



**COLLEGE OF  
PHARMACISTS  
OF MANITOBA**

## **Internship Manual**

Updated August 2024

To be reviewed by the preceptor and intern

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# College of Pharmacists of Manitoba

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## Introduction

Thank you for participating in the final portion of the licensing requirements that will qualify international pharmacy graduates and out-of-province Canadian CCAPP pharmacy graduates for licensure with The College of Pharmacists of Manitoba. The primary purpose of the internship period is to prepare interns for the safe and effective practice of pharmacy in an active patient-care setting. This is an opportunity for the intern to learn from an experienced practicing professional using their knowledge, training and experience to enhance patient care and work with other professionals on the healthcare team.

Beginning January 1, 2014, all international pharmacy graduate applicants must serve an internship period of a **minimum of 600 hours** to be completed in a period of **not less than 15 and not greater than 21 weeks**. The international pharmacy graduate intern must complete a minimum of **400 hours of direct patient care** within the pharmacy.

For PharmD graduates of the College of Pharmacy, Rady Faculty of Health Sciences, University of Manitoba, the 600 hours of internship are completed while registered as an intern in the last year of the PharmD program during their experiential rotations. PharmD graduates of the College of Pharmacy, Rady Faculty of Health Sciences, University of Manitoba, may continue to practice as an intern post-graduation under the supervision of a preceptor that has been approved by Council, **only** until the results of the next sitting of the Pharmacy Examining Board of Canada (PEBC) Qualification Exams are available. Continual feedback and evaluation of the intern by the preceptor serves as an important learning tool, but submission of the evaluation forms to the College of Pharmacists of Manitoba (CPhM) is not required. This Manual can be used as a guide during this optional internship period. Please see more information under the [University of Manitoba Students](#) page on the CPhM website.

For graduates of a Canadian CCAPP accredited pharmacy degree program other than PharmD graduates of the College of Pharmacy, Rady Faculty of Health Sciences, University of Manitoba, an internship period of a **minimum of 200 hours** in Manitoba must be completed in **not less than 5 weeks and only until the results of the next sitting of the Pharmacy Examining Board of Canada (PEBC) Qualification Exams are available, if applicable**. Submission of the final evaluation forms at the end of the 200 hours is required. Preceptors must be providing feedback throughout the 200 hours.

An intern cannot work more than **8 hours per day or more than 40 hours per week** at the pharmacy.

An internship provides opportunities to apply the education and competencies obtained in a pharmacy degree, as well as an opportunity to apply the model standards of practice. It is recognized that the knowledge, skills and attitudes gained in the completion of a pharmacy program will provide the foundation for all categories of competencies as noted in NAPRA's [2014 Professional Competencies for Canadian Pharmacists at Entry to Practice \(note that NAPRA is in the process of updating the competencies\)](#):



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## 1. Ethical, Legal and Professional Responsibilities

*Pharmacists practice within legal requirements, demonstrate professionalism and uphold professional standards of practice, codes of ethics, and policies.*

## 2. Patient Care

*Pharmacists, in partnership with patients and in collaboration with other healthcare professionals, meet the patients' drug-related needs and to achieve the patient's health goals.*

## 3. Product Distribution

*Pharmacists ensure accurate product distribution that is safe and appropriate for the patient.*

## 4. Practice Setting

*Pharmacists oversee the practice setting with the goal of ensuring safe, effective and efficient patient care.*

## 5. Health Promotion

*Pharmacists use their expertise to advance the health and wellness of patients, communities and populations.*

## 6. Knowledge and Research Application

*Pharmacists access, retrieve, critically analyze and apply relevant information to make evidence-informed decisions within their practice with the goal of ensuring safe and effective patient care.*

## 7. Communication and Education

*Pharmacists communicate effectively with patients, the pharmacy team, other health professionals and the public, providing education when required.*

## 8. Intra and Inter-Professional Collaboration

*Pharmacists work in collaboration with the pharmacy team and other health professionals to deliver comprehensive services, make best use of resources and ensure continuity of care in order to achieve the patient's health goals.*

## 9. Quality and Safety

*Pharmacists collaborate in developing, implementing, and evaluating policies, procedures and activities that promote quality and safety.*

Competencies are described as significant job-related knowledge, skills, abilities, attitudes, and judgements required for competent performance by members of a profession. They provide an overview of what a pharmacist at entry to practice is able to do rather than how a pharmacist is



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expected to perform tasks. Not every pharmacist performs within each of these competencies as part of their daily practice. When a pharmacist performs a specific competency or role, they must meet all minimum standards of practice consistent with that role. Standards articulate what can be expected of pharmacy professionals and are minimum expectation for the delivery of quality pharmacy care.

NAPRA has created the [Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada](#) that are required of all pharmacists regardless of the type of role or pharmacy practice they are fulfilling. These are standards against which a pharmacist's performance can be judged when the pharmacist is undertaking the activities required for safe and effective pharmacy practice. Generally, the five domains that all pharmacists must meet are as follows:

- **Providing care**  
Pharmacy professionals partner with the patient to provide safe and appropriate care that meets the patient's unique needs, goals and preferences.
- **Knowledge and expertise**  
Pharmacy professionals keep their knowledge and skills up to date and provide quality care based on best available evidence and the application of professional judgment.
- **Communication and collaboration**  
Pharmacy professionals demonstrate sensitivity, respect, empathy, and inclusion, and ensure effective communication and collaboration with patients, the pharmacy team, other health professionals, and other stakeholders.
- **Leadership and stewardship**  
Pharmacy professionals demonstrate leadership in accordance with their particular role, by taking responsibility for their actions, providing appropriate support to colleagues, being accountable to the regulatory authority, and acting as role models. Pharmacy professionals also have a duty to preserve and support community and population health and the overall healthcare system in Canada.
- **Professionalism**  
Pharmacy professionals work with patients to prioritize their needs and earn the trust of the public through their actions, regardless of practice setting. For pharmacy professionals, there is an expectation that professionalism permeates all of their day-to-day activities and that they will strive to continually align their individual practice with the principles of professionalism for the profession of pharmacy. Over and above this, there are specific standards that must be met to preserve professionalism.

The learning objectives, suggested learning activities, and evaluations of the internship program will revolve around the competencies and model standards that are applicable to the internship. The *2014 Professional Competencies for Canadian Pharmacists at Entry to Practice* and *Model*



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*Standards of Practice for Pharmacists and Pharmacy Technicians in Canada* documents can be viewed in their entirety at NAPRA's website, [www.napra.ca](http://www.napra.ca).

The education received during the internship is accomplished by a combination of explanation, repetitive practice and constructive criticism from an experienced preceptor. This Internship Manual contains information and exercises to be discussed during the internship program. For the success of the program, it is important that the intern perform the procedures (under the guidance of the preceptor) that will be expected of them once they are licensed, along with the learning activities that are provided in the Manual. The preceptor and intern are encouraged to ask questions and discuss issues beyond what is contained in the Internship Manual.

Preceptors are encouraged to add additional activities to ensure the intern is prepared and able to begin a career of safe and effective pharmacy practice. The internship assessment is the final step in the process from academia to practice. The preceptor's role is critical in assessing the intern's competency and protecting the public.



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## Objectives of the Internship Program

The primary objective of the practical training period is to assess the knowledge and skills learned in the pharmacy program, and to develop skills and knowledge in providing pharmaceutical care in the real-world setting.

The following objectives are part of, and support, the provision of pharmaceutical care along with the competencies and standards of practice:

- Maintain the patient medication profile, evaluate therapy, interpret and evaluate new prescriptions, identify drug related problems and formulate recommendations to resolve potential and existing problems.
- Accurately dispense medication according to the prescription and ensure patient safety.
- Counsel patients on the use of their prescribed medication and assist patients on the selection, use, and effects of non-prescription medications.
- Communicate with patients and health professionals regarding drug information and therapeutic goals and outcomes.
- Comply with all legal requirements associated with the distribution of drugs and the operation of a pharmacy.
- Provide information and/or referral services (when appropriate) in emergencies, and upon request.
- Develop and exercise professional judgement.
- Be knowledgeable of and maintain ethical and professional practice and comply with the rules and standards governing practice.
- Develop self-assessment skills and take responsibility for lifelong learning and professional development in pharmacy.
- Understand the practice requirements for performing the included practices (prescribing, administration of drugs, test ordering and interpretation).
- Be knowledgeable of the role of a pharmacy technician and other persons.
- Ensure patient confidentiality in compliance with the *Personal Health Information Act*.





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## Program Overview and Requirements

### *Application and Registration*

Every person desirous of becoming a pharmacy intern shall apply to the Registrar of the College of Pharmacists of Manitoba, and upon approval, shall:

1. Pay a registration fee.
2. Furnish satisfactory evidence to the Registrar of having completed the 4<sup>th</sup> year of the PharmD program at the University of Manitoba, completed a Canadian CCAPP-accredited pharmacy degree program, or having completed the preceding steps of the licensing requirements for international pharmacy graduates (IPGs) outlined on the [Pharmacists from Outside of Canada](#) webpage.

### *Internship Manual*

- The internship program shall be based upon this Internship Manual.
- The Internship Manual contains the procedures and assignments for the program.
- Council shall reserve the right to review, modify or amend the manual and evaluation procedures as it deems appropriate.

### *Preceptorship Criteria*

- The internship shall be served in a licensed pharmacy under the supervision of a licensed pharmacist approved by Council as a preceptor pharmacy and a preceptor pharmacist. The intern shall be responsible for securing a preceptor pharmacist and preceptor pharmacy.
- A minimum of 400 hours for 600-hour internships are to be served in a pharmacy that has direct contact with patients. If the practice site cannot meet this requirement, please contact CPhM for more information.
- The intern shall apply to the Registrar, at least 7 days prior to commencement of the internship, including the name of the preceptor pharmacist and the location of the preceptor pharmacy.
  - Any changes in preceptor pharmacist and/or pharmacy will require the approval of the Registrar in advance. Internship hours may need to be repeated.
- A licensed pharmacist shall be deemed eligible to train an intern if, in addition to compliance with the *Manitoba Pharmaceutical Act*, the preceptor pharmacist:
  - Has been approved by Council as a preceptor,
  - Has satisfied Council that the preceptor will provide ample time with the intern to allow the intern to receive sufficient practical training,



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- Has a **minimum 1 year of licensure in the province of Manitoba**, immediately prior to the preceptor application, and

As of March 1, 2024 preceptors must have completed at a minimum, the modules listed below for **ONE** of the following preceptor training programs:

- **Dalhousie Faculty of Health Professions – Preceptor eLearning Course**

- *Module 1 – The Role of the Preceptor*
- *Module 3 – Evaluation and Feedback*
- *Module 4 – Supporting Students’ Learning Needs*
- *Module 6 – Equity, Diversity and Inclusion*

OR

- **University of Western Ontario – Preceptor Education Program**

- *Module 2 – Anti-Oppressive Practices*
- *Module 3 – Developing Learning Objectives*
- *Module 6 – Feedback and Evaluation*
- *Module 7 – Successfully Navigating Conflicts*

OR

- **For those who are also preceptors of university pharmacy students and pre-graduate interns, University of Manitoba, Rady Faculty of Health Sciences, College of Pharmacy – Preceptor Development Program Modules**

- *All modules as required at time of completion*

OR

- **For those who are also preceptors/supervisors of pharmacy technician students from MITT: Office of Experiential Education (OEE) from University of British Columbia Faculty of Pharmaceutical Sciences: [Practice Educator Development Training - OEE Partner Resource Centre \(ubc.ca\)](http://Practice_Educator_Development_Training_-_OEE_Partner_Resource_Centre_(ubc.ca))**

- *All modules as required at time of completion*

- Council may, from time to time, set other criteria for selection of preceptor pharmacists and preceptor pharmacies, as it deems appropriate.
- The internship may be completed at the intern’s site of choice, as long as no conflict of interest exists, or has been declared to and approved by the registrar.
  - A conflict of interest exists if there is a family relation, personal relationship, or any other factor that could be perceived as potentially compromising an objective, candid and fair assessment of the candidate’s competency. This criterion applies to all pharmacists, pharmacy staff and managers at the site.



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- Immediate family including parents, children, spouses, aunts, uncles, grandparents, grandchildren, siblings, and in-laws cannot serve as preceptors for family members.
- The current established preceptor application approval guidelines include the following:
  1. The person is not on the conditional register;
  2. The person has not voluntarily surrendered his registration or license;
  3. The person is not subject to an agreement pursuant to section 34(1)(f) of the *Pharmaceutical Act (Act)* in which the satisfaction of the terms stated therein remain outstanding;
  4. The Registrar will review the person's involvement in any current/active complaints matter, and/or whether the person is the subject of an investigation;
  5. The Registrar will review any decisions by the Complaints Committee within the past two (2) years for consideration;
  6. The person has not been found guilty of an offence under section 54 of the *Act*, of which a Discipline order has been directed, pursuant to sections 54, 55, and 56 of the *Act*, within the past five (5) years;
  7. The person has not been found guilty of an offence under section 54 of the *Act* for which there are outstanding terms of any order made by the Discipline Committee pursuant to sections 54, 55, and 56 of the *Act*;
  8. The person has been licensed in the province of Manitoba for a minimum of one (1) year preceding the date of the application;
  9. The person will not serve as preceptor for other immediate family members (including parents, children, husbands, wives, aunts, uncles, grandparents, grandchildren, sisters, brothers, and in-laws); and
  10. The person agrees to provide time for the purpose of assisting the intern and ensuring the competencies of the internship manual are being assessed and met.

## Attendance

- Attendance at the pharmacy is mandatory.
- All internship hours must be completed according to the schedule arranged with the preceptor.
- Interns are expected to work with their preceptors to facilitate the maximum exposure to clinical experiences and patient contact but may also work with other licenced pharmacists or healthcare professionals.

## Expanded Pharmacy Practice Roles and Required Training and Authorization

Under the December 2006 *Pharmaceutical Act* and the Manitoba Pharmaceutical Regulation



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(which came into effect January 1, 2014) the scope of pharmacy practice expanded to include new roles for **all** licensed pharmacists, including:

- Prescribing a non-prescription (Schedule II or III) drug or medical device.
- Adapting a prescription in relation to dosage strength, dosage interval or formulation.
- Administering drugs orally, topically or via inhalation.
- Interpreting patient-administered automated tests.

Pharmacists that receive additional knowledge, training, and authorization from the College and meet the requirements may:

- Prescribe drugs for Schedule 3 (self-limiting) conditions.
  - Schedule 3 to the Regulation of the *Pharmaceutical Act* lists the conditions for which prescription-only drugs can be prescribed by a pharmacist.
- Prescribe a drug for uncomplicated cystitis.
- Administer a drug via injection.
- Order the results of a screening or diagnostic test specified in Schedule 1 to the Regulation, in relation to a drug prescribed to the patient (note implementation in community pharmacies is currently paused).
- Apply for registration as an extended practice pharmacist if they are in a collaborative practice.
  - Members registered as an extended practice pharmacist have additional prescribing authority for Schedule I drugs within the scope of their speciality.
  - Interns cannot perform the tasks of an extended practice pharmacist.

The *Guide to Pharmacy Practice in Manitoba*, practice directions and standards of practice should be reviewed by the preceptor and intern and can be found in the [Resource Library](#). The legislation should be discussed by the preceptor and pharmacy intern to ensure understanding of the scope of pharmacy practice.

A postgraduate pharmacy intern, under a licensed pharmacist's supervision, may engage in any aspect of pharmacy practice, excluding practices requiring additional training and certification by the College, unless the intern has completed the required training and the preceptor pharmacist (or another supervising pharmacist at the practice site) has received authorization from the College of Pharmacists of Manitoba to perform these roles. Please see the Expanded Scope of Practice pages on the [CPhM website](#) for more information on training requirements.

- **If an intern and preceptor wish the intern to have the ability to administer drugs and vaccines by injection during the internship, the intern must apply and receive injection authorization from CPhM before they can inject. Please find more information here: <https://cphm.ca/practice-education/administer-drugs-vaccines/>**



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- An intern authorization from CPhM is not required to perform other expanded scopes during the internship but would be authorized by the preceptor.
- The intern should be reminded that, upon being licensed by the College, the intern must apply to CPhM to receive authorization to perform these additional practices as a licensed pharmacist.

## Final Check

- The postgraduate internship may include performing the final check of a prescription only *after* successfully completing the demonstration of product release proficiency (DPRP) activity, and if permitted by the preceptor. The preceptor must be satisfied that the intern has sufficient knowledge, skills and judgements to perform a final check safely and effectively. The DPRP check must be completed at the site the intern is planning to conduct the final prescription check. Once the DPRP has been successfully completed, the preceptor or another licensed pharmacist does not have to perform the final check if it has been done by the postgraduate intern (as allowed by sections 70(1)(j) and 70 (1)(k) of the Pharmaceutical Regulations). However, the preceptor would make this decision and bear the responsibility.

## Learning Activities

- There are learning activities and scenarios throughout the Internship Manual. The answers to the learning activities and scenarios do not need to be forwarded to the College; they are for discussion and are for learning purposes only. The intern must make notes about the issues raised during discussion and keep them for future reference. The recorded answers may be requested for review by CPhM and must be kept on file for at least one year by the intern.
- The preceptor and intern are encouraged to ask questions and discuss issues beyond what is contained in the Internship Manual.

## Evaluation

- The assessment of the pharmacy intern shall be made by the preceptor on evaluation forms provided by the Registrar.
  - The assessment will be based upon evaluations completed after each third of the internship, including a final evaluation when the internship period is finished (every 200 hours for a 600 hour internship).



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- The completed evaluation forms shall be submitted to CPhM through the Registrant Portal within 7 days of the completion of each 200 hour assessment section.
- PharmD graduates of the College of Pharmacy, Rady Faculty of Health Sciences, University of Manitoba, completing an optional post-graduate internship do not need to submit the evaluation forms to the CPhM.
- Out-of-province Canadian CCAPP-accredited pharmacy graduates need to submit the evaluation after completion of their 200 hours.
- The completed forms shall be signed by both the intern *and* the preceptor.
- Preceptors are required to complete and sign the final statement indicating whether the intern has successfully, or unsuccessfully, completed the internship program. This is the final step in the internship process. Be advised, the preceptor also has an option to request a second opinion. By signing the report stating the intern has completed the internship program successfully, you are taking responsibility that the intern is now able to practice in Manitoba. This responsibility is not to be taken lightly.
- An assessment of the preceptor and internship program shall be submitted online through the Registrant Portal.
  - The completed assessment forms shall be submitted to CPhM by the pharmacy intern within 7 days of the completion of the internship program.
- Successful completion of the internship program shall be based on a recommendation by the preceptor through the assessment of the intern's performance throughout the internship program.
  - The preceptor must sign and date the “Statement of Completion” verifying that the intern has successfully (or unsuccessfully) completed the internship. If the preceptor is unsure if the candidate is successful, they can request the opinion of a second preceptor.
  - The “Statement of Completion” shall be returned to CPhM by the preceptor within 7 days of the completion of the internship program.

## Unsuccessful Completion

- If the intern is *not* recommended for registration and licensure by the preceptor, the intern will not be eligible for registration as a pharmacist under the *Manitoba Pharmaceutical Act*. The opinion of a second preceptor, which may be assigned by the College, can be obtained. If after a second preceptor has deemed the applicant unsuccessful, the intern may appeal this decision to Council within 30 days, as per the *Pharmaceutical Act*, Appeals Section 21(1). This can be done by filing a notice of appeal in writing with the Registrar by confirmed delivery (registered) mail.



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## Intern Responsibilities

**As an *intern*, it is your responsibility to:**

- Be aware and respectful of the time required to process your registration and submission of relevant documentation to the College office before starting, during, and after completion of your internship program.
- Provide the College with:
  - A Criminal Record Check including Vulnerable Sector Check
    - Must be from the Royal Canadian Mounted Police or any other Canadian police service, which confirms the check was completed using Canadian Police Information Centre (CPIC) and/or based on the National Repository of Criminal Records (of Canada)
  - A Child Abuse Registry Check under *The Child and Family Services Act*, and,
  - An Adult Abuse Registry Check under *The Adult Abuse Registry Act*.
- Review this manual with your preceptor and identify and agree on the objectives for your internship program.
- Be aware of, and adhere to all of the policies and procedures of your practice site.
- Exhibit a professional appearance in manner, attire, and attitude. Interns are expected to follow the site's dress code.
- Be punctual.
- Be motivated, self-directed, and assume responsibility for your own learning.
- Approach your internship training with a commitment to actively participate in all learning experiences.
- Develop lifelong learning skills, including: self-assessment, self-directed learning and reflection on learning.
- Identify yourself as an intern; do not represent yourself as a pharmacist.
- Keep all practice site policies, operations, records and patient information strictly confidential. If you are asked to sign a Confidentiality Agreement, be sure to carefully read and understand what you are signing. Ask questions if you are unsure.
- Safely practice within the boundaries of your knowledge, skills, and abilities.
- Acquire knowledge and develop new skills by observing, asking questions, researching information, being open-minded, and willing to cooperate.
- Perform a variety of tasks and activities to apply your acquired knowledge and skills in practice situations under the direct supervision of your preceptor.



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- Maintain a daily personal log of activities performed. Use this log to recall competencies demonstrated while filling out the Evaluation Forms with your preceptor.
- Receive approval or advice from your preceptor or another pharmacist before implementing professional decisions or judgments.
- Do not publicly question the advice, direction or criticism of your preceptor, or other pharmacist, but discuss any concerns in private.
- Seek regular consultation with your preceptor or other pharmacists to obtain feedback on your performance.
- Seek help when you are unsure of what you should do.
- Evaluate your experience fairly and objectively, offering constructive feedback to your preceptor.
- Be familiar with and apply the principles of Failure Modes and Effects Analysis (FMEA) in order to prevent errors and improve safety.
- Be familiar with the goals of the internship program and bring course materials to the site each day.
- Immediately notify the College office if you discontinue your training program.
- Discuss any issues or barriers to learning with the supervisor and the College in a timeframe that allows for supportive action to be taken.
- Comply with applicable federal and provincial legislation and the *Pharmaceutical Act*, By-laws, Regulations, Code of Ethics, Standards of Practice and Practice Directions of the College which govern the profession of pharmacy. Particular attention should be paid to the following (which can be found in the Resource Library of the College Website, [www.cphm.ca](http://www.cphm.ca)):
  - Guide to Pharmacy Practice in Manitoba
  - Code of Ethics and related descriptors
  - Standards of Practice and Practice Directions (see section 56 of the Regulations)
  - *Personal Health Information Act* (PHIA) and Regulations
  - National Drug Schedules (see NAPRA website at [www.napra.ca](http://www.napra.ca))
  - Prescribing Practices: Doctor/Pharmacist Relationship
  - Manitoba Prescribing Practices Program (M3P)
  - Practice Guidelines
  - Health Canada Prescription Drug List





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## **Preceptor Responsibilities**

Thank you for fulfilling a professional obligation to train interns and facilitate their transition to becoming a professional pharmacist. It is important to remember that as a preceptor, you will have a lasting impact upon the intern.

**An important part of the internship program is to validate the intern's communication skills. Under the Language Fluency Requirements for Licensure, the preceptor is obligated to verify that the intern's language fluency is adequate.**

Preceptors are required to complete and sign the final statement indicating whether the intern has successfully, or unsuccessfully, completed the internship program. This is the final step in the internship process. Be advised, you also have an option to request a second opinion. By signing the report stating the intern has completed the internship program successfully, you are taking responsibility that the intern is now able to practice in Manitoba. This responsibility is not to be taken lightly.

### **As a *preceptor*, it is your responsibility to:**

- Become knowledgeable about the goals and objectives of the structured training program of the intern for whom you are serving as preceptor.
- Provide a safe and secure workplace and train the intern regarding applicable safety measures/aspects of the practice site.
- Establish a tailored learning plan (objectives) with the intern for the training period. Take into consideration the intern's academic background, previous experience in a pharmacy and the learning experiences and resources available at your pharmacy site.
- Act as a role model in the development of the intern's professional and ethical values and attitudes.
- Encourage active participation and involve the intern in appropriate decision making situations under supervision.
- Provide time to answer questions or discuss concerns with the intern.
- Provide instruction and demonstrate desired skills to the intern before they undertake new tasks or activities.
- Make the intern feel welcome by including him or her in informal discussions and any pharmacy continuing education opportunities.
- Encourage critical thinking and problem solving by frequently posing problems to the intern and asking him or her to formulate answers or responses.
- Supervise the intern and provide constructive feedback to assist in the further development of his or her skills and competencies.



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- Review the intern's progress and revise the learning plan accordingly. Discuss the intern's accomplishments and any areas that need improvement. Suggest additional activities to strengthen areas of weakness and improve the intern's performance.
- At the end of the training period, constructively review the intern's training plan with him or her and provide feedback in a tactful, supportive manner. Collect feedback from other pharmacists who may have worked with the intern to point out areas of strength and possible opportunities for improvement of the intern's skills, abilities and knowledge.
- Consider the role of preceptor as a learning experience and be open to new ideas and suggestions.
- Discuss questions of criticisms or disagreements in private.
- Seek feedback from the intern in order to assess your contributions as a preceptor.
- Evaluate the training program fairly and objectively, offering constructive feedback.
- Evaluate the patient care, professional and communication skills of the intern.
- Be familiar with and apply the principles of Failure Modes and Effects Analysis (FMEA) in order to prevent errors and improve safety.
- Notify the College office if the intern withdraws, or ceases training at your site.
- Review the following activities and information with the intern:
  - Orientation to the pharmacy including dispensary layout, hours of operation, services offered, drug information resources, dress code, confidentiality, third party billing, staff introductions, roles and functions, store policies and procedures, etc.
  - Role and functions of the following associations:
    - College of Pharmacists of Manitoba (The College)
    - Pharmacists Manitoba (PM)
    - Canadian Pharmacists Association (CPhA)
    - Canadian Society of Hospital Pharmacists (CSHP)
    - National Association of Pharmacy Regulatory Authorities (NAPRA)
  - *Food & Drugs Act, Controlled Drugs and Substances Act, PHIA, the Pharmaceutical Act and Regulation, Standards of Practice and Practice Directions, By-laws, Code of Ethics and descriptors, Guide to Pharmacy Practice in Manitoba* all found in the Resource Library and the CPhM website at [www.cphm.ca](http://www.cphm.ca)
- Complete all applicable forms and evaluations.
- Ensure that any intern engaged in practice has the level of supervision that, in the professional judgement of the preceptor, is required to ensure safe and effective patient care given the knowledge, skills, and experience of the pharmacy intern.



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## **Preceptorship as an Accredited Learning Activity**

Participation as a preceptor for pharmacy students, residents, interns and technicians to be an accredited learning activity for pharmacists in Manitoba. More information, including the statement of participation, can be found on the [Preceptorship](#) webpage of the CPhM website.

Pharmacists may document their significant learning experiences and contact learning time gained through their involvement in the preceptorship in their Online Professional Development (PD) Log. For example, if the pharmacy student was giving a case presentation and in preparation for that presentation, the preceptor reviewed recent literature on the subject, he/she could then document the time spent learning as an accredited learning activity. The preceptor would then document the following:

- the reference of the individual articles reviewed,
- the time taken to review the articles, and
- the key ideas, thoughts, or learning points gained through the learning experience.

At the completion of the preceptorship, pharmacists may calculate the total number of continuing education units (CEUs) obtained through active learning as a preceptor and enter this number on the accreditation statement. For the purposes of calculation, involvement in one contact hour of an accredited learning activity is equivalent to one CEU. Pharmacists can only claim as much time as was spent doing active learning/research with the intern, and these activities need to be documented. The accreditation statement and associated documentation of activities must be kept as proof of completion of your involvement as a preceptor.

Completion of the required preceptorship training program(s) can also be counted as accredited learning, since these programs are offered by Canadian universities.



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## The College of Pharmacists of Manitoba

### **About**

The pharmacy regulatory and licensing authority in Manitoba was established in 1878 and was known as the Manitoba Pharmaceutical Association (MPhA). On January 1, 2014, the new *Pharmaceutical Act* and regulations came into effect and MPhA became the College of Pharmacists of Manitoba (College). The principal mandate of the College is protection of the public. The vision, mission and values of the College of Pharmacists of Manitoba are as follows:

#### **Vision**

Leader in patient safety by creating the framework for collaborative and innovative patient-centred pharmacy practice.

#### **Mission**

To protect the health and well-being of the public by ensuring and promoting safe, patient-centred and progressive pharmacy practice in collaboration with other health-care providers.

#### **Values**

The College activities are based on the following values and are the foundation of what we do:

- **Integrity:** We act with professional and honest conduct.
- **Respect:** We are considerate of the values and needs of others.
- **Excellence:** We strive to attain high quality and exemplary performance.
- **Accountability:** We are responsible for our actions in an open and transparent manner.
- **Collaboration:** We strive to include teamwork and partnership.
- **Life Long Learning:** We continue to enhance our knowledge and competency.

More information on the rules and laws governing practice will be covered in the Pharmacy Law Modules, the pre-requisite to attempting the Jurisprudence Exam.

### ***Annual Mandatory Professional Development (PD) Modules***

All Manitoba pharmacy professionals are required to complete an annual mandatory PD module on a new topic each year. Completing the mandatory modules is a condition of licence or listing renewal.

All newly licensed pharmacist must complete the module for the current year in addition to the previous mandatory PD modules when renewing your license. More information can be found in the Registrant Portal. Interns are able to view the previously available mandatory modules during their internship, but you must keep proof of completion or else you will need to complete it again before your first license renewal.



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## Orientation to the Pharmacy

The following is a guide for the intern's orientation to the pharmacy at the commencement of the internship.

### ***Community Pharmacy***

<b>A. Tour of the pharmacy</b>		<b>Date completed:</b>
	Drug storage areas in the front store and compliance with drug schedules	
	Keys	
	Entrances and exits	
	Security devices	
	Dispensary: <ul style="list-style-type: none"> <li>• stock room</li> <li>• equipment and supplies</li> <li>• speciality areas</li> </ul>	
	Counselling area	
<b>B. Introduction to employees and explanation of duties, responsibilities and lines of authority</b>		<b>Date completed:</b>
	Pharmacists	
	Pharmacy technicians and other persons (pharmacy assistants)	
	Front store personnel	
	Cashiers	
	Delivery personnel	
	Other staff	
<b>C. Discussion of pertinent policies and procedures</b>		<b>Date completed:</b>
	Dress code	
	Schedule and tracking of intern hours	
	Refunds policy	
	Telephone procedures and answering machine	
	Cell phone usage	
	Workplace safety	
	Sick policy	
	Customer relations	
	Confidentiality, <i>Personal Health Information Act</i> (PHIA) and <i>Personal Information Protection and Electronics Document Act</i> (PIPEDA)	
	Handling of medication errors	
	Delivery	
	Pharmacy opening and closing	
	Staff purchases	
	Discounts	



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	Shoplifting, armed robbery, security	
	Handling of damaged stock	
	Lock and Leave (if applicable) <ul style="list-style-type: none"> <li>• Storage of drugs in the enclosure</li> <li>• Physical barrier separating the enclosure from the remainder of the premises</li> <li>• Hours of operation</li> <li>• Exterior signage</li> </ul>	
	Record keeping and documentation	

<b>D. Dispensary layout</b>		<b>Date completed:</b>
The intern should be made aware of all the physical necessities of the dispensary, where products and equipment are located. The intern should be encouraged to ask questions as to the logic and necessity of the physical workings of the dispensary. The preceptor should emphasize the following points:		
<b>Layout</b>		
	Dispensing stations	
	Drugs (solid-dose, liquid dose, bulk supplies, ear, nose and throat, rectal and vaginal, injectable, topical products)	
	Drug distribution system (e.g. company, alphabetical, automated, robotic)	
	Distilled/demineralized water	
	Library and reading area	
	Vials (childproof and plain), prescription labels, auxiliary labels	
	Equipment for weighing, measuring, and compounding supplies	
	Syringes and needles	
	Prescription files	
	Confidential area for patient counselling	
	Confidential area for prescribing or administering injections	
	Abuse-potential products sold from dispensary	
	Unauthorized access	
	Storage of prepared prescriptions	
	Distribution of prepared medication pursuant to the prescription	
	Patient information leaflets	
	Drugs under schedules II and III and their location in the pharmacy	
<b>Drug storage areas</b>		
	Access and secure storage of narcotic & controlled drugs	
	Refrigerated products	
	Schedule II and III medications	
	Unscheduled products	
<b>E. Third party claims</b>		<b>Date completed:</b>
	Manitoba Drug Benefits and Interchangeability Formulary	
	Computer processed non-government third party insurance claim procedures	



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	Computer processed government third party claim procedures	
	Other third party claim procedures (Workers Compensation, Autopac, non-computer processed insurance cards)	
	DPIN Procedures	
	Prescriber identification	
	Compulsory (MY and MZ) response codes	
	Prescription reversals (online/manual)	
	Pharmacare program issues such as vacation supply and coverage under Exception Drug Status (part II and III).	

<b>F. Library &amp; reference</b>		<b>Date completed:</b>
The intern should be made aware of the library facilities in the dispensary with emphasis on:		
	CPS (use and correlation of the various sections)	
	Internet access (including use of email)	
	Patient counselling resources	
	Drug interaction and toxicology resources	
	Drug product catalogues	
	Dosage information (e.g. pediatric)	
	New drug information systems	
	Access to the College legislation, regulations and practice directions	
	The pharmacy's Policy and Procedure Manual	
	NAPRA drug schedules with specific references to Schedule II and III and products contained therein	
	Compounding formulas	
<b>G. Other pharmacy areas</b>		<b>Date completed:</b>
The preceptor should make the intern aware of other areas of the pharmacy outside the dispensary including (if applicable):		
	Self-medication products	
	Diabetic supplies	
	Home care supplies and devices	
	Patient information area	
	Self-testing products (blood glucose and BP monitors)	
	Administration of injections	



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## Hospital Pharmacy

<b>A. Tour of the pharmacy</b>		<b>Date completed:</b>
	Drug storage areas in pharmacy and institution	
	Outpatient services	
	Entrances and exits	
	Security devices	
	Dispensary	
	Stock room	
	Equipment and supplies	
	Specialty areas	
	Designated non-sterile and sterile compounding areas	
	Decentralized/Clinical pharmacist locations	
	Tour of relevant hospital departments	
<b>B. Introduction to employees and explanation of duties, responsibilities and lines of authority</b>		<b>Date completed:</b>
	Pharmacists	
	Pharmacy technicians and other persons (pharmacy assistants)	
	Support staff	
	Other healthcare professionals	
<b>C. Discussion of pertinent policies and procedures</b>		<b>Date completed:</b>
	Dress Code	
	Schedule and tracking of intern hours	
	Telephone procedures	
	Cell phone usage	
	Sick policy	
	Confidentiality and PHIA	
	Patient unit of use/unit dose	
	Pharmacy opening and closing	
	Handling of medication errors	
	Handling of damaged and expired stock	
	Pharmacy security, armed robbery	
	Hospital formulary and automatic substitution list	
	Use and storage of patient's own medication	
<b>D. Dispensary layout</b>		<b>Date completed:</b>
<p>The intern should be educated on the locations of drug products and equipment within the dispensary. The intern should be encouraged to ask questions as to the logic and necessity of the physical workings of the dispensary. The preceptor should emphasize the following points:</p>		
<b>Layout</b>		





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Dispensing stations and pharmacy software	
Drugs (solid-dose, liquid dose, bulk supplies, ear, nose and throat, rectal and vaginal, injectable, topical products)	
Drug distribution system (e.g. company, alphabetical, automated, robotic)	
Distilled/demineralized water	
Library and reading area	
Vials (childproof and plain), prescription labels, auxiliary labels	
Equipment for weighing, measuring, and compounding supplies	
Syringes and needles	
Location of prescription files	
Controlled and narcotic drug storage	
Abuse potential products dispensed from dispensary	
Unauthorized access	
Storage of prepared prescriptions	
Distribution of prepared prescriptions	
Patient information services	
<b>Drug storage areas</b>	
Access and storage of narcotics and controlled drugs	
Refrigerated products	
Sterile products	
Investigational/emergency drugs	
Ward stock storage, Pyxis	
Expired stock	
<b>E. Library &amp; reference</b>	<b>Date completed:</b>
The intern should be made aware of the library facilities in the dispensary with emphasis on the following:	
CPS (use and correlation of the various sections)	
Internet access (including the use of email )	
Patient counselling resources	
Drug interaction and toxicology resources	
Drug product catalogues	
Dosage information (e.g. pediatric)	
New drug information systems	
Access to the College legislation, regulations and practice directions	
The pharmacy's Policy and Procedure Manual	
PHIA documentation	
Patient care documentation	
Parenteral drug manual	
Compounding Formulas	



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## Professional Competencies for Canadian Pharmacists at Entry to Practice Learning Activities

### ***1. Ethical, Legal and Professional Responsibilities***

*Pharmacists practice within legal requirements, demonstrate professionalism and uphold professional standards of practice, codes of ethics and policies.*

#### **Key Competencies**

*Pharmacists are able to:*

- 1.1 Practise within legal requirements.
- 1.2 Uphold ethical principles.
- 1.3 Manage actual and potential illegal, unethical, or unprofessional actions or situations in practice.
- 1.4 Apply principles of professionalism.
- 1.5 Document activities of practice in compliance with federal and provincial/territorial legislation, standards and policies.

A number of daily interactions in the pharmacy call for professionalism and tact, including: patients wanting to change or return their medication, patients refusing medication because they can't afford it, a dispensing error, or a prescription which the pharmacist is unable to fill/refill. In any situation, pharmacists must always uphold ethical principles and act professionally.

Patients may confide in a pharmacist either on their own initiative, or after a visit with another health care provider. Any information (verbal or on the patient's medication record) regarding their illness, treatment, or prescribed medication **MUST** be kept confidential. Aside from prescriptions, purchases made in the pharmacy of a personal nature should also be handled as discreetly as possible. All conversations with the patient that include personal health information must occur in a manner that protects the patient's right to privacy and confidentiality. All procedures must be in compliance with the *Personal Health Information Act (PHIA)*.

#### **Code of Ethics**

The Code of Ethics is set forth in Section 76 of the *Pharmaceutical Act* and has been approved by the members of the College. The Code of Ethics governs the conduct of members, students, interns and owners. The practice of pharmacy is a profession dedicated to the service of public health; the well-being of the patient should always be the pharmacist's primary concern. Pharmacists are expected to uphold professional conduct in all areas of their practice. It is the duty of the profession to promote and enforce such rules of conduct that will best serve the interests of the public and the profession, and will enhance public esteem of the profession.



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- Statement I** Pharmacists shall maintain a high standard of professional competence throughout their practice.
- Statement II** Pharmacists shall cooperate with colleagues and other healthcare professionals to ensure optimal patient-centered care.
- Statement III** Pharmacists shall contribute to societal health needs and promote justice in the distribution of health resources.
- Statement IV** Pharmacists shall respect and protect the patient's right of confidentiality.
- Statement V** Pharmacists shall respect the autonomy, values and dignity of each patient.
- Statement VI** Pharmacists shall respect and maintain a professional relationship with each patient.
- Statement VII** Pharmacists shall hold the health and safety of each patient to be of primary consideration.
- Statement VIII** Pharmacists shall act with honesty and integrity.
- Statement IX** Pharmacists shall respect the rights of patients to receive healthcare.
- Statement X** Pharmacists shall respect and honour the profession of pharmacy.

Note: Please review the College's explanatory document, [Applying the Code of Ethics in Pharmacy Practice](#). This document further describes the obligations of pharmacists in upholding legal and ethical pharmacy practice.

Interns must also review [NAPRA's Principles of Professionalism for the Profession of Pharmacy](#).

## **Pharmacists' refusal to fill and obligation to provide patient care**

According to the Standards of Practice (Section 1.9):

Pharmacists shall hold the health and safety of the public to be their first consideration in the practice of their profession. Pharmacists who object, as a matter of conscience, to providing a particular pharmacy product or service must be prepared to explain the basis of their objections. Objecting pharmacists have a responsibility to participate in a system designed to respect a patient's right to receive pharmacy products and services.

The intern and preceptor should discuss this caveat and how this would be managed in the pharmacy.



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## **2. Patient Care**

*Pharmacists, in partnership with the patient and in collaboration with other health professionals, meet the patient's health and drug-related needs to achieve the patient's health goals.*

### **Key Competencies**

*Pharmacists are able to:*

- 2.1 Develop a professional relationship with the patient.
- 2.2 Obtain information about the patient.
- 2.3 Assess the patient's health status and concerns.
- 2.4 Determine the patient's actual and potential drug therapy problems.
- 2.5 Develop the patient's care plan, in partnership with the patient and in collaboration with other health professionals.
- 2.6 Implement the patient's care plan.
- 2.7 Administer drugs to the patient using the necessary technical skills and applying the appropriate clinical knowledge.
- 2.8 Monitor the patient's progress and assess therapeutic outcomes.

Pharmacists often have contact with patients who are ill and suffering. Empathy shows the patient you understand what they are experiencing. Effective healthcare means more than technical support: feelings of security and well-being must also be considered and understood.

The pharmacist's role is progressing from supplying drug products to using his or her professional knowledge, skills and experience to identify, prevent and resolve drug therapy problems. Pharmaceutical care is defined as "the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve the patient's quality of life." To move to pharmaceutical care, three important philosophical changes are necessary:

1. Focus on the patient, rather than on the drug(s) or disease(s)
2. Take responsibility for your patient's drug therapy
3. Work with the patient to achieve a desired outcome

### **Overview of the Pharmaceutical Care Process**

- Establish a professional relationship with the patient and make a commitment to the patient.
- Collect and interpret relevant information about the patient, his or her relevant medical history and current and past medication history.
- List and rank all of the patient's actual and/or potential drug therapy problems.
- With the patient, establish desired therapeutic outcomes for all drug therapy problems.
- Determine all the therapeutic alternatives that could achieve the desired outcome.
- With the patient, choose the "best" therapeutic solution and individualize the regimen (best drug, dose, formulation, regimen, schedule, etc.)



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- Design a drug-monitoring plan that determines whether the desired outcome has been achieved and monitor for adverse effects.
- With the patient and physician, implement the individualized regimen and monitoring plan. Don't forget to document your plan.
- Follow up with the patient to ensure that the desired outcome is achieved.

## Pharmaceutical Care Plan

The purpose of developing a pharmaceutical care plan is to ensure that all drug therapy problems have been resolved. Generally, there are three components to a care plan:

- 1) With the patient, determine a desirable outcome for the drug therapy problem. There are four possible outcomes:
  - i) Cure a disease
  - ii) Prevent a disease or disease symptoms
  - iii) Stop or slow down a disease process
  - iv) Reduce or eliminate symptoms

A problem may have multiple outcomes (short-term, intermediate, and long-term outcomes).

- 2) Develop and implement a therapeutic plan. The plan should outline the actions to be taken in order to resolve the problem. In collaboration with the patient and practitioner, therapeutic alternatives can be recommended that best suit the patient's situation and needs.
- 3) Develop and implement a monitoring plan that identifies the specific signs, symptoms or measurements to monitor. Educate the patient on the time frame for the expected changes and how often to monitor the changes. Goals should be measurable and made with the patient. Follow-up with the patient to determine if the desired outcome has been achieved.

## Drug Therapy Problems

A drug therapy problem is defined as "an undesirable event experienced by a patient that involves, or is suspected to involve, drug therapy, and that interferes with achieving the desired goals of therapy and requires professional judgment to resolve."

There are seven possible classifications of drug therapy problems:

- 1) The drug therapy is unnecessary because the patient does not have a clinical indication.
- 2) Additional therapy is required to treat or prevent a medical condition.
- 3) The drug product is not effective at producing the desired response in the patient.
- 4) The dosage is too low to produce the desired response in the patient.
- 5) The drug is causing an adverse reaction in the patient.



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- 6) The dosage is too high, resulting in undesirable effects in the patient.
- 7) The patient is not able or willing to take the drug therapy as intended.

### Implementing the Patient's Care Plan

The pharmacist and other healthcare professionals are extremely busy members of the healthcare team. The pharmacist can play a valuable role closing gaps in the healthcare system. The additions to the Manitoba Pharmaceutical Regulation enable pharmacists to do just that. Ensure the intern is familiar with these responsibilities.

- **Prescribing** - Pharmacists may only issue a prescription after conducting a patient assessment, explaining all therapeutic alternatives, and giving the patient enough information to make an informed decision. The practice direction, [Prescribing and Dispensing \[Standard of Practice #4\]](#) further describes all necessary steps to issuing a prescription.
- **Administering Drugs** - Pharmacists can be instrumental in providing the public with the important information to make informed choices. Prior to administering a drug (including vaccines), the pharmacist must complete an initial assessment of the patient. Consent from the patient or the patient's agent must be obtained prior to administration. The practice direction, [Administration of Drugs including Vaccines](#), discusses all requirements for this patient service.
- **Ordering Lab Tests** - Currently, lab test ordering for outpatients has not been implemented. Hospital pharmacists may already have limited ability to order lab tests for inpatients of a hospital, depending upon the policy and lab access at the hospital. When ordering a lab test listed in Schedule 1 to the Regulation, the pharmacist must counsel the patient on: the clinical significance of the test, potential implications of the results, the proper procedure for the test, and how the results will be communicated to the patient. The prescriber must be informed of the lab test, the rationale, the results and any recommendations in a prompt manner.
- **Test Interpretation** - The practice direction, [Test Interpretation](#), outlines the guidelines for this activity as well as documentation requirements. Once the pharmacist has confirmed the test was performed correctly, the patient should be given an interpretation of the results. The patient should also be informed of what actions need to be taken by both the patient and the pharmacist, and whether or not the patient should see their physician. Pharmacists can only interpret *patient-administered automated tests* that are within their knowledge, skills and experience.



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## Drug Schedules

NAPRA has developed and published national drug schedules for pharmacists, corresponding to the level of professional intervention and advice necessary for the safe and effective use of drugs by the consumer. These documents were approved for use in Manitoba in 2006. The latest listing of the drug schedules is available through the NAPRA website at [www.napra.ca](http://www.napra.ca).

- **Schedule I** drugs require a prescription for sale and are provided to the public by the pharmacist following the diagnosis and professional intervention of a practitioner. The sale is controlled in a regulated environment as defined by provincial pharmacy legislation.
- **Schedule II** drugs require professional intervention from the pharmacist at the point of sale. While a prescription is not required, the drugs are available only from the pharmacist and must be stored within an area of the pharmacy where there is no public access and no opportunity for patient self-selection.
- **Schedule III** drugs may present risks to certain populations in self-selection. Although available without a prescription, these drugs are to be sold from the self-selection area of the pharmacy which is *immediately adjacent* to the dispensary. The pharmacist must be available, accessible and approachable to assist the patient in making an appropriate self-medication selection.
- **Unscheduled** drugs can be sold without professional supervision. Adequate information is available for the patient to make a safe and effective choice and labelling is deemed sufficient to ensure the appropriate use of the drug. These drugs are not included in Schedules I, II or III and may be sold from any retail outlet.

## Prescribing and Recommending Schedule II and III drugs and Medical Devices

Under the Regulation, a pharmacist may prescribe a Schedule II or III drug, a drug with a drug identification number (DIN) or a natural health product number (NHP) not in the NAPRA schedules, or a Health Canada approved medical device. If the patient required a prescription for insurance purposes or if the product was to be included in the patient's compliance packaging, the pharmacist could prescribe the medication, rather than another prescriber. In such cases, the pharmacist must comply with the regulations, standards of practice and all applicable practice directions including [Prescribing](#) and [Prescribing and Dispensing](#).

When a patient consults the pharmacist for a recommendation on a non-prescription product,



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this is not considered prescribing. A pharmacist must ensure to take the following measures when providing a recommendation for a patient:

- Use effective communication skills to obtain information from the patient regarding symptoms (onset, duration, severity, frequency, and self-treatment history), other medical problems, drug therapies, and allergies.
- Make professional judgments about the patient's condition and the need for self-medication or referral to a physician or other health professional.
- Critically evaluate non-prescription drug products and natural health products with respect to composition, contraindications, effective dose and therapeutic action.
- Select an appropriate product(s) and counsel the patient on the proper use, dosage, precautions and side effects of the medication.
- Obtain feedback regarding the patient's understanding of the recommendations and answer any questions that the patient may have.
- Encourage appropriate follow-up on the patient's response to the non-prescription drug products.
- When appropriate, document the interaction in the patient profile to assure continuity of care.
- Identify the various regulations affecting the sale of non-prescription drug products and natural health products and their implications.





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## **3. Product Distribution**

*Pharmacists ensure accurate product distribution that is safe and appropriate for the patient.*

### **Key Competencies**

*Pharmacists are able to:*

- 3.1 Dispense a product safely and accurately that is appropriate for the patient.

The dispensing procedure could appear relatively simple. What is not immediately apparent are the dozens of decisions made by the pharmacist during the process.

The preceptor must impress upon the intern that the dispensed medication must be correct, safe and effective when released to the patient, and that the pharmacist alone bears responsibility for the accuracy of the finished prescription. The patient is vulnerable in this situation, and accurate dispensing is fundamental to all the other valuable professional services the pharmacist is expected to provide. Some pharmacists develop a dispensing checklist and with each prescription, use the list to consciously check off each step to ensure that the prescription is filled accurately and efficiently. Using this checklist helps ingrain the dispensing thought process. Another useful resource is the practice direction developed by the College, see the [Drug Distribution Practice Direction](#) on the website for further information.

The dispensing procedure could be expressed in a series of steps and contain multiple procedures as follows:

#### 1. Checking for completeness of information

- Prescription must be recent and all statutory information present.
- Obtain patient's age, weight, allergies and type of reaction, any self-medication, dietary restrictions, prior and present medical problems, and enter in the patient's record.
- Ascertain method of delivery to patient (waiting, call later, delivery, given to patient's agent) and give estimated waiting time.
- Determine any third-party coverage and subscriber's number.
- Determine what to do if the order is not legally complete.
- The preceptor should impress upon the intern the fact that the onus is upon the pharmacist to determine if a prescription is legitimate, appropriate and valid.

#### 2. Checking the prescriber information

- Is the prescriber licensed to practice in a province in Canada?
- In hospital practice, is the prescriber a resident? Intern? Does he/she have prescribing privileges?
- Is the prescription within their scope of practice?
- What if the prescriber recently moved from the province or is now deceased?



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## 3. Interpreting the prescription

- Be aware of look-alike and sound-alike drugs.
- Leave of Absence (LOA) or “pass” medications (hospital).
- Interpret handwriting and abbreviations, and understand the prescriber’s intent.
- Be capable of recognizing errors or omissions and know what action to take.
- Check for safe and appropriate dosage (referring to appropriate resources as required) and mode of administration.
- Be prepared to communicate with the prescriber and/or patient.

## 4. Check patient records

- Contraindications (allergy, disease state or medication) and any other factors affecting drug use/abuse.
- Patient medication history.
- Drug Program Information Network (DPIN) and importance of drug duplication and drug interaction codes.
- Exception Drug Status (EDS) response codes.
- Mandatory code responses and documentation.
- What other codes are important?
- When critical patient care codes appear from DPIN (MY - duplicate drug, other pharmacy; MZ - duplicate therapy, other pharmacy), either separately or in addition to other codes, the pharmacist must intervene and document the interventions on DPIN.

## 5. Adaptation of prescriptions

A prescription may be adapted by the pharmacist, but is limited to: dosage strength, dosage interval, and/or the formulation. The pharmacist must have knowledge of the patient, the condition being treated and the drug therapy.

The pharmacist may adapt the prescription if:

- The product is not commercially available or temporarily unavailable,
- If information is missing from the prescription and information can be obtained from the patient, the patient’s record or other sources,
- Adaptation will facilitate patient adherence, or
- Adaptation enables the patient to benefit from approved or existing third party coverage.

The pharmacist must follow the guidelines set out in the Practice Direction, [Adaptation of a Prescription](#), including informing the prescriber of the adaptation and the rationale. Also refer to the [Practice Aid: Adaptation](#).



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## 6. Compounding

- Review Health Canada's [Policy on Manufacturing and Compounding Drug Products in Canada \(POL-0051\)](#).
- NAPRA's [Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations](#)
- NAPRA's [Model Standards for Pharmacy Compounding of Hazardous Sterile Preparation](#)
- NAPRA's [Model Standards for Pharmacy Compounding of Non-Sterile Preparations](#)

## 7. Selecting container and labelling the product

- Select the appropriate container, bearing in mind the requirements in the Regulations, physiochemical properties of the medication, the convenience to the patient and the aesthetic appearance of the finished product.
- Selection of all appropriate auxiliary labels including storage and stability of the medication.
- Prescription medication container must be labelled with the generic name for all single entity products and with the trade name for multi-ingredient products.
- Review compliance packaging standards in the practice direction [Drug Distribution](#) .

## 8. Selecting the medication and transferring to container

- Select correct drug product from pharmacy's inventory (compare DIN of the inventory container with the DIN on the prescription label).
- Ensure the drug has not expired or deteriorated.
- Know what to do when a drug is not stocked or there is not enough of the drug to completely fill a prescription order.
- Note product name, manufacturer, strength, dosage form and quantity dispensed on the prescription order and patient's medication record.
- Know the regulations of the Manitoba Drug Benefits and Interchangeability Formulary and the effects of substitution legislation on the dispensing procedure (for hospital practice, know the issues around formulary and non-formulary drugs).
- Know the proper procedure for "Do Not Substitute" prescriptions.
- Check finished dispensed medication for accuracy.
- Return the stock bottle to the dispensary shelf and note if it needs to be re-ordered.
- Be aware of cross contamination of products being counted in machines or on trays leading to problems with allergies for the patients.
- Be aware of hazardous medications and the safe handling procedures for dispensing these medications.



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## 9. Permission for substitution

- Prescriptions will be received for medication that is urgently needed but not carried in stock, not listed in the formulary, or not readily available from other sources.
- The prescribing health care professional **must** be contacted and permission sought for an alternative. The practitioner will often enquire as to what similar medication is available, and therefore alternatives should always be checked before the call is made.
- The substitution must be recorded on the prescription and the change signed by the pharmacist. The prescriber's authorization of the change must also be documented.
- Interchangeable Products: The preceptor and intern should review Part 9 of the *Pharmaceutical Act*, Interchangeable Pharmaceutical Products. Discuss the impact "no substitution" requests have on the dispensing process as well as interchangeable drug pricing when the lowest priced drug is not available.

## 10. Pricing the prescription and third party payers

- Price the prescription (if applicable) taking into account store policy, lowest cost alternatives, and deductible fee payable by patient.
- Complete third party computer claim information, manual claim forms or detailed receipts for the patient to submit.
- Supply receipts for tax purposes.
- Be knowledgeable of vacation supply under the Pharmacare reimbursement plan.

## 11. Releasing the medication to the patient

- Review and comply with the practice direction [Patient Counselling](#).
- Explain applicable quantity restrictions on third party prescriptions.
- Ask open-ended questions to assess the patient's knowledge of their medication and provide an opportunity to ask questions about the medication.

## 12. Cancelling dispensed medication that was not picked up by the patient

- Return medication to stock after integrity of medication is confirmed.
- Lot number, expiration date and stability of medication must be known.
- Reverse prescription as soon as possible in the DPIN system (as per Manitoba Health it must be within 30 days).

## 13. Refilling a prescription

- Exercise professional judgement as to the content of dialogue on repeat prescriptions.
- Be able to recognize appropriate refill and part fill instructions (i.e. narcotics).



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- Understand acceptable refill records (hard copy, logs, etc.).
- Know what steps to take to obtain authorization to renew a prescription, including procedures for prescribers who will not accept verbal or fax renewal requests from a pharmacy.
- Check for over- and under-utilization and know how to handle either situation.
- Know how to record refill information on the prescription order and the patient's record.
- Know how to obtain a copy of a prescription from another pharmacy, obtain authorization from a prescriber and fill it as a new order.
- Know how to transfer a prescription to another pharmacy.
- Know how to provide a Continued Care Prescription.
- Know how to handle patient needs for medications that are not eligible for a Continued Care Prescription.

## 14. Medication errors

- Be familiar with the [Medication Incident and Near-Miss Event](#) Practice Direction.
- Know the pharmacy's policy on reporting medication discrepancies or near misses.
- Be familiar with the pharmacy's continuous quality improvement program.

## 15. Stale dating of prescriptions

Section 52(c) of the Benzodiazepines and Other Targeted Substances Regulations to the *Controlled Drugs and Substances Act* states that a pharmacist may only refill a prescription for a targeted substance if less than one year has elapsed since the day on which the prescription was issued by the practitioner.

The one year expiry date placed on all non-targeted and controlled prescriptions is usually a corporate policy or third party contract that prevents the pharmacy computer system from automatically processing the refill. This limitation does not override the pharmacist's professional judgment to fill or not to fill a prescription. The pharmacist must use his/her professional judgment in determining the validity of a prescription or refill. A review of the patient's medication profile, DPIN profile, and a discussion with the patient will help provide additional information to verify if the medication therapy is appropriate, the patient is adherent to the regimen, the refill dose is up to date, and the medication therapy is being monitored by his/her current physician. The pharmacist must also consider the medical condition for which the medication is prescribed when deciding to fill or refill the prescription.

## 16. Prescription returns

The Regulation to the *Pharmaceutical Act* (Section 85) state that no prescription or part thereof may be returned to inventory for reuse. This is based solely on the grounds of possible health hazards. Methods of appropriate drug disposal should be discussed with the preceptor. Information regarding the Manitoba Medication Returns Program can be found on the College website, or at: <http://www.healthsteward.ca/returns/manitoba>.



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## 17. Prescription Transfers

The patient's prescription is their property and they are entitled to a copy of it if requested. The information required on the prescription record is listed in section 70(1) of the Regulation to the *Pharmaceutical Act*. As well, the proper procedure for receiving and providing prescription transfers should be reviewed (Section C.01.041.1-C.01.041.3 of the *Food and Drugs Act* Regulations). The approved standards for these practice directives should be reviewed on the College website : [Transfer of Patient care \[Standard of Practice #10\]](#) and [Prescription Copies: Pharmacist Obligations and Considerations](#).



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## 4. Practice Setting

Pharmacists oversee the practice setting with the goal of ensuring safe, effective and efficient patient care.

### Key Competencies

Pharmacists are able to:

- 4.1 Optimize the safety, efficacy and efficiency of operations in the practice setting.
- 4.2 Oversee pharmacy inventory to ensure safe, effective and efficient patient care.
- 4.3 Oversee record keeping activities to ensure safe, effective and efficient patient care.

### Pharmacy Operations

Community Pharmacy Management	
The following subjects should be discussed with the intern:	Date completed:
Security procedures, opening and closing, loss prevention, procedures to follow in the event of armed robbery, location of alarm buttons, power failure policies, fire protection, computer(s) back up policy, lock and leave procedures (if applicable).	
Control of cash receipts, banking, change procurement, cheque and credit card policies.	
Inventory control (both manual and computerized techniques). Criteria for decision making when purchasing stock. Records kept with respect to the Narcotic and Controlled Drug Accountability Policy approved by Council.	
Advertising and promotion policies as they relate to wholesale advertising groups, franchise organizations, corporate stores.	
<b>In Store:</b> Special displays, shelf position, general merchandising considerations.	
<b>Media:</b> Flyers or Newspaper advertising, Radio, TV, Bus Benches, etc.	
Receiving, ordering and returns.	
Speaking with manufacturer representatives and sales agents. <i>(Note: These representatives can provide useful information on the latest products and medications available; however, they should not be allowed into the dispensary.)</i>	
Personnel management: Hiring practices, job descriptions, pharmacist-to-staff ratio, performance evaluations, staff benefits, etc.	
Pharmacy Technician Final Check policy and procedures (if applicable).	
PHIA procedures (for new employees, existing employees, trustees, and other staff that may	



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<b>Community Pharmacy Management</b>	
The following subjects should be discussed with the intern:	Date completed:
occasionally enter the dispensary).	

<b>Hospital Pharmacy Management</b>	
The following subjects should be discussed with the intern:	Date completed:
Role played by the Department of Pharmacy in the provision of healthcare services in the hospital.	
Position of the department in the organizational chart of the institution.	
Role and responsibility of the governing Regional Health Authority.	
Satellite and decentralized service.	
Functions of the Pharmacy and Therapeutics Committee.	
Purpose of the hospital formulary.	
Procedure for handling non-formulary requests.	
Therapeutic substitutions.	
Manitoba Institute for Patient Safety program for writing prescription orders.	
Policy and Procedures Manual for the Department of Pharmacy.	
Concept of quality assurance and the quality assurance program of the department.	
Understanding of the basic differences among drug distribution systems (e.g. traditional, total ward stock, unit-dose, centralized, decentralized, mobile, automated dispensing systems, etc.)	
Knowledge of drug distribution process from the time the order is written until the medication is administered to the patient and charged to the cost centre.	
Alternate Verification Program, if applicable.	
Pharmacy Technician Final Check policy and procedures, if applicable.	
Rationale for ward stock drugs.	
Process for addition/deletion to ward stock.	
Ward stock check.	
Role and responsibility of pharmacy technicians under the distribution system.	
Medication Reconciliation Program.	





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Hospital Pharmacy Management	
The following subjects should be discussed with the intern:	Date completed:
Knowledge of the purpose of Workload Measurement and the application of information obtained.	
Introduction to principles of personnel management such as department policy and procedures, communication, supervision of employees and personnel evaluation.	
Process involved with hospital accreditation.	
Collaboration and patient care teams.	
Procedures related to Hospital Incident Command System (HICS).	
Response to hazardous spills.	
Sterile Products (knowledge of established policies and procedures, required product research and calculations, aseptic technique, record-keeping procedures, disposal, Home IV Program, etc.)	
Documentation process of patient information	

## Patient Record and Retention

Each pharmacy will have a different patient record system, but they will all have the same purpose (i.e. presentation and preservation of the overall drug history and a record of patient care). The original prescription becomes a part of the prescription record which must be retained for 5 years from the last date of the last refill. A record of care includes documentation of the expanded pharmacy services including:

- Drug therapy problem(s) and the action taken or monitoring plans created to correct the problem(s),
- Prescriptions adapted,
- Drugs prescribed,
- Drugs administered by injections,
- Lab tests ordered, and
- Other information such as prescriptions not filled and summaries of consultations with other healthcare providers.

According to the Regulations, the retention period is also 5 years from last activity on the patient record for the following records:

- Prescription record;
- Patient profile;
- Counseling record;



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- Drug acquisition and sales;
- Prescriptions or copies of them, if they were refused to be filled;
- Drug administration record;
- Test interpretation record;
- Test ordering and results record; and
- Prescribing record.

The pharmacist is responsible for the interpretation of the information in the records. The ongoing monitoring of each patient's drug therapy interventions should be documented. These records can be recorded and retained either electronically or in written form. However if a signature or initial is required on the record then it must be an original or electronic signature or initial.



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## **5. Health Promotion**

*Pharmacists use their expertise to advance the health and wellness of patients, communities and populations.*

### **Key Competencies**

*Pharmacists are able to:*

- 5.1 Engage in health promotion activities with the patient.
- 5.2 Participate in public health activities.
- 5.3 Contribute to the maintenance of a healthy environment for the public.

Since pharmacists are the most accessible healthcare providers, they have many opportunities to use their new practice roles to promote the health and well-being of their community. Pharmacists will often make referrals to appropriate community resources when it is necessary.

The intern should be familiar with local services in their pharmacy area such as:

- Local physicians and dentists who will accept new patients
- Walk-in clinics
- Nearest emergency services (hospital, cardiac resuscitation, ambulance, etc.)
- Local poison control centre phone number, Manitoba Poison Centre (toll-free): 1-855-776-4766 (1-855-7POISON)
- Where a patient can find financial assistance with medication costs
- Manitoba Health Pharmacare inquiries: 1-800-297-8099
- Manitoba Addictions (AFM) Helpline: 1-855-662-6605
- Canadian Mental Health Association Clinic Crisis line: 1-888-322-3019

They should also be actively involved in public health activities, such as provincial immunization programs.



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## **6. Knowledge and Research Application**

*Pharmacists access, retrieve, critically analyse and apply relevant information to make evidence-informed decisions within their practice with the goal of ensuring safe and effective patient care.*

### **Key Competencies**

Pharmacists are able to:

- 6.1 Apply knowledge, research skills and professional judgment to the decision-making process.
- 6.2 Respond to questions using appropriate strategies.
- 6.3 Apply relevant information to practice.

Pharmacists, regardless of the role they are fulfilling, must recognize and practice within the limits of their competence. They must use evidence from relevant sources to inform their activities and critically evaluate medication and related information. When providing information to patients they must present medication and related information in a manner appropriate to the audience. Pharmacists must also adhere to current laws, regulations and policies applicable to pharmacy practice. The intern should be familiar with the sources of information both within the pharmacy and from outside sources.



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## **7. Communication and Education**

*Pharmacists communicate effectively with patients, the pharmacy team, other health professionals and the public, providing education when required.*

### **Key Competencies**

Pharmacists are able to:

- 7.1 Establish and maintain effective communication skills.
- 7.2 Implement safe, effective, and consistent communication systems.
- 7.3 Deliver an education session to an individual or group.

The communication skills taught in University can be enhanced through practical pharmacy experience. This is a critical component of internship. The intern can be exposed to this by listening closely to a pharmacist who is already experienced in explaining care concerns to the patient. The importance of open-ended questioning, using lay language, and being empathetic should be stressed.

Communicating with people in the busy surroundings of most pharmacies is much easier if the pharmacy staff know their patients and the patients know the staff by name. The intern should be wearing a visible nametag. Encourage the intern to get out of the dispensary and meet patients.

### **Mandatory Patient Counselling**

Pharmacists should be aware that patient counselling is mandatory on **all** prescriptions in Manitoba. The following information must be relayed to the patient each time a drug is dispensed for the first time (on refills, the information can be adjusted to meet the needs of the patient):

- a) Confirm the identity of the patient
- b) Name and strength of the drug being dispensed
- c) Purpose of the drug
- d) Directions for use, including the frequency, duration and route of therapy
- e) Importance of adherence and what to do if a dose is missed
- f) Significant drug-drug (including non-prescription medication) and drug-food interactions
- g) Activities to avoid
- h) Common side effects and what to do if they occur
- i) Special storage requirements



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- j) Prescription refill information
- k) How to monitor response to therapy
- l) Expected therapeutic outcomes
- m) When to seek medical attention
- n) Any other information unique to the specific drug or patient.

Counselling **must** take place in an area which allows for a confidential conversation. In hospital practice, the above information should be included in all patient conversations about medication and medication use. The pharmacy department, in cooperation with the medical and nursing staff, may develop policies and procedures regarding patient self-medication, patient counselling and drug history programs that would be subsequently approved by the Pharmacy and Therapeutics Committee and Administration.

### Non-Prescription Medication Counselling

Effective non-prescription drug counselling requires a thorough understanding of the patient's symptoms. Before advice can be given, the intern must obtain information on the nature, severity and extenuating circumstances surrounding those symptoms. As well, other aspects of the patient's health (e.g., other diseases, drugs, contraindications, allergies) must be examined. This information-gathering stage is very important.

When non-prescription drugs are indicated, the intern must be able to give information to the patient so products are used both safely and effectively.

The pharmacist must be available to assist the patient with Schedule III medication selection and must be involved in the sale of Schedule II medications. The practice directions [Sale of Schedule 2 Drugs](#) and [Sale of Schedule 3 Drugs](#) should be reviewed.



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## **8. Intra- and Inter-Professional Collaboration**

*Pharmacists work in collaboration with the pharmacy team and other health professionals to deliver comprehensive services, make best use of resources and ensure continuity of care in order to achieve the patient's health goals.*

### **Key Competencies**

*Pharmacists are able to:*

- 8.1 Create and maintain collaborative professional relationships.
- 8.2 Contribute to the effectiveness of working relationships in collaborative teams.
- 8.3 Participate in the delivery of collaborative health services.
- 8.4 Accept and make referrals for specific services.

### **Communication with health care professionals**

The pharmacist is a frequently visited healthcare professional, they often act as a liaison between the patient and other members of the healthcare team. It is important that the intern advocates for the patient when necessary, relaying crucial information to the patient's healthcare team. At all times the intern must remain respectful and professional in their demeanor and approach to providing recommendations to other healthcare professionals. Professional ethics are described in Section 76 of the Pharmaceutical Act, and the Ethical, Legal and Professional Responsibilities section of this manual. The Code of Ethics and Explanatory Document should be reviewed by the intern and preceptor.

Occasionally, the pharmacist may question a prescribed medication or treatment plan. The prescriber must be contacted to verify the medication or treatment. Ensure to handle these situations professionally and never discredit other health professionals to the patient. The patient's well-being is always the priority. The intern needs to be able to identify and make appropriate referrals to practitioners.

The following interactions with other healthcare providers are common and should be reviewed with the intern:

- Accepting verbal prescription orders from the prescriber.
- Clarifying unusual dosage (high or low).
- Requesting clarification in cases of possible therapeutic problems, errors of omission or commission, and communicating therapy recommendations to the prescriber.
- Consulting with the prescriber in cases of drug under or over utilization by patient.
- Contacting the prescriber in case of suspected adverse drug reaction or side effect/toxicity and interactions.
- Providing drug information (e.g. composition, availability, dose, use, classification,



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nomenclature, administration techniques and special formulations).

- Informing the practitioner of any prescriptions that may have been adapted or renewed through continued care.
- Notifying the prescriber of any medications prescribed by the pharmacist or lab tests ordered and the results of the tests.

## Other Prescribers

Presently within the Canadian healthcare system, there is a movement towards inter-professional teams of health providers working together in the community and in institutional settings to provide collaborative patient-centred care. Evidence exists to support that collaborative patient-centred care improves patient safety and health outcomes.

**Midwives** are able to prescribe medication from an approved list, which can be found on the College website. The prescriber number under DPIN is prefixed by an “M”. The prescription medication label should indicate the name of the midwife prefaced by the letter “MW” (rather than “DR”).

**Registered Nurses (Extended Practice) and Nurse Practitioners** are also able to prescribe medication to their patients. Nurse practitioners and RN (EP)’s must indicate on the prescription the treatment goal, diagnosis and/or clinical outcome. RN (EP)’s have their own prescriber number under DPIN. Nurses with prescribing rights in other provinces can issue prescriptions to be filled in Manitoba. Verification of the practitioner’s authority to prescribe is a key task and should be discussed with the intern. In order to obtain authority to prescribe narcotic, controlled drugs and benzodiazepines, RN (EP)’s must complete additional training and have the condition removed from their license by their regulatory body. Verification of this additional authority in Manitoba can be checked on the College of Registered Nurses of Manitoba website ([www.crnmb.ca](http://www.crnmb.ca)) under the NurseCheck directory.

**Clinical assistants, physician assistants and graduate medical students on the educational register** are permitted to receive prescribing rights through the delegation of a medical practitioner (supervising physician). The treatment goal, diagnosis and/or clinical outcome must be indicated on the prescription, as well as the name of the supervising/attending physician. Entries of these prescriptions in DPIN are under the license number of the attending physician.

**Optometrists** can register for one of two classes of optometric drug licenses: Therapeutic or Diagnostic. Optometrists who have a Therapeutic licence issued by the Manitoba Association of Optometrists (MAO) can prescribe medications listed in Schedule A of the Regulations under *The Optometry Amendment Act*. Schedule A includes all topical over-the-counter and prescription eye medications as well as oral medications for glaucoma. Oral antibiotics can only be prescribed for treatment of chronic eyelid diseases. In cases such as treatment of glaucoma, the optometrist must consult and collaborate with an ophthalmologist. Pharmacists can verify an optometrist’s therapeutic license by checking the register on the MAO website ([www.optometrists.mb.ca](http://www.optometrists.mb.ca)). For DPIN entry, the pharmacy will use the designation “E” followed by the optometrist’s DPIN prescriber number.





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**Dentists** can prescribe medication within the scope of their dental practice. Prescriptions must be for treatment related to dental health, procedures or surgery. The prescriber number under DPIN is prefixed by a “D”. Smoking cessation medication can be prescribed once an educational program has been completed by the dentist and the dentist should provide follow-up and monitoring with the patient.

**Veterinarians** can prescribe within the scope of their veterinarian practice only. Prescriptions must be for animal, fish or fowl. They have the designation “DVM” and are authorized to prescribe controlled drugs and narcotics. DPIN entry for veterinary prescriptions is not required.

**Pharmacists** must use their five digit license number with the prefix “X” as their prescriber number (e.g. X12345) when entering a prescription into DPIN that has been prescribed by the pharmacist. In addition to prescribing a schedule II or III drug, medical device, or for a condition in Schedule 3 to the Regulation, pharmacist prescribing occurs when authorizing a continued care prescription, or when adapting a prescription. The treatment goal, diagnosis or clinical indication must be included on the prescription written by a pharmacist.

**It is important to note that midwives, clinical assistants, physician assistants, graduate medical students on the educational register, optometrists and pharmacists cannot prescribe narcotic, controlled drugs or benzodiazepines.**

The Prescribing Authority Table found through the [Resource Library](#) on the College’s website provide additional information on prescribing authority, requirements and limitations on prescribing, as well as links to the respective regulatory bodies.



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## ***9. Quality and Safety***

*Pharmacists collaborate in developing, implementing, and evaluating policies, procedures and activities that promote quality and safety.*

### **Key Competencies**

Pharmacists are able to:

- 9.1 Contribute to a culture of patient safety.
- 9.2 Contribute to continuous quality improvement and risk management activities related to pharmacy practice.
- 9.3 Ensure the quality, safety and integrity of products.
- 9.4 Create and maintain a working environment that promotes safety.

### **Ensuring Quality Pharmacy Practice**

Quality in all areas of pharmacy practice may be seen as the layers of practice that support safe, patient-centered and progressive pharmacy practice. The layers that comprise pharmacy practice include: pharmacy practice site environment, rules and standards governing pharmacy practice, pharmacist competence, and the desire to continually improve one's practice in order to affect positive health outcomes for patients.

#### **1. Pharmacy Site Requirements**

The environment of the pharmacy practice site can greatly influence the pharmacist's ability to provide quality pharmacy care. Requirements for adequate space, equipment, lighting and resources are only a few of the site requirements that have been established to enable the pharmacist to practice effectively and safely.

#### **2. Practice Support**

Legislation, standards of practice, guidelines and joint statements with other health professions help guide pharmacists in the provision of quality pharmacy care.

Pharmacists, pharmacy managers and College field office staff assess pharmacy site requirements and practice support through the Pharmacy Quality Assurance Self-Assessment and onsite regular inspection process.

#### **3. Competence**

Prior to initial licensing with the College, all pharmacists must successfully complete the PEBC qualification examination. As with all health professionals, maintaining competence within our dynamic healthcare system requires pharmacists to continually



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upgrade their knowledge and skills through continuing professional development (CPD). Pharmacists in Manitoba rely on the College Learning Portfolio System to assist them in planning for, participating in and reflecting on their CPD. The self-assessment component of the Learning Portfolio is a tool to assist pharmacists in identifying their learning needs. The onsite regular inspection process provides an additional opportunity for pharmacists to identify learning needs.

The College recognizes the need to strengthen the self-assessment process and to provide pharmacists with assessment tools that are more informative and relevant to the actual practice environment. Currently much work is underway across the country and in Manitoba to develop performance-based assessment models that will more closely mirror real life pharmacy practice and provide an objective and perceptive evaluation of a pharmacist's practice to identify strengths and areas for improvement.

#### 4. Continuous Quality Improvement

The Continuous Quality Improvement (CQI) concept is an approach to quality that strives for excellence in practice and improved patient health outcomes. CQI involves examining pharmacy processes to identify and learn from inefficiencies and medication incidents in order to develop efficient processes that improve patient care and safety. An understanding of patient needs and expectations is key to achieving positive outcomes. The patient's role in decisions regarding their healthcare cannot be understated.

#### **Medication Incidents and Discrepancies or Near Miss Events**

Despite the careful precautions exercised, all pharmacists occasionally make mistakes. When an error is discovered, the pharmacist must deal with the problem in a professional manner. The first priority is to assess the risk to the patient and to ensure the patient receives the correctly labelled medication.

[The Medication Incidents and Near-Miss Events Practice Direction](#) should be reviewed by the intern.

All Areas of Practice (Hospital, Community and Clinical):

- 1) Medications shall be prepared and dispensed according to established procedures that ensure the medication for administration to patients is accurate and safe, and delivered in a timely manner. Failing this, the following definitions apply:
  - **Medication incident:** Any preventable event that may cause or lead to inappropriate drug use or patient harm while the drug is in the control of the health professional, patient, or consumer. Medication incidents may be related to professional practice, drug products, procedures, and systems, and include prescribing, order communication, product labelling/packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.



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- **Medication discrepancy or near-miss event:** An event or circumstance that took place, and could have resulted in an unintended or undesired outcome(s), but was discovered before reaching the patient.
- 2) All medication incidents are to be documented at the first available time on an incident report form. Discrepancies or near misses may be documented at the pharmacist's discretion, however a review of discrepancies may result in development of procedure changes to prevent re-occurrence of the event.

### Community pharmacy:

1. All medication incidents shall be given priority over any other non-emergency tasks and duties. The pharmacist discovering the incident must determine if the patient has experienced harm or is at risk of possible harm.
2. The patient shall be contacted and advised immediately of a medication incident. Should immediate patient contact not be obtained easily, every effort must be made to locate and contact the patient.
3. The pharmacist must ensure the patient receives the right medication in a timely manner. The pharmacist should acknowledge the incident to the patient and express appropriate empathy. The pharmacist that discovers the medication incident must ensure the incorrect medication is quarantined and/or returned to the pharmacy to avoid risk of further harm. All medication incidents must be documented promptly on a numbered pharmacy incident report form. The pharmacy incident report form shall include, at minimum, the date, prescription number, incident number and a brief summary of the incident. The incident report forms are retained by the pharmacy and assessed periodically.
  - The patient should be made aware that the incident will be forwarded to the appropriate parties, for example the pharmacy manager and prescribing physician.
4. Strategic changes in dispensing procedures and provision of medication by the pharmacy shall be implemented in an effort to prevent the reoccurrence of medication incidents and discrepancies.

### Hospital pharmacy, personal care home, and long term care facility:

- 1) When a medication incident or discrepancy is discovered, the following (as appropriate) shall be notified as soon as possible: head/charge nurse, attending physician, and pharmacy department.



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- 2) The pharmacist must determine if the patient has experienced or is at risk of experiencing harm.
- 3) The pharmacist must provide care for the patient as appropriate to protect the patient's health and safety.
- 4) Pharmacists must adhere to the organizations/pharmacy's policies and procedures for patient disclosure, reporting, investigating, documenting, and sharing lessons learned.
- 5) Pharmacists must participate in a process to review medication incidents with a multidisciplinary team.

The *Apology Act* has been put in place to ensure that the pharmacist can immediately apologize and inform the patient of the error without concern of liability. The purpose of this is to promote transparency, while resolving the medication incident. The intern should review this legislation and how it pertains to medication incidents.

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### **Conclusion**

This Manual has outlined various components of pharmacy practice for review and discussion with your preceptor with the intent of helping you to develop the knowledge, skills and abilities, especially communication, required to practice pharmaceutical care for the betterment of the public you will serve on a daily basis.



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## Intern's Self-Assessment and Personal Learning Plan

### Introduction

The entry level pharmacist must have a basic level of competence. One of your new professional responsibilities is determining whether you are competent to perform specific functions or jobs. This means taking an honest and critical look at your knowledge, skills, and experience.

Self-assessment is key to understanding your own practice strengths and limitations. Life-long learning refers to a process of learning that continues throughout our lives. Life-long learning and professional self-assessment are closely linked. Rather than being told what to learn, self-assessment allows you to take responsibility for identifying your personal learning needs, developing personal learning plans and evaluating your learning outcomes. In order to maintain your competence, it is vital that you continue to learn and improve your skills throughout your pharmacy career.

Self-assessment is built into your internship. To gauge your readiness for practice, complete this self-assessment at the beginning of the internship, in the middle, and at the end. The self-assessment is based on NAPRA's [Professional Competencies for Canadian Pharmacists at Entry to Practice](#). Add comments, exercises, or ideas after each section that may assist you in improving your current practice. Use these comments to develop goals for your learning. This action plan can be recorded on the Personal Learning Plan template found in this Manual.

**Note:** This self-assessment is for your own learning purposes and does not need to be submitted to the College.

Please use the following rating scale to gauge your performance in the competency areas:

Rating Scale		
1	Developmental	I require more education, practice, and training in order to perform this competency safely and with confidence.
2	Requires improvement	I have areas of weakness in knowledge, skills, attitudes or clinical judgements and require more practice to perform this competency. I require some guidance to perform this competency.
3	Competent	I meet the expectations and can confidently perform this competency without guidance.
4	Excellent	I demonstrate excellence in this competency. I can perform this area of practice without guidance or supervision and would be confident in teaching another pharmacy student or intern this skill.
N/O	No opportunity	I have not yet had an opportunity to perform this competency.



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## Competency 1: Legal and Professional Responsibilities

*Pharmacists practise within legal requirements, demonstrate professionalism and uphold professional standards of practice, codes of ethics and policies.*

Key Competency	Please rate your performance in the following areas:	Intern's Rating
<b>1.1 Practice within legal requirements.</b>	Applies legal requirements to practice, including occupational health and safety legislation, privacy legislation, federal and provincial legislation and all other related by-laws and standards.	1 2 3 4 N/O
<b>1.2 Uphold ethical principles.</b>	Applies principles of professional codes of ethics and applies these principles in the decision-making process.	1 2 3 4 N/O
	Demonstrates professional integrity by practicing within personal limits of knowledge, skills and abilities.	1 2 3 4 N/O
<b>1.3 Manage actual and potential illegal, unethical, or unprofessional actions or situations in the workplace.</b>	Able to appropriately identify and address illegal, unethical or unprofessional actions or situations.	1 2 3 4 N/O
<b>1.4 Apply principles of professionalism.</b>	Accepts responsibility for own actions and decisions.	1 2 3 4 N/O
	Seeks guidance when uncertain about own knowledge, skills, abilities and scope of practice.	1 2 3 4 N/O
	Able to assess own learning needs and develop a learning plan accordingly.	1 2 3 4 N/O
	Exhibits professionalism in appearance, attitude and punctuality.	1 2 3 4 N/O
	Maintains a professional relationship and appropriate boundaries with the staff, peers, other healthcare professionals, and the public.	1 2 3 4 N/O
	Protects the privacy and confidentiality of the patient.	1 2 3 4 N/O
	Identifies and manages situations of conflict of interest.	1 2 3 4 N/O
	Describes the Canadian healthcare system and the roles various healthcare professionals fulfill.	1 2 3 4 N/O
<b>1.5 Document activities of practice in compliance with legislation, standards and policies.</b>	Maintains complete, accurate and secure patient records.	1 2 3 4 N/O
	Identifies situations in which documentation should and should not be shared, as well as the appropriate method with which to share, with other health professionals or third parties.	1 2 3 4 N/O
<b>COMMENTS:</b>		



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## Competency 2: Patient Care

*Pharmacists, in partnership with patients and other healthcare professionals, meet the patient's health and drug-related needs and to achieve the patient's health goals.*

Key Competency	Please rate your performance in the following areas:	Intern's Rating
<b>2.1 Develop a professional relationship with the patient.</b>	Establishes and maintains trusting professional relationships with patients by using effective communication skills.	1 2 3 4 N/O
	Demonstrates a caring, empathetic, and professional attitude.	1 2 3 4 N/O
	Determines and acknowledges the patient's needs, values and health care goals and respects the roles of each party in the relationship.	1 2 3 4 N/O
<b>2.2 Obtain information about the patient.</b>	Gathers patient information, using appropriate sources of information, by actively listening and interpreting information provided. Organizes and records the patient's information.	1 2 3 4 N/O
<b>2.3 Assess the patient's health status and concerns.</b>	Assesses the patient's health and drug-related needs, as expressed by the patient, considering the impact of factors such as culture, language, demographic and physical characteristics.	1 2 3 4 N/O
	Makes appropriate recommendations based on relevant laboratory tests and other diagnostic assessments.	1 2 3 4 N/O
	Performs medication reconciliation.	1 2 3 4 N/O
<b>2.4 Determine the patient's actual and potential drug therapy problems.</b>	Assesses the patient's ability to access and use his or her medication.	1 2 3 4 N/O
	Identifies and prioritizes actual and potential drug therapy problems and consults with the patient and, if necessary, other healthcare professionals.	1 2 3 4 N/O
<b>2.5 Develop the patient's care plan.</b>	Determines the patient's health goals and optimal therapeutic outcomes, specifying measurable endpoints, target values and timeframes.	1 2 3 4 N/O
	Develops a therapeutic plan by determining patients' health goals and optimal therapeutic outcomes and identifying best available treatment strategies (including drug and non-drug measures) using an evidence-informed approach.	1 2 3 4 N/O
	Provides effective patient education including risks and benefits, to support the patient in making informed decisions about their care plan.	1 2 3 4 N/O
	Involves the patient in decision-making and respects the patient's right to make choices.	1 2 3 4 N/O
	Assesses the patient's understanding of the therapeutic plan.	1 2 3 4 N/O
<b>2.6 Implement the patient's care plan.</b>	Undertakes actions outlined in the care plan, including: prescribing and adapting prescriptions.	1 2 3 4 N/O
<b>2.7 Administer drugs to the patient using the necessary technical skills/</b>	Administers drugs by injection, or another appropriate route, using the necessary technical skills and applying the appropriate clinical knowledge, <b>if authorized to do so.</b>	1 2 3 4 N/O





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applying appropriate clinical knowledge.		
<b>2.8 Monitor the patient's progress and assess therapeutic outcomes.</b>	Monitors patient progress and assesses therapeutic outcomes by:	
	i) Reviewing and discussing with the patient the important monitoring parameters and timelines.	1 2 3 4 N/O
	ii) Assessing adherence, tolerance and safety of therapy.	1 2 3 4 N/O
	iii) Following-up with patient to evaluate the therapeutic effectiveness and revise when necessary.	1 2 3 4 N/O
<i>COMMENTS:</i>		

## **Competency 3: Product Distribution**

*Pharmacists ensure accurate product distribution that is safe and appropriate to the patient.*

Key Competency	Please rate your performance in the following areas:	Intern's Rating
<b>3.1 Dispense a product safely and accurately that is appropriate for the patient.</b>	Addresses concerns related to validity, clarity, completeness, and authenticity of the prescription.	1 2 3 4 N/O
	Selects appropriate products and ingredients using knowledge of bio-equivalency, therapeutic equivalency, interchangeability, quality, integrity and stability of drugs.	1 2 3 4 N/O
	Performs pharmaceutical calculations and compounding (including documentation).	1 2 3 4 N/O
	Is able to supervise support staff during drug distribution activities.	1 2 3 4 N/O
	Participates in continuous quality assurance by responding to actual or potential problems within the drug distribution system and implements measures to prevent occurrences or reoccurrences.	1 2 3 4 N/O
	Develops master compounding formulas and prepares and compounds non-sterile products according to recognized guidelines and standards of practice.	1 2 3 4 N/O
	Identifies and addresses patterns of unusual drug prescribing and usage including possible diversion or drug misuse.	1 2 3 4 N/O
	Checks the product and its prescription label against the prescription using a systematic approach, including an independent double check.	1 2 3 4 N/O



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COMMENTS:

## Competency 4: Practice Setting

Pharmacists oversee the practice setting with the goal of ensuring safe, effective and efficient patient care.

Key Competency	Please rate your performance in the following areas:	Intern's Rating
<b>4.1 Optimize the safety, efficacy and efficiency of operations in the practice setting.</b>	Demonstrates the organizational and time management skills necessary to effectively prioritize, organize and manage patient care.	1 2 3 4 N/O
	Manages support personnel such that assigned functions are carried out to meet accepted standards.	1 2 3 4 N/O
	Assesses the impact of automation and other technology in the practice setting on the safety, efficacy and efficiency of patient care.	1 2 3 4 N/O
<b>4.2 Oversee pharmacy inventory to ensure safe, effective, and efficient patient care.</b>	Develops procedures to ensure the return or proper disposal of recalled, expired and unusable products.	1 2 3 4 N/O
	Supervises controlled substances in the practice setting by ensuring auditing and resolving or reporting discrepancies.	1 2 3 4 N/O
	Ensures inventory is received from legitimate sources, addresses issues with drug supply chain verifying that stability requirements are met. For example cold chain is maintained, drug shortages and recalls are managed and controlled substances are submitted to audits regularly.	1 2 3 4 N/O
<b>4.3 Oversee record keeping activities to ensure safe, effective and efficient patient care.</b>	Recommends appropriate record-keeping procedures and technologies for maintaining the integrity, security and permanence of records in the practice setting. Addresses any barriers to safe and effective patient care arising from health information technology.	1 2 3 4 N/O

COMMENTS:



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## **Competency 5: Health Promotion**

*Pharmacists use their expertise to advance the health and wellness of patients, communities and populations.*

Key Competency	Please rate your performance in the following areas:	Intern's Rating
<b>5.1 Engage in health promotion activities with the patient.</b>	Assesses the primary health needs of the patient, considering factors such as socio-economic status, culture, language and environment that are barriers to, or facilitators of, health and wellness for the patient.	1 2 3 4 N/O
	Collaborates with the patient and other health professionals to develop and implement patient-specific health promotion strategies and routinely provides advice and delivers patient-based clinical preventative services.	1 2 3 4 N/O
	Facilitates the patient's access to and interaction with support agencies and health services.	1 2 3 4 N/O
<b>5.2 Participate in public health activities.</b>	Participates in organized initiatives for disaster, pandemic and emergency preparedness.	1 2 3 4 N/O
<b>5.3 Contribute to the maintenance of a healthy environment for the public.</b>	Promotes public awareness of the proper handling and disposal of drugs and hazardous materials. Identifies and minimizes the risk of disease transmission from the pharmacy environment.	1 2 3 4 N/O
<b>COMMENTS:</b>		

## **Competency 6: Knowledge and Research Application**

*Pharmacists access, retrieve, critically analyze and apply relevant information to make evidence-informed decisions within their practice with the goal of ensuring safe and effective patient care.*

Key Competency	Please rate your performance in the following areas:	Intern's Rating
<b>6.1 Apply knowledge, research skills and professional judgement to the decision-making process.</b>	Critically analyzes and develops solutions to problems in pharmacy practice.	1 2 3 4 N/O
	Makes decisions using an evidence-based approach.	1 2 3 4 N/O
	Rationalizes recommendations and decisions with critically analyzed evidence and accurate and clear explanations.	1 2 3 4 N/O
<b>6.2 Respond to questions using appropriate strategies.</b>	Uses a variety of retrieval techniques and references to access reliable and relevant information.	1 2 3 4 N/O
	Analyzes, evaluates and interprets the researched information and composes an appropriate response to the question. Ensures that the information provided is current, reliable and relevant.	1 2 3 4 N/O



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COMMENTS:

## **Competency 7: Communication and Education**

*Pharmacists communicate effectively with patients, the pharmacy team, other health professionals and the public, providing education when required.*

Key Competency	Please rate your performance in the following areas:	Intern's Rating
<b>7.1 Establish and maintain effective communication skills.</b>	Demonstrates proficiency in written and verbal English or French.	1 2 3 4 N/O
	Demonstrates effective communication skills including appropriate verbal, non-verbal and listening skills and effective interview techniques.	1 2 3 4 N/O
	Demonstrates sensitivity, respect and empathy when communicating.	1 2 3 4 N/O
<b>7.2 Implement safe, effective and consistent communication systems.</b>	Communicates in a way that maximizes safety and understanding, including repeating back verbal orders, using recognized terminology and avoiding unnecessary or unsafe abbreviations.	1 2 3 4 N/O
	Implements an accessible and consistent method for storing information that can be retrieved by relevant personnel.	1 2 3 4 N/O
<b>7.3 Deliver an education session to an individual or a group.</b>	Educates an individual or a group and selects materials that are appropriate for the learner(s)/patient(s).	1 2 3 4 N/O

COMMENTS:



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## **Competency 8: Intra and Inter-Professional Collaboration**

*Pharmacists work in collaboration with the pharmacy team and other healthcare professionals to deliver comprehensive services, make best use of resources, and ensure continuity of care in order to achieve the patient's health goals.*

Key Competency	Please rate your performance in the following areas:	Intern's Rating
<b>8.1 Create and maintain collaborative professional relationships.</b>	Collaborates with other parties in the relationship to define the roles and responsibilities of each party.	1 2 3 4 N/O
	Demonstrates leadership qualities in team activities.	1 2 3 4 N/O
<b>8.2 Contribute to the effectiveness of working relationships in collaborative teams.</b>	Shares decision-making activities with other team members.	1 2 3 4 N/O
	Interacts respectfully with other members of the team by accepting accountability for themselves and managing disagreements and conflict in a professional manner.	1 2 3 4 N/O
<b>8.3 Participate in the delivery of collaborative health services.</b>	Participates in patient assessment and develops a care plan in collaboration with the patient and other members of the team. Implements and monitors the sections of the care plan that are the pharmacists' responsibility.	1 2 3 4 N/O
<b>8.4 Accept and make referrals for specific services.</b>	Recognizes signs, symptoms and risk factors indicative of health needs that fall beyond the scope of pharmacy practice. Refers patients to other healthcare providers when it is appropriate to do so.	1 2 3 4 N/O
<b>COMMENTS:</b>		

## **Competency 9: Quality and Safety**

*Pharmacists collaborate in developing, implementing, and evaluating policies, procedures and activities that promote quality and safety.*

Key Competency	Please rate your performance in the following areas:	Intern's Rating
<b>9.1 Contribute to a culture of patient safety.</b>	Effectively informs a patient of the occurrence of a medication incident or adverse drug event.	1 2 3 4 N/O
	Shares information about problems and resolutions with the workplace team.	1 2 3 4 N/O
<b>9.2 Contribute to continuous quality</b>	Anticipates, recognizes and manages situations that place the patient at risk.	1 2 3 4 N/O





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## **Feedback and Review of Learning Goals**

Self-assessment is key to understanding your own practice strengths and limitations. However, feedback from your preceptor, pharmacists and other health professionals you encounter can be equally important and valuable. Feedback is vital to the ongoing improvement of interns in the practice setting.

Ask your preceptor, coworkers, or other healthcare professionals to fill out this form and provide you with constructive feedback to assist you in improving your current practice. Use these comments to reflect on your performance and develop or adapt your goals for your learning. These goals and the results of the self-assessment can be recorded on the Personal Learning Plan found in this Manual.

Please note that this form does not need to be submitted to the College.

**Date:** \_\_\_\_\_

**Name of Reviewer:** \_\_\_\_\_

**Position:** \_\_\_\_\_

### **Area of Practice and Activities Performed:**

### **Areas of Strength:**

### **Areas of Improvement:**



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## **General Comments:**





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## *Personal Learning Plan*

<b>Learning Goals:</b> What areas do I want to gain more experience in?	<b>Action Plan:</b> What exercises or activities would help me?	<b>Resources:</b> What resources could I use?	<b>Learning Outcome:</b> Am I confident in my ability? Do I need more experience?



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## **Demonstration of Product Release Proficiency**

The demonstration of product release proficiency (DPRP) is a process where a pharmacy intern's ability to accurately and consistently perform a technical check of a drug preparation or prescription is verified by an evaluator. The evaluator may be the preceptor or another licensed pharmacist at the rotation site. The items that the intern checks must be evaluated by the evaluator pharmacist using an independent double check. Such verification can be performed in the presence or absence of the intern. In either case, the most critical aspect is to ensure that the intern does not communicate what he or she *expects* the checking pharmacist to see, which would create bias and reduce the visibility of an error.

**Following successful completion of the DPRP, the preceptor may authorize the intern to perform final checks independently and under indirect supervision (i.e. without being double checked by the preceptor or another pharmacist). The preceptor must be confident in the intern's skills, abilities and judgements prior to permitting this additional responsibility.**

The DPRP can be initiated at any time during the internship, given the intern has the skills and knowledge required to perform the activity. The preceptor must be confident in the intern's abilities and must approve the start of the DPRP. The DPRP must be successfully completed in order for the internship to be successfully completed.

Prior to beginning this exercise, the preceptor and intern must discuss the expectations of the intern with respect to the checking process. There should be a clear understanding between the preceptor and intern regarding:

- What is considered an error in the checking process, and
- The procedure that will be followed if the intern misses an error that was made in the filling process. This procedure should include the steps that the intern will take to ensure the error will be prevented in the future.

**The pharmacy intern must demonstrate proficiency in product release by completing a minimum of 200 consecutive checks with 100% accuracy. A maximum of 50 checks may be completed per day.** All types of prescriptions should be checked in this activity, including prescriptions for narcotics, controlled substances, compounded preparations, repeat prescriptions, and unit dose packages (if applicable). These various types of prescriptions should be checked in the same proportion as seen in practice under normal working conditions. For example, if the internship is at a site where 80% of the prescriptions are sterile preparations, 10% non-sterile compounds and 10% dose packages, the intern must check approximately 160 sterile preparations, 20 non-sterile compounds and 20 dose packages. Checking of batch prepared unit dose drugs counts towards the 200 checks, but should only be a small portion.

If the intern makes an error, the checking process must be restarted at zero (for example, if the intern accurately checks 195 prescriptions and then makes an error, the activity must be restarted). If an error is made, the preceptor and intern must have a detailed discussion to identify what part



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of the checking process should be re-evaluated and determine what steps the intern can implement to minimize the risk of it reoccurring. This discussion should also include development of a learning action plan to help monitor the intern's learning goals and progress. A Personal Learning Plan template can be found in this Manual.

After the intern makes an error in the checking process, the preceptor may require more than 200 consecutive checks to be accurately performed on the second attempt. The preceptor will determine the number of extra checks based on the intern's level of competency and how much practice is required to achieve excellence. The intern is given a maximum of three attempts to attain a minimum of 200 checks with 100% accuracy.

The progress of the DPRP can be recorded in a daily tracking log, which is supplied at the end of this manual. The DPRP daily tracking log does not have to be submitted to the College. Rather, the log should be retained for the intern's records and be available on demand, as the log may be requested by the College at any time. The intern must start a new tracking log each day to record all checked prescriptions and any identified errors. The evaluator must independently double check the items checked by the intern and initial one of the following options:

- “No error missed” if:
  - The intern correctly identified there was no error in the prepared prescription; or
  - The intern correctly identified an error in the prepared prescription.
- “Error missed” if:
  - The intern did not appropriately identify an error in the prepared prescription.

Upon completion of the DPRP, the preceptor should ensure the intern continues to have opportunities to perform all aspects of pharmacy practice and not simply the technical checking component. Interns should participate in all the various competencies on a daily basis (as available). A daily limit of final checks should be set in order that the intern is not solely performing final checks, but also participating in other pharmacist activities.

Successful completion of the DPRP is declared by the preceptor in the Statement of Completion of Internship form, which is included in the Evaluation Forms section of the manual. This form must be submitted at the end of the internship along with the feedback forms and final evaluation.

## **The Technical Checking Process**

When verifying the technical accuracy of a prescription, applicable legislation surrounding the appropriateness of the order is paramount. This must be determined before other checks, as described below, are performed.

When checking the medication to be dispensed, the label and medication should always be



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checked against the prescription. The order in which these checks are carried out may vary but all of the following checks must be performed on each prescription:

- a) Right patient
- b) Right drug, dosage form and route
- c) Right dose and quantity
- d) Right directions
- e) Right prescriber
- f) Additional considerations

Depending on the workplace, a different set of “rights” may be used. This is acceptable as long as all the appropriate checks are completed.

The following process may be used as a reference for checking community and/or hospital prescriptions, orders, vials, compounds, unit dose bins, blister packing and other compliance packaging, or other similar processes. All steps may not be applicable to all practice settings, so the intern and evaluator/preceptor may need to adapt the checking process to be workplace specific.

## **a) Right patient**

- Check the patient’s name on the prescription/order and vial/product label for accuracy. Be extra vigilant when there are duplicate names in the pharmacy computer system.
- Check the patient’s address and date of birth. Always check two identifiers.
- (Hospital) Check that the bin/card/product item, etc. has been labelled with the correct patient name, room number and floor.

## **b) Right drug, dosage form, and route**

- Ensure that the drug name on the prescription/order matches the name on the vial/product label and with the stock bottle being used (with allowance for generic substitution). Pay particular attention to drugs that have similar names to ensure the correct drug is dispensed.
- Refer to the Manitoba Interchangeability Formulary to determine if a generic drug is available.
- (Hospital) Follow automatic substitution (generic and therapeutic) policies as applicable.
- Match the DIN on the prescription hard copy to the label on the manufacturer’s stock.
- Check that the dosage form matches the form stated on the prescription.
- Check the physical appearance of the drug to ensure the product is what the label states and is of good quality.



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- Ensure integrity of the final product.
- Check the expiration date on the manufacturer's stock bottle to ensure the product will not expire during the treatment period. Take extra care with liquids which may have a shorter shelf life once the stock bottle has been opened.
- Check if the medication is a high alert or high risk medication that may need further checks.

### c) Right dose and quantity

- Ensure the strength and dose on the prescription have been interpreted correctly.
- Check calculations for dosage, compounding, etc.
- Ensure the quantity on the prescription and vial label are the same. If the quantity has been calculated from information on the prescription, double check the calculation.
- Ensure the number of refills on the prescription and product are the same.
- (Hospital) Ensure the product and quantity have been correctly selected and placed into the correct bin/card/bag/etc.
- Check that the quantity of the product matches the quantity on the pick list/medication administration record (MAR)/label or other form of checking list.

### d) Right directions

- Verify that the directions on the prescription provide the same dose as what is stated on the vial/product label.
- Ensure that the directions and label are clear and easy to understand.
- Confirm the dosing interval and frequency.
- (Hospital) Check that administration times have been respected according to the system in place (e.g. scheduled doses in front, prn doses in back).

### e) Right prescriber

- Ensure the prescriber's name and information is correct on the prescription and product label.
- Ensure prescribing laws and regulations are followed (i.e. scope, authority, prescribing conditions, etc.).

### f) Additional considerations

- Check that the most appropriate packaging/container has been used.
- Ensure the proper auxiliary labels are used.



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- Ensure that the prescription is in compliance with provincial legislation regarding drug dispensing (e.g. labeling, pricing, etc.).
- Ensure all documentation has been completed and properly filed.
- Take responsibility for the accuracy of the filling and distribution process.
- Bring any drug related problems to the pharmacist's attention.
- Ensure proper storage conditions.



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## Demonstration of Product Release Proficiency Daily Tracking Log

Check prescriptions to ensure the correct: patient, drug, dosage form, route, dose, quantity, directions, prescriber, and container/packaging

Ensure that prescriptions are filled and checked to be in compliance with regulations and policies regarding the dispensing of drugs.

Use a new Daily Tracking Log each day to record all items checked by the intern (maximum of 50 per day). The intern is required to complete a total of 200 checks without making any errors in order to satisfy the SPT Program requirements. All checks are to be recorded on this log, along with all details of any errors missed by the intern. The DPRP daily tracking log forms do **not** need to be submitted to the College, rather the intern should retain it for their own records. The daily tracking log must be available for inspection on demand and may be requested by the College at any time.

Intern (fill in unshaded area): Use a new line for each prescription checked and if applicable, record the error identified during your technical check.

Evaluator (fill in grey shaded area): Initial either “no error missed” or “error missed”. If an error is missed, record the details and discuss with intern.

Date:				Evaluator:		
Name of intern:						
Check # (MAX 50/day)	Rx # (if applicable) and type of items checked	Record “No Error” or if error is identified by intern, record type of error identified	Check complete (initial)	No Error Missed (initial)	Error Missed (initial)	Describe type of error missed by the intern
1						
2						
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Date:				Evaluator:		
Name of intern:						
Check # (MAX 50/day)	Rx # (if applicable) and type of items checked	Record "No Error" or if error is identified by intern, record type of error identified	Check complete (initial)	No Error Missed (initial)	Error Missed (initial)	Describe type of error missed by the intern
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Date:				Evaluator:		
Name of intern:						
Check # (MAX 50/day)	Rx # (if applicable) and type of items checked	Record "No Error" or if error is identified by intern, record type of error identified	Check complete (initial)	No Error Missed (initial)	Error Missed (initial)	Describe type of error missed by the intern
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## Case Scenarios and Questions for the Intern

### **Introduction**

The following questions and scenarios are presented for discussion between the preceptor and the intern. The intent is for the preceptor and the intern to discuss these scenarios and questions within the context of the preceptor's practice site.

The expectation is that the intern will research and make notes while discussing the case scenarios and questions. The intern should keep these answers in a readily retrievable manner/format. The answers should include, but not be limited to:

- How the intern would handle these situations.
- What advice the intern could or should provide.
- Any alternate ways of handling the situation.
- Any other applicable information.

*Note: The answers **do not** need to be forwarded to the College of Pharmacists of Manitoba, but must be available for inspection on demand. The intern must make notes about the issues discussed and is encouraged to keep them for future reference. The recorded answers may be requested for review by the Board of Examiners or the Registrar, and must be kept on file for at least **one year** by the intern.*

The questions and scenarios are grouped as follows:

- A. College Assignment
- B. Pharmaceutical Care Plans
- C. Communication Assignment
- D. Non-Prescription Drug Assignment
- E. Community Assignment (to be completed by community interns)
- F. Hospital Assignment (to be completed by hospital interns)

### **A. College Assignment**

1. Define an exempted codeine product. Where must these be kept and why? What is the role and responsibility of the pharmacist when a patient asks to purchase an exempted codeine preparation? What assessment questions must a pharmacist ask during the assessment? What documentation is required when prescribing/dispensing an exempted codeine preparation?
2. You are presented with a prescription that you suspect is a forgery. What action should you take? Who should you inform and what information should you forward?



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3. You are requested to telephone another pharmacy to obtain a transfer of a prescription. The prescription is for Tylenol #3 that was originally part filled. Can you fill the prescription? If not, what would you do? What documentation is required to transfer or receive a copy?
4. In considering the *Personal Health Information Act* (PHIA), list three circumstances where a pharmacist can reveal personal health information without permission of the individual who is subject of the health information.
5. A patient presents you with a prescription for a drug on Health Canada's Prescription Drug List written by a doctor or nurse practitioner from another province. Can you fill this prescription? If it were from the Mayo Clinic, Rochester, Minnesota, could you fill it? How would you handle these situations?
6. Describe how the Narcotic and Controlled Drug Accountability Guidelines are implemented in the pharmacy.
7. Describe the refill history recording system that is implemented in the pharmacy.
8. Review the pharmacy's compliance with the practice direction, Standard of Practice #15: Pharmacy Facilities, and discuss how the pharmacy meets those standards. What changes would you make if the pharmacy was remodelled?
9. All communication about a patient's health must be conducted in a confidential manner. Describe the different actions the pharmacist and pharmacy staff must take to maintain the patient's privacy. Describe the method of disposal of personal health records in the pharmacy and how it complies with the *Personal Health Information Act* regarding storage time requirements and proper disposal.
10. A pharmacy must comply with the national drug schedules pertaining to the sale of non-prescription medications. Describe the location and conditions for sale of Schedule II and III medications and how the location and conditions for sale are operationalized in the pharmacy. Describe the counselling and documentation requirements.
11. Describe the regulations with respect to the pharmacist's involvement with the sale of pseudoephedrine.
12. Review the location and issues involving the sale of NAPRA's (National Association of Pharmacy Regulatory Authorities) unscheduled medication in the pharmacy.
13. Write a note regarding the duties that may be performed by a pharmacy technician, other persons (including pharmacy assistant), intern and those that are restricted to a pharmacist.
14. Review the "Self Testing Products Guideline" as approved by the College and how they are implemented in the pharmacy. Write a description of a "Diabetic Day" at the pharmacy including set-up and compliance with the guidelines. What information must be documented for tests interpreted by the pharmacist? What tests can be interpreted by a pharmacist?



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15. Locate the most recent issues of the College Newsletter and Friday Five. What issues are identified in the newsletter and what are the latest issues facing the profession?
16. a) A pharmacist must review a patient's DPIN record. What are the circumstances under which the DPIN record can be accessed by pharmacist or pharmacy technician? What documentation is required? With whom can the pharmacist share the contents of the record? With whom can it not be shared?  
b) How can the DPIN-ER be accessed by a hospital pharmacist?
17. Where should the isopropyl alcohol and rubbing alcohol be stored in the pharmacy?
18. Review the practice direction, "Incidents and Discrepancies". Have the preceptor play a patient returning to the pharmacy after receiving the wrong medication due to an error in dispensing. What does the intern say and do? What documentation is required? What are the reporting and documentation requirements had the dispensing error occurred prior to patient receiving the medication?
19. Have the intern describe one process or task in the pharmacy that could be improved to reduce the likelihood of a medication error or patient care incident.
20. A pharmacy calls you and needs 30 tablets of Morphine Slow Release 60mg tablets to fill a prescription. Can you supply the medication? What procedures must you follow if you supply this medication?
21. Dr. Eff calls you asking what requirements are needed on the hydromorphone prescription they are wanting to prescribe for a patient. How do you respond?
22. A veterinarian wants to prescribe a narcotic covered by the M3P program for an animal but is not sure if they can How do you respond?
23. Describe the practice roles which all pharmacists can undertake and those which require additional training as well as certification by the College.
24. What is an extended practice pharmacist? Describe their expanded authority and the restrictions under which they can practise and prescribe.
25. A community or hospital pharmacy can receive an application for additional components of the pharmacy. Describe the different components and if any apply to your internship pharmacy.
26. Some prescribers are required to include the treatment goal or clinical indication on any prescription they issue. What is the reason for this requirement and for which prescribers is this a requirement?



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27. Section 83 of the Regulations to the *Pharmaceutical Act* discusses ensuring patient safety. Review this section and discuss how this can be complied with and documented in community and hospital practice.
28. What are the requirements for a pharmacy to provide opioid replacement therapy (ORT)? What medications are used for ORT? Who can prescribe these drugs?

## B. Pharmaceutical Care Plans Assignment

For the following cases review the patient's medications and list all potential drug-related problems and develop a pharmacy care plan for each one.

Case 1. Mrs. B is a frail woman who now lives with her daughter's family. Despite her medical problems, Mrs. B is usually bright and always enjoys interacting with her two young, active grandsons. Recently, however, Mrs. B can't remember their names, seems drowsy all day and is increasingly confused. Because of her mental deterioration, she forgets to eat and has been losing weight. Mrs. B's daughter is very concerned and has brought all of her mother's prescriptions to you for review.

### Patient Record:

PATIENT: NB D.O.B.: 06 June 1964  
Allergies: None known Weight: 41 kg  
Chronic problems: atrial fib, stroke (1992), glaucoma, breast Ca (2020), joint pains  
New problems: dementia, confusion, recent mental deterioration, weight loss

Drug	Sig	Start	Stop
Digoxin 0.125 mg tab	one tab daily	not known	
Furosemide 40 mg tab	one tab daily	not known	
Pot. chloride 600 mg SR tab	one tab daily	not known	
Prednisone 5 mg tab	two tabs daily	not known	
Timolol 0.5% ophth sol'n	two drops in each eye twice daily	not known	
Ranitidine 150 mg tab	one tab twice daily	not known	
Tamoxifen 10 mg tab	one tab twice daily	not known	
Multivitamin tab	one tab daily	not known	
ApoCal® 500 mg tab	one tab three times daily	not known	
Flurazepam 15 mg cap	one cap at bedtime	not known	



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**Case 2.** Mr. Singh is a resident in a long-term care facility. Since the death of his wife, he has been profoundly depressed and states that he doesn't really care if he lives or dies. Recently, he seems confused at times and calls out the name of his wife, disturbing other residents and staff. In addition, he has fallen on a number of occasions. The facility staff ask if any of his medications could be causing some of his problems.

## Profile of Long Term Care Medications

PATIENT: Singh, Pravdeep                      D.O.B.: 12 Jan 1956  
Allergies: NONE                                      Weight: 86 kg  
Chronic problems: HT, depression

Drug	Sig	Start	Stop
Amitriptyline 50 mg tab	one tab at bedtime	09 Sep 2019	21 Feb 2020
Multivitamin tab	one tab daily	09 Sep 2019	
Triazolam 0.25 mg tab	one tab at bedtime	09 Sep 2019	
Propranolol 40 mg tab	one tab three times daily	09 Sep 2019	
Hydrochlorothiazide 25 mg tab	one tab daily	09 Sep 2019	
Bowel protocol	as directed	21 Nov 2021	
Amitriptyline 50 mg tab	two tabs at bedtime	21 Feb 2021	
Chlorpromazine 25 mg tab	one tab prn agitation	03 May 2022	
Mupirocin oint	apply to scrapes prn	03 May 2022	

## C. Communication Assignment

1. Document at least one noteworthy example of a counselling session you had with a patient for a prescription drug as per the College's counselling requirements.
2. Document at least one noteworthy example of a consultation you had regarding the choice of a non-prescription drug.
3. Document at least one noteworthy example of a patient care intervention that involved consultation with the prescriber and follow-up with the patient.
4. Document at least one noteworthy consultation regarding patient care and/or medication management with a physician or other health professional (dentist, nurse, veterinarian, pharmacist, midwife, etc.)
5. What barriers to effective communication with the patient and prescriber exist in the pharmacy? In the hospital? How could you overcome these barriers?
6. In what ways can you improve patient compliance (include specific examples of compliance aids)?



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7. What procedures do you follow if a prescription is incorrectly written by a prescriber?
8. During the course of a consultation with a physician, a disagreement arises and the physician requests from the preceptor his/her name and license number. What should the response be?
9. A young woman receives her last authorized refill of her carbamazepine. When you mention that she will need a new prescription next month, she responds, "I think that I am going to quit taking it because I want to get pregnant." Describe your pharmaceutical care process.
10. An insomnia sufferer asks about using melatonin. They want to know how it works, what form and dose to take and if there are any side effects. What would you tell them?
11. Describe the action you would take in each of the following scenarios:
  - a) A dentist calls to ask about the current recommendations for prophylaxis of bacterial endocarditis. His patient is an adult male with a heart murmur who is allergic to amoxicillin. What do you recommend?
  - b) A patient is concerned about the cost of his therapy. Explain the options available to him for coverage or alternative therapy that he could discuss with his physician.
    - i. Describe your response to his concerns about the cost of his prescription and his options for coverage.
    - ii. The brand of medication that the pharmacy usually carries is on back order. What do you do?
  - c) A female patient presents a prescription from a dentist for:

Penicillin VK 600mg QID M: 10 days  
Dr. C. M. (DDM)

When you fill the prescription, you note a penicillin allergy warning. Upon examination of the patient profile you note "severe intolerance to erythromycin July 2010". You also note that she is currently taking Marvelon 21 day<sup>®</sup>, warfarin 5mg OD, and amlodipine 5mg OD. What is your response to this situation?
  - d) A 52 year old woman with diabetes is being treated with a thiazide diuretic and lisinopril for hypertension. She pays for her own medications. When she comes in for her second refill she comments, "These drugs sure are expensive and they don't make me feel very good. I don't know why I bother taking them." Describe her potential drug-related problem and your approach with her.
  - e) A 64 year old female, just discharged from the hospital following treatment for deep vein thrombosis, presents a prescription for warfarin 5mg daily. She also requests Pepto Bismol<sup>®</sup> and low dose coated ASA. What should you do?
  - f) A physician phones regarding a terminal cancer patient who has been taking hydromorphone 1mg 1 tab q4h prn for pain. The patient is not pain-free. The physician is considering changing



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dosage to morphine long-acting tablets and fentanyl sustained-release patches and asks for a dosage recommendation. What would you recommend?

- g) A patient presents a prescription for erythromycin 500mg qid. The patient is currently taking carbamazepine CR 400mg tablets every 12 hours and multivitamins once daily. Are there any interactions that need to be addressed?
- h) A 48-year old woman has a new prescription for conjugated estrogen and medroxyprogesterone but isn't sure she wants to start hormone replacement therapy. She is considering trying herbal products first. Discuss with her the advantages and disadvantages of herbal and prescription products.
- i) A mother brings in a prescription for her 4 year old from a specialist for a 21 day supply of amoxicillin suspension. She requests the price and says that she can't afford the entire prescription. Can she take half? How do you respond?
- j) A patient presents a new prescription for venlafaxine. Her record reveals recent prescriptions for fluoxetine and she expresses concern about not taking it any more. She just read an article in the local mental health newsletter about "withdrawal syndrome" following abrupt discontinuation of fluoxetine. Can you assist this patient with her drug-related problem?
- k) Write a brief note on what steps you would take in following up a suspected adverse drug reaction.
- l) A physician calls asking for your advice regarding the use of a pain medication, an anti-nausea medication, and a blood pressure medication in a 28 week pregnant mother. What process would you follow to provide information to the doctor?
- m) A patient new to your pharmacy brings in a prescription for methadone witnessed daily doses. They have never used methadone before. List in detail, the steps needed to set up the patient at the pharmacy, and what needs to be covered in counselling the patient. What requirements are there for the pharmacist/pharmacy to dispense it?
- n) A concerned mother comes into your pharmacy and wants to know more about naloxone. What information do you provide her? Where can she purchase naloxone?
- o) The pharmacy manager uses an ethnic slur that makes you feel uncomfortable. How do you address the situation?





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## D. Non-Prescription Drug Assignment

1. On Saturday night, J. P. comes into your pharmacy and asks you for the best remedy for a toothache. He explains he cannot see his dentist until Monday morning. What would you recommend?
2. A hockey player asks if there's anything that he can use for his smelly feet. The other guys really hassle him about the smell in the locker room. He says that his feet are also itchy and flaky. What can he do?
3. A young mother is looking for Tylenol® drops for her four month old infant. You only have Tempra®. What instructions would you give this customer? She also needs Tylenol® as suggested by her physician for her 3 year old but wonders if ASA chewable would be better. What would you recommend?
4. A father of a 10 year old and a 3 year old asks for medication for car sickness. What would you recommend?
5. A young mother comes in on Saturday afternoon and states that her 6 month old baby had four loose bowel movements since morning. What would you recommend she do?
6. An elderly patient shows you a bottle of 100 Benadryl® capsules and says that they're the best thing they've found for getting to sleep. What advice would you give them?
7. A young female customer approaches your dispensary and asks to purchase Wake-ups® and a generic sleeping aid as she is in the middle of exams and needs to get through the next few weeks. How would you respond to this customer?
8. A mother suspects that her five year old (21 kg) child has pinworms. How would you decide whether treatment is warranted? The mother informs you that there are two older children in the house, 8 and 9 years old.
9. A 18 year old female asks for the best thing for a yeast infection. She has not had a yeast infection before. What products can she use if she may be pregnant?
10. B. L. comes in asking your advice with respect to her contact lenses. She is just starting to wear them again after 1 year. When looking at all the products available now she can't remember what she used to use.
11. A local day care operator comes to you in a panic. She has 12 children, ages 4 to 8, attending a summer program and one child was found to have head lice today. The children all share their clothes, baseball caps and hair bands. What should she tell the parents? What advice do you give to the individual parents who come to you?



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12. A father asks if it is wise to give iron drops to his 4 month old child, as a neighbour said it promotes good bone development. He also wants to know if he should be taking an iron supplement. What are the differences between the various formulations and salts?
13. D. L., a local basketball player, says she would like a vitamin to give her more energy. She requests the very best and says price is no object.
14. A mother comes in for a cough syrup for her diabetic teen. How do you choose a product? Where would you find this information?
15. R. L. has a puzzled look on his face while standing in front of the cough and cold preparations. She asks which product line is best and which preparation you would recommend for her cough. What can you recommend if she is breastfeeding? Has high blood pressure?
16. B. B. comes in complaining of a mild recurrence of his hemorrhoids. What advice and recommendations would you give B. B.?
17. L. J. has decided to quit smoking. She wants to know which is better: the gum, the patch, or the inhaler. She would also like to know if there are other alternatives to these products and if she can use some of the products together. She is concerned that one product alone will not be strong enough for her to overcome the cravings. She also wants to know if vaping is better.
18. A student with obvious acne on their forehead and chin asks your advice. What general information would you give? What treatment plan would you make? What counselling would you provide?  
  
The student returns in a week after using a product containing benzoyl peroxide 5%. Their acne has improved but their skin looks sunburned. What questions do you ask? What is your recommendation?
19. P. Q. asks your advice concerning St. John's Wort as he wants to go off his prescription antidepressant. What is your advice to this patient?
20. You have observed that an elderly man has been purchasing a stimulant laxative regularly for several months. He approaches you today and requests your advice on a product that is stronger because what he has been using is no longer effective. Given this opportunity, how would you question and counsel this customer?
21. A customer approaches the dispensary and asks what herbal products you would recommend to make his cold better before he goes on holidays.
22. A contact lens wearer asks you to recommend a product for his dry eyes. He would like to find one that he can use with or without contacts.
23. A woman who is 8 months pregnant asks for a laxative and mentions that she also has hemorrhoids. What products are safe for her to use?



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24. A young couple is planning a two week trip to Europe. They don't want to feel jet-lagged and ask about melatonin. What information do you provide?
25. An ostomy patient explains to you that he is experiencing irritation around his stoma site. What general treatment measures and/or products would you recommend?
26. A patient was reading about the link between homocysteine and heart disease. They would like to take preventative measures and asks about foods that they should add to their diet to increase their folic acid intake.
27. A patient has recently been diagnosed with Type 2 diabetes and you have discussed the benefits of monitoring their blood sugar. The patient has a comprehensive insurance plan that would cover the cost of the monitoring device. Can you issue a prescription for the patient's blood sugar monitor, and strips? What are the requirements when issuing a prescription? What do you do if the patient decides they want to purchase the device elsewhere?
28. Mrs. Brown brings in all her medications in a paper bag and has asked if you could put her medication in compliance packaging from now on. Mrs. Brown is on some multivitamins as recommended by her optometrist to help with her macular degeneration. She would like them included in the blister pack as well. What action can the pharmacist take in order to fulfil Mrs. Brown's request?

## **E. Community Pharmacy Assignment**

1. A teenage girl has just spent the day sun tanning at the beach. She is now trying to alleviate the discomfort of her sunburn. How would you assess the severity of the burn and under what conditions would you refer her to a doctor?
2. A mother comes in with her baby and 2-year old toddler. They are planning a weeklong vacation at a cottage on the lake. What recommendations would you give the mother about sunscreens for the children? What about bug spray?
3. One of your regular patients with arthritis asks you about a cream she just heard about. She says she can't remember the name, but thinks it was made from hot peppers. What product is she referring to? What can you tell her about the product and its use? Are there any other products you would recommend?
4. A young woman, J. L., confides in you that she is 2 months pregnant. Her midwife has recommended prenatal vitamins, but J.L. thinks her diet is adequate. What information would you give her?
5. A middle-aged couple ask about antioxidant vitamins. They are concerned that the food supply is being contaminated with antibiotics and pesticides. They are also interested in the "heart-protective" effects of these vitamins. What vitamins are they referring to? What do you suggest?



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6. A baby (6 months old) has an upper respiratory tract infection. His mother has been told that the air is too dry in her son's room. She does not know whether to buy a cool mist or a warm mist humidifier. What is the difference between the two and which would you recommend? His mother also asks where she can find the Vicks Vaporub<sup>®</sup>, as she thinks that a small amount applied to the baby's chest may help relieve his congestion. What could you tell her?
7. A patient comes to the dispensary. They are obviously short of breath, audibly wheezing and can hardly speak because of an acute asthmatic attack. They have forgotten their inhaler and ask you to give them one of those "blue puffers" right away. What would you do?
8. A new patient comes to your pharmacy with a discharge prescription for Oxycocet<sup>®</sup> and erythromycin after having surgery. Upon filling the prescriptions, you check the patient's DPIN and discover she is on a daily dose of methadone. What do you do? Whom do you contact? How is pain managed for a patient on methadone? What medications interact with methadone?
9. A patient brings in a half finished bottle of vitamins. The vitamins were purchased in your pharmacy just four weeks ago and the product is now outdated. The patient wants his money back. How would you handle the situation?
10. The husband of a patient you know to be terminally ill comes in at closing on Friday night. His wife has just run out of Morphine Slow Release 60mg tablets which she has been getting regularly for the past 8 weeks. On her patient record, you see that the current prescription wasn't due to run out for at least another 10 days. What do you do tonight?
11. You see a 9 year old boy in the store by himself who has picked up a bottle of mouthwash and concealed it in his back pack. What do you do?
12. You get a telephone call from a physician's office and the person on the telephone is giving you a new prescription for a patient that will be attending your pharmacy. You realize the person giving the order is not the physician, but is the nurse working in the physician's office. How do you handle this situation?
13. You have never handled Suboxone<sup>®</sup> prescriptions in your pharmacy. A patient, who is unknown to you, tells you that he is planning on moving into the area and asks if you would dispense his prescriptions. What is your response?
14. A young woman approaches your pharmacy technician and requests Plan B<sup>®</sup>. She is referred to you and during the consultation asks you if there will be any problem with her seizure medications and if the effectiveness of Plan B<sup>®</sup> will change. What do you tell her?
15. A student approaches you for Plan B<sup>®</sup>. The pharmacist on duty with you thinks she recognizes the student from a few weeks ago when she received Plan B<sup>®</sup>. During your private consultation with the young woman she admits that she has used Plan B<sup>®</sup> three times in the last 2 months and wonders if there are other alternatives as this is very expensive. What are your recommendations?



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16. A nurse practitioner (i.e. an extended practice registered nurse) calls you to prescribe pain medication for one of her patients. What medications can she/he prescribe depending on the conditions on the nurse practitioner's license? How would you verify the prescribing authority of the nurse practitioner?
17. Describe the process and documentation needed when a pharmacist refuses to fill a Manitoba Prescribing Practices (M3P) prescription.
18. A patient needs more of a medication, but there are no refills remaining on the prescription. What would you do when the prescriber has not returned the request for additional refills?
19. A patient attends your pharmacy at closing on a summer Friday night before a long weekend and requests a refill for a corticosteroid cream she uses for a poison ivy rash she gets periodically at the cottage. In reviewing her patient profile you note she has 2 refills for the prescription that are two years old. Neither you nor her will be able to contact the physician until the following Tuesday and access to a physician on call, emergency room or walk-in clinic is not possible. What are your options?
  - (a) Describe if your options change and how, if you know the patient's medical history?
  - (b) Describe if your options change and how, if there is no repeat authorization on the prescription?
  - (c) Describe if your options change and how, if the prescription is for Tylenol #3 for a different chronic medical problem and the part fill authorization was two years old?
  - (d) Describe if your options change and how if the prescription was from another pharmacy and how, if you can, or cannot contact the other pharmacy?
  - (e) Which medications have expiry dates on refills?
20. Another pharmacist working in the pharmacy is self-medicating with numerous prescription drugs for a variety of ailments and taking the medication from stock. What would you do?
21. A young man was working out and "pulled a muscle" in his back. He brings you two products that look similar, Robaxisal® and Robaxacet®. He asks you which one is better and also wants to know if there is something stronger available. What advice would you give him?
22. A young woman who is breast-feeding her 3-week old baby is concerned that she doesn't seem to have much milk. What do you suggest? She returns a few days later and asks about infant formulas. What would you recommend? How would you counsel the woman about preparing the formula and bottles?
23. What is the phone number in your community for the Poison Control Centre? For the non-emergency police line?
24. Describe two scenarios where you and your preceptor adapted a prescription. What is the procedure to follow when adapting a prescription?



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25. MS is a regular patient in your pharmacy and had a heart attack 3 years ago. They were started on atorvastatin 80mg daily and then the dose was decreased after six months to their current dose of 20mg daily. Today, MS is requesting a refill, but the prescription no longer has any refills remaining and they are leaving for a month long vacation tomorrow. What information would you require to be satisfied before renewing a continued care prescription? What quantity would be dispensed? What documentation and notification are required? Who is the prescriber on a continued care prescription?
26. Discuss the statement: "Remember the authority to prescribe must never be interpreted to be an expectation to prescribe". Describe a scenario whereby a pharmacist may decide to refuse to prescribe a continued care prescription.
27. You have received your authorization to administrate drugs and vaccinations by injections from the College. Discuss whether this means you can inject any drug at any time. What are the limitations in community practice? What are the limitations in hospital practice?
28. Describe the different tasks that a pharmacy technician can undertake compared to a pharmacy assistant or a pharmacy student. In a pharmacy with a College approved pharmacy technician final check process, what is the responsibilities of the pharmacy technician, the pharmacy manager and the pharmacist?
29. A young man comes in to purchase needles and insulin without a prescription. What do you do? Does it change the way you handle the situation if these products are being used for illicit drug use?
30. A patient arrives at your pharmacy for their scheduled injection appointment. Another patient has questions about their new diabetic meter and the pharmacy assistant has already asked them to wait in the counselling room for you. There is a prescriber on the phone wanting to speak with you and several patients are waiting to pick up their medications. How do you manage this situation? What can the pharmacy assistant do to help you? What can a pharmacy technician do to help you?
31. A patient calls to have their medication delivered but nobody will be home at the time of delivery. They ask that their medication be left in their mailbox. What do you do?

## **F. Hospital Pharmacy Assignment**

1. It is Wednesday morning and you are reviewing an order that is written for:
  - gentamicin 120mg IV load and 100mg IV q12h
  - clarithromycin 500mg po q12h
  - lisinopril 10mg po od (non-formulary drug at your hospital)
  - pilocarpine 4% eye drops (someone just used the last one)

Please outline the steps you would follow in dispensing these medications. How would these



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procedures change if it were Saturday evening?

2. Outline the principles of aseptic technique. What differences in technique are required when working in horizontal and vertical laminar air flow hoods?
3. How are narcotics/controlled drugs distributed in the hospital?
4. Describe the policies, standards and procedures of your hospital and the Department of Pharmacy regarding investigational drugs.
5. Who are the members of the Pharmacy & Therapeutics Committee and what are their roles?
6. Define the formulary system.
7. What are the principles of total quality improvement? Describe the involvement of the pharmacy staff in the total quality improvement process.
8. A nurse from the ward calls regarding the compatibility of 2 medications. What other information would you require from the nurse to answer the question?
9. You receive a chemotherapy order for protocol WXYZ Cycle 1 Day 1 listing drugs and dosages. You are unfamiliar with the WXYZ protocol. How will you:
  - (a) get information about the protocol?
  - (b) ensure that nursing is familiar with the protocol?
  - (c) ensure that the patient is counselled regarding the chemotherapy?
10. A TPN patient with renal dysfunction has developed hyperkalemia. You receive an order to decrease the  $K^+$  content of the TPN. What changes, if any, would this involve in the compounding process for TPN's in your pharmacy? List monitoring parameters for the patient.
11. What type of drug distribution system is employed in your hospital? List the advantages and disadvantages compared to other systems.
12. You are working at a small hospital pharmacy. It's 5:00 p.m. on Friday afternoon and an order arrives in the pharmacy for M-Eslon® 100mg tablets. This product is currently not included in your inventory. The patient is being treated for osteosarcoma and has just been transferred to your centre with a prescription written by the attending oncologist at a tertiary care hospital, located several hundred miles away. The patient indicates that he received this medication at the other hospital and it is the only thing that has controlled the pain. You are in a rural town with no other hospital services. The nearest pharmacy is 30 km away and after phoning the pharmacist there, you determine the product is not available from him/her. What do you do?
13. You are working at a hospital pharmacy in Winnipeg. An order arrives in the pharmacy for an amphotericin B intravenous infusion, which your sterile products department prepares on a regular basis. What are the facility requirements for sterile compounding?



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14. You are working on a Saturday evening and a resident calls the pharmacy to see if you stock sumatriptan. One of their patients on the ward gets frequent migraines which only respond to this drug. Sumatriptan is non-formulary at your facility, however you do know there is one package currently in stock. What would you do?

Would your response be different if the resident were calling from the emergency department or an outpatient clinic?

15. A nurse calls the pharmacy and tells you she was just injecting phenytoin into a running IV and the catheter now appears to be occluded. What additional information might you like to know and what would you tell the nurse?
16. You can't read the handwriting on a prescription and the prescribing physician has left for the evening. You call the patient's nurse, but she informs you that the notes on the chart are equally illegible. The prescription is either for amoxicillin or ampicillin 2g PO ONCE. How would you handle this situation?
17. Another pharmacist in your hospital is self-medicating with numerous prescription drugs for a variety of ailments and taking the medication from stock. What would you do?
18. One of the physicians who you work with on the ward approaches you and tells you she has a very bad cold and runny nose. She is wondering if you can get her a few Sudafed® to get her through the day shift. How would you respond? Would your response change if she requested a one-time dose of celecoxib?
19. While filling a prescription, you notice from the patient's record that a serious drug interaction could take place with a concurrent medication. When you contact the doctor, he says he has many patients taking the same combination and refuses to change the drug regimen. Identify the issues and possible courses of action available to you.
20. It is the end of your shift, and you are checking one of your patient's charts when the patient's husband approaches you. His wife is a palliative care cancer patient who you have been following for several weeks. He seems frustrated over the way his wife is being treated, and feels as if everyone on the care team is ignoring his concerns. He begins to tell you that over the past 24 hours, his wife's pain has increased and nothing has been done about it. How would you approach this situation?
21. List at least 2 reference sources for each of the following types of medication related questions:
- Pediatric dosages
  - IV drug administration
  - IV compatibility
  - Drug-drug interactions
  - Drug side effects
  - Drug dosing in renal failure





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22. You are screening prescription orders in the dispensary when you suddenly recognize one of the patient's names as a former employee of the pharmacy department who retired several years earlier. By the medications which were ordered, you deduce that your former co-worker is being treated for some type of cancer. She was a very popular employee and you know the other pharmacists on duty would love to see her. How would you handle this situation?
23. You are working alone late Friday night in the dispensary and you have 30 minutes left on your shift when an order for a morphine epidural infusion arrives on your desk. The IV admixture service of your department prepares all epidural infusions for each patient, however, all of the staff has gone home for the day. Neither you nor the nurses are familiar with preparing these types of products. How would you handle this situation?
24. A physician calls you to find out how to obtain rifampin IV. How could she obtain this product and where would you find the telephone number for the Special Access Program in Ottawa?
25. A physician approaches you on the ward regarding a 7 year old female patient weighing 67 kg, her serum creatinine is 140 mmol/L. He would like to know whether any of the patient's medications will require dosage adjustment, and if so, what dose would you recommend. He would like to start the patient on acyclovir, ranitidine, and diphenhydramine.
26. One of your patients had a pre-phenytoin level drawn this morning which was 12 mcg/mL. What factors can affect phenytoin levels and how would you determine if this value is appropriate?
27. You are working the night shift and receive an order from a medical resident for ceftazidime 500mg IV q8h for an 11 month old, 10 kg child. The next dose is due at 0100 hours. Ceftazidime requires a mandatory Infectious Disease consult for use at your facility, and so you page the prescribing resident to discuss the order. He informs you that the patient has just arrived from a small rural hospital by ambulance and was started on the ceftazidime there. He is reluctant to change the order until he can contact that hospital in the morning to determine why they started therapy. How could you approach this situation?
28. You review the following order in the dispensary: Calcium chloride for peripheral administration 5 mmol/kg/24 hours. What additional information do you require in order to fill this prescription?
29. A patient has just lost his only intravenous access line, but still requires one more dose of cefotaxime, vancomycin, and gentamicin to complete 7 days of therapy. The physician has asked the nurse to contact the pharmacy to see if you have any suggestions. What suggestions could you give the team?
30. You are working the Friday evening shift in the dispensary and receive a call from another hospital in the area asking if they can purchase some stock from your facility to last them the weekend. What procedures would you follow to provide them with the following medications:
  - (a) erythropoietin 4000 units preloaded syringes?



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- (b) varicella zoster immune globulin?
  - (c) chloramphenicol ophthalmic solution?
  - (d) Ritalin SR® tablets?
  - (e) lorazepam 0.5 mg s/l tablets?
  - (f) acetazolamide injection?
31. You are on the ward looking at one of your patient's charts when a physician approaches you. She would like your opinion regarding some antibiotic levels. One of her patients (67 year old male, serum creatinine of 122 mmol/L) had a gentamicin level of 4.2 mg/L. The physician is wondering if she should change the dose. What would you recommend to this physician? Would any additional information be required before making a recommendation?
  32. What are the policies regarding potassium injectables, their distribution, and drug storage in your institution? How does this prevent medication errors?
  33. How does the facility respond to incident reports? Is there a review process and who is involved in that review process?
  34. Describe the activities in your institution to enable a medication reconciliation program upon admission and discharge.
  35. You have received your certification of authorization to administer injections from the College. Discuss whether this means you can inject any drug at any time. What are the limitations in community practice? What are the limitations in hospital practice?
  36. C.M. comes into the emergency department and will be admitted for urgent surgery. You check the patient's DPIN and discover she is on methadone. How does that impact her discharge when she is sent home 2 days later?
  37. One of your patients is started on continuous tube feeds. Their list of medications include: Slow K, alendronate, Nifedipine XL. How do you manage any potential problems with medication administration?
  38. A patient is admitted to hospital, and they are to continue their home medications venlafaxine and quetiapine. Ciprofloxacin is started to treat a urinary tract infection. What drug interactions may be present? Outline how you would manage the interaction, if applicable.
  39. You see a patient in the emergency department who is started on IV antibiotics. The patient is on dialysis three times weekly. What considerations must be made for their IV antibiotics?



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## Checklist for Completion of Internship Program

Once the intern has completed the internship program, a final review of the following information should be performed with the intern:

1. Internship Objectives
2. NAPRA's [2014 Professional Competencies for Canadian Pharmacists at Entry to Practice](#)
3. NAPRA's [Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada](#)
4. Guide to Pharmacy Practice in Manitoba
5. The College of Pharmacists Website ([www.cphm.ca](http://www.cphm.ca))
6. Completion of a minimum of 400 hours of direct patient care structured practical training (600 total) for international graduates
7. Intern's Self-Assessment
8. **Complete the DPRP**
9. **Complete the Case Scenarios and Questions**
10. Submission of internship forms (evaluations, feedback, etc.)



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## Internship Forms

### Where to access?

Once the Preceptor's Application has been approved, both intern and preceptor will be provided an email with instructions including a shared link where the internship forms will be found.

SHARED FOLDER: [Internship Forms](#)

**NOTE:** If for some reasons, you cannot access the link shared via email or the above link, you may also find the internship forms via your [Registrant Portal](#):

1. Go to **My Groups**
2. Select "**Active Registrants**"
3. Choose the "**Fillable Forms**" folder then select "**Internship Forms**" folder

You must fill the appropriate form at the appropriate time(s) and send it back to [registration@cphm.ca](mailto:registration@cphm.ca).

### Internship Evaluation Form

- ✓ This form is used for all 3 sections of the internship (200, 400 and 600 hours).
- ✓ When the preceptor has completed each evaluation, the intern must review it and sign it as well, **WITHIN 7 DAYS** of completion.
- ✓ Select from the dropdown on the header to indicate which part are you completing (Evaluation #1, #2, #3 or FINAL)
- ✓ The default rating on the form is "*Satisfactory*". Please use the drop-down to select the appropriate one for your intern (Exemplary, Satisfactory, Unsatisfactory, Needs Improvement, No Opportunity).
- ✓ Note: Interns must achieve a rating of satisfactory or exemplary in all areas of the final evaluation before they can successfully complete the internship program.
- ✓ When sending back the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> evaluation forms, please ensure you follow the below instructions:
  - If the intern is sending the evaluation form, please CC your preceptor
  - If the preceptor is sending the evaluation form, please CC your intern

### Final Internship Forms for Preceptor

- ✓ All forms must be filled out except for the appropriate statement of completion.
  - There are 3 different statements of completion for you to choose depending of the internship result. Please complete the appropriate one.

### Final Internship Forms for Intern

- ✓ All forms on this file must be filled out.