

TECH talk

NOVEMBER 2014

BY THE NUMBERS COMMUNITY PHARMACIES' USE OF ELECTRONIC SYSTEMS

Patient record-keeping system

Electronic instead of paper: 9%
Combination paper and electronic: 86%
Paper only: 5%

*Frequency with which the pharmacy accesses an electronic, provincial Drug Information System (DIS)**

Every patient/prescription: 49%
Several times a day: 37%
Several times a week: 6%
Several times a month: 3%
Never: 5%

*Improvement in satisfaction of pharmacists, technicians and assistants with electronic provincial DIS in practice**

Decrease in satisfaction: 2% of respondents
No satisfaction: 10%
≤10% increase: 8%
11%-20% increase: 7%
21%-60% increase: 22%
More than 60% increase: 51%

Pharmacy technicians/assistants' change in productivity since the availability of an elec- tronic provincial DIS (pharmacist change in productivity in parentheses for comparison)*

Decrease of 11%-50%: 6% (9%)
Decrease of 1%-10%: 10% (13%)
No impact: 45% (16%)
Increase of 1%-10%: 12% (8%)
Increase of 11%-50%: 20% (37%)
Increase of more than 50%: 7% (16%)

*Includes only those provinces with fully implemented Drug Information Systems: Alberta, British Columbia, Manitoba, Prince Edward Island, and Saskatchewan.

Source: "Survey of Canadian Community Pharmacists: Use of Digital Health Technologies in Practice," Canada Health Infoway and Canadian Pharmacists Association, August 2014.

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JOURNALISM GRAD TURNS TECH

WHEN CARLA MACKAY GRADUATED

with a diploma in journalism, a university degree in communications, and a college certificate in book and magazine publishing, little did she imagine she would end up working as a pharmacy technician—and loving it!

But after six years in the publishing industry, working from home, she took a part-time job in retail and realized how much she enjoyed being around people and helping customers. So when her partner got a job involving retail pharmacy and the couple moved from Burlington to North Bay in 2012, MacKay decided to enroll in—and pay the hefty fee for—the accelerated 10-month pharmacy technician program at CTS Canadian Career College in that city, not too far from her hometown of Espanola, Ont. "I decided to jump in and go for it, and it's worked out really well," she says. "I think the job really suits my personality."

While she initially found the math and science components daunting—as an arts student, she readily admits she failed her grade 12 math exam—she passed with flying colours. "I encourage anybody who is thinking about [becoming a pharmacy technician] or is part way through the process," she says. "Even if you think you're not a science person or a math person, it's not necessarily based on those skills, but more about your personality, being able to relate to people."

Upon graduation – and also while in school – she worked in a community pharmacy, earning her RPhT designation in April, just two years after starting at the College. When she and her partner decided to move back to the Greater Toronto Area this past summer, MacKay began searching specifically for a registered technician position. In the end, she was offered two positions, at a retail pharmacy and a technology firm. "Depending on what I chose, my future work life couldn't have looked more like night and day (which is truly a testament to the growing variation of options currently available to technicians)," she wrote in her blog for the Canadian Healthcare Network. "I think if you're constantly looking, and are persistent about it, the opportunities



are out there for all different types of personalities in the field," she says.

While the technology position was tempting, she decided that, she still had much to learn and experience in an actual pharmacy environment. So in September, she began work at Apple Hills Medical Pharmacy in Mississauga, an independently owned pharmacy housed in a medical building, where most of the clients are patients of the doctors in the offices. There she is the sole technician, working with a small team of assistants and pharmacists. "I was brought in the fold as the only technician, so there were certain expectations on me that I could sign off on transfers and scripts," she says.

She says both the rewards and the challenges of her position come from the customers—the rewards from the sense of caring and helping them, and the challenges from trying to resolve problems that arise, often with patients frustrated by a recent diagnosis.

After being in the field such a short time, she is looking forward to gaining more experience and growing into her role. But having already observed and worked with many "great pharmacists," MacKay says she may someday pursue a career as a pharmacist. "It could be somewhere way down the line, but actually becoming a pharmacist is something I think about."

If her love of learning is any indication, it is a distinct possibility.

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New diabetes newsletter and guidebook available

DIABETES PHARMACISTS NETWORK, at www.diabetespharmacistsnetwork.ca, is a new online resource created by the Banting and Best Diabetes Centre (BBDC) at the University of Toronto to provide diabetes education for pharmacy professionals.

While registration for the site's interactive educational programs is restricted to pharmacists, technicians and assistants can receive the free BBDC *Pharmacy Newsletter*.

The Centre has also published the *Guidebook for Pharmacists on Diabetes Management*. It focuses on three key areas: glycemia, cardio-

vascular protection and lifestyle. Available in soft-cover or e-book format, the publication incorporates recommendations from Canadian Clinical Practice Guidelines in diabetes, hypertension and lipids. It also features information for pharmacy professionals, including clinical pearls, medication charts, helpful tips on educating patients using motivational interviewing techniques, and managing common side effects. Content has been written by pharmacists, dietitians and psychologists with input from endocrinologists, cardiologists, internists, exercise physiologists and family doctors.

National Bridging Program extends to New Brunswick

AS IT ENTERS ITS SECOND YEAR, THE National Pharmacy Technician Bridging Education Program is expanding into French in the province of New Brunswick, says the National Association of Pharmacy Regulatory Authorities (NAPRA).

The Collège communautaire du Nouveau-Brunswick became the first authorized educational institution for the program in the province when in September it began to offer the courses and Prior Learning Assessment and Recognition Programs (PLAR) exams in

French. Selkirk College, the online delivery agent for the program, also offers the program in French as of this fall.

These developments follow Winnipeg Technical College's inaugural suite of courses in the spring 2014 semester—the first institution outside the established schools in Ontario, Alberta and British Columbia to deliver the classroom program.

As the program's second year progresses, NAPRA hopes to continue its expansion to other areas of the country.

NLPB to begin registering pharmacy techs in 2015

FOLLOWING MANY YEARS OF preparation and consultation, the Newfoundland and Labrador Pharmacy Board (NLPB) will recognize pharmacy technicians as the newest regulated health professionals in the province, starting in 2015.

The NLPB and the Minister of Health and Community Services have approved a final

draft of the new 2014 pharmacy regulations. These accompany the Pharmacy Act, 2012, and cover regulation requirements for pharmacy technicians.

The new regulations will also expand the scope of practice of pharmacists to allow them to administer medication by inhalation and injection, including flu vaccines.

Saskatchewan takes next step toward regulation

SASKATCHEWAN HEALTH MINISTER Dustin Duncan recently introduced legislative amendments to the Pharmacy Act, 1996 that will allow for the regulation of pharmacy technicians under the Saskatchewan College of Pharmacists (SCP).

Expected to take effect later next year, the amendments will also allow pharmacists to administer vaccines and drugs, such as flu shots and vitamin B12 injections, as well as order, access and use laboratory tests, working

in collaboration with physicians.

"As a regulatory body, we will take steps to work collaboratively with our stakeholders to ensure appropriate standards and training are in place so that these services are delivered safely and properly co-ordinated within the health system," says Ray Joubert, registrar at the SCP. "This will include ensuring that pharmacy technicians are appropriately qualified to assume responsibility for their important supportive role of the pharmacist."

Helping anaphylaxis sufferers breathe easier

IF YOU'RE LIKE 50% OF CANADIANS, you know someone who has a serious food allergy. And you probably know someone who has suffered anaphylaxis—the most serious type of allergic reaction. The incidence is highest among young children (under three), with close to 6% affected by food allergy, according to Anaphylaxis Canada.

Blame it on allergens, substances that can cause allergic reactions. While food is one of the most common allergens (Canada lists 160 foods that could cause allergic reactions), medicine, insect stings, latex and exercise can also cause a reaction, says Anaphylaxis Canada. There is no cure for an allergy; avoidance of the allergen is the only way to prevent an allergic reaction.

The most dangerous symptoms of an allergic reaction are difficulty breathing due to swelling of the airways, and a drop in blood pressure, causing dizziness or passing out. Without proper medical attention, anaphylaxis may cause death.

Treatment for anaphylaxis is epinephrine—the drug form of the hormone adrenaline that the body produces on its own. Epinephrine helps reverse symptoms of an allergic reaction by opening the airways, improving blood pressure and accelerating heart rate. Those at risk of anaphylaxis should always have an epinephrine auto-injector with them. Patients inject the device into the muscle on the outer side of the thigh to release the medication. Dosage varies depending on the patient's weight. There are two brands of auto-injectors currently available in Canada: EpiPen and Allerject.

While teaching patients how to use an auto-injector is generally considered a clinical duty performed by the pharmacist, there are several ways in which technicians and assistants can help. For example, they can ask and record whether the patient has any aller-

gies whenever a new prescription is received, suggests Trevor Shewfelt, pharmacist at the Dauphin Clinic Pharmacy in Dauphin, Man.

Shewfelt says technicians and assistants can also, in discussion with the pharmacist, set up a follow-up system for epinephrine devices. "Most epinephrine expires in about one year," he says. "Many patients don't realize their devices have expired, as they never or rarely use them. So some system of noting expiry dates when epinephrine devices go out, and calling patients before they expire, would be beneficial. You will make sure the patient always has in-date epinephrine, and also increase sales for the pharmacy."

And while techs and assistants may not

be training patients how to use the devices, they often do the ordering. Therefore, "make sure you have trainers [devices without needles or medication] in the pharmacy for demonstrating the devices," advises Shewfelt.

That way, everyone can breathe easier.

FOR MORE INFORMATION

- Anaphylaxis Canada – www.anaphylaxis.ca
- Canadian Society of Allergy and Clinical Immunology – www.csaci.ca
- Health Canada – <http://www.hc-sc.gc.ca>
- Public Health Agency of Canada (Canadian Immunization Guide: Vaccine Safety) – <http://www.phac-aspc.gc.ca/publicat/cig-gci/p02-03-eng.php>
- Allerject – www.allerject.ca
- EpiPen – www.epipen.ca

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TOP 10 CULPRITS

The following, in no particular order, are responsible for 90% of food allergies:

- Nuts
- Wheat
- Eggs
- Seafood
- Mustard
- Sulphites
- Soy
- Peanuts
- Milk
- Sesame

Source: Sanofi Allerject