



Community Pharmacy Practice

4-week Community Rotation

MANUAL 3

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 supervised 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, hold a technical injection permit issued by the NSCP 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. **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 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 ntern 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 choses 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 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 at 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. 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 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 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.
- ☐ 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.
- ☐ Tentative rotation schedule reviewed for the 4 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 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
- ☐ Other:

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 computer use policy
- ☐ If applicable: Complete any required modules/privacy forms for provincial Drug Information Systems (DIS)
- ☐ Review of telephone protocols e.g. protocol when answering the phone, leaving a message etc.
- ☐ Review of telephone system/answering machine
- ☐ Location of computers for patient information
- ☐ Review site's computer software for patient management, prescription processing
- ☐ 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 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 in-store overhead paging codes
- ☐ Information re: neighbourhood safety e.g., late-night departure
- ☐ Other:

Patient Safety

- ☐ Review of medication incident reporting and documentation procedure and continuous quality improvement/assurance program followed by the site
- ☐ Procedure to be followed should a medication incident be identified to a intern.

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
- ☐ Process to access patient profiles
- ☐ Private counseling room
- ☐ _____
- ☐ _____

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: _____

SPEP Rotation Planning						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1						
Week 2						
Week 3						
Week 4						

Summary of Major Required Activities

- ☐ Preceptor receives & reviews interns 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 using orientation checklist
- ☐ Review of intern's self-assessment at start of the rotation
- ☐ Regular daily constructive/formative feedback provided
- ☐ 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. OTC & Rx counselling every day; medication reviews; minor ailments/pharmacist assessment & prescribing etc.
- ☐ Minimum of three detailed medication reviews/workups* completed **Please note that these should be detailed medication reviews and are not equivalent to the shorter med reviews reimbursed in some provinces*
- ☐ Complete question set about substance use disorders and discuss with preceptor
- ☐ DI questions completed that contribute to patient care at the site
- ☐ IPE interview activity completed (modifications may be required for COVID-19)
- ☐ Unit Two: Reimbursement for Professional Pharmacy Services & Distribution of Medications in Canada. (May adjust to intern's prior community pharmacy experience.)
- ☐ Health promotion activity completed (modifications may be required due to COVID-19).
- ☐ 6-week rotation goals drafted and reviewed with preceptor
- ☐ On-site mid-point & final assessments completed

Unit One: 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 pharmacy settings where direct patient care is provided. **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.**

Proof of continuing professional competency is a standard licensing requirement for pharmacists in Canada. Pharmacists are required to demonstrate the ability to self-assess and self-reflect throughout their professional career.

Due to the COVID-19 pandemic, patient care activities may need to be adapted while ensuring that pharmacy standards of practice are maintained.

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>
- PEI College of Pharmacists – Code of Ethics:
<http://pei.in1touch.org/uploaded/web/PEICP%20COE%20Final%20March%202017.pdf>
4. Model Standards of Practice for Canadian Pharmacists, NAPRA, March 2009

Learning Objectives (AFPC EDUCATIONAL OUTCOME in brackets):

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

- communicate effectively in diverse practice settings or patient situations (CARE PROVIDER);
- 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:

- Registered with NSCP as an Intern and have personal professional liability insurance
- Is approachable and accessible to patients, family members, caregivers and pharmacy team members.
- Demonstrates commitment to each patient regardless of race, religion, sex, gender, gender identity, gender expression, sexual orientation, age, health, cultural, educational background or economic status.
- Displays a helping ethic when interacting with patients, family members, caregivers and pharmacy team members.
- Shows respect for the dignity of the patient.
- Presents themselves in a professional manner; always identifies themselves as a intern and wears a nametag that identifies them as a intern.
- Displays appropriate verbal, non-verbal communication, writing and listening skills with patients, colleagues and other health care professionals within the pharmacy practice.
- Able to adapt communication to the needs of the patient, family member, caregiver, pharmacy team member or health care professional.
- Displays sensitivity, compassion, respect and empathy to patient concerns.
- Follows required dress code.
- Is reliable, punctual and follows agreed upon schedule.
- Completes tasks carefully and thoroughly.
- Respects patient confidentiality.
- Displays a positive attitude toward pharmacy practice.
- Shows interest and take initiative.
- Demonstrates critical thinking, analysis, and action that are based on ethical and legal principles.
- Demonstrates good organizational and time management skills.
- Maintains appropriate professional boundaries
- Acknowledges own professional limits and abilities
- Accepts responsibility for actions and decisions
- Practices time-management, stress-management, and adaptive skills
- Strives to continuously improve professional performance and knowledge
- Uses feedback to improve performance
- Completes extra readings or assignments when suggested or needed

Unit Two*: Reimbursement for Professional Pharmacy Services

These questions are designed to be answered in any province or territory in Canada. This unit provides an opportunity for interns to learn more about pharmacy professional services and medication coverage (third party plans/insurance) in practice.

***PLEASE NOTE: Interns and preceptors are welcome to tailor this unit to the specific learning needs of the intern. If an intern has significant personal practice experience and knowledge of these topics, they may wish to spend more time on medication reviews. Even though the province of an intern's rotation may not be the province where they intend to practice as a pharmacist, the basic principles of professional services and medication coverage can be applied to practice in another province.**

Each practice site will differ in how much a pharmacist is engaged in the management of medication coverage issues. It is an area of pharmacy practice where pharmacy technicians and assistants can provide support. Pharmacists require a good working knowledge of current medication coverage systems and insurance programs in their region to make appropriate medication recommendations, assist patients who struggle with non-adherence to medications due to economic constraints and to solve problems related to medication coverage that may limit a patient's access to medication if left unresolved.

Getting Started

At the start of your rotation, locate and familiarize yourself with the drug formulary administered Nova Scotia Pharmacare. Provincial medication formularies are available online. Make sure you understand how to access and use the medication formulary list when in the pharmacy. Take note of how the formulary medication list is arranged and the meaning of any abbreviations located beside the listed medications. In addition, you should know how to contact all commonly encountered insurance plans and understand what information would be required by the plan in order to assist you with a patient related question.

Learning Objectives:

At the end of this unit interns will have:

- reviewed the types of medication coverage available to patients in the province of their rotation (CARE PROVIDER);
- reviewed the basic medication coverage principles and procedures followed by public and private insurance plans in Canada (PROFESSIONAL; LEADER-MANAGER);
- obtained information on how to assist patients who have little or no medication coverage (HEALTH ADVOCATE);
- reviewed the medication claims systems commonly used by a community pharmacy in Canada (LEADER-MANAGER);
- reviewed any current or impending pharmacy standards of practice changes in the province of the rotation and how such changes will contribute to pharmacists providing optimal patient care related the management of medications (PROFESSIONAL; CARE PROVIDER);
- reviewed current reimbursement through public or private insurance plans for full scope pharmacist professional services.

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.

Questions

PROVINCIAL GOVERNMENT DRUG PLAN FORMULARIES

- a. What is the “CADTH Common Drug Review”?
- b. Is the provincial drug formulary the document that determines the legal interchangeability of medications in the province of your rotation?
- c. Review online the provincial drug formulary for the province of your rotation and review how to determine whether a product is interchangeable.
- d. How are pharmacists and pharmacies notified of changes/addition/deletions to the provincial drug formulary?
- e. What happens when a drug listed as interchangeable on the provincial formulary is short from the manufacturer and only the brand name product is available? Could the pharmacy be reimbursed for the full cost of the brand name medication?
- f. How are pharmacy team members notified of drug shortages? Visit <https://www.drugshortagescanada.ca/> and familiarize yourself with the information that is provided on the website. Learn about how recent drug shortages were managed in the practice.

PROVINCIAL SENIORS’ DRUG PLAN

- a. What is the name of the provincial drug plan for seniors in your province?
- b. What is the “business year” for the seniors’ plan?
- c. Who is eligible for coverage?
- d. How and when can patients register?
- e. When patients reach the age of eligibility and register for the seniors’ drug plan, when will their coverage commence?
- f. Does every senior have to register for the provincial seniors’ drug plan? Would you ever advise someone to opt out of the seniors’ drug plan if this option was available?
- g. How much is the yearly premium for the seniors’ medication plan in your province (the amount a person must pay to join)? Is it pro-rated for members who join later in the business year?
- h. What are the yearly deductibles and required co-pays for the seniors’ plan?
- i. Is every medication ordered by prescription covered for seniors?
- j. Are any non-prescription medications covered?
- k. Are ostomy supplies covered?
- l. What types of diabetes supplies are covered?

- m. Are any wound supplies (e.g. dressings, bandages) eligible for coverage?
- n. Are there days supplied limits on any medications?
- o. Will the provincial seniors' plan pay for a supply of medications when seniors travel during the winter (within Canada vs outside Canada)?
- p. Locate the list of medications that can be covered with the submission of an electronic special authorization/criteria code (or equivalent for the province of your rotation) submitted by the pharmacy when billing the prescription. Who can provide the code and what type of documentation would be required on a prescription to meet the audit standards of the provincial seniors' plan?
- q. Determine who you would call to confirm the status of a special authorization request for a senior. If the opportunity arises, take part in contacting the person/organization to determine the status of a patient's special authorization request.
- r. Is there a mechanism in place to submit requests to the seniors' plan for coverage of a medication needed by a patient that is not listed on the formulary?
- s. When a generic is listed for a medication, are there any possible scenarios that the seniors' plan would consider covering the full cost of a brand name medication for a patient?
- t. Would prescriptions written by pharmacists be covered on the seniors' plan?
- u. Will the seniors' plan pay for the assessment provided by a pharmacist to prescribe a medication?

OTHER PROVINCIALY FUNDED DRUG PLANS

- a. Does the province of your rotation offer provincially funded drug plans or drug coverage for any of the following?
 - i. Diabetes assistance programs for medications and supplies
 - ii. Insulin pumps and supplies for eligible patients under or over the age of 19 in the province of your rotation?
 - iii. MS Drugs
 - iv. Dialysis patients
 - v. HIV/AIDS medications
 - vi. Pre-Exposure Prophylaxis (PrEP) for HIV e.g. tenofovir and emtricitabine
 - vii. Income assistance
 - viii. Disability
 - ix. Palliative care
 - x. Hospice care
 - xi. Cancer care medications e.g. oral chemotherapy medications, Magic Mouthwash
 - xii. Citizens without private medication coverage e.g. Family Pharmacare (NS); NB Drug Plan (NB); Trillium Drug Plan (ON); OHIP+ (ON) etc.
 - xiii. TB medication (treatment/prophylaxis)
 - xiv. Clozapine
 - xv. Transplant medications
 - xvi. High cost drug programs
 - xvii. Medical cannabis
 - xviii. Naloxone; buprenorphine/naloxone

- xix. Mifegymiso
- xx. Medical Assistance in Dying
- xxi. IV medications administered in the home or via government funded continuing care or home care

b. Immunizations administered through pharmacies e.g. Influenza vaccine, grade 7 vaccines etc.

FEDERALLY FUNDED DRUG COVERAGE

Interim Federal Health Program (IFHP)

- a. What is the Interim Federal Health Program (IFHP) and who is eligible to receive health coverage from this program?
- b. What type of medication coverage is available through this program and to whom?
- c. Does the pharmacy where you are completing your rotation have any patients who receive coverage through this program? If yes, review how their medications are billed.

Veterans Affairs Canada (VAC)

- a. Who is eligible to receive medication coverage through Veteran's Affairs Canada?
- b. Visit the Veteran's Affairs Canada website:
<https://www.veterans.gc.ca/eng/services/health/group-health-insurance> and review what possible health care benefits are available to qualified veterans.
- c. Review how requests for special authorization claims are managed.
- d. How are claims for medical supplies or home health care devices processed?
- e. Does VAC pay a special professional fee to the pharmacy for calling for a special authorization (SA) claim (when the claim is submitted)?

Non-Insured Health Benefits (NIHB) for First Nations and Inuit & Jordan's Principle

- a. Visit the website for the NIHB program and familiarize yourself with what information can be found there about the NIHB program:
<http://www.hc-sc.gc.ca/fniab-spnia/nihb-ssna/index-eng.php>
- b. Who is eligible for medication coverage under this plan?
- c. Locate online the list of medications and medical supplies covered by this plan.
- d. Are non-prescription medications covered by this plan?
- e. Could a plan member have a lost supply of medications replaced with this plan?
- f. Under what circumstances is a prior approval required for coverage of medications or medical supplies? How would a prior approval be arranged? Are prior approval drugs approved for the patient's home pharmacy only?

How would the patient receive coverage for a prior approval medication if they needed to travel to another region?

- g. Are there any required “days supplied” limits for medications covered by this plan? Can a plan member request and receive a smaller quantity of medication than what the prescriber ordered?
- h. Visit the following websites to learn about Jordan’s Principle and the services available to indigenous children <https://www.afn.ca/policy-sectors/social-secretariat/jordans-principle/> <https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html>
- i. Review this information with your preceptor. Consider downloading and printing the poster available on the website to make the information available to pharmacy patients and community members. Discuss how you can integrate knowledge of this program into your pharmacist patient care process.

PRIVATE EMPLOYER FUNDED INSURANCE PLANS

- a. Review with your preceptor commonly encountered third party insurance plans at the rotation site.
- b. Review how insurance information is entered and transmitted using the pharmacy’s software program.
- c. What is the pharmacy’s professional fee? Do all plans pay the same professional fee? Is the pharmacy required to charge the difference in professional fee to the patient?
- d. Do any private insurance plans pay for patient medication reviews?
- e. How are online claims managed when the provider is down or the lines for communication are down?
- f. What do patients normally have to do to ensure an over-age dependent is registered on a plan?
- g. Are there any private insurance plans that will provide medication coverage to people after the age of 65?
- h. Are there any insurance plans that require special authorization or prior approval requests for certain medications?
- i. What is a “health care spending account?”
- j. Do any insurance plans cover pharmacist assessment fees e.g. for minor ailment assessment, adaptation or therapeutic substitution; an assessment needed to prescribe medication etc.?
- k. If a patient has a concern when their plan does not cover a medication, to whom should they express their concern to? Who from the pharmacy team can help a patient with medication coverage issues?
- l. What is the value-based pharmacy initiative operated by Green Shield Canada? What are the pros and cons of such an initiative?

PRESCRIPTIONS & PATIENTS WHO CANNOT AFFORD THEM

- a. Pharmacists will encounter patients who are unable to fill a prescription due to the cost of the medication. Review with your preceptor how this situation is managed in the pharmacy. Since the pharmacist may not be

the person who initially receives all the prescriptions into the pharmacy, is there a procedure in place to make sure the pharmacist on duty is notified of a patient who is not able to fill a prescription because of cost?

- b. Review with your preceptor what possible options might be available to assist a patient who cannot afford a medication prescribed.
- c. What should be done if a patient presents to the pharmacy with a prescription they cannot afford?

PRESCRIPTION MEDICATION SAVINGS CARDS

- a. Visit the website of one of the following medication savings card programs and review the types of medications savings programs offered:

Innovicares: <https://innovicares.ca/en>

Rx Help: <https://www.rxhelp.ca/en/default.aspx>

Pfizer Originals: <https://www.pfizeroriginals.ca/>

- b. What are the benefits of medication savings cards?
- c. Are there any disadvantages of using medication savings cards?

READING ADJUDICATION SCREENS FOR MEDICATION PAYMENTS:

- a. Review how to read the online adjudication screen for a third-party online claim.
- b. Review the various possible adjudication messages that may be received when accepting or rejecting an electronic claim. Learn how a claim is accepted or rejected and who determines whether to accept or reject a price adjustment for a cost difference due to mark-up, brand selection, etc.
- c. Learn how to access a previously transmitted claims adjudication screen to review a payment received
- d. Review how to cancel and rebill a prescription medication claim.

FULL SCOPE OF PHARMACY PRACTICE

Please visit and review the following chart summarizing the scope of pharmacy practice in Canada:

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

- a. Are any of the professional services listed below within the scope of practice of pharmacists in the province of your rotation? Are any of the services listed below eligible for coverage under the provincial drug plan in the province of your rotation?
 - Medication reviews (basic and advanced)
 - Refusal to fill a prescription
 - Therapeutic substitution by the pharmacist
 - Assessment of patients for minor ailments (review list minor ailments in your province if applicable)
 - Prescribing of medication for minor ailments
 - Prescription adaptation
 - Medication prescribing beyond minor ailments

- Smoking cessation assessment/consultation and prescribing
 - Immunization assessment, prescribing and administration
 - Administration of a medication by injection e.g. Depo-Provera, Vitamin B₁₂
 - Emergency prescription refills
 - Health related pharmacy consultation services
 - Travel health assessment and prescribing
 - Order, retrieve and interpret lab tests and diagnostic assessments for the management of medication therapy
- b. Changes to practice due to COVID-19. Review with your preceptor COVID-19 related changes made to a Pharmacist's Scope of Practice in the province of your rotation. Discuss with your preceptor how these changes in scope have supported patient care.
 - c. Using the above list of services, review with your preceptor whether any other government (e.g. social assistance) or private insurance plans reimburse for these services?
 - d. Are patients charged for any of the above services if the services are within the scope of practice of a pharmacist in the province of your rotation?
 - e. Can you identify any other professional pharmacy services not listed above but could be potential sources of revenue for pharmacies now or in the future?
 - f. Are there any standards of practice that must be followed by a pharmacist who chooses to provide any or all the above professional services? Please check the website for your provincial pharmacy regulator.
 - g. Does a pharmacist require any additional certification, training or registration in order to be able to provide any of the above listed professional services?

Interns should visit the website of the pharmacy regulatory body, NSCP, to locate and review any available documents, standards, regulations and policies developed to support the full scope of pharmacy practice including pharmacist prescribing.

Interns please review the following questions with your preceptor during the rotation.

- h. Are there any additional requirements over and above a pharmacist license needed to prescribe medications in the province of your rotation?
- i. What education, certification or training is required for a pharmacist to be eligible to prescribe and/or administer immunizations or injections? What must be on file with the pharmacy regulatory body for pharmacists to be able to provide these services as part of their practice?
- j. How are pharmacists reimbursed for assessing a patient's need for medication and subsequently prescribing a medication?
- k. How will these new standards of practice or scope of practice changes benefit patient care?
- l. Talk with your preceptor and/or pharmacy manager/owner about how scope of pharmacy practice changes can or will be integrated into the business plans for the community pharmacy and the workflow related to patient care at the pharmacy.

Unit Three: Interprofessional Education (IPE)

"Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care"

CAIPE 2002¹

Effective Interprofessional Education¹:

- Works to improve the quality of care
- Focuses on the needs of service users and care providers
- Involves service users and care providers
- Encourages professions to learn with, from and about each other
- Respects the integrity and contribution of each profession
- Enhances practice within professions
- Increases professional satisfaction

Learning Objectives:

At the end of the rotation the interns will have:

- researched and learned about another health care profession in the practice setting (COLLABORATOR);
- interviewed and, if possible, shadowed a member of the other health profession to gain insight into their role within the health care system at the community level and the opportunities to collaborate with pharmacists and other health professionals to optimize patient care (COLLABORATOR);

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.

Learning “with, from and about” other Health Professions

1. Select a regulated health profession other than pharmacy that you would like to learn more about. A regulated health profession is one that is governed by a provincial act of legislation and is self-regulated by its members. Examples include: Nursing, Dentistry, Medicine, Optometry, Naturopathic Medicine (in some provinces), Physiotherapy, Occupational Therapy, Respiratory Therapy, Chiropractor, Dental Hygiene, Veterinary Medicine, Speech Language Pathology, Audiology etc.

2. With the help of your preceptor, locate a practitioner in the community (not within a hospital or affiliated hospital site) where your rotation is located who would be willing to allow you to complete an interview with them to learn more about their profession, their interaction with pharmacy and the type of patient care they provide. **DUE TO COVID-19:** This interview will most likely need to be arranged by telephone or via an online meeting portal.

3. Prepare a list of interview questions and review them with your preceptor prior to your interview. When preparing the questions keep in mind that you need to gather information on the following:

- Education required to enter the profession
- Typical practice day
- Other health professionals encountered/collaborate with
- Types of patients encountered in the practice

- Philosophy of care
 - Interactions with pharmacy
 - Rewards and challenges of their profession
 - Scope of practice
 - How COVID-19 has affected their professional scope and any changes that have resulted?
4. Please document on your assessment form who you interviewed and/or shadowed and their profession.
 5. Thank the health professional for their time.

INTERNS PLEASE NOTE: This activity may need to be arranged outside of regular pharmacy rotation hours to accommodate the schedule of the other professional.

References:

1. <https://www.caipe.org/>

Unit Four: Patient Care*

Depending on situation during the COVID-19 pandemic, patient care may need to be completed using a variety of methods such as telephone or virtual methods while ensuring that safety and pharmacy practice policies and procedures are maintained.

Learning Objectives:

At the end of the rotation the intern will have:

- completed and documented a minimum of three detailed patient medication workups/reviews in a community pharmacy practice setting (CARE PROVIDER);
- strengthened their prescription and non-prescription pharmacy patient care skills including triage, assessment, care planning, follow-up and monitoring (CARE PROVIDER).

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.

Activities*

Providing Patient Care and Education:

Throughout the rotation interns should be actively involved with patient care in both the prescription and non-prescription areas of the pharmacy. Interns should take every opportunity (**under the direction of their preceptor**) to communicate with patients about medication and health related issues. **If a intern completes the minimum three required detailed medication reviews prior to the end of the rotation, they should continue to seek additional opportunities to provide patient focused pharmacy care.** Interns should be active learners and participants in the pharmacy patient care process throughout the entire rotation, and always work under the direction of their pharmacist preceptor to meet the level of direction required of a intern.

a. At the start of the rotation and with the help of your preceptor, identify **at least three** different patients with whom you will complete a detailed medication workup/review session. This activity allows intern a chance to encounter patients with complex health histories. Interns should strive to experience a minimum of three different disease states in the cases selected for this unit. Patient medications should not be examined in isolation but considered in the context of the patient's medical conditions as well as their daily living; therefore, it is important for these sessions to involve the patient as a full partner.

Consideration of some or all the following criteria will help select an appropriate patient for this activity:

- I. Multiple medications (four or more regular medications)
- II. Multiple medical conditions
- III. History of multiple prescribers for one patient
- IV. Newly diagnosed with a medical condition requiring multiple drug therapy
- V. Uncommon medical condition requiring drug therapy

- VI. Patient or prescriber has a specific question about drug therapy
- VII. Recent discharge from hospital with changes to medication regimen
- VIII. Any criteria determined by preceptor and intern that is deemed to be of benefit for the intern's learning needs

Additional Patient Criteria:

- ✓ Patients must be from the pharmacy patient population.
- ✓ When possible, interns should select patients with different disease states.
- ✓ Patients cannot be a direct relative (including by marriage/common-law) of the preceptor or intern
- ✓ Patients can be pre-selected by the preceptor prior to the intern's arrival or can be selected together early in the rotation.
- ✓ Prescribers must be willing (with the patient's consent) to communicate as needed with the intern and preceptor.

b. Obtain the patient's agreement to participate in this learning activity. Obtain consent from the patient for collaborative information to be collected if needed (i.e. lab values) and discussed with other health care providers involved in the patient's care. Determine that the patient is agreeable with the pharmacist and/or interns communicating any medication therapy recommendations to prescriber(s) if needed during or after the assessment. Follow any site-specific requirements for documenting patient consent.

c. Arrange a time to meet with each patient to conduct a detailed patient interview. This can be done virtually or by telephone from the pharmacy. Ensure there is an area available that allows for complete privacy. Explain the expected length of the interview and the potential benefits for the patient and intern.

d. Identify any patient care forms or tools (electronic or paper) that could be used to help gather the necessary patient information needed to assess and work up patient cases.

c. Prior to each interview, review with your preceptor the patient's medication history on file. Make note of any incomplete or missing information that may need to be updated in the computer profile after the patient interview. Review with your preceptor how you plan to conduct the patient interview. Adjust your plan if needed.

d. Conduct a detailed patient interview to obtain a complete understanding of the patient's medication experiences. Determine what the patient hopes to achieve from their medication therapy.

An intern must always identify as a intern and let the patient know who the preceptor is, that the preceptor is fully responsible for the pharmacy care provided and that the preceptor is available for questions. Intern should confirm that the patient understands the information gathered will be held in the strictest confidence. Remind the patient that notes will be taken for reference only. Interns must complete all patient activities under the direction of their preceptor.

e. When the interview is completed, thank the patient for their time. Make arrangements to follow up with the patient once you have completed your assessment and before the end of the rotation.

f. Synthesize and interpret the patient information gathered. If necessary, and with the patient's and preceptor's full consent, contact the patient's prescriber(s) for any missing or incomplete patient information.

g. Questions to consider when reviewing the patient's medication and health history include*:

- Is the medication appropriate?
 - Is there a clinical indication for each medication being taken?
 - Will the patient's medical conditions benefit from the medication prescribed?
- Is the medication effective?
 - Is the most effective medication being used?
 - Is the dosage sufficient to achieve the goals of therapy?
- Is the medication safe?
 - Is the patient experiencing any adverse drug reactions?
 - Are there any signs of toxicity?
- If the above questions do not elicit any negative information to investigate further, then continue and assess the patient's level of adherence for each medication.
- Review and assess any barriers to medication adherence*:
 - **Educational barriers** - Patient's understanding of their medications and medical conditions, including why the medication is prescribed, expected benefits, and implications of failing to take them.
 - **Literacy barriers** - Patient's ability to read labels and written information.
 - **Physical barriers** - Patient's physical problems that might impact proper use of medication such as swallowing, removing vial lids, vision or hearing impairment.
 - **Cognitive barriers** - Patient's lack of ability to understand information because of dementia or cognitive decline
 - **Complexity barriers** - Patient's ability to organize and administer the medication regimen set forth.
 - **Financial barriers** - Patient's ability to afford/access medications.

h. Develop a list of drug therapy problems (DTPs)* identified from the patient assessment completed.

- Unnecessary medication
- Needs additional medication
- Medication is ineffective
- Dose is too low
- Adverse drug reaction
- Dose too high
- Patient is not adherent

i. Prioritize the drug therapy problems (DTPs) identified.

j. For each drug therapy problem identified, determine what options are available to resolve them.

k. Analyze the available options. Consider whether you can make a recommendation with certainty. It would be expected that some would answer "no" to this question and will proceed to the next step. If you are not able to make a definitive recommendation, review the literature to locate additional information that can be critically appraised to help identify viable solutions for the patient's identified DTPs.

l. Review your findings with your preceptor. Discuss with your preceptor what your interventions and recommendations will be to help resolve the patient's DTPs.

- m. Review your findings with the patient under the direction of your pharmacist preceptor. Together with the patient, review and prioritize the DTPs identified. Review and agree upon a care plan that will be followed to help resolve or minimize identified DTPs.
- n. If needed and appropriate (with the patient's and preceptor's consent), communicate any recommendations and interventions to the patient's prescriber.
- o. Develop a plan to determine what parameters will be used to monitor the safety and efficacy of the patient's drug therapy. Determine who will monitor (patient, pharmacist, prescriber), when to start monitoring and for how long.
- p. Educate the patient about what they will need to know and do to achieve the agreed upon medication therapy goals.
- q. If appropriate, schedule time to provide the patient with health information or disease management information that may help improve any of their medical conditions e.g. smoking cessation, recommendations for immunizations etc.
- r. Thank the patient for their time and contribution to your learning as a intern.
- s. Schedule a follow-up evaluation. Review the medication therapy recommendations made from your initial patient assessment. Determine if the patient requires any further adjustments, information, education or interventions.
- t. Review with your preceptor the final patient follow-up. Provide suggestions for continued patient follow up beyond the four weeks of your rotation.
- u. Document the patient assessment and follow up completed within the patient's pharmacy file.
- v. Securely dispose of (shred) any unneeded patient information and notes collected during this activity when finished at the rotation site.
- w. Review with your preceptor any barriers you encountered while conducting the medication reviews. Discussion should include possible strategies for improving opportunities for pharmacists to provide focused medication management services.

➤ **Interns must complete and review with their preceptor a minimum of three different patient case workups. Following each case work-up, preceptors should sign the assessment form to confirm the activity has been successfully completed.**

PLEASE NOTE: ROTATION ACTIVITIES MAY NEED TO BE MODIFIED TO MEET THE PUBLIC HEALTH AND SAFETY REQUIREMENTS OF COVID-19.

*From: Cipolle R.J., Strand L.M., & Morley P.C. (2004). *Pharmaceutical Care Practice: The Clinician's Guide*. New York: McGraw-Hill Companies Ltd. & From: Cipolle R.J., Strand L.M., & Morley P.C. (2012). *Pharmaceutical Care Practice: The Patient Centered Approach to Medication Management* New York: McGraw-Hill Companies Ltd.

Question Sets to Review with Preceptor
Understanding and Addressing the Opioid Crisis in Our Communities & the Treatment of Substance Use Disorders in the Community

References

<http://www.camh.ca/en/hospital/Pages/home.aspx>

<http://www.nspharmacists.ca/?page=standardsofpractice#SOPMethadoneMaintenance>

<https://novascotia.ca/opioid/>

<https://www.cbc.ca/news/canada/nova-scotia/benzodiazepines-opioids-deaths-nova-scotia-1.4937134>

<http://www.hc-sc.gc.ca/hc-ps/substancontrol/exemptions/methadone-eng.php>

<http://www.cpsns.ns.ca/Standards-Guidelines>

<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

<http://journals.sagepub.com/doi/abs/10.1177/1715163516671968?journalCode=cphc>

<https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-016-0050-9>

DISCUSSION QUESTIONS

- i. What are the possible personal and societal impacts of substance use disorders?
- ii. Does the pharmacy take part in the provision of medications for the treatment of opioid use disorder in the community?
 - a. Review with your preceptor common medications prescribed for opioid use disorder including methadone and buprenorphine/naloxone.
 - b. Review common potential drug interactions, contraindications and things to consider when clinically managing the following drugs: methadone; buprenorphine and naloxone; naloxone; and naltrexone.
 - c. Review common potential drug interactions with benzodiazepine medications. Discuss safety considerations patients should be knowledgeable of and pharmacists should monitor for and document when providing patient care related to benzodiazepine use.
- iii. What other medications might be used to help treat other types of substance use disorders in the community?
- iv. Are the medications used to treat opioid use disorders covered by government-funded drug plans? Private drug plans?
- v. Review the Health Canada opioid warning sticker and patient information handout requirements in Canada. Learn how this requirement is followed in the pharmacy.

<https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/applications-submissions/policies/warning-sticker-opioid-patient-information-handout.html>

- vi. Review any pharmacy standards of practice in the province of your rotation related to the provision of medications for the treatment of opioid use disorder.
- vii. Are there any courses/continuing education programs available to educate pharmacists and/or prescribers who provide care to patients with opioid use disorder?
- viii. How can a patient seek help if they want to treat a substance use disorder? Where could a pharmacist refer a patient in your community?
- ix. Where can a health care provider seek help if they themselves develop a substance use disorder?
- x. What should a health care provider do if they suspect another health care provider:
 - a. Has developed a substance use disorder?
 - b. Is working while impaired?
 - c. Is diverting medications?
 - d. Do healthcare providers have a duty to report to the regulator a colleague who is impaired at work?
- xi. **If possible**, and with the help of your preceptor arrange to speak with a prescriber in the community who provides community-based treatment for patients with opioid use disorder. Learn more about their practice, common communications with pharmacists and practice philosophy.
- xii. Determine whether the pharmacy stocks naloxone kits. Learn about the cost of the kit and whether any insurance plans or government programs provide payment for the kit. Is naloxone nasal spray covered in your province? By private plans? If possible, observe a pharmacist providing counselling and advice to a patient or care provider about naloxone nasal spray. Under the direction and guidance of your preceptor, take part in providing patient education for naloxone nasal spray. **If possible**, observe a pharmacist providing counselling and advice to a patient or care provider about a naloxone injection kit. Under the direction and guidance of your preceptor take part in providing patient education for naloxone kits.
- xiii. When should a pharmacist recommend a naloxone injection kit or naloxone nasal spray?
- xiv. How is the security of the pharmacy managed in relation to possible robberies?
- xv. How does the pharmacy manager manage the inventory of the pharmacy to minimize/prevent diversion of medications?
- xvi. How are narcotic and controlled drugs that are returned to the pharmacy for disposal received and disposed of?
- xvii. The new injectable prescription product called Sublocade™ has been approved in Canada. Has this product been utilized at this pharmacy? Do any drug plans cover this product? What are the pros and cons? Who is able to administer this medication?
- xviii. Review the delivery of opioid agonist therapy (OAT) during the COVID-19 pandemic. Has the provincial pharmacy regulator provided any reminders, guidance or made any changes to standards of practice?
- xix. Review the federal government approvals for diacetylmorphine and hydromorphone for use in safe harm reduction injections and where such safe injection programs are available in Canada.
- xx. What is the Good Samaritan Drug Overdose Act in Canada?
- xxi. Share and discuss this link with your preceptor: <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/federal-actions/overview.html>
- xxii. Share and discuss this article with your preceptor: <https://www.ccsa.ca/sites/default/files/2020-06/CCSA-Expanded-Response-Options-Opioid-Harms-Case-Studies-2020-en.pdf>
- xxiii. Review this ISMP Safety Bulletin <https://www.ismp-canada.org/news/item/463/> and discuss the recommendations with your preceptor. How are such safety bulletins communicated and shared with the pharmacy team?

Medical use of cannabis question set

References:

<https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf>

<https://www.canada.ca/en/services/health/campaigns/cannabis/education-resources.html>

<https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/resources.html?health-care-professionals>

1. Determine how patients access cannabis for medical purposes in the province of your rotation.
2. What is the difference between medical cannabis and recreational cannabis?
3. What are the common active ingredients in medical cannabis? What are the possible therapeutic effects of medical cannabis?
4. How does a patient obtain a medical assessment and possible prescription for medical use of cannabis? What type of health professional can prescribe medical cannabis?
5. Is medical cannabis covered by any insurance plans in Canada?
6. Review with your preceptor how the use of medical cannabis is accounted for within a patient's pharmacy profile/chart. Discuss effective ways to gather this information when completing a best possible medication history. Is there a way to check for drug interactions with medical cannabis within the pharmacy computer system?
7. Review common drug interactions with cannabis use.
8. Review common side effects of cannabis.
9. Determine what type of information is available to help patients make an informed decision about using medical cannabis. What are the risks and benefits patients need to consider when using medical cannabis?

Unit Five: Drug Information

Learning Objective:

Upon completion of the rotation interns will have:

- demonstrated the ability to contribute to patient care by responding appropriately to drug information (DI) requests encountered during the rotation (SCHOLAR; CARE PROVIDER; COMMUNICATOR)

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.

Depending on the situation as the COVID-19 pandemic evolves, drug information questions may need to be delivered using a variety of methods such as telephone or using online communication tools while ensuring that pharmacy practice policies and procedures are maintained.

Activities

Please Note: Interns will be a resource for DI questions throughout their rotation. Interns must be ready to contribute to DI questions when needed and because of patient care activities.

- a. Complete an orientation to the drug information resources accessible at the community pharmacy.
- b. Throughout the rotation, complete routine drug information requests as coordinated by the preceptor.

Requests may originate from:

- the preceptor
- other health care professionals
- patients

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

1. Clearly establish the request and obtain all necessary background information.
2. Determine an appropriate approach to locate the drug information needed.
3. Use multiple basic drug information resources.
4. Apply your CAS skills when needed to critically appraise the gathered information.
5. Communicate responses appropriately to the preceptor, **both** verbally and in writing.
6. **If Needed:** Communicate responses appropriately to the requester, verbally **and/or** in writing (**under the direction of your preceptor**).

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
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 _____

Relevant 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"/> Identify substance/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 Six: Health Promotion Project

Depending on how the COVID-19 pandemic evolves, public presentations or clinics may not be safe or feasible. Please discuss with your preceptor the best method to complete this unit. NSCP supports your creativity whether it be using a video recording, online presentation platform or some other virtual method. Examples of novel adjustments for health promotion activities include: outdoor presentations to recreation groups following Public Health rules; online presentations; pamphlet design and distribution; creation of a new pharmacy service; creation of an education video; design and preparation of a health promotion service within the pharmacy and there are many other potential options. Please use your creativity to develop a project that will support the pharmacy practice and patient population that is safe, practical and that meets Public Health rules.

Learning Objectives:

At the end of the rotation the intern will have:

- Designed and created (online, social distanced, pamphlet, display etc.) a health promotion project (COMMUNICATOR);
- demonstrated an appropriate level of professional understanding of the selected health topic (PROFESSIONAL);
- engaged the audience or designed the project using appropriate tone, pace and language (COMMUNICATOR);
- interpreted questions effectively and provided appropriate answers (COMMUNICATOR);
- gathered and reviewed feedback from preceptor/pharmacy team/users of the health promotion project (PROFESSIONAL);

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.

Activities

- a. In consultation with your preceptor identify a health promotion project topic of interest that can support a patient population served by the pharmacy.
- b. Design a health promotion project (see comments/suggestions above). Review your plans with your preceptor.
- c. Select **or** create educational materials that will be appropriate for your anticipated audience. Review the materials selected with your preceptor.
- d. In consultation with your preceptor make a plan to complete this activity.
- e. Review the final health promotion plan with your preceptor.
- f. Implement the health promotion plan in a safe manner.
- g. Obtain feedback, if possible, from participants who use the health promotion plan, or seek feedback from your preceptor and/or other pharmacy team members.
- h. Review and reflect upon the feedback received and make adjustments to the project as needed.

GOAL Setting for the 6-week rotations

At the end of the rotation, and prior to the final self-assessment/assessment review with their preceptor, interns should reflect on the past 4 weeks and self-identify at least three learning goals for their 6-week rotations. The goals should be reviewed with the current preceptor. Interns should keep a copy of their goals to help with their personal rotation planning over the next two rotations.

Personal Learning Goals for 6-week rotations

1. _____
2. _____
3. _____
- _____

This form should NOT be returned to NSCP.

Assessment & Evaluation Checklist for Interns & Preceptors

Intern Self-Assessment Checklist

- ☐ PRIOR TO START: Intern self-assessment tool completed within this manual prior to start of the rotation
- ☐ ON-SITE: Intern & preceptor review self-assessment at the beginning of rotation.
- ☐ ON-SITE: Mid-point intern self-assessment/preceptor evaluation meeting booked: _____
- ☐ ON-SITE: Intern mid-point self-assessment tool completed within this manual.
- ☐ ON-SITE: Intern & preceptor meet to review mid-point intern self-assessment & preceptor evaluation of intern (please keep copies for your records)
- ☐ ON-SITE: Intern final self-assessment tool completed within this manual.
- ☐ ON-SITE: Intern meets with preceptor to review final intern self-assessment and preceptor evaluation.
- ☐ **Send completed self-assessment form to registrations@nspharmacists.ca**

Preceptor Assessment/Evaluation Checklist

- ☐ ON-SITE: Review intern's self-assessment with intern at the beginning of rotation.
- ☐ ON-SITE: Review intern's mid-point self-assessment and your mid-point evaluation of the intern.
- ☐ ON-SITE: Review intern's final self-assessment and your final evaluation of the intern
- ☐ **Send completed preceptor assessment form to registrations@nspharmacists.ca**

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

INTERN SELF-ASSESSMENT FORM
NSCP 4-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 has completed a pharmacist education program and is 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/Preceptor Assessment Scale:

1. Significant improvement is required: please communicate & document concerns with intern & contact NSCP
 2. Needs further development: please communicate & document suggestions & concerns with intern & contact NSCP
 3. At expected level of practice
 4. Above expected level of practice
 5. Superior level of practice
- N/A- Not able to assess

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.

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

Intern is registered 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 in place and the preceptor/rotation site has been approved by NSCP)

Scale	Intern Self-Assessment/Preceptor Assessment Scale: 1. Significant improvement is required: please communicate & document concerns with intern & contact NSCP 2. Needs further development: please communicate & document suggestions & concerns with intern & contact NSCP 3. At expected level of practice 4. Above expected level of practice 5. Superior level of practice N/A- Not able to assess 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.		
	PRE	MID-POINT	FINAL
Professional & Interpersonal Skills			
Is approachable and accessible to patients, family members, caregivers and pharmacy team members.			
Demonstrates commitment to each patient regardless of race, religion, gender, gender identity, gender expression, sexual orientation, age, health, cultural or educational background or economic status			
Displays a helping ethic when interacting with patients, family members, caregivers and pharmacy team members.			
Shows respect for the dignity of the patient			
Presents themselves in a professional manner; always identifies themselves as an intern and wears a nametag that identifies them as an intern.			
Displays appropriate verbal, non-verbal, writing & listening skills with patients, family			

members, caregivers, pharmacy team members or health care professionals.			
Professional & Interpersonal Skills (cont'd)			
	PRE	MID-POINT	FINAL
Able to adapt communication to the needs of the patient, family member, caregiver, pharmacy team member or health care professional.			
Displays sensitivity, compassion, respect & empathy to patient concerns			
Follows required dress code			
Is reliable and punctual; follows and respects patient confidentiality and upon schedule.			
Completes tasks carefully & thoroughly			
Displays a positive attitude toward pharmacy practice			
Shows interest and takes initiative			
Demonstrates critical thinking, analysis, and action which are based on ethical and legal principles			
Demonstrates good organization & time management skills			
Maintains appropriate professional boundaries			
Acknowledges own professional limits and abilities			
Accepts responsibility for actions & decisions			
Practices time management, stress-management, and adaptive skills			
Strives to continuously improve professional performance and knowledge			
Uses feedback to improve performance			
Completes extra reading or assignments when suggested or needed			

Professional and Interpersonal Skills - Additional Comments:

<p style="text-align: center;">Scale</p>	<p>Intern Self-Assessment/Preceptor Assessment Scale:</p> <ol style="list-style-type: none"> 1. Significant improvement is required: please communicate & document concerns with intern & contact NSCP 2. Needs further development: please communicate & document suggestions & concerns with intern & contact NSCP 3. At expected level of practice 4. Above expected level of practice 5. Superior level of practice <p>N/A- Not able to assess</p> <p>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.</p>		
	PRE	MID-POINT	FINAL
Patient Care			
Demonstrates knowledge of appropriate drug therapy, pathophysiology, patient monitoring & follow-up			
Uses an organized & systematic approach for gathering accurate & complete patient information			
Interprets patient information gathered to effectively identify & prioritize drug therapy problems			
Able to establish goals of therapy that are: <ul style="list-style-type: none"> • sensitive to the patient's needs & concerns • clinically sound • observable & measurable 			
Applies best available evidence to patient's clinical situation			
Recommends non-drug therapy options when appropriate			
Monitors, follows up and documents care provided to patients			
Refers to or consults with other health care providers or pharmacy team members when appropriate			
Actively engages in and contributes to quality patient care			
Completes at least THREE detailed patient care summaries during the rotation.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<i>Patient Care Summary</i>	<i>Therapeutic Topics Covered</i>
Patient Care Summary #1	
Patient Care Summary #2	
Patient Care Summary #3	

Unit Four: Question sets completed on Opioid Crisis; Substance Use Disorders & Medical Cannabis

☐ **Yes** ☐ **No**

Patient Care - Additional Comments:

Scale	Intern Self-Assessment/Preceptor Assessment Scale: <ol style="list-style-type: none"> 1. Significant improvement is required: please communicate & document concerns with intern & contact NSCP 2. Needs further development: please communicate & document suggestions & concerns with intern & contact NSCP 3. At expected level of practice 4. Above expected level of practice 5. Superior level of practice N/A- Not able to assess 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.		
	PRE	MID-POINT	FINAL
Drug Information			
Provides accurate, timely and appropriate drug & disease information that meets patient care needs			
Unit Two Reimbursement for Professional Pharmacy Services			
Completes and reviews Unit Two based on personal learning needs of intern	<input type="checkbox"/> Completed		
Unit Six Health Promotion			
Successfully creates and completes health promotion project/activity (modified as needed for COVID-19 safety)	Title/Topic: _____		
Unit Three Interprofessional Education (IPE) Activity			
Health Professional Interviewed (modified as needed for COVID-19 safety): <input type="checkbox"/> Completed			

Additional Comments:

Mid-Point Assessment Review Date: _____

Preceptor's Signature: _____

Intern's Signature: _____

Final Assessment Review Date: _____

Preceptor's Signature: _____

Intern's Signature: _____

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: _____

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 4-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 has completed a pharmacist education program and is 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.

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's Self-Assessment/Preceptor Assessment Scale:

1. Significant improvement is required: please communicate & document concerns with intern & contact NSCP
 2. Needs further development: please communicate & document suggestions & concerns with intern & contact NSCP
 3. At expected level of practice
 4. Above expected level of practice
 5. Superior level of practice
- N/A-** Not able to assess

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.

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

Intern is registered 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 in place and the preceptor/rotation site has been approved by NSCP)

Scale	Intern Self-Assessment/Preceptor Assessment Scale: 1. Significant improvement is required: please communicate & document concerns with intern & contact NSCP 2. Needs further development: please communicate & document suggestions & concerns with intern & contact NSCP 3. At expected level of practice 4. Above expected level of practice 5. Superior level of practice N/A- Not able to assess 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.		
	PRE	MID	FINAL
Professional & Interpersonal Skills			
Is approachable and accessible to patients, family members, caregivers and pharmacy team members.			
Demonstrates commitment to each patient regardless of race, religion, gender, gender identity, gender expression, sexual orientation, age, health, cultural or educational background or economic status			
Displays a helping ethic when interacting with patients, family members, caregivers and pharmacy team members.			
Shows respect for the dignity of the patient			
Presents themselves in a professional manner; always identifies themselves as an intern and wears a nametag that identifies them as an intern.			
Displays appropriate verbal, non-verbal, writing & listening skills with patients, family members, caregivers, pharmacy team members or health care professionals.			

Professional & Interpersonal Skills (cont'd)			
	PRE	MID-POINT	FINAL
Able to adapt communication to the needs of the patient, family member, caregiver, pharmacy team member or health care professional.			
Displays sensitivity, compassion, respect & empathy to patient concerns			
Follows required dress code	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is reliable and punctual; follows agreed upon schedule.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Completes tasks carefully & thoroughly			
Respects patient confidentiality			
Displays a positive attitude toward pharmacy practice			
Shows interest and takes initiative			
Demonstrates critical thinking, analysis, and action which are based on ethical and legal principles			
Demonstrates good organization & time management skills			
Maintains appropriate professional boundaries			
Acknowledges own professional limits and abilities			
Accepts responsibility for actions & decisions			
Practices time management, stress-management, and adaptive skills			
Strives to continuously improve professional performance and knowledge			
Uses feedback to improve performance			
Completes extra reading or assignments when suggested or needed			

Professional and Interpersonal Skills - Additional Comments:

<p>Scale</p>	<p>Intern Self-Assessment/Preceptor Assessment Scale:</p> <ol style="list-style-type: none"> 1. Significant improvement is required: please communicate & document concerns with intern & contact NSCP 2. Needs further development: please communicate & document suggestions & concerns with intern & contact NSCP 3. At expected level of practice 4. Above expected level of practice 5. Superior level of practice <p>N/A- Not able to assess</p> <p>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.</p>	
	<p>MID-POINT</p>	<p>FINAL</p>
<p>Patient Care</p>		
<p>Demonstrates knowledge of appropriate drug therapy, pathophysiology, patient monitoring & follow-up</p>		
<p>Uses an organized & systematic approach for gathering accurate & complete patient information</p>		
<p>Interprets patient information gathered to effectively identify & prioritize drug therapy problems</p>		
<p>Able to establish goals of therapy that are:</p> <ul style="list-style-type: none"> • sensitive to the patient's needs & concerns • clinically sound • observable & measurable 		
<p>Applies best available evidence to patient's clinical situation</p>		
<p>Recommends non-drug therapy options when appropriate</p>		
<p>Monitors, follows up and documents care provided to patients</p>		
<p>Refers to or consults with other health care providers or pharmacy team members when appropriate</p>		

Actively engages in and contributes to quality patient care		
Completes <u>at least</u> THREE detailed patient care workups during the rotation.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Unit Four: Question sets completed: Opioid Crisis; Substance Use Disorders & Medical Cannabis
☐ **Completed**
☐ **NOT Completed**

Patient Care - Additional Comments:

Scale	Intern Self-Assessment/Preceptor Assessment Scale: <ol style="list-style-type: none"> 1. Significant improvement is required: please communicate & document concerns with intern & contact NSCP 2. Needs further development: please communicate & document suggestions & concerns with intern & contact NSCP 3. At expected level of practice 4. Above expected level of practice 5. Superior level of practice N/A- Not able to assess 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.	
	MID-POINT	FINAL
Drug Information		
Provides accurate, timely and appropriate drug & disease information that meets patient care needs		
Unit Two Reimbursement for Professional Pharmacy Services		
Completes and reviews Unit Two based on personal learning needs of intern	<input type="checkbox"/> Completed	
Unit Six Health Promotion		
Successfully creates and completes health promotion project/activity (modified as needed with COVID-19 safety in mind)	Title/Topic: _____	
Unit Three Interprofessional Education (IPE) Activity		
Health Professional Interviewed (modified as needed with COVID-19 safety in mind): <input type="checkbox"/> Completed		

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