

WRHA PHARMACY PRACTICE RESIDENCY PROGRAM Verification Performance Tracking Tool

Verify fifty pharmaceutical products with 100% accuracy (i.e., missing no errors). If you miss detecting an error, continue practice verification until you achieve 100% accuracy for fifty 'checks'. When missed errors arise, discuss with your preceptor ways you might modify your personal systematic checking processes so as to improve precision of error identification. As errors arise, fill out the appropriate Verifier Quality Assurance Record. To ensure that you verify a variety of pharmaceutical products (see three columns of item types, below), your preceptor may use this form to identify the need for practice verification for products which you may be less familiar.

Repackaging Type Item Codes	Compounding Type Item Codes	Other Type Item Codes
01. Strip pack (Euclid, Automed canister, Automed Tray)	09. Solution or suspension (oral, topical)	16. Patient-specific interim doses
02. Blister card/pack or MediDose	10. Capsule or powder paper	17. Patient-specific cytotoxic drugs
03. IV/PO syringe	11. Cream, ointment, suppository, pessary	18. Parenteral Nutrition
04. Vial (tabs, caps, powders)	12. Drops (eye/ear/nose)	19. Outpatient Prescriptions (pass meds)
05. Bottle or cup (liquids)	13. Injectable – syringe	20. Updated/Final Fill lists
06. Ointment pot	14. Injectable – minibag or large volume bag	21. Pyxis Fills
07. IV/PO unit dose cart fill or Non-pyxis fills	15. Injectable-other –specify (e.g., vials)	22. WardStock
08. Trays/Kits		23. Documed

Item Code (see above)	Product (Drug) Name	Product Dose/ Strength	Number of Batches	Total Number of Doses (units)	Number of Errors detected by Resident	Number of Errors Detected by Preceptor	Describe the error that was found (if an error was missed by the Resident)	Code of Error missed by Resident*	Assessor Signature

*Error Codes found on QA forms

Completed form to be submitted with end-of-rotation evaluation forms

Item Code (see above)	Product (Drug) Name	Product Dose/ Strength	Number of Batches	Total Number of Doses (units)	Number of Errors detected by Trainee	Number of Errors Detected by Assessor	Describe the error that was found (if an error was missed by the Trainee)	Code of Error missed by Trainee *	Assessor Signature

*Error Codes found on QA forms

Completed form to be submitted with end-of-rotation evaluation forms

Item Code (see above)	Product (Drug) Name	Product Dose/ Strength	Number of Batches	Total Number of Doses (units)	Number of Errors detected by Trainee	Number of Errors Detected by Assessor	Describe the error that was found (if an error was missed by the Trainee)	Code of Error missed by Trainee *	Assessor Signature

*Error Codes found on QA forms

Completed form to be submitted with end-of-rotation evaluation forms