

## **Winnipeg Regional Health Authority Pharmacy Practice Residency Program Pharmacy Residency Leading Practices Application**

### **1. Pharmacy Residency Leading Practice Title:**

*Performance Criteria for Verification Tasks*

### **2. Provide a description of the practice or copy of the tool and indicate how this practice/tool is linked to Accreditation Standards.**

Verification (“checking”) is a component of Requirement 3 of the 2010 CPRB Residency Accreditation Standard 3.2. In a Medication Use System Orientation rotation, we require that pharmacy residents verify a minimum of 50 products with 100% accuracy (mixed type – interim doses, pass medications, TPN, IV admixtures, extemporaneous compounding, arrest trays, cart fill, etc.) under the direct supervision of a preceptor before being authorized to perform verification independently. This requirement applies to residents who enter the program as an intern as well as those who enter the program with a pharmacist license. We developed performance criteria for verification tasks as well as a longitudinal performance tracking tool and global rating scale that is used by preceptors and residents alike. These forms standardize the assessment process, facilitate delivery of feedback and self-correction, and provide evidence for evaluation purposes. Copies of the tools (Appendices 12-2 to 12-6) are attached to this submission.

### **3. Why did your program decide to implement this practice/tool?**

While technological solutions such as computerized prescriber order entry and bar coding systems have great potential to detect human error, manual redundancies such as verification (“checking”) performed in hospital pharmacy dispensaries still play a critical role in error detection and prevention. Studies show that manual redundancies detect about 95% of errors.<sup>1</sup> Product verification conducted by pharmacists is rarely repeated downstream by another person; therefore, verification tasks done by pharmacists represent the most demanding application of verification knowledge and skill. Pharmacists are trained to perform verification in pharmacy school; however, there is little emphasis on the types of products that must be verified in hospital pharmacy practice and pharmacy practitioners usually enter residency programs with varied and often inadequate verification practice or assessment. To ensure safe patient care, orientation to hospital pharmacy verification tasks and assurance that pharmacists (pharmacy residents) have effective systematic verification skills suited to the hospital practice setting is essential.

We implemented this practice and tools because of inconsistency among preceptors (pharmacists and pharmacy technicians) in assessing a resident’s ability to perform verification tasks. In addition, there were varying interpretations about the components of expected performance (e.g., accuracy alone versus a bundle of behaviors and actions that underlie safe,

effective, efficient verification practices; range and number of items to be verified during the rotation). Existing practices did not enable preceptors to effectively diagnose gaps in verification process in our residents. Because performance criteria were not available:

- it was difficult to orient new Medication Use System preceptors to their role;
- residents had difficulty knowing what was expected;
- residents did not always have an appropriate breadth of product checking experiences during the rotation;
- residents and preceptors did not have the tools that facilitated assessment over the entire rotation, and
- the medication use system and the patients it serves was placed at risk.

We developed tools to facilitate structured assessment (track progress over time; assess all components that underlie effective checking practice), provide preceptors with feedback prompts, and to provide written evidence for final evaluation purposes.

<sup>1</sup>U D. Medication safety alerts. *CJHP* 2003; 56(3): 167-169.

#### **4. What makes this practice/tool creative and innovative?**

These tools provide an explicit statement of performance expectations for a task (verification) that most people assume a pharmacist is able to do completely and effectively if he has passed the national board examination. A published and grey literature search revealed no competency assessment tool that focuses on pharmacy verification processes. This practice is creative and innovative because it converts entry to practice competencies, in the context of residency training, into simple tools that support residents and preceptors, and it can be applied by preceptors in any practice setting.

#### **5. Which processes or educational outcomes has this practice/tool improved in your program?**

**Processes:** resident and preceptor orientation; verification; quality assurance (repackaging, compounding and dispensing); assessment and evaluation

**Educational outcomes:** this practice and associated tools provides evidence that the resident is able to practice independently as a member of the pharmacy and larger healthcare team in our facilities

#### **6. Which resources are required for this practice/tool to be implemented by other pharmacy residency programs?**

Provided that the pharmacy (pharmacies) in which the resident practices already has an explicit statement of what must be verified for each type of product and stage of production, the only thing that is required is to orient preceptors and residents to the tools.

## Pharmacy Residency Leading Practices Report

To have this leading practice posted on the CSHP's website; please provide a summary describing and explaining the impact it has had. CHPRB reserves the right to edit the information submitted for style, content, and length.

### ***Performance Criteria for Verification Tasks. Woloschuk DMM, Marriott A. Winnipeg Regional Health Authority Pharmacy Practice Residency Program, Winnipeg, MB.***

Pharmacists are trained to perform verification ("checking") in pharmacy school; however, there is little emphasis on the types of products that must be verified in hospital pharmacy practice. In our experience, residents enter the residency program with limited and often ill-developed verification skills. We developed performance criteria for verification tasks as well as longitudinal performance tracking and global rating tools that are used by preceptors and residents in a required Medication Use System Orientation rotation (Accreditation Standard 3.2, Requirement 3) of short duration. We implemented this practice because of inconsistency among preceptors (pharmacists and pharmacy technicians) in assessing a resident's ability to perform verification tasks as required in the learning goals and objectives. The simple, innovative tools we created provide an explicit statement of performance expectations and enable tracking of performance over time. These tools have: simplified orientation of preceptors and residents to residency rotation and program requirements; standardized the assessment process; facilitated delivery of feedback; facilitated resident self-correction; and, provided evidence for evaluation purposes.

Contact name and e-mail address for the person who can be contacted at your organization if others wish to know more about this practice/tool.

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Adapted with permission from Accreditation Canada "Leading Practices Application Template"

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