



College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7
Phone (204) 233-1411 | Fax: (204) 237-3468
E-mail: info@cphm.ca | Website: www.cphm.ca

Collaborative Team Member/ Prescriber Peer Letter

Prescriber: _____ Licence Number: _____

Position: _____ Date: _____

Extended Practice Pharmacist: _____

Extended Practice Pharmacist Practice Site: _____

Please review a minimum of three different charts or actual cases where the Extended Practice Pharmacist (EPPh) provided care at the practice site. Through review of the charts and discussion with the EPPh, please assess the EPPh's performance in the areas below. Following the review, fill in and sign the completion statement on the last page. Please share and discuss your evaluation with the EPPh.

Please use the following rating scale to guide you in evaluating the Extended Practice Pharmacist:

RATING SCALE		
1	Unsatisfactory	EPPh does not meet expectations and does not have the competence, knowledge, and skill to demonstrate/complete the task.
2	Needs Improvement	EPPh has the competence, knowledge and skill, but lacks consistency in demonstrating/completing the task.
3	Satisfactory	EPPh has the competence, knowledge and skill, and is consistent in demonstrating/completing the task.
4	Exemplary	EPPh exceeds expectations and has exemplary competence, knowledge and skill and is consistent in demonstrating/completing the task.
N/A	Not Applicable	Item does not apply.

Please note: If “Unsatisfactory”, “Needs Improvement”, or “Not Applicable” is indicated for a particular section, please provide justification in the “Comments” area (attach more pages if needed).



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Category	Please rate the Extended Practice Pharmacist's (EPPh) performance in the following areas:	Rating
Introduction to the consultation	The pharmacist identifies the key patient concerns and addresses additional concerns brought forward by the patient, where applicable.	1 2 3 4 N/A
Findings	Subjective: the patient's complaints and concerns were documented and are on the basis of subjective observations and experiences.	1 2 3 4 N/A
	Objective: documentation based on facts or measurable outcomes such as: medical history, medication history, drug allergies/intolerances, relevant family or social history.	1 2 3 4 N/A
Patient Assessment	The pharmacist conducts a detailed assessment of the patient considering the signs and symptoms.	1 2 3 4 N/A
	Findings from suitable clinical or laboratory tests are considered, where appropriate.	1 2 3 4 N/A
	The actual and/or potential drug therapy problem(s) is identified, when applicable, discussed and accordingly prioritized in the consultation.	1 2 3 4 N/A
	The supporting rationale for each therapeutic option is presented in order to address each drug-related problem.	1 2 3 4 N/A
	Where appropriate, therapeutic alternatives are discussed with relevant considerations (drug interactions, side effects, efficacy).	1 2 3 4 N/A
Recommendations, care plan, and follow-up	The recommendations and therapeutic plan to resolve the key patient concerns or drug therapy problem are summarized including decisions on changes in drug selection, dosage, duration of therapy, or route of administration, where applicable.	1 2 3 4 N/A
	The recommendations/care plan is based on evidence and/or best practices.	1 2 3 4 N/A
	Where applicable, factual description of significant professional disagreement regarding drug therapy or treatment is documented.	1 2 3 4 N/A
	A follow-up plan to be conducted by either the pharmacist or another health care professional is outlined.	1 2 3 4 N/A



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	The pharmacist refers patients, when necessary, to other health care providers to address additional concerns, including psychosocial aspects of care.	1 2 3 4 N/A
Collaboration	The pharmacist provides sufficient information to the patient or designated agent to participate in the decision-making process during the consultation.	1 2 3 4 N/A
	The pharmacist involves other health care professionals in developing a care plan, where appropriate, to determine mutual goals of therapy.	1 2 3 4 N/A
	The pharmacist takes reasonable steps to communicate both the monitoring and follow-up plan to health care professionals that are also involved in the care of the patient.	1 2 3 4 N/A
Documentation	Documentation of findings, patient assessment, recommendations, care plan, and follow-up are clear, concise and complete.	1 2 3 4 N/A

How has collaboration with the EPPH benefited the patients and practitioners at the practice site?

Through your chart review and case discussions, did you identify any issues or concerns with the performance, competence, knowledge or skill of the EPPH?



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Prescriber Comments:

Extended Practice Pharmacist Comments:

STATEMENT OF COMPLETION

In my professional opinion, _____,

Name of Extended Practice Pharmacist

IS / IS NOT (circle one) fit to continue practicing as an Extended Practice Pharmacist competently, safely, and ethically.

Signature of Prescriber: _____

This document was adapted from:

1. Additional Prescribing Authorization Assessor Handbook. Alberta College of Pharmacists. 2013.
2. Documentation Guidelines. Ontario College of Pharmacists. 2012.
3. Documentation of Pharmacists' Activities in the Health Record: Guidelines. Canadian Society of Hospital Pharmacists. 2013.
4. The Integrating Family Medicine and Pharmacy to Advance Primary Care Therapeutics (IMPACT). Clinical Documentation Guidelines. 2006.