

Introductory and Advanced Pharmacy Practice Experience

PHARMACY STUDENT AND INTERN ROTATIONS RESOURCE

COLLEGE OF PHARMACISTS OF MANITOBA



COLLEGE OF
PHARMACISTS
OF MANITOBA

COLLEGE OF PHARMACY

Rady Faculty of
Health Sciences



University
of Manitoba

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Introduction

The College of Pharmacists of Manitoba (CPhM) in conjunction with the College of Pharmacy, University of Manitoba has developed a resource document for preceptors, clinical teachers, supervising pharmacists, pharmacy students and interns. This document will cover the role of the university's Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE) and the benefits of the program to all participants. In addition, preceptor qualifications and responsibilities and those of the participating students/interns will be reviewed. Preceptors, supervising pharmacists and clinical teachers must understand the scope of practice of students/interns and under what degree of supervision they can perform these tasks. Please note that IPPE and APPE are replacing the previous Structured Practical Experience Program (SPEP), which was phased out following the final graduating BSc (Pharm) class in May 2021.

Under the Pharmaceutical Regulation, a pharmacy student entering the final year of the Pharmacy program at the University of Manitoba is an intern once they are on the intern register of CPhM. Students who have had their CPhM Intern application approved become classified as interns in their final year of the undergraduate program.

The APPE hospital and community pharmacy rotations replaced the required post-graduate internship period for College of Pharmacy, University of Manitoba graduates, effective immediately for those interns graduating in 2023.

Although not required, upon completion of the PharmD program at the University of Manitoba, graduates may still choose to apply to practice as a post-graduate intern under the supervision of a preceptor approved by CPhM Council until the results of the subsequent sitting of the Pharmacy Examining Board of Canada (PEBC) Qualifying Examinations become available. This would permit graduates to continue practicing to the full scope of an intern under supervision of a licensed pharmacist, until they meet all other registration and licensing requirements. A graduate who chooses not to apply as a post-graduate intern may only work and perform the tasks in a pharmacy as an "other person" (i.e., pharmacy assistant). Please see the CPhM website for more information: <https://cphm.ca/professional-registration/u-of-m-students/>.

Role of Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE)

The Experiential Education curriculum for the PharmD program at the College of Pharmacy consists of two 4-week Introductory Pharmacy Practice Experiences (IPPEs) in community and hospital pharmacy practice settings. These IPPE rotations occur in the 2nd year of the program. The 4th year of the program consists of four 8-week Advanced Pharmacy Practice Experiences (APPEs) which take place in a community pharmacy, hospital pharmacy, primary care setting and an elective. These rotations will consist of structured activities designed to meet goals and objectives that are mapped to [AFPC Educational Outcomes \(2017\)](#) and [NAPRA Competencies for Entry to Pharmacy Practice](#). These practice sites will provide enhanced opportunities for pharmacy students and interns, under the appropriate guidance of

approved preceptors, to begin providing patient-centered collaborative care that optimizes patient's medication and overall health needs across the care continuum.

Interns from the College of Pharmacy, University of Manitoba, beginning May 2022, must complete the 600-hour internship requirement during the APPE hospital and community pharmacy rotations, demonstrating entry to practice competence for registration as a pharmacist.

Preceptors

Preceptors are vital to a successful rotation. Students often describe this relationship as having the most impact on their practice learning. Preceptors lead, coach, mentor and promote professional development of students and interns, as well as being a role model for them in a real-world practice setting. APPE preceptors for community and hospital pharmacy rotations also help ensure interns are competent to practice as a pharmacist.

The College of Pharmacy, University of Manitoba strives to identify preceptors who will act as positive role models for students/interns and who, in general, demonstrate the following behaviors, qualities and values as applicable to their area of practice:

- Practice ethically and with compassion for patients.
- Accept personal responsibility for patient outcomes.
- Create safe spaces in their practice that enable inclusive care.
- Possess professional training, experience, and competence corresponding with their position.
- Utilize clinical and scientific publications in clinical care decision-making and evidence-based practice.
- Have a desire to educate others (patients, caregivers, other health care professionals, students, pharmacy residents), and are familiar with the learning activities for the rotation they are overseeing.
- Possess an aptitude for facilitating learning and a willingness to provide ongoing feedback.
- Able to evaluate, assess and document student performance and submit an assessment of the student's progress to the university.
- Have a systematic self-directed approach to their own continuing professional development.
- Collaborate with other health care professionals as a member of a team.
- Are committed to their organization, professional societies, and the community.

Precepting a student/intern provides an opportunity to nurture and promote the pharmacy profession, develop personally and influence the maturation and education of our future colleagues. Preceptors play a significant role in the professional development of students and help in shaping and assessing their readiness for practice. Some of the benefits to the preceptor include:

- Helping a student transition from classroom to practice.
- Experiencing gratification in seeing an intern/student's knowledge and confidence expand and grow from your efforts.
- Facing exposure to new perspectives and knowledge. Students may challenge and re-energize an interest in learning.

- Experiencing the satisfaction of knowing you have facilitated transition from a student to a colleague by acting as an educator, coach, cheerleader, and advocate.
- Having the opportunity to showcase your workplace and attract students/interns to your environment.
- Expanding services by engaging students to assist with projects and patient care initiatives, leading to practice change and improved patient care.
- Sharing your wisdom of practice and professional expertise - skills that cannot be taught in a classroom.

Participating as a preceptor for pharmacy students/interns is a CPhM accredited learning activity for pharmacists in Manitoba. Preceptors must document their significant learning experiences personally gained through involvement in the preceptorship and the contact time associated with the learning in their online Professional Development Log. A preceptor Statement of Participation can be found on the [College website](#).

Pharmacists can only claim as much time as was spent doing active learning/research with the student or intern, and these activities need to be documented.

At the completion of the preceptorship, pharmacists calculate the total number of continuing education units (CEUs) obtained through participation as a preceptor and enter this number on the statement of participation. For the purposes of calculation, involvement in one contact hour of an accredited learning activity is equivalent to one CEU. The statement of participation and list of documented learning experiences must be kept in the pharmacist's Learning Portfolio as a record of involvement as a preceptor.

Clinical Teachers

The Clinical Teacher is defined by the College of Pharmacy, Rady Faculty of Health Sciences. The Clinical Teacher:

- a. Possesses an undergraduate pharmacy degree or another health professional qualification and possesses a regulated health care professional license.
- b. Is an individual who provides clinical supervision and/or teaching in the classroom/tutorial/experiential education setting to undergraduate health professions trainees in the pharmacy professional program. The Clinical Teacher who is a licensed pharmacist and supervises students on experiential rotations may also be named as a preceptor. Duties for Clinical Teachers are limited to teaching responsibilities only (no assignment of academic duties in scholarship or service).

Responsibilities of Preceptors, Clinical Teachers, Students/Interns and University of Manitoba, College of Pharmacy

University: The general responsibility for the education, training, and supervision of interns in their fourth year and pharmacy students, rests with the University of Manitoba, College of Pharmacy.

Preceptor: The preceptor is responsible for providing educational opportunities, evaluating, and supervising the intern or pharmacy student in accordance with information provided by the University of Manitoba, College of Pharmacy and/or CPhM, and in compliance within the policies and procedures at the pharmacy. The preceptor also retains overall responsibility for the care, treatment and safety of the preceptor's own patients and clients. A preceptor must be competent to perform and supervise the activity of the student or intern. They must understand the scope of practice of the student/intern and the level of supervision required for each. Also, the preceptor must be able to allocate the necessary time and resources for preceptor activities. Preceptors are provided an orientation which includes UM policy on the expectations of a respectful workplace environment and guidance for an appropriate learning environment for pharmacy students and interns. APPE preceptors for community and hospital pharmacy rotations also assess interns to ensure they are competent to practice as a pharmacist.

Clinical Teacher (non-pharmacist in non-pharmacy patient care setting): Clinical Teachers are responsible for providing educational opportunities, evaluating and supervising the intern or pharmacy student in accordance with information provided by the University of Manitoba, College of Pharmacy and/or CPhM, and in compliance within the policies and procedures at the non-pharmacy patient care setting (e.g., Primary Care facility). The Clinical Teacher supports the pharmacist preceptor who may be on site or supports the intern remotely in a non-pharmacy patient care setting. The Clinical Teacher, who is not a pharmacist, must also possess a Nil Salaried Academic Appointment within the Rady Faculty of Health Sciences.

Supervising Pharmacist: Supervising pharmacists are responsible for providing educational opportunities, evaluating and supervising the intern or pharmacy student in accordance with information provided by the University of Manitoba, College of Pharmacy and/or CPhM, and in compliance within the policies and procedures at the pharmacy or non-pharmacy patient care setting (e.g., Primary Care facility). The supervising pharmacist supports the pharmacist preceptor and may possess a Nil Salaried Academic Appointment within the Rady Faculty of Health Sciences.

Students and Interns: Students and interns are responsible for their performance in accordance with the IPPE/APPE learning objectives. Students and interns must comply with legislation and practice within the scope allowed under the legislation. They must be competent and knowledgeable to perform these tasks.

Liability

The University of Manitoba's CURIE medical malpractice coverage extends to "*physicians, surgeons, dentists, nurses, technicians, pharmacists, students, interns, fellows, post-doctoral trainees, residents or other persons engaged in the application of Health Sciences...while registered as a student, undergraduate*

or otherwise, at the Named Insured, in respect of any activity related to the discipline in which they are so registered, in furtherance of their education or training in such discipline, whether conducted on or off the campus".

This coverage is very broad, with the important limiting factor that **they must be doing the activity in furtherance of their education or training while a registered student.**

Pharmacy students/interns and their preceptors, while on IPPE and APPE rotations, are covered by University of Manitoba insurance for their acts undertaken while in a learning/teaching/educational capacity.

Supervision

Supervision is an important element in healthcare professional training and practice. It is central to the learning process, as it incorporates opportunities for self-evaluation as well as the development of analytical and reflective skills in the person being supervised.

Experiential learning is an important aspect of health professional training and helps to develop the competency of the student/intern as demonstrated by the use of their knowledge, skills and abilities in providing patient care. Irrespective of the context in which students and interns are supervised, preceptors must ensure that they have the appropriate amount of time to allocate to this activity in order to provide an enriching experience for themselves and the student/interns and also to ensure safe patient care and pharmacy practice.

A preceptor is expected to meet with a student or intern regularly to discuss the progress of their performance, give feedback on how to further develop competence and provide formal assessments throughout the supervision period. The degree of oversight required by the student or intern can be adjusted as their professional judgement develops and as the legislation allows. **It is important to note that a student during their IPPE rotations must always perform tasks under direct supervision of a member whereas interns during their APPE rotations may engage in the practice of pharmacy under indirect supervision, if appropriate.**

The professional obligations of pharmacists, students and interns and pharmacy technicians regarding supervision as well as the level of supervision required for different pharmacy personnel including interns and students are outlined in the *Pharmaceutical Act*, Regulations and the Practice Direction – Supervision. The [Practice Direction – Supervision](#) outlines two levels of supervision: direct and indirect and should be reviewed in its entirety on the CPhM website.

Direct supervision: the pharmacist must be physically present and ***be able to observe and promptly intervene and stop or change the actions*** of the supervised individual.

Indirect supervision: the pharmacist must be readily available for consultation by the supervised individual and, if necessary, provide hands-on assistance.

A pharmacist who provides either direct or indirect supervision must:

- be competent and authorized to perform the activity being supervised,
- be competent to supervise the performance of the activity being supervised,

- be satisfied that the supervised individual has the knowledge, skills and experience to perform the activity,
- ensure that the individual being supervised complies with the legislation governing the practice and specific activity,
- ensure that the individual does not perform the final check in any activity that requires a pharmacist or pharmacy technician to perform the final check of that activity,
- perform the final check of all activities performed by interns or pharmacy students unless the pharmacist permits the intern to perform the final check. The preceptor would make this decision and bear responsibility, and
- be knowledgeable of which tasks can be performed under direct or indirect supervision.

Patient safety and the delivery of efficient and effective patient care is paramount and will guide the preceptor’s determination of how much autonomy the student or intern will have in the execution of the duties. Also factoring into this consideration is the complexity of the patient’s condition and the level of risk in clinical decision-making.

The application of a model of graduated experiential learning will ensure that the student or intern is prepared to provide patient-centered care, which is dependent upon the development of clinical practice skills, critical thinking skills and decision-making skills under conditions of uncertainty.

Documented assessments demonstrating the student/intern’s progress is evidence to their readiness to participate in enhanced practice opportunities. As the intern’s clinical judgement develops, they can be permitted to practice under indirect supervision. For example: counsel patients in a patient care unit with the preceptor or clinical teacher available within the healthcare facility for consultation by telephone and/or hands on with minimal delay, as required (as long as the activity in question falls within the clinical teacher’s scope of practice as a healthcare professional). Note: This situation does not apply to students due to the requirement for direct supervision.

Assignment of duties:

At the beginning of the rotation, the preceptor should review the knowledge base and skill of the intern or pharmacy student with the individual, and review the information provided by the University of Manitoba College of Pharmacy, in order to determine the appropriate tasks which may be performed by the student or intern during the rotation.

Further duties may be assigned by the preceptor to the student or intern as the rotation progresses and as the preceptor reviews the student’s or intern’s progress.

Pharmacy Students:

All activities undertaken by a pharmacy student must be under direct supervision of a pharmacist.

Interns:

An intern is authorized by the Pharmaceutical Regulation to perform the same restricted activities as a licensed pharmacist under the preceptor’s direct or indirect supervision.

Scope of Practice

The Pharmaceutical Regulation outlines the responsibilities of the pharmacy manager and pharmacists regarding supervision of interns, students, technicians, and other pharmacy staff. Pharmacy personnel, interns and students should not be permitted or required to perform a task for which they do not have the requisite knowledge, skill or judgment necessary for the task.

Interns under the *Pharmaceutical Act* include students registered with CPhM as interns in their fourth year of pharmacy at the University of Manitoba (APPE participants) and post-graduate CPhM pharmacy interns. Section 58 of the Regulation states that in a pharmacy, an intern may engage in any aspect of the practice of pharmacy under a member's supervision. These practices would include:

- receiving and recording a verbal prescription from a practitioner,
- assessing and approving a prescription for filling,
- providing or receiving a written or verbal transfer of a prescription,
- engaging in an included practice,
- educating a person or health care professional about a drug or drug therapy.

The “included practices”, under Section 2(2) of the *Pharmaceutical Act* are:

- prescribing drugs,
- administering drugs,
- interpreting patient-administered automated tests and
- ordering and receiving reports of screening and diagnostic tests.

An intern is permitted only to engage in these activities during their APPE rotations or post-graduate internship and not while employed at a pharmacy outside of their APPE rotations or post-graduate internship.

** A pharmacy intern (both undergraduate and post-graduate) can prescribe drugs for self-limiting conditions (SLC) and administer drugs and vaccines by injection only if they have received approved training and are under supervision of a pharmacist who has CPhM authorization for these acts.*

A pharmacy intern under a preceptor's supervision may perform the final check of a prescription if permitted by the preceptor and only after they have successfully completed the demonstration of product release proficiency (DPRP). Please see the Appendix for discussion on DPRP. The preceptor must use their professional judgment to determine which level of intern supervision is appropriate based upon assessment of the intern's knowledge base and competence and bearing in mind the preceptor's overall responsibility for the treatment and safety of patients and clients. It is recognized that patient safety is the pharmacist's first priority.

In a pharmacy, students can perform tasks listed in Section 62 of the Regulations under a pharmacist's direct supervision:

- compounding,
- dispensing if member approved filling,
- advising on contents, therapeutic values, and hazards of drugs,

- advising on use of medical devices,
- identifying and assessing drug related problems and making recommendations,
- tasks of pharmacy technician under Section 60(1),
- tasks of other persons,
- educating a patient about drug therapy and
- receiving and recording verbal prescriptions.

** Please note that pharmacy students under the Pharmaceutical Regulations cannot administer injections. It is the University of Manitoba, Rady Faculty of Health Sciences, College of Pharmacy that enables pharmacy students to perform this task under its authorization as an educational institution. Students registered in IPPE courses at the University of Manitoba, who have completed the required injection training, can perform injections under the direct supervision of an injection-certified pharmacist, if the preceptor allows. Therefore, a pharmacy student or intern **cannot** administer injections as an employee of a pharmacy outside of their IPPE and APPE rotations. Interns can only perform the tasks of an intern at their approved internship site(s), and cannot perform the tasks of an intern outside of the internship program.*

The following scope of practice chart outlines the tasks which can be undertaken by students/interns during their IPPE and APPE rotations and under what conditions.

Pharmacist	PHARMACY STUDENT¹ (during Pharm.D. YEAR 2 IPPE rotations)	PHARMACY INTERN² (during Pharm.D. YEAR 4 APPE rotations/internship & Post-Graduate Internship)
Receive verbal prescriptions	Yes	Yes
Assess and approve a prescription for filling or refilling	No	Yes
Provide or receive a written or verbal transfer of a prescription	Yes	Yes
Educate a person or health care professional about a drug or drug therapy	Yes	Yes
Perform a final check on a prescription (Upon successful completion of Demonstration of Product Release Proficiency – 100 checks without error verified by preceptor)	No	Yes
Identify and assess drug therapy problems and make recommendations to prevent or resolve	Yes	Yes
Prescribe <ul style="list-style-type: none"> • a Schedule II or III drug • a medical device approved by Health Canada • a continued care prescription 	No	Yes ³
Prescribe for drugs for self-limiting conditions *with approved training & under supervision of a pharmacist authorized to prescribe for SLC	No	Yes ³
Adaptation of existing prescription following applicable practice direction	No	Yes ³
Interpret results of patient administered automated tests	No	Yes
Administer a drug orally, topically or via inhalation	No	Yes
Administer a drug through injection * with approved training, and <i>under supervision of a pharmacist authorized to administer injections</i>	Yes ⁴	Yes ⁴
Order and receive the results of a screening or diagnostic test *with approved training and under supervision of a pharmacist trained in ordering lab tests	No	Yes

¹ Under direct supervision of a pharmacist

² Under direct or indirect supervision of a pharmacist *as determined by the preceptor*

³ Prescriptions would require name and signature of intern and name of supervising pharmacist, and prescriptions entered into DPIN under the supervising pharmacist's license number

⁴ Once students and interns have completed their injections training, they may administer injections during their University of Manitoba, College of Pharmacy IPPE and APPE rotations ONLY and under the appropriate supervision level of a pharmacist.

References:

The Pharmaceutical Act: <http://web2.gov.mb.ca/laws/statutes/ccsm/p060e.php>

Manitoba Pharmaceutical Regulations: <https://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=185/2013>

Appendix

Demonstration of Product Release Proficiency for College of Pharmacy, University of Manitoba Interns

The demonstration of product release proficiency (DPRP) is a process where a pharmacy intern's ability to perform a technical check of a drug preparation or prescription accurately and consistently 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.

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.

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 100 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 80 sterile preparations, 10 non-sterile compounds and 10 dose packages. Checking of batch prepared unit dose drugs counts towards the 100 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 95 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 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.

After the intern makes an error in the checking process, the preceptor may require more than 100 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 progress of the DPRP can be recorded in a daily tracking log, which is supplied at the end of this section. The DPRP daily tracking log forms do **not** need to be submitted to CPhM, but the student will upload the completed logs to CORE ELMS for their preceptor to confirm and the intern must retain the logs for their own records. The daily tracking log must be available for inspection on demand and may be requested by CPhM 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.

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.

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.

Once in the post-graduate internship program, the intern would have to repeat a DPRP at the internship practice site (even if they have completed the DPRP during an APPE rotation) according to the policies set by CPhM and under the supervision of their post-graduate preceptor.

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 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.
- 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.
- 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.

Demonstration of Product Release Proficiency Daily Tracking Log for College of Pharmacy, University of Manitoba Interns

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 log each day to record all items checked by the pharmacy intern (maximum of 50 per day). The intern is required to complete a total of 100 checks with 100% accuracy in order to satisfy the internship requirements. All checks are to be recorded on this log, along with all details of any errors missed.

The DPRP daily tracking log forms do **not** need to be submitted to CPhM, but the student will upload the completed logs to CORE ELMS for their preceptor to confirm and the intern must retain the logs for their own records. The daily tracking log must be available for inspection on demand and may be requested by CPhM at any time.

Intern (fill in unshaded area): Use a new line for each prescription checked. Record any errors identified during the technical check.

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

Date:				Evaluator:		
Name of intern:				No error missed (initial)	Error missed (initial)	Describe type of error missed
Check # (MAX 50/day)	Rx # (if applicable) and type of items checked	Record “No Error” or if error is identified by learner, record type of error identified	Check complete (initial)	No error missed (initial)	Error missed (initial)	Describe type of error missed
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