



**SCHOOL OF PHARMACY**

Health Sciences Centre  
300 Prince Philip Drive  
St. John's, NL, A1B 3V6  
[www.mun.ca/pharmacy](http://www.mun.ca/pharmacy)

**Pharmacy 305P**  
**Practice Experience I**  
**Manual for Students and Preceptors**  
**Spring-Summer 2026**

**PHARMACY PRACTICE EXPERIENCE PROGRAM**

General Inquiries e-mail: [ppeprogram@mun.ca](mailto:ppeprogram@mun.ca)

**PHARMACY PRACTICE EXPERIENCE PROGRAM COORDINATOR:**

Ms. Lisa Little

Phone: 709-864-4043 e-mail: [lisa.little@mun.ca](mailto:lisa.little@mun.ca)

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## ACKNOWLEDGMENT

The Pharmacy Practice Experience (PPE) program is an integral component of the course of study leading to the Doctor of Pharmacy degree at Memorial University of Newfoundland.

**To the pharmacists who volunteer your time and share your knowledge and experiences by serving as preceptors in the program, we appreciate your support.**

**It is acknowledged that while each student has a primary preceptor, they learn valuable information and skills from others at the site (e.g., other pharmacists and health professionals, pharmacy technicians, assistants) and we are grateful for your contribution.**

**Thank you, all!!**

We wish to acknowledge the College of Pharmacy of Newfoundland & Labrador (CPNL) sharing material for this manual.

Our program materials continue to develop and evolve. We thank preceptors and students for your constructive feedback and invite you to continue to offer your comments and suggestions for improvement.

We hope that participation in the practice experience program is rewarding and enjoyable for all.

## PPE CHECKLIST

This checklist should be referred to at the beginning and throughout the PPE program by the student and preceptor to ensure that the necessary items are covered. Check (v) as the task is completed.

### Before Starting the PPE (v)

Student is registered with the regulatory body in the province in which they are completing PPE	
Student has provided preceptor with letter of introduction	

### First Day (v)

Student is introduced to pharmacy staff members, with a discussion of their duties and responsibilities	
Student ensures they have valid password for Pharmacy Network (NL only)	
Student is given a tour of the pharmacy which includes location of important areas, including:	
• Arrangement of pharmaceuticals in dispensary	
• Equipment and supplies	
• Pharmacy library/Reference materials	
• Washroom/Lunchroom/Coat storage	
Preceptor discusses with student policies and procedures for:	
• Dress code	
• Daily schedule, including breaks, lunch, etc.	
• Telephone answering procedures	
• Security within the pharmacy	
• Confidentiality	
• Internet access	
• Customer check-out	
• Any other pertinent topics	
Student and preceptor review goals for the PPE program & establish a schedule for completing activities	

### During PPE (v)

Preceptor provides regular, ongoing feedback to student	
Student works on/discusses with the preceptor activities & questions in the manual	
Student and preceptor carry out documentation for activities & questions	
Student completes <i>Self-Assessment (Midpoint)</i> by end of Week 3	
Preceptor completes <i>Preceptor's Evaluation of Student (Midpoint)</i> by end of Week 3	
Student and preceptor discuss student's performance at midpoint	

**End of PPE**

(v)

Student completes <i>Self-Assessment (Final)</i> by end of Week 6	
Preceptor completes/submits required documentation <ul style="list-style-type: none"><li>• <i>Preceptor's Evaluation of the Student (Final)</i>, including <i>Attendance Certification</i></li><li>• <i>Preceptor's Evaluation of the PPE Program</i> (Survey in CORE)</li></ul>	
Student and preceptor discuss student's performance	
Student completes/submits required documentation <a href="#">within 2 days of conclusion of PPE</a> <ul style="list-style-type: none"><li>• <i>Activity &amp; Question Checklist (completed and signed by student and preceptor)</i></li><li>• <i>Required Submissions</i></li><li>• <i>Student's Evaluation of the Preceptor &amp; Site</i></li><li>• <i>Student's Evaluation of the PPE Program</i></li></ul>	
Student and preceptor discuss student's performance	

## INTRODUCTION

## EDUCATIONAL OUTCOMES

The Association of the Faculties of Pharmacy in Canada (AFPC) sets the standards for pharmacy education. The goal is to graduate **Professionals** whose core role is to serve as **Care Providers** who use their medication therapy expertise to benefit patients, communities, and populations through the integration of **Communicator, Collaborator, Leader-Manager, Scholar** and **Health Advocate** roles. (See Figure 1.) The AFPC Educational Outcomes have been adopted by the School of Pharmacy and guide the curriculum and experiential learning in the program.

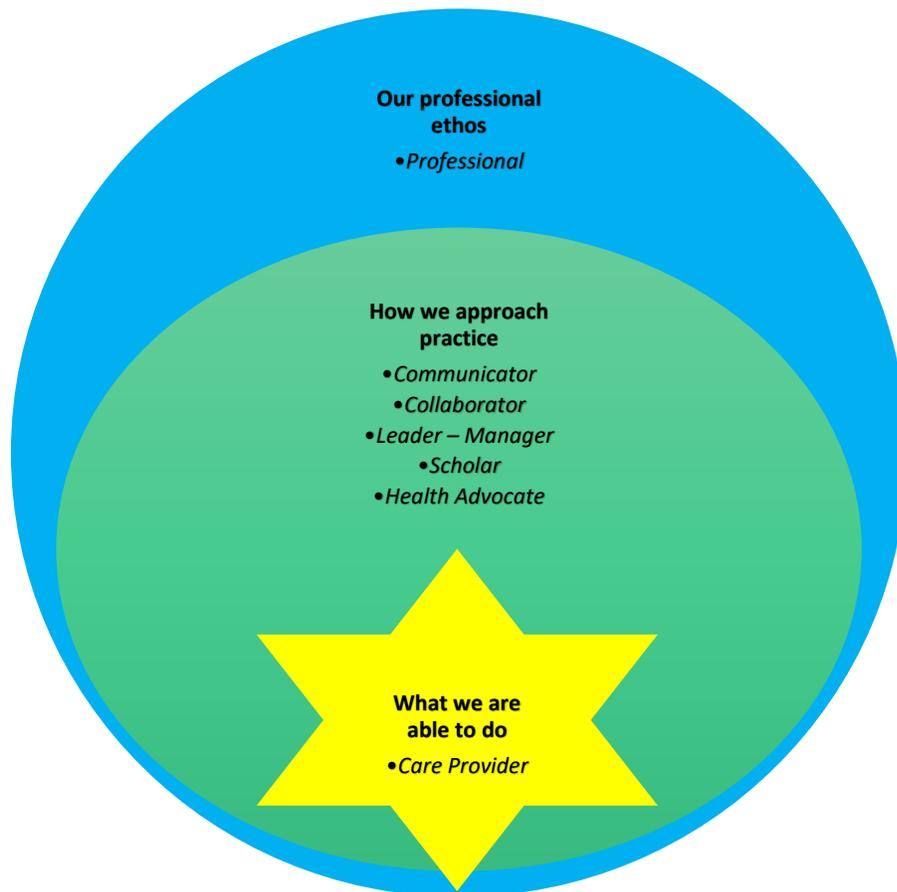


Figure 1. Conceptual framework for AFPC Educational Outcomes

The full document outlining the AFPC Educational Outcomes is available at [http://afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017\\_final%20Jun2017.pdf](http://afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017_final%20Jun2017.pdf)

## PROFESSIONAL COMPETENCIES<sup>1</sup>

The **National Association of Pharmacy Regulatory Authorities (NAPRA)** document, *Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada*, outlines entry-to-practice requirements for pharmacy professionals in Canada. The foundation for all competencies is provided through the knowledge, skills and attitudes gained during the completion of the pharmacy degree program. Logically, the NAPRA competencies and the AFPC Educational Outcomes for pharmacy graduates are closely aligned, as summarized below.

Professional Competency (NAPRA)	Educational Outcome (AFPC)
<b>Pharmacy Professionals...</b>	<b>Pharmacy Graduates...</b>
<i>Provide safe and appropriate clinical care</i> that meets the patient's unique needs, goals, and preferences	<i>Provide patient-centered pharmacy care</i> by using their knowledge, skills and professional judgement to facilitate management of a patient's medication and overall health needs
<i>Distribute quality products</i> that are <i>safe and appropriate</i> for the patient	<i>Communicate</i> effectively in lay and professional language, using strategies that take into account the situation, intended outcomes of the communication and diverse audiences
<i>Communicate and document effectively</i> to enable <i>partnership with the patient</i> and <i>collaboration with others</i> to promote optimal patient care	<i>Work collaboratively</i> with patients and intra- and inter-professional teams to provide safe, effective, efficient health care
Provide <i>leadership, support, and supervision</i> to pharmacy colleagues	Engage with others to <i>optimize the safety, effectiveness and efficiency of health care</i> and contribute to a vision of a high-quality health care system
Preserve and support <i>community and population health</i> in Canada	Demonstrate care for individual patients, communities and populations by using pharmacy expertise to <i>understand health needs and advance health and well-being of others</i>
Engage in <i>continuous learning</i> and improvement to provide quality care based on the <i>best available evidence</i> and the application of <i>professional judgment</i>	Take responsibility for excellence by <i>applying medication therapy expertise, learning continuously, creating new knowledge and disseminating knowledge</i> when teaching others
<i>Comply with legal, regulatory, and ethical requirements</i>	Deliver pharmacy care to patients, communities and society through <i>ethical practice and the high standards of behavior</i> that are expected of self-regulated professionals
Commit to a <i>culture of patient safety</i> and promote a culturally and emotionally <i>safe work environment</i> for themselves and others	

### <sup>1</sup> Competencies

A combination of professional knowledge, skills, abilities, attitudes, and judgments required for safe and competent performance by members of a profession (as defined in NAPRA document, *Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada*, October 2024).

<https://www.napra.ca/wp-content/uploads/2024/10/NAPRA-Entry-to-practice-Competencies-October-2024-EN.pdf>

## PHARMACY PRACTICE EXPERIENCE I

The primary objective of the practice experience program is to **learn from experience**. **Pharmacy Practice Experience (PPE) I** is an *introductory* practice experience after the **second** year of the entry-to-practice Pharm. D. program. It consists of a 6-week placement (240 hours) in a community pharmacy under the supervision of a pharmacist preceptor. Students are expected to *actively participate* in pharmacy practice during the rotation.

During PPE I, students will be introduced to drug distribution and patient care activities with attention to the regulatory framework and professional responsibilities surrounding these aspects of pharmacy practice. Students will: process prescriptions and perform related dispensing activities; gather and assess patient information; assist patients with self-care; provide education and drug information; collaborate with others; and engage in health promotion activities to enable them to meet the learning objectives of the program. Effective communication skills, professionalism, and teamwork are expected.

Students and preceptors are referred to the [\*PPE Program Handbook\*](#) for information about the practice experience program structure, administration and policies.

## USING THE PHARMACY PRACTICE EXPERIENCE MANUAL

The PPE I manual consists of five sections, each containing specific tasks and assignments to be fulfilled by the student to **help the student develop knowledge and skills in the key competency areas**; and to enable the preceptor to **assess the student's level of proficiency and competency** in each area.

**The activities may be completed in any order.**

Some activities in the manual are linked to just one learning outcome, while other activities may be associated with several outcomes. For example, while educating a patient about proper use of a medication, a student may demonstrate elements of the communicator, scholar, and professional educational outcomes.

The preceptor will work with the student on the activities in the manual, though the **student is expected to demonstrate initiative** in ensuring that assigned tasks are completed.

Assignments cannot address all the competencies needed to practise pharmacy in a particular setting and the preceptor and student may have additional ideas for useful activities to maximize the student's experience. **Students should indicate to their preceptors any areas in which they have had previous experience and areas in which they may need help.**

In general, students' answers to questions are not required to be submitted to the School of Pharmacy for grading. In completing the various activities, the student should document (confidentially) relevant notes, observations, and responses to questions in the manual and review them with the preceptor. **Student reflections or assignments that are required to be submitted to the School are clearly identified.**

An *Activity Checklist* follows. It is to be used as a guide to ensure that all activities are completed. It should be consulted regularly and items checked off as they are done.

**The filled-out *Activity & Question Checklist* must be submitted to the School by the student at the end of the PPE.**

**All student submissions are [DUE within TWO \(2\) days](#) of concluding the PPE.**

## EVALUATION

**Pharmacy Practice Experience I is an academic course and must be successfully completed to enter the next year of pharmacy study and to graduate from the School of Pharmacy.**

Overall evaluation of the PPE will result in a grade of **Pass or Fail**. The final grade will be determined by the **PPE Evaluation Committee** of the School of Pharmacy.

A passing grade for PPE I is contingent upon:

- Ability of the student to **meet the required competencies**, as assessed by the **preceptor** using the evaluation tools supplied by the School.
  - The competency of **professionalism**, in addition to being assessed by the preceptor using the *Preceptor's Evaluation of Student* form, includes professional behavior as demonstrated by adherence to:
    - *School of Pharmacy's Code of Professional Conduct for Pharmacy Students, Professional Suitability Regulations, Pledge of Professionalism, Professional Attire Guidelines, and Student Guidelines and Best Practices when Communicating Online*
    - *Memorial's Student Code of Conduct*
    - *Standards, Guidelines and Policies governing the Practice of Pharmacy* (i.e., as established by the provincial regulatory body)
    - adherence to relevant site policies.
- Satisfactory **completion of activities and questions**, as determined by preceptor's evaluation and/or submission of materials to the School.
- Satisfactory **attendance** record.

Students who conduct themselves in such a manner as to **cause their termination** from the PPE site will be assigned a grade of **Fail** for the rotation.

PHARMACY 305P: ACTIVITY AND QUESTION CHECKLIST		Student's Name:	
Activity or Question	Description	Student's Initials	Reviewed with Preceptor Preceptor's Initials
1.1	Apply principles of privacy and confidentiality. <b>Complete <i>Informatics</i> module.</b>		
1.2	Discuss ethical decision-making.		
1.3	Receive/transfer verbal or faxed $R_x$ transfers.		
1.4	Determine products that are kept in no public access area of pharmacy.		
1.5	Identify and improve upon a knowledge/skill gap; use <i>Professional Competencies Development Tool</i> .		
1.6	Complete professional identity formation (PIF) activity: <b>Submit vision board and reflection</b>		
2.1	Greet patients, receive prescriptions, and gather patient information.		
2.2	Review <i>Standards of Pharmacy Operation</i> re: patient profile and patient medication profile. Look for/identify basic DTPs.		
2.3	Complete medication review; <b>complete self-assessment</b> & seek feedback.		
2.4	<b>Complete <i>Minor Ailments Informatics</i> module.</b> Assist patients seeking non- $R_x$ medications; <b>complete self-assessment</b> & seek feedback.		
2.5	Review <i>Standards of Practice-Prescribing by Pharmacists</i> . Discuss/participate in the prescribing process.		
2.6	Document patient care using <b>SOAP</b> format.		
2.7	Review deprescribing resources; complete deprescribing activity, <i>where feasible</i> .		
2.8	Conduct follow-up with a patient. <b>Submit reflection.</b>		
3.1	Counsel for <u>new and refill</u> prescriptions. Discuss how provision of counselling is documented. <b>Complete self-assessment.</b>		
3.2	Consider interpersonal communication techniques/strategies. Reflect on challenging communication situations.		

Activity or Question	Description	Student's Initials	Reviewed with Preceptor Preceptor's Initials
4.1	Ensure familiarization with safe medication handling.		
4.2	Participate in the dispensing process. Determine how requests for changes in $\mathcal{R}_x$ quantity are handled. Review standards & processes for logging $\mathcal{R}_x$ . Participate in ordering/receiving and review standards re: protecting cold chain.		
4.3	Compounding of Non-Sterile Preparations: Review standards and requirements.		
4.4	Take notice of workflow/efficiency in the pharmacy. Distinguish amongst key duties of pharmacy personnel; note interdependency of roles.		
4.5	Use data from pharmacy informatics in optimizing patient care. <b>Document example.</b>		
4.6	Review policies & procedures for CQI/MedSTEP NL; participate in discussions and analysis of incidents; complete documentation, <i>if applicable</i> .		
4.7	Become familiar with third party plans and adjudication.		
4.8	Review NLPDP Special Authorization process; complete a Special Authorization request.		
4.9	Review the <i>Prescription Monitoring Program, Information for Prescribers and Dispensers</i> .		
4.10	Review standards re: security and accountability of narcotics/controlled drugs.		
4.11	Recall indicators of $\mathcal{R}_x$ forgery.		
4.12	Answer questions re: sale of exempted codeine product.		
4.13	Discuss procedures for destroying narcotics and controlled drugs.		
4.14	Understand practice impacts of Health Canada exemption from provisions of the CDSA.		
5.1	Reflect on barriers to achieving optimal health. <b>Submit reflection.</b>		
5.2	Participate in health promotion. <b>Submit reflection.</b>		
5.3	Discuss promotion of proper handling and disposal of medications.		
5.4	Consider team members' roles & responsibilities and display of leadership. Reflect on own display of leadership.		
5.5	Update resume/ professional profile.		

## SECTION 1: ETHICAL, LEGAL, AND PROFESSIONAL RESPONSIBILITIES

### OBJECTIVES

The student is expected to:	Relevant AFPC Competencies
<ul style="list-style-type: none"> <li>Exhibit professional behavior, which includes:                             <ul style="list-style-type: none"> <li>being accessible, diligent, timely and reliable in service to others</li> <li>treating others with courtesy and respect</li> <li>maintaining privacy and confidentiality</li> <li>maintaining a professional image and demeanor, including maintaining composure in difficult situations</li> <li>maintaining appropriate professional boundaries with patients and co-workers</li> </ul> </li> </ul>	CM1.7, PR1.1
<ul style="list-style-type: none"> <li>Recognize and respond to situations presenting ethical dilemmas</li> </ul>	PR1.2, 1.3, 2.3
<ul style="list-style-type: none"> <li>Practise within legal requirements by applying federal and provincial legislation, policies, by-laws, and standards</li> </ul>	PR2.3, 2.4
<ul style="list-style-type: none"> <li>Demonstrate self-awareness and commitment to meeting learning needs in the management of continuing personal and professional development, which includes seeking and accepting feedback from others</li> </ul>	LM 4.2, PR2.5, 3.2
<ul style="list-style-type: none"> <li>Continue to be aware and reflective of their socialization within the pharmacy community</li> </ul>	LM 3.1, 4.2 PR 3.2

### Resources

- [CPNL Code of Ethics](#), (in particular, *Principle Four*)
- [NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada](#), (in particular, *Domain 5; Standard 5.3*)
- [Personal Health Information Act](#)
- [E-Learning for Healthcare Professionals](#), Informatics for Pharmacy Students e-Resource, Module 3: Privacy, Security, and Confidentiality
- [CPNL Standards of Pharmacy Operation - Community Pharmacy](#)
- [Newfoundland and Labrador Provincial Drug Schedules](#)
- [Professional Development Requirements for Pharmacists and Pharmacy Technicians](#)

### Activities & Questions

- 1.1 a.** Complete, as self-directed study, *Informatics for Pharmacy Students, Module 3* on privacy, security, and confidentiality in the care of patients. At the end of the course, **complete the evaluation and submit the Certificate of Completion into Brightspace.**
- b.** Determine, through conversation and observation, practices being employed at the site for maintaining patient confidentiality and apply them to practice.

- c. Consider how you might respond to a request by the following to disclose personal health information:
- police or other law enforcement officials
  - another pharmacist or health care professional
  - third party payer
  - family member (e.g., spouse or the parent of a minor)

**1.2** In practice, pharmacists may encounter situations where professional obligations conflict with patient requests or business pressures, and a single “right” answer may not be clear. The use of ethical decision-making frameworks in such situations helps ensure patient safety and maintain professional integrity. **Preceptors are encouraged to present scenarios to the student. Students should identify the problem** by clarifying the conflicting values and **consider an appropriate course of action**, using the CPNL *Code of Ethics* as a guide. Engaging in such discussions assists in the development of professional judgement and ethical competence.

The below examples may be considered to facilitate discussion:

- You learn while gathering information for a patient profile that a patient has been prescribed medication in the name of another family member who is the only person covered on the benefit card that he is presenting. The patient explains that he cannot afford the medication.
- A patient requests a refill of a medication for which the prescription was originally written by a physician who is no longer in practice (e.g., has retired, passed away).

**1.3** Receive from a pharmacy or transfer to another pharmacy a minimum of **two (2) verbal or faxed transfers**. Ensure your documentation complies with the corresponding legislation, standards, and policies.

- What are the legal requirements for transferring a prescription, including who may or may not perform prescription transfers?
- Can a pharmacy refuse to transfer a prescription?

**1.4** The *NL Provincial Drug Schedules* outline the conditions of sale of drug products in the province, based on a national drug scheduling model. **Locate the non-prescription products that are kept in a no public access area** of the pharmacy and **consider the rationale** for doing so.

*A key competency for pharmacists at entry to practice is the ability to apply principles of **continuing professional development**, including assessing their own learning needs, and developing a plan to meet those needs. In addition, many pharmacy regulatory bodies mandate continuing education and professional development, designed to promote continuing competence and quality improvement. (Refer to CPNL [Professional Development Requirements for Pharmacists and Pharmacy Technicians](#).)*

**1.5** Identify, during the PPE, a limitation in your knowledge or competence/performance, determined through preceptor feedback or your own self-awareness. Plan and undertake a learning activity to improve the deficiency. Use the *Professional Competencies Development Tool* to document your plan. At the end of the practice experience, **reflect** on the success of your plan, noting any additional feedback that may have been provided by the preceptor.

*Professional identity is defined as being able to “think, act and feel” like a pharmacist. The American Association of Colleges of Pharmacy (AACP) further describes the process of professional identity formation as “a complex and transformational process of internalizing a profession’s core knowledge, skills, values and beliefs.” (From Phar 2251)*

## **1.6 Professional Identity Formation (PIF): Vision Board and Reflection Activity**

Continuing from last year, you are again asked to think about your professional identity as it relates to the profession of pharmacy and how various facets of your personal and professional life have helped shape this identity.

The following questions were considered previously when creating your vision board:

- How is a pharmacist distinguishable from other health care professionals?
- What identity attributes, traits, or orientations are specific to pharmacists?
- Who in your life has influenced your professional identity development to date?

This year, you are asked to **revisit these questions and consider the following additional reflective questions:**

- How has your view of the pharmacy profession changed since last year?
- What milestone moments or roles/responsibilities in your pharmacy career thus far have helped to support your professional identity development?

- a. Using the vision board already created in PHAR 2251, add, remove, or modify any of the artifacts included before to reflect your professional identity development over the past year. Remember, artifacts on your vision board should represent why you chose pharmacy as a profession, your current beliefs and values as a professional student, and your goals as a pharmacy professional.

Artifacts may include:

- A description of personal accomplishments or experiences
- Images
- Quotes
- Excerpts from literature/books
- Art (including music, paintings, poetry, etc.)
- World events/news

This list is not exhaustive. Students may be as creative as they like when modifying and developing their vision board. **Once complete, export the board as a PDF file and upload it to the corresponding assignment dropbox in Brightspace.**

- b. Include a **reflection** that discusses why you chose to modify your board the way you did, while commenting on the reflective questions presented above; this reflection should be a **maximum of 500 words**.

## SECTION 2: PATIENT CARE

### OBJECTIVES

The student is expected to:	Relevant AFPC Competencies
<ul style="list-style-type: none"> <li>Establish a rapport with the patient by using effective dialogue; demonstrate professional, caring behaviour toward the patient and/or the patient's care providers</li> </ul>	CP1.2, CM1, CL1.1, PR1.1
<ul style="list-style-type: none"> <li>Demonstrate understanding of core knowledge covered to date and apply knowledge in practice to optimize pharmacy care and services</li> </ul>	CP1.1, SC1
<ul style="list-style-type: none"> <li>Recognize when signs, symptoms, and risk factors fall beyond the scope of practice of pharmacy; acknowledge and respect the roles, responsibilities, and competencies of other health care providers</li> </ul>	CP1.5, CL1.2, 2.2
<ul style="list-style-type: none"> <li>Gather information and determine the patient's drug-related and other health needs and concerns</li> </ul>	CP2.1, LM1.4
<ul style="list-style-type: none"> <li>Identify simple drug therapy problems (DTPs)</li> </ul>	CP2.2
<ul style="list-style-type: none"> <li>Make recommendations to prevent, improve, or resolve DTPs, in collaboration with the patient and other health team members, as appropriate</li> </ul>	CP2.3, SC1
<ul style="list-style-type: none"> <li>Rationalize recommendations with evidence and accurate explanations, through applying research, critical-thinking, and problem-solving skills to the decision-making process</li> </ul>	SC2
<ul style="list-style-type: none"> <li>Implement care plans (including dispensing, compounding, providing education), <i>as applicable</i></li> </ul>	CP2.4
<ul style="list-style-type: none"> <li>Follow up with the patient to determine progress toward achievement of the goals of therapy, <i>where applicable</i></li> </ul>	CP2.5
<ul style="list-style-type: none"> <li>Document in accordance with existing policies</li> </ul>	CP2.3, PR2.4
<ul style="list-style-type: none"> <li>Carry out self-assessment and evaluate areas for improvement; incorporate learning into practice</li> </ul>	LM4.2, PR2.5, PR3.2

### Resources

- [CPNL Standards of Pharmacy Operation - Community Pharmacy](#)
- *An Orientation to Prescribing by Pharmacists in Newfoundland and Labrador*, <https://learn.nlpb.ca/> (Students must register an account to access)
- CPNL Standards of Practice - [Prescribing by Pharmacists](#)
- [University of Saskatchewan Guidelines for Minor Ailment Prescribing](#)
- PANL Members Portal, Resource Centre - Useful Links, <http://panl.net/members-only/useful-links/>
  - Medication Review Policy
  - Medication Review Form Template – Patient Assessment Form

- NLPDP Provider Guide, Appendix J - Medication Review Forms (Chronic Illness, over 65 years), <https://www.gov.nl.ca/hcs/files/prescription-provider-guide-appendix-j.pdf>  
<https://www.gov.nl.ca/hcs/prescription/nlpdp-provider-guide/>
- School of Pharmacy Medication Therapy Services Clinic Medication Review Form (available in Brightspace/CORE) /3250 Med assessment Form adapted from MTSC
- [E-Learning for Healthcare Professionals](#), Informatics for Pharmacy Students e-Resource, Module 8: Minor Ailments Virtual Patients; and Module 4: Clinical Documentation
- Deprescribing Resources – see Activity 2.7

## Activities & Questions

- 2.1** Under supervision, greet patients, receive prescriptions, and gather necessary patient information. It is important to **confirm the identity** of patients already on file to ensure safety and prevent medication errors. Ascertain **what personal identifiers should be obtained** to make sure they're the correct patient.
- 2.2 a. Patient Profile:** The *CPNL Standards of Pharmacy Operation (SOPO) - Community Pharmacy* (Sect 3.2) specifies the patient information the profile must contain. Examine a few patient profiles noting where medical conditions, allergies, adverse drug reactions and other relevant notes are documented in the profile.
- b. Patient Medication Profile (PMP):** The PMP contains information about medications dispensed, including exempted codeine products.
- Note the information which is required to be documented and maintained, according to the *CPNL SOPO - Community Pharmacy* (Sect. 3.4).
  - Take note of how the following are documented in the PMP: recording of interactions detected, how they were addressed, who addressed them; identity of staff members involved in the dispensing and checking processes.
- c.** As part of the dispensing process, review patient and medication profiles. Look for and identify basic **drug therapy problems (DTPs)** such as contraindications (e.g., amoxicillin for a patient with a documented penicillin allergy); adherence concerns; duplicate therapy; unanticipated dosage changes; drug interactions.

*A **medication review** can benefit a patient in several ways. It may lead to improvement of the patient's knowledge of, and compliance with, their medications; identification and prevention of drug-related problems; less hospitalizations due to adverse drug reactions; and less drug wastage.*

- 2.3 a.** Conduct a minimum of **one (1) medication review**, under the guidance of the preceptor. **Prepare** by reviewing, **in advance**, the [Medication Review Policy](#), any site policies, required tools and forms, patient medical and medication information, drug and disease information, etc. (Students completing the PPE outside NL should familiarize themselves with medication review procedures specific to that province.)

Students have covered treatment of [asthma, COPD, hypertension and dyslipidemia](#). Therefore, patients with these conditions may be suitable candidates to work with for this activity.

**Suggested procedure for conducting the Medication Review:**

- Select, with the help of the preceptor, an appropriate patient.
- Contact the patient, obtain consent, and schedule an appointment.
- Request the patient bring all medication containers (including OTCs, herbals, and medicated creams/ointments, eye drops, etc.) to the appointment.
- During the appointment, document assessment notes on a *Medication Review Form*. The patient's EHR (electronic health record) may also be consulted for information.

**Note: This form should be filed at the pharmacy (or shredded at the end of the PPE), NOT retained by the student.**

- Discuss with preceptor and advise the patient and/or care providers of any follow-up or recommendations.

**Note: Where a recommendation is made, it must be supported by evidence, with sources of information appropriately referenced** (such that the preceptor/colleague is able to go to the same source for verification or to seek further information).

- b. After the consultation, **complete a self-assessment** using the form provided and **review with the preceptor for their feedback**. Preceptor feedback is essential in guiding future performance. **Submit the assessment into Brightspace.**

2.4 a. Complete, *Informatics for Pharmacy Students, Module 8: Minor Ailments Virtual Patients*. At the end of the module, complete the evaluation and **submit the Certificate of Completion in Brightspace.**

- b. Selection of **non-prescription medications** is an essential component of patient self-care. **Under preceptor supervision**, assist patients seeking non-prescription medications for conditions you have covered\*, and give appropriate instructions on their use.

(\* student to compile list and share with preceptor)

Preceptors: **Role playing** with the preceptor/other pharmacy team member may be appropriate in preparation for this activity.

*Mnemonics such as **QuEST** (Quickly and accurately assess the patient, Establish that the patient is an appropriate self-care candidate, Suggest self-care strategies, and Talk with the patient) and **SCHOLAR-MAC** (Symptoms, Characteristics, History, Onset, Location, Aggravating Factors, Remitting Factors, Medications, Allergies, Coexisting Conditions) provide frameworks for student pharmacists to provide self-care consultations and elicit patient information needed to determine self-care eligibility and recommendations.*

[https://www.researchgate.net/publication/6398005\\_A\\_Structured\\_Approach\\_for\\_Teaching\\_Students\\_to\\_Counsel\\_Self-care\\_Patients](https://www.researchgate.net/publication/6398005_A_Structured_Approach_for_Teaching_Students_to_Counsel_Self-care_Patients)

- c. Perform **self-assessment** for at least **two (2)** patients you assist and **review with the preceptor for their feedback**. Preceptor feedback is essential in guiding future performance. **Submit the assessments into Brightspace.**

*The scope of practice of pharmacists in NL includes authority to independently assess and **prescribe** for a specified list of ailments, a preventable disease, or other purpose; prescribe an interim supply of medication; extend a prescription; adapt a prescription or make a therapeutic substitution.*

- 2.5 a. Review** *An Orientation to Prescribing by Pharmacists in Newfoundland and Labrador* (account must be created to access) and review the CPNL Standards of Practice - *Prescribing by Pharmacists*. Differentiate between the various categories of prescribing. What are the limitations on pharmacists' prescribing?
- b.** Where possible, and **under the direct supervision of a pharmacist authorized to prescribe**, participate, to the extent you are competent, in the prescribing process. This may involve patient assessment of conditions you have covered, prescribing for a preventable disease, product recommendation, and/or documentation.

### **Documenting Pharmacist-Provided Patient Care**

*As accountable members of the health care team, pharmacists communicate their assessments, recommendations, and actions to non-pharmacy healthcare practitioners, the patient or caregiver, or other pharmacists. Documentation of pharmacist-provided care in an organized manner is a crucial element that contributes to patient safety and quality of care.*

- 2.6 a.** Review *Informatics for Pharmacy Students, Module 4: Clinical Documentation*
- b.** On at least **one (1)** occasion when you assist a patient with a drug therapy problem (e.g., through a medication adherence consultation, or a product or other recommendation), complete clinical documentation of the encounter using **SOAP** format. In a SOAP note, (subjective (S) and objective (O) data are recorded and assessed (A) to formulate a plan (P). Documentation should be concise and not exceed one (1) page.  
**Do NOT include any patient-identifying information.**  
**Submit the SOAP note into Brightspace.**

### **Deprescribing**

*An important component of the **assessment** of the appropriate use of medications involves **reducing, stopping, or changing medications that may be causing harm or are no longer necessary**. **Deprescribing** is a planned and supervised process that involves a coordinated effort between patients, caregivers, and healthcare professionals.*

*Previously, Memorial's School of Pharmacy partnered with the [Canadian Deprescribing Network](#) (now the [Canadian Medication Appropriateness and Deprescribing Network](#) and the Government of Newfoundland & Labrador to create and implement "SaferMedsNL". This initiative served to promote the appropriate use of medications, with a focus on two classes of drugs: **Proton Pump Inhibitors and Sedative-Hypnotics**. The SaferMedsNL public awareness campaign and research study have since concluded and the [SaferMedsNL website](#) and the resources are no longer being updated and maintained.*

[Resources for pharmacists](#), [deprescribing algorithms](#), and other [useful tools](#) are available through the [Canadian Medication Appropriateness and Deprescribing Network](#). The algorithms, along with additional resources and education materials for healthcare providers are also available on the website [deprescribing.org](#).

2.7 Determine whether your preceptor or other pharmacists at the site participate in deprescribing activities.

a. Review and become familiar with the following PPI deprescribing resources:

- [Clinical practice guideline for proton pump inhibitor deprescribing](#)
- [Proton Pump Inhibitor Deprescribing Algorithm](#)
- [Whiteboard video on using the proton pump inhibitor deprescribing algorithm](#)
- [Proton Pump Inhibitor Pharmaceutical Opinion](#)
- [Proton Pump Inhibitor Empower Patient Brochure](#)
- [Community Pharmacists: Partners in Deprescribing](#)

b. *Where opportunity exists, and under the direct supervision of a pharmacist, participate in the deprescribing of a PPI.* This may involve identification of a patient, medication profile review, assessment for appropriateness of PPI deprescribing, initiating a conversation with a patient about deprescribing, providing an educational brochure to a patient, making a deprescribing recommendation, or completion of a “Proton Pump Inhibitor Pharmaceutical Opinion” to communicate with a prescriber.

### **Medication Adherence**

*Medication non-adherence is associated with adverse health outcomes and higher costs of care. As many as 50% of patients with chronic conditions fail to take their medications as prescribed. Twenty to thirty percent of prescriptions are never filled, and many patients stop taking medication before they should. Pharmacists have an important role to play in working with patients to improve medication adherence.*

2.8 For at least **one (1)** patient receiving a new prescription, note your initial counseling. Then **follow up** with that patient to determine whether the patient has been taking the medication, whether the patient’s desired outcomes have been achieved or if they are experiencing any adverse effects. **Ideally, the patient’s consent to have you contact them for follow-up should be obtained at the time of the initial counseling.**

It is recommended you use the pharmacy’s documentation system or other approved documentation form (e.g., antibiotic adherence checklist) to record the follow-up.

**Note: This form should be filed (or shredded) at the pharmacy and is NOT to be removed from the practice site by the student.**

**Submit in Brightspace a brief reflection (~ 6-8 sentences) of one (1) follow-up interaction, remembering to keep all patient-identifying information confidential.** Consider the following: Did you call at the pre-arranged time? Was the patient receptive to your follow-up? Did you use an open-ended questioning technique? (vs closed-ended or leading?) Did you use patient friendly language? Were you successful in gathering the information you intended to? Were any problems identified? And addressed?

## SECTION 3: COMMUNICATION AND EDUCATION

### OBJECTIVES

The student is expected to:	Relevant AFPC Competencies
<ul style="list-style-type: none"> <li>Demonstrate effective oral, non-verbal, and written communication skills, including listening skills</li> </ul>	CM1.1
<ul style="list-style-type: none"> <li>Engage in respectful, compassionate, non-judgmental, culturally safe, tactful conversations with patients, co-workers, and others</li> </ul>	CM2.1, CL1.1, PR1.1
<ul style="list-style-type: none"> <li>Provide education to individual patients and/or groups</li> </ul>	CP2.4.5, CM1, SC4.1
<ul style="list-style-type: none"> <li>Carry out self-assessment and evaluate areas for improvement; incorporate learning into practice</li> </ul>	LM4.2, PR2.5, PR3.2
<ul style="list-style-type: none"> <li>Receive and respond respectfully to feedback from others</li> </ul>	CM1.4

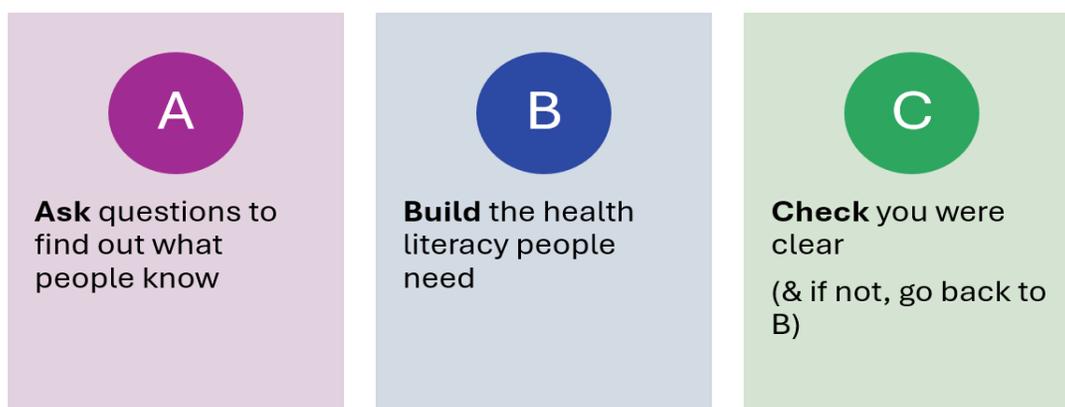
### Activities & Questions

#### Counseling for New and Refill Prescriptions

Ensuring the patient receives sufficient information to use their medications properly is the joint responsibility of the **prescriber, the pharmacist, and the patient**. Improving patient knowledge can improve adherence and reduce the risk of errors. For a new prescription, this can be a lot of information. Therefore, it is important it is provided in an organized and effective manner.

In School, students are applying the **Three Steps to Meeting Health Literacy Needs**, also referred to as the **ABC method** of counseling. The process involves identifying people's prior knowledge and thoughts, working out how and why to provide new information, and then checking for understanding.

### ABC: Three steps to meeting health literacy needs



Three Steps to Meeting Health Literacy Needs | Ngā Toru Hiko e Mōhiotia Ai Te Hauora. Wellington, New Zealand: Health Quality & Safety Commission, 2022. <https://www.hqsc.govt.nz/resources/resource-library/three-steps-to-meeting-health-literacy-needs/>

## Summary of the ABC Counseling Method

### Step 1: *Ask questions to find out what the person thinks, knows, feels and believes*

Everyone who comes into your pharmacy has some prior knowledge. Asking good questions encourages patients to describe their understanding of their health/medication and what they believe, value, or are worried about. It provides an opportunity to listen to what people say and the words they use. This is helpful in planning how much information to provide and in what order (Step 2). Asking questions also helps patients to recall what they already know so they can better make connections with the new information given to them.

#### Tips:

- Use open-ended questions where possible, *'What do you know/have you heard about this medicine?'*
- Use *'Please tell me'* in front of questions. This signals that you are not expecting a one-word answer.

### Step 2: *Build new knowledge on to existing knowledge*

This involves connecting new information to the knowledge and perspectives patients already have. The strategies you use will depend on what information you want to give, what will work best for the patient, the time and resources you have and what they want to know.

#### Tips:

- Use words and phrases *the patient used* in Step 1 and build on these terms.
- Supplement with visual aids and written material

### Step 3: *Check you have been clear*

The last step includes getting specific information and feedback from the patient. It isn't a test of how well people have understood you but checking how clearly and effectively you communicated.

#### Tips:

- Avoid closed-ended questions, such as *'Do you have any questions?'* or *'Do you understand?'*
- Ask people to say, in their own words, what they know or need to do. For example, *'I want to check I have given you the important information, so can you tell me how you're going to take the medication?'; 'To make sure I didn't miss something would you please tell me ....?'*
- Use prompts if people have missed a piece of information. For example: *'That was great. One small thing, do you also remember what to do if ...?'* (and if necessary *'I'm happy to go through that again if it helps.'*)
- Take responsibility if you were not clear. For example, *'Sorry I wasn't clear – is it OK if I go through that bit again?'*

(Adapted from Te Tāhū Hauora Health Quality & Safety Commission publication (2022), Aotearoa New Zealand.  
<https://creativecommons.org/licenses/by-nc/4.0/>)

Refer to: <https://www.hqsc.govt.nz/resources/resource-library/three-steps-to-meeting-health-literacy-needs/>

*Refill prescription counselling focuses on verifying continued safety and efficacy. The use of open-ended questions, for example, 'How is the medication working for you?', followed by more specific probing questions ('Can you tell me about any unwanted effects you have experienced'; About how many times would you say you miss a dose?') can help identify concerns or adherence issues. This is an opportunity to further build on the patients' health literacy.*

- 3.1 a. Together with the preceptor, select a few medications or devices that are likely to arise as **new prescriptions** at the PPE site to provide patient education or counseling about. **With the approval of the preceptor, and under the direction of the preceptor, counsel patients for these medications.**
- b. Under the supervision of the preceptor, **check in with patients during refills** of their prescription medications.
- c. Document the provision of counseling using the paper-based or electronic **documentation procedures** at your site.

#### Student Preparation

The student should read up on the medications and verify with the preceptor the information that should be provided to patients for the selected medications. **Role playing** with the preceptor may also be appropriate. **Preparation should occur early** in order that the student may take advantage of multiple counseling opportunities during the PPE.

#### Role of the Preceptor

The preceptor should select appropriate patients for the student to counsel. If it is difficult to “find the right patient” who is also receiving a medication for the first time, an option is to counsel a patient who has previously received the medication but “act as if” it is an initial counseling session. The preceptor should provide an explanation of the assignment to the patient (i.e., for student training purposes) and request the patient’s cooperation.

The preceptor is responsible for **supervising** the student during these interactions with the patients and ensuring that the information provided by the student is accurate.

- d. The student is required to **complete self-assessment** for at least **two (2)** counseling sessions for new prescriptions, and **one (1)** refill prescription using a self-assessment form and **review with the preceptor for the preceptor’s feedback**. Preceptor feedback is essential in guiding future performance. **Submit these assessments to Brightspace.**

#### **Interpersonal Communication**

*The communication between the patient and the pharmacist serves to form the basis of building trust between them. Developing effective relationships with patients is essential in the provision of patient care.*

*To improve our interactions with patients, their families and other health professionals, it may be helpful to consider and reflect on our communication behaviours (i.e., what was said, how it was said) and pursue ways of, for example, demonstrating empathy, actively listening, enhancing cultural competence and ensuring clarity through plain language to refine our approach.*

- 3.2 Reflect on/ talk about with your preceptor some **challenging communication situations** that you encountered or observed during the PPE (e.g., with patients, co-workers, or other health professionals). Consider:
  - What factors may have led to the difficult communication situation?
  - What was effective in how the situation was handled?
  - Is there anything you would do differently if faced with a similar situation in the future?

## SECTION 4: PRODUCT DISTRIBUTION AND PRACTICE SETTING

### OBJECTIVES

The student is expected to:	Relevant AFPC Competencies
<ul style="list-style-type: none"> <li>Dispense a product safely and accurately that is appropriate for the patient</li> </ul>	CP2.4.4, LM1, SC1, PR2
<ul style="list-style-type: none"> <li>Make use of available technology and automation which support safe medication use processes</li> </ul>	LM1.4
<ul style="list-style-type: none"> <li>Demonstrate organizational and time management skills in the practice setting, including the ability to set priorities</li> </ul>	LM4.2, PR3.1
<ul style="list-style-type: none"> <li>Recognize and respect the roles and responsibilities of all pharmacy team members</li> </ul>	CL1.2, 2.2
<ul style="list-style-type: none"> <li>Work effectively with members of the health team, including pharmacy colleagues and other professionals</li> </ul>	CM2, CL1
<ul style="list-style-type: none"> <li>Contribute to optimizing pharmacy services (i.e., through risk management activities in practice, or disclosing/reporting a medication error or incident)</li> </ul>	CP3, CM2.3, LM1, PR2.2

### Resources

- [Pharmacy Legislation](#)
- [CPNL Standards of Pharmacy Operation - Community Pharmacy](#)
- [CPNL Non-Sterile Compounding Standards](#), plus the following related tools:
  - Guidance Document for Pharmacy Compounding of Non-Sterile Preparations
  - Non-Sterile Compounding Self-Assessment
  - Non-Sterile Compounding FAQ
- [CPNL Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting](#)
- [Medication Safety through Error Prevention \(MedSTEP NL\)](#)
- [ISMP Canada](#)
- [The Sale of Exempted Codeine Products in Community Pharmacies](#)
- [Tamper Resistant Prescription Drug Pad Program](#)
- [Prescription Monitoring Program-NL](#)
- [Newfoundland and Labrador Prescription Drug Program](#)
- [Newfoundland and Labrador Interchangeable Drug Products Formulary](#)
- [The Newfoundland and Labrador Prescription Drug Program Provider Guide](#)

### Activities & Questions

- 4.1** Safe Medication Handling: Review the policies and procedures at the site for the handling and storage of **hazardous/cytotoxic medications**. Are hazardous drugs labeled as such to prevent improper handling? Is there dedicated equipment for the dispensing of hazardous drugs, including personal protective equipment? How are work areas and equipment (e.g., counting trays) cleaned after use?

- 4.2 a.** Participate in the dispensing process, including:
- correctly interpreting prescription orders and determining if all legal requirements of a prescription are met
  - retrieving and reviewing the patient medication profile, or entering a new profile, as necessary
  - processing prescriptions completely, accurately, and with increased efficiency as the PPE progresses
  - following relevant policies for generic substitution, in accordance with applicable formularies
  - accurately performing calculations used in pharmacy practice
  - compounding, as relevant to the practice site
  - detecting and bringing to the preceptor's attention concerns with specific prescriptions, or situations involving potential inappropriate drug use
  - interpreting basic concepts relating to third party drug insurance plans
- b.** Verify with the preceptor how requests for changes in prescription quantity are handled.
- If the patient wants less than the amount prescribed.
  - If the patient requests several refills at once.
- c.** Review processes to be followed if a prescription is being logged for dispensing at a later time, including documentation of identity of staff involved in entering the prescription into the patient profile and processes when filling a prescription that was previously logged. (*Standards of Pharmacy Operation - Community Pharmacy 3.3*)
- d.** Participate in ordering and receiving activities in the pharmacy. Review Appendix B, **Protecting the Cold Chain**, *Standards of Pharmacy Operation - Community Pharmacy* to ensure you are familiar with procedures relating to receiving and storing temperature-sensitive products in the pharmacy.

### **Model Standards for Pharmacy Compounding of Non-Sterile Preparations**

*Standards for compounding non-sterile products are intended to protect the safety of patients and personnel involved in non-sterile compounding, and to promote consistency in the provision of this service.*

*Model standards were developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) and adopted by the College of Pharmacy, NL. These standards represent changes to practice and their implementation involved: developing or revising policies and procedures, performing risk assessments of compounds, training personnel, upgrading equipment and facilities, and developing and implementing a quality assurance program.*

- 4.3** Refer to the following sections of the [Guidance Document for Pharmacy Compounding of Non-Sterile Preparations](#):
- Standard 4 – Assessing Risk for Compounding Non-Sterile Preparations
  - Standards 5.1, 5.2 – Compounding Personnel; Training and Skills Assessment
  - Standard 8 – Levels of Requirements

- a. Before pharmacy personnel carry out non-sterile compounding, it is important to ensure they have the required competencies to do so. In the table, [Elements to Cover in Training of Compounding Personnel](#), note the knowledge, skills, and abilities which are required in order to perform non-sterile compounding.
- b. **Determine** whether your site is involved in compounding non-sterile preparations.

**If yes:**

- i) Find out the level of requirements (Level A, B, or C) applicable to your site. What resources (e.g., equipment upgrades, renovations) were required to implement the standards for non-sterile compounding?
- ii) Review a sample [decision algorithm](#) used to conduct a risk assessment for a compounded preparation at your site.

**If your site is a non-compounding pharmacy:**

- i) Distinguish between the different levels of requirements (Level A, B, or C) based on the level of risk associated with compounding. Note the facilities and equipment which are required for all levels of non-sterile compounding. For Level A compounding, does a “designated compounding area” mean a separate room?
- ii) Review the following decision algorithm from the *Model Standards for Pharmacy Compounding of Non-Sterile Preparations Guidance Document*, and sample risk assessments:

[Diagram 1-Decision Algorithm for Risk Assessment](#)

- o [Sample Risk Assessment-Diclofenac](#)
- o [Sample Risk Assessment-Hydrocortisone 1% / Ketoconazole 2% 1:1 cream](#)

- 4.4 Note how the workflow of the dispensary is managed to maximize efficiency (e.g., task assignment; priority setting/ranking order of completion of tasks by level of importance or urgency). Distinguish between the key duties of the pharmacy manager, pharmacist-in-charge, staff pharmacists, pharmacy technicians and pharmacy assistants and recognize how these jobs are highly interdependent.
- 4.5 Information technology applications (e.g., electronic prescribing, bar coding, health informatics) supports safe medication distribution and use processes. **Confidentially note in Brightspace** (in 2-4 sentences) **an example** of how you made use of data available from pharmacy informatics (e.g., Pharmacy Network) to optimize patient care.

**Continuous Quality Improvement (CQI) and MedSTEP NL**

*Medication Safety through Error Prevention (MedSTEP NL) is a mandatory continuous quality improvement (CQI) and medication incident reporting (MIR) program for community pharmacies in NL. The minimum standards for the program are described in [CPNL’s Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting](#)*

*MedSTEP NL includes elements of reporting, analyzing, documenting, and shared learning from medication incidents and near-miss events with the objective to continuously review and improve the quality and safety of pharmacy practice in the province. Community pharmacies are expected to report medication incidents and near-misses to the [National Incident Data Repository](#). CPNL will receive de-identified, anonymous provincial data summaries from [ISMP Canada](#). This data will advise on trends and will be shared to communicate error prevention and safety improvement approaches.*

- 4.6 a.** Review the site's **policies and procedures** manual for MedSTEP NL. Become familiar with the **reporting platform**. Complete any **training** that is available/offered so that you can play an **active role** in CQI and MIR and comply with MedSTEP NL. (Students in other provinces should complete similar activities appropriate for their location).
- b.** Where applicable, participate in CQI pharmacy staff **meetings** and/or **informal huddles** to discuss events. This may include:
- engaging in conversations about medication incidents/near-misses as they occur, including determination of contributing factors, and actions for reducing harm and preventing recurrence.
  - participating in discussion of summary reports and analyses of pharmacy-specific data, and shared learning from the National Incident Data Repository (NIDR).
- c.** MedSTEP NL requires documentation to be retained at the pharmacy in an auditable format. This includes communications with patients/prescribers regarding medication incidents or near-miss events; CQI improvement plans and outcomes developed; formal CQI staff meeting minutes; pharmacy-specific safety self-assessment. *Where possible/applicable, complete required documentation*, under supervision of an appropriate staff member.

### ***Prescription Drug Coverage/Third Party Billing***

*Many Canadians have private insurance/third-party insurance for prescription drugs as part of the group health benefits provided by their employers. Employers purchase these plans from insurance companies and determine the terms of the plans. There are hundreds of plans with many variations among them.*

*Students are encouraged to discuss with their preceptors third party billing issues as they arise during their PPE rotations. Preceptors are encouraged to use situations as teaching examples.*

- 4.7 a.** Become familiar with commonly encountered third party plans. Interpret information on identification cards presented to you and enter the required information into the patient profile.

[The Newfoundland and Labrador Prescription Drug Program Provider Guide](#) provides supplementary information to assist pharmacies with submitting claims to the Newfoundland and Labrador Prescription Drug Program (NLPDP). Students may find it helpful to review, in particular: *Definitions; Program Plans; Pricing Procedures; Billing the Program Plans*. Many of these concepts are relevant to other plans.

- b.** During the claims process, various adjudication messages may be received, such as error or claim rejection messages, as well as drug utilization review messages or warnings. Observe how these issues are generally dealt with by pharmacy staff.

Adjudication messages that may be returned during the NLPDP claims process, may be viewed in [Appendix E](#) of the NLPDP Provider Guide: *Response Codes and DUR messages*.

- 4.8 a.** Locate on the NLPDP website the list of medications that require **Special Authorization** for coverage under the Prescription Drug Program. Coverage of these drugs is approved according to specific criteria. Special Authorization Request Forms are available to facilitate the approval process. Compare the Standard Form with one or more of the Disease-Specific Medication Coverage Request Forms (e.g., Rheumatoid Arthritis Medications).

- b. Who is responsible for completing and forwarding special authorization requests to the NLPDP? *If possible*, participate in the **Special Authorization request** process at least **once** during the PPE.

### **Prescription Monitoring Program – NL**

The [Prescription Monitoring Program](#) supports the NL Provincial Government's Opioid Action Plan. The program aims to help prescribers and dispensers make the most informed decisions when choosing to prescribe or dispense a monitored drug.

4.9 Review the [Prescription Monitoring Program, FAQ: Information for Prescribers and Dispensers](#) and respond to the questions which follow:

- How do you know what drugs are monitored by the Prescription Monitoring Program?
- What is the relevance of the provincial Electronic Health Record and the Pharmacy Network to the program?
- What is expected of a prescriber when prescribing a monitored drug?
- What is expected of dispensers when filling a prescription for a monitored drug?
- What changes have been made to the Tamper Resistant Prescription Drug Pad?
- Can the program capture prescriptions from other jurisdictions?
- How is information from the program used?

### **Security and Accountability Procedures for Narcotics and Controlled Drugs**

*The Regulations to the Food and Drugs Act, Controlled Drugs and Substances Act, and Narcotic Control Regulations* outline the pharmacist's responsibilities for maintaining accurate records related to the purchase and sale of narcotics and controlled drugs. These regulations also place responsibility on the pharmacist for the secure storage of narcotics and controlled drugs in the pharmacy and the associated records. CPNL Standards of Pharmacy Operation regarding the **Security and Accountability of Narcotics and Controlled Drugs in Community Pharmacies** provides pharmacists with guidelines to assist in assuring that narcotics and controlled drugs in the pharmacy are secure from loss or theft, as well as a strategy for maintaining accountability documentation.

4.10 Refer to Section 1.8, CPNL Standards of Pharmacy Operation - Community Pharmacies. (Students outside NL, look at policies and standards in the province of your rotation). Review with the preceptor the following topics:

- Perpetual inventory and physical inventory count procedures and documentation
- Maintenance and auditing of purchase and sales records
- Loss and theft reporting

4.11 While processing prescriptions, recall indicators that would lead you to suspect that a prescription is a **forgery or has been tampered with**. Where applicable, the preceptor may describe incidents they have encountered in practice including how the forgery was recognized and how the situation was managed.

- 4.12** A patient requests “a bottle of acetaminophen with codeine tablets”. Answer the following questions concerning this request:
- i. Can they purchase more than one unit of the maximum pack size? What if they are purchasing for different people (i.e., themselves and family members)?
  - ii. How must this purchase be documented in the pharmacy?
  - iii. What are the labeling requirements?
  - iv. How do you know if the patient has purchased other codeine-containing products elsewhere?

- 4.13** Discuss with the preceptor the procedures which must be followed before **destroying narcotics and controlled drugs**, including post-consumer returns and unserviceable stock.

The following Health Canada Guidelines may be used to facilitate the discussion:

- [Guidance Document – Handling and Destruction of Post-Consumer Returns Containing Narcotics, Controlled Drugs or Targeted Substances](#)
- [Guidance Document – Handling and Destruction of Unserviceable Stock Containing Narcotics, Controlled Drugs or Targeted Substances](#)

- 4.14** How does the [Health Canada exemption](#) from certain provisions of the *Controlled Drugs and Substances Act* (CDSA) and its regulation affect practice for pharmacists in NL with respect to:
- Prescribing controlled substances, including initiating treatment with a controlled substance?
  - Transferring a prescription for a controlled substance to another pharmacist?
  - Transferring a prescription for a benzodiazepine or targeted substance?
  - Delivering controlled substances to a patient’s home or another location?
  - Accepting verbal orders for controlled substances?

Students are referred to the following resources for guidance:

- [Health Canada FAQ on the Section 56\(1\) Exemption](#)
- [CPNL FAQ on the Health Canada Section 56\(1\) Exemption](#)

## SECTION 5: LEADERSHIP AND HEALTH PROMOTION

### OBJECTIVES

The student is expected to:	Relevant AFPC Competencies
<ul style="list-style-type: none"> <li>Demonstrate leadership abilities in team processes, as appropriate</li> </ul>	CM2.1, 2.2, 2.4, CL1.1, 1.2, LM 3.1, 4.2
<ul style="list-style-type: none"> <li>Engage in health promotion activities (e.g., by incorporating information on health promotion into practice, facilitating patient access to services within the healthcare system by linking them with agencies or resources to further address health needs)</li> </ul>	CP1.2, 2.4.5, CM1.7, 2.1, LM3.1, HA1, HA2, SC4.1, PR1.4
<ul style="list-style-type: none"> <li>Contribute to the maintenance of a healthy environment for the public (e.g., by promoting the proper handling and disposal of drugs, identifying, and minimizing risk factors for disease transmission)</li> </ul>	CP3.2, LM1.2
<ul style="list-style-type: none"> <li>Reflect upon personal attributes that influence self-development and professional performance</li> </ul>	PR3.2

### Resources

- Pharmacy Management, Leadership, Marketing, and Finance*, 2<sup>nd</sup> edition, 2014. Chapter 2: Leadership Essentials for Pharmacists, [http://samples.jbpub.com/9781449660284/57253\\_CH02\\_SECURE.pdf](http://samples.jbpub.com/9781449660284/57253_CH02_SECURE.pdf)
- Ottawa Charter for Health Promotion, 1986, <http://www.phac-aspc.gc.ca/ph-sp/docs/charter-chartre/pdf/charter.pdf>
- CliftonStrengths, <https://www.gallupstrengthscenter.com/home/en-us>

### Activities & Questions

*Engaging in health promotion activities with patients on both individual and community levels can empower people to increase control over and improve their health.*

- 5.1** Recall, from your **Pharmacy 2620 and 3410** courses, the socio-economic, cultural, environmental, and other factors that are barriers to, or facilitators of, health and wellness. Learning to recognize these factors, when interacting with patients of varying demographics, will better enable you to provide care that is tailored to patients' unique circumstances.

Reflect upon a situation you encountered or observed in which a barrier affected a patients' ability to achieve optimal health/wellness. Describe generally in 4-6 sentences (**without including any patient-identifying information**) the situation and whether the obstacle was able to be overcome, including your/the pharmacist's role, as applicable. **Submit this reflection into Brightspace.**

- 5.2 a.** **Work with patients to increase opportunities to adopt healthy behaviours.** This may be through one-on-one discussions with **individual patients** OR through the development/implementation of a **health promotion activity in your pharmacy or community.**

- b.** **Self-reflect** on a health promotion endeavour you were involved in (big or small, involving an individual or group). How would you rate its level of success or effectiveness? Consider personal strengths that you relied on in carrying out the activity (i.e., StrengthsFinder). What were they? Note areas for improvement or how you might use your strengths differently on another occasion. Which leadership style(s) did you use (e.g., affiliative, autocratic, democratic, laissez-faire, transformational, servant)? State specific examples. **Submit this reflection into Brightspace.**
  
- 5.3** As pharmacists, it is important to contribute to the maintenance of a healthy environment for the public. How is the proper disposal of medications promoted within the pharmacy (i.e., amongst staff) and with patients?
  
- 5.4 a.** Each member of the pharmacy team displays leadership characteristics by contributing to the effective functioning of the team. Consider each person's roles and responsibilities on the team and how they display leadership in performing their jobs. Reflect on how you feel you have displayed leadership in your role as student pharmacist.
  
- b.** Think specifically about your interactions *within* the pharmacy team. How do your personal strengths influence how you maintain effective working relationships, including how you deal with misunderstandings, disagreements, or conflicts in the practice setting?
  
- 5.5** Capturing your professional experience and communicating it in a professionally appropriate manner is a way to demonstrate leadership. It is suggested you update your resume or professional profile (e.g., LinkedIn) with this practice experience, including any health promotion activities that you developed/participated in, and any other notable professional activities you engaged in.

## APPENDIX: PROGRAM OF STUDY

Course descriptions: <https://www.mun.ca/regoff/calendar/sectionNo=PHAR-0462>

Term	Required Courses
<b>Pre-Pharmacy</b>	Courses required for admission
<b>Pharmacy Year 1</b>	
Fall Year 1	CHEM 2400 Introductory Organic Chemistry I PHAR 2002 Anatomy and Physiology I PHAR 2201 Pharmaceutics I PHAR 2250 Pharmacy Practice I PHAR 2610 Health Systems
Winter Year 1	CHEM 2401 Introductory Organic Chemistry II PHAR 2003 Anatomy and Physiology II PHAR 2004 Introduction to Biochemistry PHAR 2202 Pharmaceutics II PHAR 2251 Pharmacy Practice II PHAR 2620 Social and Ethical Behaviour
Fall or Winter Year 1	PHAR 2010 Service Learning
<b>Pharmacy Year 2</b>	
Fall Year 2	PHAR 3111 General Biochemistry PHAR 3250 Pharmacy Practice III PHAR 3270 Pharmacotherapy I PHAR 3801 Pathophysiology I PHAR 3805 Pharmacology I
Winter Year 2	PHAR 3006 Immunology PHAR 3251 Pharmacy Practice IV PHAR 3271 Pharmacotherapy II PHAR 3410 Leadership and Health Promotion PHAR 3810 Microbiology of Infectious Diseases PHAR 3825 Medicinal Chemistry
Spring Year 2 (Current)	PHAR 305P (PPE I): Community Pharmacy (6 weeks)
<b>Pharmacy Year 3</b>	
Fall Year 3	PHAR 4250 Pharmacy Practice V PHAR 4270 Pharmacotherapy III PHAR 4621 Applied Health Research I PHAR 4802 Pathophysiology II PHAR 4810 Pharmacology II
Winter Year 3	PHAR 4251 Pharmacy Practice VI PHAR 4271 Pharmacotherapy IV PHAR 4420 Pharmacy Management I PHAR 4622 Applied Health Research II PHAR 4820 Pharmacokinetics
Spring Year 3	PHAR 406P (PPE II): Hospital Dispensary (2 weeks) PHAR 407P (PPE III): Pharmacy Direct Care (4 weeks)

<b>Pharmacy Year 4</b>	
Fall Year 4	PHAR 5250 Pharmacy Practice VII PHAR 5270 Pharmacotherapy V PHAR 5275 Symposium in Pharmacy PHAR 5815 Pharmacology III PHAR 5830 Applied Pharmacokinetics
Winter Year 4	PHAR 4860 Pharmacogenomics and Biotechnology PHAR 5251 Pharmacy Practice VIII PHAR 5271 Advanced Pharmacotherapy PHAR 5430 Pharmacy Management II PHAR 5640 Social Justice and the Pharmacist
<b>Pharmacy Year 5</b>	
Spring-Summer, Fall, Winter Year 5 <b>Advanced Pharmacy Practice Experience (APPE)</b> courses begin in May following Year 4 Winter Semester, and continue through to April of the following year	PHAR 605P: Direct Patient Care (8 weeks) PHAR 606P: Acute Care Hospital (8 weeks) PHAR 607P: Community Pharmacy (8 weeks) PHAR 608P: Elective (8 weeks)

<https://www.mun.ca/pharmacy/programs/pharmd/pharmdprogramofstudy.php>