

# Preceptor Criteria

Regulation 280/96

30. (1) 2 The applicant must have been accepted by a preceptor acceptable to the Registration Committee

Note: This policy also applies to section 31.3 (Interns)

## **POLICY**

The College will verify the eligibility of pharmacists to serve as preceptors.

### **1. Practice**

a) A preceptor is a pharmacist who has been licensed to practise pharmacy in a Canadian jurisdiction and who has been providing direct patient care as a licensed pharmacist for at least 18 hours a week and for at least one year immediately preceding assumption of a preceptorship.

b) A preceptor shall undertake the in-service training of a registered pharmacy student or intern who is enrolled in or has successfully completed an undergraduate pharmacy program at an accredited Canadian or U.S. Faculty of Pharmacy, or enrolled in or has successfully completed the International Pharmacy Graduate Program, University of Toronto unless otherwise authorized by policy or the Registration Committee.

c) A preceptor shall undertake the in-service training of ONLY one registered student or intern, or one student going through the Structured Practical Experience Program (SPEP) at the Leslie Dan Faculty of Pharmacy, University of Toronto, at any one time unless otherwise authorized by policy or the Registration Committee.

d) The preceptor takes primary responsibility for supervising and assessing the student or intern for a minimum of 18 hours a week. He/she may delegate responsibility to other pharmacists who are in good standing (see below) or health care professionals as appropriate, and must delegate responsibility when not available.

e) The preceptor practises pharmacy in Ontario in accordance with OCP Guidelines and Standards of Practice.

### **2. Good Standing**

a) The preceptor must not:

- i. have terms, conditions or limitations on his/her member's certificate of registration; or
- ii. have been found to have committed an act of professional misconduct or to be incompetent by the Discipline Committee within the last six years; or
- iii. have been found to be incapacitated by the Fitness to Practice Committee within the last six years; or
- iv. have had allegations of professional misconduct that have been referred to, but not yet decided upon by, the Discipline Committee; or
- v. have had allegations of incapacity that have been referred to, but not yet decided upon by, the Fitness to Practice Committee<sup>1</sup>.

- b) The preceptor must practise in a pharmacy that meets the SPT Practice Site Criteria<sup>2</sup>.

### **3. Assessment**

The preceptor completes all required assessments of performance and submits the final assessment to the College within seven days of completion of training. Upon termination of training for any cause by either party, an assessment must be completed and returned to the College within seven days.

### **4. Conflict of Interest**

a) Preceptors and students/interns MUST declare actual and perceived relationships of any nature<sup>3</sup> beyond student-teacher relationships, that exist between themselves and/or other individuals or interests associated with the training experience or practice site. Those relationships that exist beyond the boundaries of a student-teacher relationship may compromise an objective, candid and fair assessment of a student/intern's competence.

b) Failure to declare a conflict of interest situation may result in referral of the student/intern by the Registrar to a hearing of the Registration Committee. After a hearing, the Registration Committee may invalidate some or all of the training experience.

### **5. Training**

a) Preceptors must complete the training requirements of the College to be eligible. These requirements include attending an OCP Preceptor Orientation workshop before commencing as a preceptor. Along with having served as a preceptor, they must satisfy further educational requirements for preceptors every 3 years as approved by Registration Programs.

b) An SPEP-trained preceptor may be exempted from our training requirements if they have been actively preceptoring and have been participating in ongoing training with SPEP.

Revisions Approved: December Council/97, March Council/98, September Council/99, September Council/2000, June 2002, June 2006

<sup>1,2</sup> Pharmacists who do not meet these criteria may seek permission from the Registrar to act as a preceptor for a student/intern.

<sup>3</sup> Examples may include: family relationships (direct and indirect), financial and business connections. (Note: Declaration does not necessarily preclude the preceptorship).

## SPT Practice Site Criteria

### The practice site shall:

1. be accredited and/or a hospital or other site in Ontario in which direct patient care is provided;
2. have a counselling area if in a community setting so that there is a reasonable expectation of acoustical privacy, or have an active patient counselling program if in an alternative setting;
3. have a philosophy and an organizational structure (e.g., sufficient staffing and resources) that permits an appropriate degree of educational opportunities and one-on-one interaction between preceptor and student/intern;
4. provide health related information and be involved in health promotion and disease prevention;
5. be a pharmacy that has not had a disciplinary finding against it in the past six years or is not currently the subject of disciplinary proceedings;
6. be a pharmacy for which there does not exist any unsatisfied order or action by the Accreditation Committee; and
7. be a pharmacy wherein the student/intern is not in an actual or perceived conflict of interest relationship with the Designated Manager or any Owner, Director, Officer or Shareholder of the Corporation holding the Certificate of Accreditation.

Revisions Approved: September Council/99, April Registrations Committee/2006

---

Note: Students/interns who wish to complete SPT in a site that does not meet all of these criteria may request an exemption from the Registration Committee.

# Intern Performance Assessment Form

Date \_\_\_\_\_

## Assessment Week 4 to be completed by Preceptor

Intern OCP # \_\_\_\_\_ Preceptor Name (please print) \_\_\_\_\_

Intern Name (please print) \_\_\_\_\_ Preceptor Signature \_\_\_\_\_

Intern Signature \_\_\_\_\_ Pharmacy Name \_\_\_\_\_

Date reviewed with Preceptor \_\_\_\_\_ Pharmacy Phone # \_\_\_\_\_

Referring to the performance descriptors to right, the Preceptor is asked to check in the column which best describes the intern's performance for each competency element:

P = Poor  
F = Fair  
S = Satisfactory  
G = Good  
E = Excellent

N/O = No opportunity  
(if a particular competency element has not been demonstrated up to this assessment period)

### 1. Pharmaceutical Care

Competency element	P	F	S	G	E	N/O
1.1 Develop a trusting relationship with the patient or patient's care provider						
1.2 Gather and record appropriate patient information						
1.3 Assess the health status and concerns of the patient						
1.4 Identify the patient's desired therapeutic outcomes						
1.5 Identify actual and potential drug-related problems						
1.6 Determine appropriate therapeutic options						
1.7 Refer patients to other health care providers or health care agency, if necessary						
1.8 Monitor and evaluate the patient's progress and the therapeutic outcomes of a drug intervention						
1.9 Document significant findings of patient information						
1.10 Discuss adverse drug reaction and document, if applicable, in compliance with formal adverse drug reaction reporting programs (CADRMP)						
1.11 Assume responsibility for recognition and resolution of medication discrepancies/errors						

**Preceptor's Specific Feedback (strengths, areas for improvement; provide examples)**

## 2. Assume Ethical, Legal and Professional Responsibilities

Competency element	P	F	S	G	E	N/O
2.1 Comply with legal requirements and ethical principles of practice						
2.2 Uphold and act on the ethical principle that a pharmacist's primary accountability is to the patient						
2.3 Advocate on behalf of patients or groups of patients to ensure appropriate access to products and services						
2.4 Demonstrate personal and professional integrity, professional image and attitude						
2.5 Demonstrate an understanding of the role and scope of the profession of pharmacy within the Canadian health care system						
2.6 Continuously strive to improve professional competence						
<b>Preceptor's Specific Feedback (strengths, areas for improvement; provide examples)</b>						

## 3. Access, Retrieve, Evaluate and Disseminate Relevant Information

Competency element	P	F	S	G	E	N/O
3.1 Retrieve relevant information from appropriate sources						
3.2 Critically evaluate drug information						
3.3 Organize and disseminate information						
3.4 Retrieve new information and collect and interpret data						
<b>Preceptor's Specific Feedback (strengths, areas for improvement; provide examples)</b>						

#### 4. Communicate and Educate Effectively

Competency element	P	F	S	G	E	N/O
4.1 Respect the patient's right to confidentiality and privacy by ensuring that personal health information is communicated in a manner in which the discussion cannot be overheard by others						
4.2 Demonstrate effective and appropriate communication skills in diverse settings or situations						
4.3 Use appropriate communication techniques for use with patients or patients' agents (effective interview techniques; appropriate grammar, vocabulary; telephone skills)						
4.4 Use appropriate communication techniques for use with other health care providers						
4.5 Demonstrate comprehension and fluency in written and verbal English or French						
4.6 Develop health promotion strategies (e.g., smoking cessation, cholesterol control, alcohol and drug use/abuse and immunization)						
4.7 Design, implement and evaluate an education plan (e.g., presentation, nursing, nursing in-service, patient education day, news bulletin)						
<b>Preceptor's Specific Feedback (strengths, areas for improvement; provide examples)</b>						

## 5. Manage Drug Distribution

Competency element	P	F	S	G	E	N/O
5.1 Perform, supervise and review drug distribution activities according to federal and provincial regulations and established policies and procedures						
5.2 Ensure the removal of outdated, mislabeled or deteriorated drugs, and those recalled from regular stock, for storage in a separate area for appropriate disposal						
5.3 Recognize patterns of inappropriate use of drugs						
5.4 Demonstrate ability to manage drug distribution functions						
<b>Preceptor's Specific Feedback (strengths, areas for improvement; provide examples)</b>						

## 6. Apply Practice Management

Competency element	P	F	S	G	E	N/O
6.1 In collaboration with management, ensure that pharmacy operations are designed to protect the public and the people working on the premises						
6.2 Supervise personnel such that delegated functions are carried out to meet accepted standards						
6.3 Effectively manage workflow						
6.4 Apply management systems pertaining to the site of pharmacy practice						
6.5 Interpret and apply the drug utilization (e.g., DUE, DUR), reimbursement and pharmacoeconomic policies of health care facilities and agencies, and federal, provincial and third party drug insurance plans						
<b>Preceptor's Specific Feedback (strengths, areas for improvement; provide examples)</b>						



**Current Medical Conditions:**     pregnant, trimester:  1    2    3  
 breastfeeding, age of baby: \_\_\_\_\_

<input type="checkbox"/> anemia	<input type="checkbox"/> COPD	<input type="checkbox"/> hypertension	<input type="checkbox"/> thyroid disorders
<input type="checkbox"/> asthma	<input type="checkbox"/> diabetes	<input type="checkbox"/> renal dysfunction	<input type="checkbox"/> tuberculosis
<input type="checkbox"/> bronchitis	<input type="checkbox"/> epilepsy	<input type="checkbox"/> liver dysfunction	<input type="checkbox"/> ulcers
<input type="checkbox"/> CHF	<input type="checkbox"/> glaucoma	<input type="checkbox"/> malignancies	<input type="checkbox"/> urinary retention
<input type="checkbox"/> coronary artery disease	<input type="checkbox"/> gout	<input type="checkbox"/> migraine	<input type="checkbox"/> urinary frequency
<input type="checkbox"/> cerebrovascular disease	<input type="checkbox"/> high cholesterol	<input type="checkbox"/> Parkinson's disease	

other: \_\_\_\_\_  
\_\_\_\_\_

Past History of: \_\_\_\_\_ Date diagnosed or occurred: \_\_\_\_\_  
\_\_\_\_\_

Newly Diagnosed: \_\_\_\_\_ Date: \_\_\_\_\_

**Allergies:**  none known    penicillin    sulfonamide    codeine    other: \_\_\_\_\_

**Sensitivities:**  none known    erythromycin    narcotics    other: \_\_\_\_\_

**Family Medical History:**

<input type="checkbox"/> asthma	<input type="checkbox"/> cerebrovascular disease	<input type="checkbox"/> high cholesterol	<input type="checkbox"/> Parkinson's disease
<input type="checkbox"/> CHF	<input type="checkbox"/> COPD	<input type="checkbox"/> hypertension	<input type="checkbox"/> tuberculosis
<input type="checkbox"/> coronary artery disease	<input type="checkbox"/> diabetes	<input type="checkbox"/> malignancies	

other: \_\_\_\_\_  
Details: (e.g. Mother/Father still living, age of death) \_\_\_\_\_

**Social History:**

<input type="checkbox"/> Alcohol, average drinks per day:	Nutrition: <input type="checkbox"/> adequate <input type="checkbox"/> poor
<input type="checkbox"/> Caffeine intake, cups/day	<input type="checkbox"/> Smoking, PPD:
Lifestyle: <input type="checkbox"/> active <input type="checkbox"/> sedentary	<input type="checkbox"/> Other:

Language:  English    French    Other: \_\_\_\_\_

**Compliance Assessment:**

Patient concern noted: \_\_\_\_\_

**Barriers to Compliance:**

- none noted    language    literacy    understanding of disease
- understanding of medication(s)    forgetfulness    difficulty opening vials

**Intervention required:**

Compliance aids:  flip-cap vials ( form signed)    patient-filled dosette    pharmacist-filled dosette

Education:  disease state    medication

Other: \_\_\_\_\_

Date provided/addressed: \_\_\_\_\_ Pharmacist/Assistant: \_\_\_\_\_

### Drug-Related Problems and Outcomes

1 - Indication for drug therapy (not receiving)  
2 - Wrong drug  
3 - Too little drug

4 - Too much drug  
5 - ADR  
6 - Drug-drug, drug-disease, drug-food, drug-herbal, drug-lab interaction

7 - Not taking/receiving prescribed drug  
8 - No valid indication for drug therapy

**Actual DRPs Identified:**

**Potential DRPs Identified:**

**Reason for DRPs:**

**Reason for DRPs:**

**Possible Therapeutic Alternatives for DRP (for main DRP only)**

**Care Plan  
Recommendations (Including Non-pharm, Action  
Taken and Monitoring of Endpoints)**

**Outcome  
(Details of Follow-up and/or Monitoring)**

**Counselling provided:** (in language used with patient, point form) Date: \_\_\_\_\_

in person  telephone  patient  agent \_\_\_\_\_ Pharmacist: \_\_\_\_\_

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

**References used:**



# Drug Information Request Documentation Form

Date: \_\_\_\_\_ Time Received: \_\_\_\_\_  AM  PM

Received by: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Requester Identity:  patient  pharmacist  physician  nurse  other: \_\_\_\_\_

Preferred method of delivery:  phone  fax  email  mail References required:  Y  N

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Response needed in:  10 min  30-60 min  end of day  when time permits

**Question & Pertinent Background Information (including patient's medical conditions/medications, etc., where applicable):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Request:**  Ident  Ther Alt  Dos/Admin  Ther Use  ADR  DI  Other

**Search Strategy:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Response:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Callback Attempts: Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM Initials: \_\_\_\_\_

Total Time Required: \_\_\_\_\_ min Completed By: \_\_\_\_\_