

TECH talk

NOVEMBER 2012

BC AIMS TO REVISE TECH SCOPE OF PRACTICE

Many regulated and aspiring technicians in British Columbia are concerned about a revision to the province's technician scope of practice.

The revision, which the Board of the College of Pharmacists of British Columbia approved in principle, removes pharmacy technicians' ability to take verbal orders. "As pharmacy technicians are unable to take verbal orders for narcotics, it became clear that the current process was cumbersome and that technicians would frequently have to pass the phone to the pharmacist whenever a narcotic was ordered or when a prescriber had questions regarding various drug treatment options," explains Bob Nakagawa, Registrar of the College. He adds that the Board also believed that verbal prescriptions generally need to be reconsidered, "as the potential for errors is significant."

In another modification, the Board plans to add final product check as a clarification of the existing bylaw, although this does not change the scope. "This addresses a concern that stating final in isolation implied that technicians were taking the ultimate responsibility for both the product and clinical aspects of dispensing," says Nakagawa.

Technicians are frustrated at the prospect of losing the ability to receive and transcribe verbal prescriptions, claiming the revision demeans the role of the regulated technician, a designation they worked so hard to achieve.

The College is asking for comments from pharmacy technicians, pharmacists, and members of the public on the revised bylaws by December 28 by email to: HPA@bcpharmacists.org.

FREE CCEP-ACCREDITED CE LESSON INSIDE:

Influenza vaccination: protecting our communities

Accredited by the Canadian Council on Continuing Education in Pharmacy



Answer this CE online for instant results. Visit www.CanadianHealthcareNetwork.ca

TECH TACKLES VARIETY OF ROLES

IF VARIETY IS THE SPICE OF LIFE, THE career of hospital pharmacy technician Shannon Hebert has been—and continues to be—anything but bland. Since joining the pharmacy department at Capital Health, Nova Scotia's provider of health services in the Greater Halifax area, she has coordinated education programs for technicians, implemented a Pyxis medication dispensing system at a community health centre, and worked alongside doctors and nurses as a clinical trials technician.

Currently, she is senior pharmacy technician at Victoria General Hospital (VGH) in Halifax. In that capacity, she oversees the inpatient and outpatient dispensary, supervising some 35 technicians and 15 pharmacy students. Besides her day-to-day responsibilities of scheduling, problem-solving, and lending a hand when the department is short-staffed, she undertakes special projects, such as updating the department's lengthy list of policies and procedures. The VGH pharmacy is also responsible for managing refills for the entire province under a government program for high-cost medications.

It has turned out to be a rewarding career for someone who signed up for the pharmacy technician course only because she would have had to move to New Brunswick to take the medical laboratory technician course that was her initial choice. "I didn't know anything really of what pharmacy technicians did," she laughs. Hebert graduated from the program at Nova Scotia Community College in 1997. Having completed a work term at Halifax Infirmary, she volunteered at the hospital throughout the summer until she was hired in September of that year.

She has never looked back. "More and more technicians are taking on new roles, and new roles are being developed, so it's kind of an exciting time," she says.

As pharmacy technician education coordinator, she organized "lunch and learn" sessions that were teleconferenced so technicians in the far-flung reaches of the region could participate. She also put up a website where technicians could access the videos,



Shannon Hebert, senior pharmacy technician at Victoria General Hospital in Halifax, NS.

as well as other educational materials.

While regulation is imminent in Nova Scotia, Hebert says it has not yet been determined how it will affect technicians in the hospital setting. However, she supports the concept, and wrote the evaluating exam in 2011. "I do want to become a regulated tech, and I am working toward that," she says. As bridging courses are not yet available in the province, she plans to register for some online courses in the meantime. "I can do three of the four courses out of province," she says, "so I think I'm going to start with that."

Given the range of responsibilities she has undertaken, she encourages technicians and assistants to "try out new roles and positions." For example, one hospital in the region is planning to hire several medication-reconciliation pharmacy technicians for its emergency department as part of a pilot project for which technicians will take best possible medication histories (BPMHs) for patients who are being admitted. Others are looking at hiring clinical support techs who would work on the floor and assist the pharmacist and nursing staff. "Where I work, we have a lot of novel technician positions coming up," she says.

"So I say, don't be afraid to give it a shot, even if the position is only temporary," says Hebert, noting that she took the clinical trials position on a temporary basis and "learned so much from that." The project to implement the Pyxis machine lasted only a few months, she adds, "but that was a great learning opportunity too."

Tech Talk is endorsed by:



An educational service for Canadian pharmacy technicians, brought to you by Teva www.tevacanada.com



Publisher:
Jackie Quemby

Editor:
Tasleen Adatia

Writer:
Sally Praskey

Art Director:
Lima Kim

Proofreader:
Brett Ruffell

Production Manager:
Ajay Masih

EDITORIAL ADVISORY BOARD

Colleen Curry,
New Brunswick
Community College

Ron Elliott, BScPhm

Pam Fitzmaurice, Technician

Mary Bozoian, CPhT
Canadian Association of
Pharmacy Technicians

Krista Logan, CPhT

Louise Senécal,
Quebec Association of
Pharmacy Technicians

Margaret Woodruff,
Humber College

Tana Yoon, CPhT (US)

pharmacy practice

TECH TALK and TECH TALK CE are published by
Pharmacy Practice magazine, a division of Rogers
Publishing Ltd., One Mount Pleasant Road, 7th Floor,
Toronto, Ontario M4Y 2Y5.

No part of these can be reproduced without
the written permission of the publisher.
For more information, contact Tasleen Adatia.
Tel: 416-764-3926 Fax: 416-764-3931

Is there something you would
like to read about in *Tech Talk*?
Send your ideas and feedback to
tasleen.adatia@rci.rogers.com

An educational service for
Canadian pharmacy technicians,
brought to you by Teva
www.tevacanada.com



Visit us online at
www.CanadianHealthcareNetwork.ca
www.tevacanada.com

TECH REFRESHER

Helping senior patients

AS THE POPULATION AGES, PHARMACY assistants and technicians can expect to serve many more senior patients in the coming years. Whereas in 2011, 14.4% of Canada's population was older than 65 years of age, that figure will rise to 22.1% by 2031, according to Statistics Canada.

Many seniors are coping with a variety of diseases and health conditions, the most common being high blood pressure (reported by 43%), followed by arthritis (39%), diabetes (16%), and COPD (7%).

Marlene Feser, clinical pharmacist for a Calgary long-term-care facility, identifies several important issues for technicians and assistants to keep in mind when serving seniors. "There are so many situations in which seniors may benefit from some assistance, but they may not even be aware to ask for help," she says. "You really have to listen to what they are telling you, and also pay attention to non-verbal clues to help guide your professional judgment."

For example, seniors may require pharmacist counselling if they:

- are confused by the instructions for a medication, or if they don't know why they are taking it;
- have been prescribed a medication for something they are already taking medication for, such as hypertension or diabetes;
- are experiencing new problems since starting a medication;
- have been using a non-pill medication (inhaler, eye drops, cream) and are having trouble with it, or seeing no benefit from it;
- are taking insulin and are having symptoms of hypoglycemia or hyperglycemia;
- have any symptoms that are new to them (eg, swelling, pain, dizziness, trouble sleeping, confusion, stomach upset);
- have any concerns that are getting worse;
- are taking warfarin and have been prescribed a new medication;
- are refilling prescriptions early or not refilling those for chronic conditions; or
- have been hospitalized in the past few months.

Other red flags that would require pharmacist intervention: frequent falls, increased confusion, strange behaviour or any hallucinations, persistent cough or difficulty breathing, feeling exhausted with minimal exertion, increased swelling in feet, legs, abdomen, or face, borrowing medication from others.

When communicating with seniors, Feser

advises techs and assistants to use common language—for example, instead of "diuretic" say "water pill." Speak slowly, clearly, and loudly. Highlight any information on a written handout, or try to emphasize only three or fewer important points about that medication, she suggests. For example, "This medication is for your diabetes. It is taken three times a day, a few minutes before you eat." If they have difficulty reading small print, offer to photocopy and enlarge the label or any written information. Finally, always give them the chance to ask questions, and listen to them and be respectful of their concerns.



Technicians and assistants can help seniors through refill reminders, prescription delivery (if offered and affordable to the senior), and by informing them of the availability of assistive devices, such as blister packs, pill boxes and dosettes, and alarms and medication reminders. "Do they need a medication alarm, or can they use an app on their phone?" asks Feser. "Show them and let them test out the device they will be using." Sometimes, she adds, even little things like opening a vial with a child-safety cap, or cutting a pill in half can be difficult for seniors.

"The important thing is to define the problem," notes Feser. "What is interfering with them taking their medication properly and safely? Match the need of the senior with the device available, and follow up to ensure it is working. Even if you just follow up on a little thing that you thought might be a concern when you spoke with them last, it shows that you care, and helps build that trusting relationship."

RESOURCES FOR SENIORS:

- www.seniors.gc.ca
- www.senioryears.com/health.html
- www.servicecanada.gc.ca/eng/audiences/seniors/index.shtml