital use technology to assist with medication administration at the bedside? E.g. bar-code scanning.

	<ul style="list-style-type: none"> • Sharps Safety <ul style="list-style-type: none"> • Does the hospital have a sharps safety program? • What types of sharps safety devices are used at the hospital to protect workers/patients? • How are sharps disposed of in the pharmacy and patient care areas of the hospital? • Review some common safety procedures that should be followed to minimize sharps-related injuries? • What procedures must be followed if a person experiences a sharps-related injury while working or learning in the hospital?
Unit 5: Patient Safety	<ul style="list-style-type: none"> • Is there a medication reconciliation program at the rotation site? • Arrange to meet with the medication reconciliation pharmacist or program leader to learn about the medication reconciliation process followed at the rotation site. You have learned about the concept of medication reconciliation at the College of Pharmacy. Please take the opportunity to learn about how medication reconciliation is achieved in a hospital practice setting. <ul style="list-style-type: none"> - Review the process that is followed at the site to reconcile patient medication at points of admission, transfer and discharge. - Review any tools or forms that are used within the institution to collect Best Possible Medication Histories (BPMH). - Who at the site is trained to complete a BPMH? - Learn about the role of pharmacy technicians/assistants in the medication reconciliation process. - Which health professionals take part in the medication reconciliation process? How many different professions are involved in the process? • Arrange to observe a health care professional completing a best possible medication history (BPMH) at admission, transfer <u>or</u> discharge. With the help and direction of your preceptor complete a best possible medication history with a patient.

	<ul style="list-style-type: none"> • Review the infection control policies and procedures that must be followed by all health care professionals employed by the hospital. • Review the recommended hand washing technique for staff working in direct patient care areas. <ul style="list-style-type: none"> - Can staff in direct patient care areas wear rings, bracelets or watches? - Can staff wear artificial nails or long fingernails working in patient care areas? • Does the hospital provide alcohol hand wash for visitors and staff? Does alcohol hand wash remove all possible pathogens from a person's hands? • Does the hospital require staff to receive an annual influenza vaccine? • When would a health care professional be required to glove, gown and/ or wear a mask to speak with a patient? • When would an employee or intern be required to report to occupational health? • How does the hospital notify staff members of any potential exposures to communicable diseases? • Where can health care providers obtain information on bacterial resistance rates? • What do MRSA, VRE, <i>C. Diff</i> stand for? • What hospital programs or policies are in place to prevent the spread of MRSA, VRE and <i>C. Diff</i>?
Unit 6: Drug Information	<ol style="list-style-type: none"> 1. Complete an orientation to the hospital's drug information resources both paper and electronic (as needed to respond to drug information questions). 2. Complete at least two drug information requests as coordinated by the preceptor. 3. Answer at least two drug information questions that cover IV compatibility, stability, dilution, and/or rate of flow. Questions may come from the preceptor's current or past practice, or another health care professional. All answers must be reviewed with the preceptor prior to communication with another health care professional.
Unit 7: Interprofessional Education Activity	<ul style="list-style-type: none"> • Identify with the help of your preceptor at least one IPE activity during the rotation. • Prior to attending the IPE activity and with the help of your preceptor, determine if any special preparation is required. • Once completed, review the IPE activity with your preceptor. Explore what interprofessional patient care opportunities exist for a pharmacist in the area observed or visited. What types of interprofessional collaboration and communication did you observe?
Evaluations	<ul style="list-style-type: none"> • Evaluation(s) as outlined in the manual.

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.

Professional and interpersonal skill development is not unique to SPEP rotation activities. Proof of continuing professional competency is a standard licensing requirement for pharmacists in Canada. Professional and personal self-assessment and self-reflection is required by pharmacists throughout their professional careers.

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:
<http://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://www.pepharmacists.ca/site/practice?nav=03>
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:

- Register as a Intern in the Nova Scotia prior to the start of the rotation; obtained personal professional liability insurance;
- Demonstrates commitment to each patient regardless of race, religion, gender, gender identity, gender expression, sex, sexual orientation, age, health, cultural or educational background or economic status
- Presents them self in a professional manner at all times
- Displays appropriate verbal, non-verbal, writing & listening skills
- 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 readings, learning activities or assignments when suggested/needed

UNIT 2 – HOSPITAL PHARMACY PRACTICE

Interns are expected to participate in and shadow direct patient care activities while on PEP rotations. All professional advice provided by a Intern must be done under the appropriate direction of a licensed Pharmacist Preceptor according to the pharmacy regulations for Nova Scotia, and a Intern must clearly identify to others as an intern during all professional interactions.

Learning Objectives

At the end of the rotation the interns will have completed the following under the appropriate direction of their preceptor:

- observed hospital pharmacists providing patient care as part of the health care team (CARE PROVIDER; PROFESSIONAL);
- located and interpreted (under the appropriate direction of their preceptor) patient information within a hospital chart (CARE PROVIDER; PROFESSIONAL);
- reviewed the documentation and accessibility policies and procedures for patient charts/records at the rotation site (LEADER-MANAGER; CARE PROVIDER);
- prepared for and completed one patient assessment including a detailed patient interview and chart review (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 ready for entry to practice as a pharmacist.

Activities:

Patient Care Questions & Activities
a. Discuss with your preceptor what you have learned about the pharmacist's patient care process (pharmaceutical care).
b. During the rotation interns with the help of their preceptor should: <ul style="list-style-type: none">➤ Participate in patient care rounds with their preceptor if possible.➤ Accompany their preceptor while the preceptor is providing clinical/direct patient care services to a specific hospital floor/service or affiliated patient clinic.
c. During the course review the patient care roles of a hospital pharmacist.
The Patient's Chart/Medical Record Questions & Activities
a. Review the layout and design of the patient chart used at your site. Does the site use paper and/or electronic charts? Review with your preceptor who is allowed to read and access a patient chart at your site.

b. Which health care professionals document in the patient's chart?
c. Where does each health care professional document in the patient chart?
d. Review the pharmacy documentation standards followed by your site (paper <u>and/or</u> electronic).
e. Is a patient allowed to read their chart? If a patient asks to review their hospital chart what procedure should be followed? Are patients allowed to review their chart after they have been discharged?
f. How do health care professionals obtain an older patient chart that is either not available electronically or not available at the site i.e. in storage?
Pharmacotherapy Patient Case Activity Interns are also encouraged to read and research medications and disease states related to the patient. An intern must clearly identify them self to the patient and complete this activity under the appropriate direction of their pharmacist preceptor.
a. Review and discuss with your preceptor the process you will follow to conduct a pharmacotherapy patient assessment.
b. <u>If possible</u> , observe the preceptor or another pharmacist conducting a detailed pharmacotherapy patient assessment (patient interview and chart review). PLEASE NOTE: Interns must follow the hospital specific privacy policy and procedures for patient consent as related to written patient case learning activities. Please confirm with your preceptor the consent process that must be followed.
c. Obtain with the help of your preceptor, the consent of a patient able to participate in this exercise. Prior to the start of this activity, it should be explained to the patient that the intern is there to practice their patient interviewing skills, to gain insight into the patient's medication experiences, and to gather information that they will use to practice writing a patient case.
d. Conduct a brief review of the patient's chart (with the help of your preceptor) prior to the patient interview.
e. Conduct one detailed patient interview. During the interview your preceptor must be in attendance to supervise you and provide feedback and assessment. The preceptor's role during the interview is to observe and provide guidance when needed to the intern.
f. Following the patient interview review the patient chart again with your preceptor (if necessary) to gather or clarify any further information.
g. Identify with the help of your preceptor, any potential or actual drug related problems (DRPs) recognized as a result of the patient assessment process (detailed patient interview, chart review and preceptor discussions). Discuss possible solutions to any identified DRPs with your preceptor.

- | |
|---|
| h. Complete the individual written pharmacotherapy patient case presentation exercise that follows. (REQUIRED PEP ASSIGNMENT) |
|---|

Written Pharmacotherapy Patient Case Presentation

Use the information gathered from the patient assessment to present a patient case in the required written format described in this unit. Please note:

- The case should be well organized, clear and complete.
- The written case is usually 3 pages. In rare situations and due to the extensive medication experience of a patient a case may need to be longer than 3 pages. However, every effort should be made to be as brief and succinct as possible.
- Please use 12-point font and submit in a WORD document format.
- The case should be as concise and systematic as possible.
- Please use point form not paragraph style.
- Please remove all patient identifiers. Do not use patient initials.
- Please include intern name on each page of the assignment.
- Please do not include the hospital site name, or any names of any patients, family or health care team members. The case should be completely anonymized.
- Please see next page for specific case writing format*
- Cases should be reviewed with the preceptor and do not need to be submitted to NSCP.

PHARMACOTHERAPY PATIENT CASE PRESENTATION FORMAT*

- I. **ID:** Brief description of the patient. “Patient X” (*please do not include the name of the patient, prescriber, health care provider, or hospital/actual dates or unit names*), height and weight (in metric units) patient’s age, gender/gender identity, pronouns, biological sex if applicable to case.
- II. **Chief Complaint (CC):** the reason for seeking healthcare. *E.g., why has the patient been admitted to hospital floor, been seen by the pharmacist at the clinic etc.?*
- III. **History of Present Illness (HPI):** a chronological account of events and symptoms of the chief complaint. Do not include actual dates, use: day 1; 4 weeks ago, etc.
- IV. **Additional patient background/demographics:** E.g., **Social History (SH); Family History (FH);** supports at home; language; physical limitations; cognitive limitations; cultural background etc. if relevant to this pharmacotherapy case.
- V. **Patient’s Medication Experience:** As reported by the patient (wants, expectations, concerns, understanding, preferences, attitudes, and beliefs that determine the patient’s medication-taking behaviour).
- VI. **Comprehensive Medication History:** Allergies (type of reactions and when they occurred), sensitivities, social drug use, natural health products, non-prescription medications and immunization status.
- VII. **Current Medication Record:** Description of all medical conditions being managed with pharmacotherapy in the hospital; include all medication changes made in hospital; be sure to align each medication with the following associations. **MUST** include a chart with the following format:

Medication Name Generic (Brand)	Strength	Directions/How Patient Uses	Indication	Comments	Type of Prescriber
- VIII. **Relevant Past Medical History:** List any past illnesses; surgical procedures and prior hospitalizations if they are relevant to this pharmacotherapy case.
- IX. **Review of Systems (ROS)/Physical Exam (PE):** Only include findings that are pertinent to the assessment of the patient’s pharmacotherapy needs (i.e. findings pertinent to DRPs found; abnormal or normal findings suggesting drug therapy is effective or not effective or causing side effects or not causing side effects).
- X. **Labs/Diagnostic Tests:** Include findings that are pertinent to your involvement with the patient’s pharmacotherapy needs (i.e. pertinent to DRPs found; abnormal or unexpected values; information that supports the patient’s diagnosis that required drug therapy; or findings suggesting drug therapy is effective or not effective or causing side effects or not causing side effects).
- XI. **Identification of Drug Therapy Problems (actual & potential) & Prioritization of Multiple Drug Therapy Problems:** List any actual or potential drug related problems (DRPs) that were identified from the detailed patient interview and the assessment of the patient completed with the help of your preceptor. If know include a brief note on how each DRP was addressed.
- XII. **Course in Hospital:** Provide a brief summary of patient’s course in hospital that gives a short synopsis of the patient’s admission and management (especially by pharmacy) while in hospital.

*Adapted From: Pharmaceutical Care Practice, R. J. Cipolle; L. Strand; P. Morley 2012

UNIT 3 – HOSPITAL PHARMACY DRUG DISTRIBUTION SERVICES

The objectives of this unit are to familiarize the intern with the drug distribution system in place at the hospital site. Preceptors are encouraged to tailor this section based on the past hospital work experience of the intern. Interns are expected to have a good professional understanding of drug distribution systems used within hospitals.

Learning Objectives

At the end of the rotation the intern will have:

- observed and reviewed the health professionals involved in the distribution of medications within a hospital (LEADER-MANAGER; CARE PROVIDER; COLLABORATOR);
- examined the medication order review process followed in a hospital pharmacy (CARE PROVIDER);
- reviewed the drug distribution process followed in a hospital pharmacy (LEADER-MANAGER; CARE PROVIDER; COLLABORATOR).

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

Activities & Questions

- a. Discuss with your preceptor the process that is followed at your hospital site from the initial ordering of a medication through to the administration of the medication to the patient. Take special note of the various health care professionals involved, and their specific roles and responsibilities.

The following questions will help guide your discussion:

1. Who has prescribing authority within the hospital (e.g., medical residents, physicians, midwives, nurse practitioners, pharmacists etc.)?
2. Can pharmacists prescribe medication in the hospital? Can hospital pharmacists prescribe medications that can be filled in the community setting (e.g. write a discharge or clinic order)?
3. Who can receive and officially record in the patient's chart a prescription for a medication (e.g., registered nurses, medical students, residents, midwives, pharmacists)?
4. How are medication orders written or recorded in the hospital?

5. Does the hospital require that all medication orders be written using generic drug names?
6. Does the hospital use a list of acceptable abbreviations or alpha/numeric symbols for patient charting and prescription orders?
7. How and when is a medication order brought to the pharmacy?
8. How and when are medications provided to the floors/units?
9. Compare and contrast the role of the pharmacist and pharmacy technician during drug distribution activities. How do members of the pharmacy team collaborate together within the pharmacy department and with other hospital team members to optimize the safe and effective distribution of medications?
10. How are medication shortages and recalls managed?

b. After shadowing a Pharmacist and/or Pharmacy Technician involved in the preparation of medication for distribution please answer the following questions based on the drug distribution system used at the rotation site and review the answers with your preceptor or delegate.

1. Who fills and prepares prescriptions? Observe the preparation of patient prescriptions at the site and note the roles and responsibilities of the people involved.
2. Who determines whether the medication is safe and appropriate for the patient?
3. Who checks the final prescription product before it leaves the pharmacy?
4. What prescription filling functions are the professional responsibilities of a pharmacy technician (e.g. “tech-check-tech”, sterile IV or chemotherapy preparation)?
5. Can pharmacy technicians become licensed in the province of your rotation? Are there pharmacy technicians who are licensed working within the pharmacy department?

c. Discuss with your preceptor **or** delegate the requirements for procurement, record keeping and distribution of the following:

- Narcotics and controlled drugs
- Medical Cannabis
- Investigational/study drugs

<ul style="list-style-type: none"> • Non-formulary drugs • Special Access Program (SAP) drugs via Health Canada • Antidotes • Naloxone kits • Immunizations
<p>d. Review any special medication policies including:</p> <ul style="list-style-type: none"> • Automatic stop orders related to drug distribution at your site • Automatic substitution orders • After hours staffing of the pharmacy and pharmacist on-call services
<p><u>Drug Distribution Systems</u></p>
<p>a. Compare and contrast the following drug distribution systems:</p> <ul style="list-style-type: none"> • unit-dose/inpatient prescriptions • pass medications • automated dispensing cabinets
<p>b. Discuss with your preceptor the following questions as they pertain to any automated dispensing cabinet systems in place in the hospital:</p> <ul style="list-style-type: none"> • How are automated dispensing cabinets replenished? • How does the pharmacy department/hospital determine what medications should be provided in these cabinets?
<p>c. Discuss with your preceptor any medication administration policies that may be in place to allow medications to be under the direct control of the patient in their room.</p>
<p>d. Are patients allowed to bring medications to the hospital that they have been using at home? E.g. natural health products; non-formulary medications.</p>
<p><u>Medication Order Review</u></p>
<p>a. Discuss the following guiding questions with your preceptor or delegate:</p> <ul style="list-style-type: none"> ➤ Who reviews the medication order in the pharmacy? ➤ Who enters patient information into the computer patient profile or chart? ➤ How are problems/questions with a medication order clarified?

<ul style="list-style-type: none"> ➤ Review with your preceptor some common types of problems/questions identified during the medication order review process? ➤ Does the hospital computer system include a drug interaction program? Which drug interaction program is used? How is it updated? How are problems reported to the drug interaction database provider? ➤ Are there any paper based drug interaction resources available on site? ➤ Are there any other drug interaction resources available for use by pharmacists e.g. hand-held devices, on-line resources? ➤ How are drug interactions managed when entering prescription orders? Who can override the drug interaction to fill the prescription? Is any documentation required e.g. reason for the override?
b. Observe the preceptor reviewing actual medication orders and participate where possible.
c. Does the province of your rotation operate a computer database linking community pharmacy profiles with hospitals and other health care providers?
d. How is permission obtained from a patient to gather patient information from their community pharmacy? <ul style="list-style-type: none"> ○ If the patient is conscious? ○ If the patient is unconscious?
e. Discuss some possible reasons why a hospital pharmacist would need to communicate with a patient's community pharmacy.
f. Who would prepare a medication calendar for a patient when they are discharged from hospital?
g. Who would look after any required special authorization forms or resources needed for medication coverage in the community?

UNIT 4 – STERILE COMPOUNDING & PARENTERAL PRODUCTS IN HOSPITALS

Learning Objectives

At the end of the rotation the intern will have:

- discussed the role of the new National Association of Pharmacy Regulatory Authorities - NAPRA standards for sterile compounding of hazardous and non-hazardous sterile preparations in Canada and how these standards are applied in the hospital setting (LEADER-MANAGER)
- observed and discussed the procedures involved in the preparation of products requiring sterile compounding in the hospital (LEADER-MANAGER);
- observed the preparation and administration of parenteral medications in the hospital setting (LEADER-MANAGER; COLLABORATOR);
- observed the aseptic technique required to administer parenteral medications to patients (CARE PROVIDER; COLLABORATOR);
- reviewed the procedures to follow for the safe handling of sharps (LEADER-MANAGER; CARE PROVIDER);

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

References to support the following activities:

NAPRA: Model Standards of Practice for Pharmacy Compounding of Non-hazardous & Hazardous Sterile Preparations – Revised November 2016.

<http://napra.ca/general-practice-resources/model-standards-pharmacy-compounding-hazardous-sterile-preparations>

<https://napra.ca/general-practice-resources/model-standards-pharmacy-compounding-non-hazardous-sterile-preparations>

Questions & Activities

1. Sterile Compounding Questions:

- a) What types of pharmaceutical products must be compounded in a sterile environment?
- b) What reference would be consulted to determine whether an ingredient used in a compound would be considered hazardous or non-hazardous?
- c) Where are IV medications/admixtures prepared in the hospital?
- d) Who is in charge of sterile compounding in the pharmacy?
- e) Who are the staff members who complete the sterile compounding in the pharmacy?
- f) What type of education/training must staff complete before they are able to compound in a sterile environment?
- g) What standards of sterile compounding are followed in the hospital?

2. Pharmacists & Parenteral Drug Administration

- a) Define the following parenteral routes of administration: IV; IM, SC or *subcut*; IT; and SD. Give an example of a medication that could be delivered via each route of administration.

- b) Define IV push. Outline the method to be followed in approving the administration of an IV push medication by a nurse at the hospital site. Name three medications that can be administered by *IV push*. Who else can administer medications by *IV push*? Do pharmacists provide advice about the safe and effective use of *IV push* medications?
- c) Can pharmacists administer any parenteral medications or immunizations in the hospital? If they can, which routes of administration are covered by their scope of practice?
- d) What credentials are required in order for pharmacists to be able to administer medications by injection or another route?
- e) What must be documented after a pharmacist administers a medication?

3. Parenteral Medications in the Community after Discharge from Hospital

- a) If a patient was being discharged from the hospital but still required a parenteral medication where are these products prepared and who would administer the medication in the community?

4. Administration of Parenteral Medications

- a) What resources are available to assist nurses with the preparation and administration of IV medications?
- b) Does the hospital have a parenteral medication administration policy manual?
- c) When a nurse is preparing IV medications for administration and phones the pharmacist for assistance what are some common questions they may ask?
- d) What procedure is followed when incompatible IV medications must be administered into a single lumen catheter?
- e) Are there special procedures to follow when a medication is administered intrathecally (IT)? Why?
- f) With the help of your preceptor schedule time with a medication nurse to observe the administration of medications, charting procedures, safety checks and other related procedures nurses follow when administering medication to a patient. **Discuss the following questions/points with the medication nurse, and then review with your preceptor:**
 - i. Use of medication calendars, med cards, Medication Administration Record (MAR) on the floor/unit.
 - ii. Is there a “double check” system in place at point of medication administration to patients?
 - iii. Does the hospital use technology to assist with medication administration at the bedside? E.g. bar-code scanning

5. Sharps Safety

- a) Does the hospital have a sharps safety program?
- b) What types of sharps safety devices are used at the hospital to protect workers/patients?
- c) How are sharps disposed of in the pharmacy and patient care areas of the hospital?
- d) Review some common safety procedures that should be followed to minimize sharps-related injuries?
- e) What procedures must be followed if a person experiences a sharps-related injury while working or learning in the hospital?

UNIT 5 – PATIENT SAFETY

Learning Objectives

At the end of the rotation the intern will have:

- reviewed the patient safety programs and initiatives available in Canada (LEADER-MANAGER; CARE PROVIDER);
- investigated medication safety programs supported or managed by the hospital pharmacy department (LEADER-MANAGER; CARE PROVIDER); including the mandatory reporting of serious adverse drug reactions (Vanessa's Law).
- verified the infection control policies and procedures that are expected to be followed by all health care staff at the hospital site (LEADER-MANAGER; CARE PROVIDER);
- completed at least one best possible medication history (BPMH) under the appropriate direction of your 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 ready for entry to practice as a pharmacist.

Activities & Questions

Patient Safety Programs & Initiatives in Canada

Visit the following websites* and familiarize yourself with the resources available:

<https://www.canada.ca/en/health-canada/services/drugs-health-products/legislation-guidelines/questions-answers-regarding-law-protecting-canadians-unsafe-drugs-act-vanessa-law.html>

www.ismp.org

www.ismp-canada.org/

www.patientsafetyinstitute.ca

***The information found on the above listed websites may help you answer the questions that follow.**

Medication Safety in Practice
<p>1. Discuss with your preceptor (or their delegate) the term “high-alert medication.”</p> <ul style="list-style-type: none"> • What does this term mean? • Identify some high-alert medications commonly used at your hospital site. • What procedures are followed when dispensing “high-alert” medications in the hospital?
<p>2. Review with your preceptor how the pharmacy department manages look-alike sound- alike (LASA) names of medications. Keep a record of look-alike sound-alike names of medications you encounter during your hospital rotation. Speak with your preceptor to learn how they manage clarifying such orders where there may be confusion about the drug ordered. Visit the following websites for resources on look-alike sound-alike medications (LASA):</p> <p>www.ismp.org http://www.ismp-canada.org/index.htm</p>
<p>3. Does the pharmacy use TALLman lettering? Why or why not?</p>
<p>4. Review with your preceptor where concentrated electrolytes (including but not limited to potassium chloride, potassium phosphate, sodium chloride greater than 0.9%) are stored in the hospital and why.</p>
<p>5. How are updates about patient safety issues communicated to hospital staff?</p>
<p>6. What procedures and policies are in place to encourage staff to report medication and patient safety issues?</p> <ul style="list-style-type: none"> • What term(s) does the hospital use to describe medication or patient safety incidents? • Review the medication incident reporting policy of the hospital. • Briefly review the procedure that would be followed after a serious patient safety incident in the hospital
<p>7. What are “near misses”? Why should “near misses” be reported and analyzed?</p>
<p>8. What does the term “medication reconciliation” mean?</p> <ul style="list-style-type: none"> • Is there a medication reconciliation program at the rotation site? • Arrange to meet with the medication reconciliation pharmacist or program leader to learn about the medication reconciliation process followed at the rotation site. <ul style="list-style-type: none"> i. Review the process that is followed at the site to reconcile patient medication at points of admission, transfer and discharge. ii. Review any tools or forms that are used within the institution to collect Best Possible Medication Histories (BPMH). iii. Who at the site is trained to complete a BPMH? iv. Learn about the role of pharmacy technicians/assistants in the medication reconciliation process.

<p>v. Which health professionals take part in the medication reconciliation process? How many different professions are involved in the process?</p> <p>vi. Arrange to observe a health care professional completing a best possible medication history (BPMH) at admission, transfer or discharge. With the help and direction of your preceptor complete a best possible medication history with a patient.</p>
Mandatory Serious Adverse Drug Reaction Reporting (Canada Vigilance Program)
1. Familiarize yourself with the mandatory serious adverse drug reaction reporting system for hospitals. Review with your preceptor or delegate the process that is followed in the hospital for mandatory reporting of serious adverse drug reactions as required under the Protecting Canadians from Unsafe Drugs Act (Vanessa's Law, December 2019).
2. Review how serious Adverse Drug Reactions (ADRs) are reported at the hospital site?
Infection Control
1. Review the infection control policies and procedures that must be followed by all health care professionals employed by the hospital.
2. Review the recommended hand washing technique for staff working in direct patient care areas.
<p>a. Can staff in direct patient care areas wear rings, bracelets or watches?</p> <p>b. Can staff wear artificial nails or long fingernails working in patient care areas?</p>
3. Does the hospital provide alcohol hand wash for visitors and staff? Does alcohol hand wash remove all possible pathogens from a person's hands?
4. Does the hospital require staff to receive an annual influenza vaccine?
5. When would a health care professional be required to glove, gown and/ or wear a mask to speak with a patient?
6. When would an employee or intern be required to report to occupational health?
7. How does the hospital notify staff members of any potential exposures to communicable diseases?
8. Where can health care providers obtain information on bacterial resistance rates?
<p>9. What do MRSA, VRE, <i>C. Diff</i> stand for?</p> <p>a. What hospital programs or policies are in place to prevent the spread of</p> <p>i. MRSA</p> <p>ii. VRE</p> <p>iii. <i>C. Diff</i></p>

UNIT 6 – DRUG INFORMATION (DI)

Learning Objective:

At the end of the rotation the intern will have:

- contributed to patient care by responding appropriately and using an evidence-informed approach to drug information (DI) requests encountered during the rotation (SCHOLAR);

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

Activities

1. Complete an orientation to the hospital's drug information resources both paper and electronic.
2. Complete at least **two drug information requests** as coordinated by the preceptor. Review and discuss your findings with your preceptor. Drug information requests may originate from:
 - a. the preceptor
 - b. patients
 - c. medical practitioners
 - d. registered nurses
 - e. other health care professionals
3. Use the following steps as a guide to help you complete the drug information request:
 - a. Receive and understand the question.
 - b. Search for the data.
 - c. 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.
 - d. Communicate the response (appropriately to the preceptor, **both** verbally **and** in writing).
 - e. Communicate responses as appropriate to the requester, verbally **and/or** in writing (**under the appropriate direction of your preceptor**).
 - f. Provide a clear and concise response that is referenced appropriately.
 - g. Follow-up as required.
4. Answer at least **two** drug information questions that cover IV compatibility, stability, dilution, and/or rate of flow. Questions may come from the preceptor's current or past practice, or another health care professional. **All answers must be reviewed with the preceptor prior to communication with another health care professional.** Interns should refer to the following link: <https://www.dal.ca/diff/druginfo.html> for a list of references that may be helpful for answering compatibility and stability questions. Interns are encouraged to understand and use resources available on site including IV compatibility textbooks and online databases. Interns should review with their preceptor how professional judgments /assessments are made by a pharmacist when using electronic databases, online references or printed materials to research IV related drug information requests.

**** 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 one used by the rotation site.**

SAMPLE Drug Information Request/Response Form

Requester
Location
Address _____
Telephone
Fax
e-mail

Priority

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 applicable to question):

Ultimate Question:

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

Response (use additional paper if needed):

References:

UNIT 7 – INTERPROFESSIONAL EDUCATION (IPE) ACTIVITY

Hospitals offer unique opportunities for interns “to learn with, from and about other health professionals (<https://www.caipe.org/>).”

Learning Objectives:

At the end of the rotation the intern will have:

- observed and interacted with non-pharmacy health professional(s) to clarify roles and experience interprofessional communication, collaboration and learning (COLLABORATOR; PROFESSIONAL);
- reviewed actual and potential opportunities for pharmacists to work in collaboration with other health professionals and (COLLABORATOR; PROFESSIONAL);
- reflected upon team functioning within the IPE activity observed (COLLABORATOR);

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Activities

- a. Identify with the help of your preceptor at least one IPE activity during the rotation. Examples include but are not limited to:
 - Attending grand rounds
 - Observing a medical or nursing procedure e.g., PICC line insertion; dressing change
 - Participating in an outpatient day-clinic
 - Observing Physiotherapy or Occupational Therapy clinics
 - Shadowing a Respiratory Therapist
- b. Prior to attending the IPE activity and with the help of your preceptor, determine if any special preparation is required.
 - e.g. observation of surgery (this may or may not be possible depending on site policies and rotation schedule) the surgical charge nurse or person booking the educational viewing may provide a list of things to do prior to attending the surgery:
 - eat breakfast
 - rest
 - what to do if you feel faint etc.
 - pre-reading before rounds or clinic visit
- c. Once completed, review the IPE activity with your preceptor. Explore what interprofessional patient care opportunities exist for a pharmacist in the area observed or visited. What types of interprofessional collaboration and communication did you observe?

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

INTERN SELF-ASSESSMENT NSCP 2-week Hospital Rotation

Please take a moment to complete this self-assessment prior to your arrival on site, and before the final assessment during your 2-week hospital pharmacy. Read each statement on the left of the chart and when prompted select a description from the assessment scale that best reflects how prepared you are to practice the skill(s) described. Note your selection below the appropriate time (PRE = initial self-assessment, & END=final). If you are not able to self-assess the described skill (s) please use the notation "NA". In some parts of the self-assessment, you may be prompted to answer yes or no.

During your rotation intern evaluations are intended to be a constructive dialogue about strengths, and areas for improvement. **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.**

Interns must review their initial self-assessment at the start of the rotation with the preceptor. A 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/details

2-At expected level of practice

3-Above expected level of practice

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

N/A- Not able to self-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 <i>Please provide suggestions/ details</i>	2 At Expected	3 Above Expected
In some areas of the <i>Professional and Interpersonal Skills</i> portion of the self-assessment/assessment form the option of answering yes or no to the self-assessment/assessment criteria may be preferred. <i>Please provide suggestions/further details for any documentation of "No"</i>			
Time of Self-Assessment	PRE	FINAL	
Unit 1: Professional and Interpersonal Skills			
Demonstrates commitment to each patient regardless of race, religion, biological 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			
Displays appropriate verbal, non-verbal, writing & listening skills			
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	<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, learning or assignments when suggested/needed	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Confirmation of Onsite Activities	
Unit 2 - Hospital Pharmacy Practice	
Completed activities as outlined in the manual	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unit 3 – Hospital Pharmacy Drug Distribution Services	
Completed activities as outlined in the manual	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unit 4 – Sterile Compounding & Parenteral Products in Hospitals	
Completed activities as outlined in the manual	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unit 5 – Patient Safety	
Completed activities as outlined in the manual	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unit 6 – Drug Information	
Completed activities as outlined in the manual	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unit 7 – Interprofessional Education Activity	
Completed activities as outlined in the manual	<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

Preceptor's Assessment of the Intern

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 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 & END=final). If you are not able to self-assess the described skill (s) please use the notation "NA". In some parts of the assessment, you may be prompted to answer yes or no.

The assessment is intended to be part of a constructive dialogue between you and your intern about their strengths, and areas for improvement. **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.**

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 in second year will reflect their past personal 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.

All concerns about a intern's performance, attendance or potential failure should be directed to the NSCP (registrations@nspharmacists.ca) as soon as the concern is identified.

Interns must clearly identify as a 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.

Assessment Scale

1-Needs further development: Please provide suggestions/details

2-At expected level of practice

3-Above expected level of practice

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.

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 <i>Please provide suggestions/ details</i>	2 At Expected	3 Above Expected
In some areas of the <i>Professional and Interpersonal Skills</i> portion of the self-assessment/assessment form the option of answering yes or no to the self-assessment/assessment criteria may be preferred. <i>Please provide suggestions/further details for any documentation of "No"</i>			
Time of Assessment	PRE	FINAL	
Unit 1 – Professional & Interpersonal Skill Development			
Demonstrates commitment to each patient regardless of race, religion, biological 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			
Displays appropriate verbal, non-verbal, writing & listening skills			
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		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is reliable and punctual		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Completes tasks carefully & thoroughly			
Respects patient confidentiality		<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/needed		<input type="checkbox"/> YES <input type="checkbox"/> NO
Confirmation of Onsite Activities		
Unit 2 - Hospital Pharmacy Practice		
Completed activities as outlined in the manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unit 3 – Hospital Pharmacy Drug Distribution Services		
Completed activities as outlined in the manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unit 4 – Sterile Compounding & Parenteral Products in Hospitals		
Completed activities as outlined in the manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unit 5 – Patient Safety		
Completed activities as outlined in the manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unit 6 – Drug Information		
Completed activities as outlined in the manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unit 7 – Interprofessional Education Activity		
Completed activities as outlined in the manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Written Comments from Preceptor:

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

Please send completed assessment, in PDF to registrations@nspharmacists.ca