Structured Practical Experiential Program

PHARMACY STUDENT AND INTERN ROTATIONS RESOURCE
COLLEGE OF PHARMACISTS OF MANITOBA

COLLEGE OF PHARMACY
RADY FACULTY OF HEALTH SCIENCES
UNIVERSITY OF MANITOBA
Contents

Introduction .................................................................................................................................................. 2
Role of Structured Practical Experiential Program (SPEP) ........................................................................ 2
Preceptors .................................................................................................................................................. 2
Responsibilities of Preceptors, Students/Interns and University ............................................................ 4
Liability ................................................................................................................................................... 4
Supervision .............................................................................................................................................. 4
Scope of practice .................................................................................................................................... 6
Appendix .................................................................................................................................................. 10
  Demonstration of Product Release Proficiency ...................................................................................... 10
Introduction

The College of Pharmacists of Manitoba (CPhM) in conjunction with the College of Pharmacy at the University of Manitoba has developed a resource document for preceptors, supervising pharmacists, pharmacy students and interns. This document will cover the role of the university’s Structured Practical Experiential Program (SPEP) and the benefits of the program to all participants. Preceptor qualifications and responsibilities and those of the participating students/interns will be reviewed. Preceptors and supervising pharmacists must understand the scope of practice of students/interns and under what degree of supervision they can perform these tasks.

Under the Regulations, a pharmacy student entering the final year of the Pharmacy program at the University of Manitoba is an intern once they are on the intern register of the College of Pharmacists of Manitoba. Students who have had their CPhM Intern application approved become classified as interns in their final year of the undergraduate program and they can continue on the intern register for up to 12 months after graduation. All interns must serve an internship period of 600 hours, however students of the College of Pharmacy at the University of Manitoba can complete 240 hours of their internship period during their SPEP rotations. Being an intern allows them to perform all areas of pharmacy practice while on SPEP rotations in their final year as well as during the post-graduate internship period.

Role of Structured Practical Experiential Program (SPEP)

The mission of the SPEP is to provide high-quality experiential education placements that allow students to integrate existing knowledge and further develop skills in the course of practicing pharmacy. Required experiential components of the pharmacy curriculum include learning experiences that must provide students the opportunities to develop all NAPRA-prescribed Competencies for Entry to Pharmacy Practice. The fourth-year practicum rotations involve different learning settings including community pharmacy, hospital pharmacy and primary care environments. These practice sites provide enhanced opportunities for students to contribute and add value to the healthcare delivered to patients of the practice site; as well as achieve the learning outcomes required to fulfill graduation requirements. Working in various areas of practice, the student/intern is in a unique position to provide health services that maintain and promote health, and will experience first-hand the role of the pharmacist due to their accessibility, knowledge base, and expanded scope of practice.

Preceptors

Preceptors are vital to a successful practicum. Students often describe this relationship as having the most impact on their practice learning. Preceptors lead, mentor and promote professional development of students and interns and provide students and interns with a role model in a real-world practice setting.

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

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

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

▪ Helping a student make the important step from classroom to practice.
▪ Experiencing gratification in seeing an intern/student’s knowledge and confidence expand and grow from your efforts.
▪ Facing exposure to new perspectives and knowledge. Students may challenge and re-energize an interest in learning.
▪ By acting as an educator, coach, cheerleader, and advocate, you will experience the satisfaction of knowing you have facilitated transition from a student to a colleague.
▪ Opportunity to showcase your workplace and attract students/interns to your environment.
▪ Expanding services by engaging students to assist with projects and patient care initiatives, leading to practice change.
▪ Sharing your wisdom of practice and professional expertise - skills that cannot be taught in a classroom.

The College of Pharmacists of Manitoba (CPhM) has accredited participating as a preceptor for pharmacy students/interns as a learning activity for pharmacists in Manitoba. Preceptors may document their significant learning experiences personally gained through involvement in the preceptorship in their online Professional Development Log and the contact time associated with the learning. Each year of pharmacy student preceptorship has been assigned a unique College File Accreditation Number and corresponding statement of participation which can be found on the College website.

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

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

**Responsibilities of Preceptors, Students/Interns and University**

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

**Preceptor:** The preceptor is responsible for instructing, evaluating and supervising the intern or pharmacy student in accordance with information provided by the University and/or College of Pharmacists of Manitoba, and in compliance within the context of the preceptor’s regular operations. The preceptor also retains overall responsibility for the care, treatment and safety of the preceptor’s own patients and clients. A preceptor must be competent to perform and supervise the activity of the student or intern. They must understand the scope of practice of student/intern and the level of supervision required for each. Also, the preceptor must be able to allocate the necessary time for preceptor activities.

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

**Liability**

The University's CURIE medical malpractice coverage extends to "physicians, surgeons, dentists, nurses, technicians, pharmacists, students, interns, fellows, post-doctoral trainees, residents or other persons engaged in the application of Health Sciences...while registered as a student, undergraduate or otherwise, at the Named Insured, in respect of any activity related to the discipline in which they are so registered, in furtherance of their education or training in such discipline, whether conducted on or off the campus".

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

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

**Supervision**

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

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

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

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

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

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

A pharmacist who provides either direct or indirect supervision must:

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

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

The application of a model of graduated experiential learning will ensure that the student or intern is prepared to provide patient-centered care, which is dependent upon the development of clinical practice skills, critical thinking skills and decision-making skills under conditions of uncertainty.
Documented assessments demonstrating the student/intern’s progress, is evidence to their readiness to participate in enhanced practice opportunities. As the intern’s clinical judgement develops, he or she can be permitted to practice under indirect supervision. For example: counsel patients in a patient care unit, with the preceptor or designate available within the healthcare facility for consultation by telephone and/or hands on with minimal delay, as required. This does not apply to students due to the requirement for direct supervision.

**Assignment of duties:**

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

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

<table>
<thead>
<tr>
<th>Pharmacy Students:</th>
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<td>All activities undertaken by a pharmacy student must be under direct supervision of a pharmacist.</td>
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<table>
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<tr>
<th>Interns:</th>
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<tbody>
<tr>
<td>An intern is authorized by the Pharmaceutical Regulation to perform the same restricted activities as a licensed pharmacist under the preceptor’s direct or indirect supervision.</td>
</tr>
</tbody>
</table>

**Scope of practice**

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

Interns under the Pharmaceutical Act include students in their fourth year of pharmacy at the University of Manitoba and post-graduate pharmacy interns. Section 58 of the Regulation states that in a pharmacy, an intern may engage in any aspect of the practice of pharmacy under a member’s supervision. These practices would include:

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

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

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

An intern is permitted only to engage in these activities during their SPEP rotations and not while employed at a pharmacy outside of their SPEP rotation.

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

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

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

• compounding,
• dispensing if member approved filling,
• advising on contents, therapeutic values, and hazards of drugs,
• advising on use of medical devices,
• identifying and assessing drug related problems and making recommendations,
• tasks of pharmacy technician under Section 60(1),
• tasks of other persons,
• educating a patient about drug therapy and
• receiving and recording verbal prescriptions.

*Please note that pharmacy students under the Regulations cannot administer injections. However, as part of the training under the University SPEP rotation, a student who has completed the required training can perform injections if the preceptor is authorized and allows. Therefore, a pharmacy student and an undergraduate intern cannot administer injections as an employee of a pharmacy outside of their SPEP rotation.

The following scope of practice chart outlines the tasks which can be undertaken by students/interns during their SPEP rotation and under what conditions.
<table>
<thead>
<tr>
<th>Pharmacist</th>
<th>PHARMACY STUDENT(^1) (during BScPharm YEARS 1, 2 &amp; 3 SPEP rotations)</th>
<th>PHARMACY INTERN(^2) (during SPEP rotations) &amp; Post-Graduate Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive verbal prescriptions</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Assess and approve a prescription for filling or refilling</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Provide or receive a written or verbal transfer of a prescription</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Educate a person or health care professional about a drug or drug therapy</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Perform a final check on a prescription (Upon successful completion of Demonstration of Product Release Proficiency – 200 checks without error verified by preceptor)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Identify and assess drug therapy problems and make recommendations to prevent or resolve</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Prescribe                                                                                                                  • a Schedule II or III drug • a medical device approved by Health Canada • a continued care prescription</td>
<td>No</td>
<td>Yes(^3)</td>
</tr>
<tr>
<td>Prescribe for drugs for self-limiting conditions *with approved training &amp; under supervision of a pharmacist authorized to prescribe for SLC</td>
<td>No</td>
<td>Yes(^3)</td>
</tr>
<tr>
<td>Adaptation of existing prescription following applicable practice direction</td>
<td>No</td>
<td>Yes(^3)</td>
</tr>
<tr>
<td>Interpret results of patient administered automated tests</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Administer a drug orally, topically or via inhalation</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Administer a drug through injection * with approved training, and under supervision of a pharmacist authorized to administer injections</td>
<td>Yes(^4)</td>
<td>Yes</td>
</tr>
<tr>
<td>Order and receive the results of a screening or diagnostic test *with approved training and under supervision of a pharmacist trained in ordering lab tests</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

\(^1\) Under direct supervision of a pharmacist

\(^2\) Under direct or indirect supervision of a pharmacist as determined by the preceptor

\(^3\) Prescriptions would require name and signature of intern and name of supervising pharmacist

\(^4\) Pharmacy students under the Regulations cannot administer injections; however, once students have completed their injections training, students may administer injections during their university SPEP rotation ONLY and under direct supervision of a pharmacist.
References:
The Pharmaceutical Act:  http://web2.gov.mb.ca/laws/statutes/ccsm/p060e.php
Manitoba Pharmaceutical Regulations:
https://cphm.ca/uploaded/web/Legislation/Pharmaceutical%20Regulation%20amendment.pdf
Appendix

Demonstration of Product Release Proficiency

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

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

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

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

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

If the intern makes an error, the checking process must be restarted at zero (for example, if the intern accurately checks 195 prescriptions and then makes an error, the activity must be restarted). If an error is made, the preceptor and intern must have a detailed discussion to identify what part of the checking process should be re-evaluated and determine what steps the intern can implement to minimize the risk of it reoccurring. This discussion should also include development of a learning action plan to help monitor the intern’s learning goals and progress.

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

The progress of the DPRP can be recorded in a daily tracking log, which is supplied at the end of this section. The intern must start a new tracking log each day to record all checked prescriptions and any identified errors. The evaluator must independently double check the items checked by the intern and initial one of the following options:

- “No error missed” if:
  - The intern correctly identified there was no error in the prepared prescription; or
  - The intern correctly identified an error in the prepared prescription.

- “Error missed” if:
  - The intern did not appropriately identify an error in the prepared prescription.

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

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

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

**The Technical Checking Process**

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

When checking the medication to be dispensed, the label and medication should always be checked against the prescription. The order in which these checks are carried out may vary but all of the following checks must be performed on each prescription:

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

f) Additional considerations

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

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

a) Right patient

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

b) Right drug, dosage form, and route

- Ensure that the drug name on the prescription/order matches the name on the vial/product label and with the stock bottle being used (with allowance for generic substitution). Pay particular attention to drugs that have similar names to ensure the correct drug is dispensed.
- Refer to the Manitoba Interchangeability Formulary to determine if a generic drug is available.
- (Hospital) Follow automatic substitution (generic and therapeutic) policies as applicable.
- Match the DIN on the prescription hard copy to the label on the manufacturer’s stock.
- Check that the dosage form matches the form stated on the prescription.
- Check the physical appearance of the drug to ensure the product is what the label states and is of good quality.
- Ensure integrity of the final product.
- Check the expiration date on the manufacturer’s stock bottle to ensure the product will not expire during the treatment period. Take extra care with liquids which may have a shorter shelf life once the stock bottle has been opened.
- Check if the medication is a high alert or high risk medication that may need further checks.

c) Right dose and quantity

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

d) **Right directions**

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

e) **Right prescriber**

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

f) **Additional considerations**

• Check that the most appropriate packaging/container has been used.
• Ensure the proper auxiliary labels are used.
• Ensure that the prescription is in compliance with provincial legislation regarding drug dispensing (e.g. labeling, pricing, etc.).
• Ensure all documentation has been completed and properly filed.
• Take responsibility for the accuracy of the filling and distribution process.
• Bring any drug related problems to the pharmacist’s attention.
• Ensure proper storage conditions.
Demonstration of Product Release Proficiency Daily Tracking Log

Check prescriptions to ensure the correct: patient, drug, dosage form, route, dose, quantity, directions, prescriber, and container/packaging. Ensure that prescriptions are filled and checked to be in compliance with regulations and policies regarding the dispensing of drugs.

Use a new log each day to record all items checked by the pharmacy intern (maximum of 50 per day). The intern is required to complete a total of 200 checks with 100% accuracy in order to satisfy the internship requirements. All checks are to be recorded on this log, along with all details of any errors missed. The DPRP daily tracking log forms do not need to be submitted to the College, rather the intern should retain it for their own records. The daily tracking log must be available for inspection on demand and may be requested by the College at any time.

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

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

<table>
<thead>
<tr>
<th>Date:</th>
<th>Name of intern:</th>
<th>Evaluator:</th>
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<tbody>
<tr>
<td>Check # (MAX 50/day)</td>
<td>Rx # (if applicable) and type of items checked</td>
<td>Record “No Error” or if error is identified by learner, record type of error identified</td>
</tr>
<tr>
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