

# TECHtalk

MAY 2016

## BY THE NUMBERS

**TOTAL LICENSED PHARMACY TECHNICIANS: 6,607**

Alberta: 1,346

British Columbia: 1,308

Manitoba: 6\*

New Brunswick: 22

Newfoundland and Labrador: 6

Nova Scotia: 69

Ontario: 3,835

Prince Edward Island: 9

Saskatchewan: 6

Source: National Association of Pharmacy Regulatory Authority. Statistics as of January 1, 2016.

\*As of April 2016.

## ACCREDITED CE LESSON INCLUDED:

**Beyond the flu—factors in immunization**

Accredited by the Canadian Council on Continuing Education in Pharmacy



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## PERSISTENCE PAYS OFF FOR TECH INSTRUCTOR

### WHEN PHARMACY TECHNICIAN TAMIZA

Dhanani decided she wanted to teach pharmacy assistants and technicians, she wasn't about to let anything stop her—no matter how long it took.

Upon moving to Edmonton in 2005, she applied (and re-applied) to the two career colleges there, CDI and Norquest. "I had wanted to teach since I graduated," she explains, noting that she had earned her diploma as a pharmacy technician from Vancouver College in 1997. "Nothing was available [in teaching] at that time, but I just kept trying." In the meantime, she was gaining valuable experience at a retail pharmacy, first in Vancouver and then Edmonton, needed for teaching. She got her first opportunity in 2005, when she was hired as an instructional assistant at Norquest while continuing to work casual shifts at the community pharmacy. In 2011, she covered a maternity leave at Norquest, and then won a position at CDI from 2012 to 2014. During that time, Dhanani also became a registered technician. She started in her current position as a pharmacy assistant instructor at CDI late last year, and hopes to continue in that role for years to come.

In between her current and previous teaching jobs, she did a maternity leave in long-term care at CapitalCare (a subsidiary of Alberta Health Services). "Working in long-term care has changed my perspective on how I viewed healthcare for the elderly," she says. "It was a rewarding experience that involved patience and compassion for the residents. I observed how the pharmacy team was clinically involved with this environment, and I felt satisfied by my contribution."

But still, Dhanani "yearned to teach again," citing the challenges of that career path. "I feel that I'm continuously growing while teaching, as I'm updating my knowledge and also learning from my students," particularly the many international students who attend the College. "The satisfaction when students understand a concept or learn a skill is rewarding enough, not to mention their final success as graduates and becoming employed." She believes taking the bridging courses helped her hone her teaching skills.



A strong proponent of regulation, Dhanani says it has provided "ample opportunities to show off technicians' skills." Retail pharmacies have begun to realize the importance of regulated techs, she says, "as many techs now are working to the full scope of practice." Also a firm believer in continuing education, she organizes education events in Edmonton in her capacity as a board member of the Pharmacy Technician Society of Alberta (PTSA).

Ironically, pharmacy was not Dhanani's first choice of career; initially, she studied journalism before switching to the pharmacy technician program, believing the latter would offer more job opportunities. And while she still loves to write—and did earn her journalism diploma—she has never looked back. "Pharmacy was a better career choice for me for sure."

If she has any complaints about her choice of profession, it is that too many educational institutes do not recognize pharmacy techs as instructors. "I know that a lot of schools will only hire pharmacists as instructors," she says. "They should give a chance to our pharmacy techs out there who want to be instructors. I think we're very capable."

Nonetheless, Dhanani says there are many opportunities in the profession to grow, especially in management. She advises techs who want to advance in their career that "persistence is the key; keep trying until you are satisfied."

"I feel grateful to be in a position that I love," says Dhanani. "It feels wonderful to help shape student careers."

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## B.C. College announces new CE requirements

**THE COLLEGE OF PHARMACISTS OF** British Columbia has introduced continuing education requirements for registered pharmacy technicians. Registrants must submit a minimum of 15 hours of professional development every year, five of which must be accredited learning. Although the requirements took effect in January, registrants have a year to make the transition, depending on their individual registration renewal date. In other words, if their renewal date is March, they have until February 2017 to submit a minimum of five hours of

accredited learning to maintain registration.

The College's Quality Assurance Committee made this decision after noting that other provinces also require that some or all of the submitted hours be accredited. Prince Edward Island College of Pharmacists, for example, requires 20 continuing education units of accredited learning each year prior to registration renewal, while pharmacy technicians in Manitoba must participate in a minimum of 15 hours of professional development, of which a minimum of five must be from accredited learning activities.

## HQCA website takes aim at abbreviations in health care

**THE HEALTH QUALITY COUNCIL OF ALBERTA** (HQCA) has launched a website targeting the use of abbreviations in health care, charging that they are a risk to patient safety.

The website identifies why abbreviations and acronyms are a problem, and notes that they can mean different things to different people, or can be misread. They are a particular problem when used to communicate about high-risk medications, such as insulin, anticoagulants,

narcotics, or cancer chemotherapy. "Writing it out is the only way to communicate clearly," notes the website. "There are no shortcuts to patient safety."

As a solution, the site provides a four-step toolkit for healthcare professionals to make changes at the team and organization level, and also offers case studies as examples. For more information, visit <http://abbreviations.hqca.ca>.

## College delivers first bilingual bridging classroom course

**THE COLLÈGE COMMUNAUTAIRE DU** Nouveau-Brunswick has successfully completed the first classroom delivery of the National Pharmacy Technician Bridging Education Program in both English and French.

The program content is currently being revised, starting with improvements to the Professional Practice course material, released in the fall 2015 semester. Revisions to the

Management of Drug Distribution Systems course are being released this spring, says the National Association of Pharmacy Regulatory Authorities (NAPRA).

In other news, members of NAPRA's National Committee on Pharmacy Technicians plan to develop a common assessment tool for practical training programs that would ensure consistent evaluation of competence across the country.

## SCPP specifies scope of practice for techs

**THE SASKATCHEWAN COLLEGE OF** Pharmacy Professionals (SCPP) has published a special-edition supplement on pharmacy technicians, at [http://scp.in1touch.org/document/2516/SCOPE\\_SpecialEdition\\_PhcyTech\\_Nov2015.pdf](http://scp.in1touch.org/document/2516/SCOPE_SpecialEdition_PhcyTech_Nov2015.pdf)

It has also posted a detailed document on scope of practice for pharmacy technicians, and how it differs from a pharmacy assistant. The last several pages feature a chart outlining and comparing the scope of practice for a pharmacist, a

pharmacy technician, and a pharmacy assistant. The Licensed Pharmacy Technician Scope of Practice is available at [http://scp.in1touch.org/uploaded/web/refmanual/Pharmacy\\_Technician\\_Scope\\_of\\_Practice.pdf](http://scp.in1touch.org/uploaded/web/refmanual/Pharmacy_Technician_Scope_of_Practice.pdf)

The province welcomed its first six pharmacy technicians in late 2015, after The Pharmacy and Pharmacy Disciplines Act gave SCPP the authority to regulate pharmacy technicians on October 5, 2015.

## Dealing with dementia

**MOST OF US KNOW SOMEONE WHO IS** dealing with this devastating illness, of which Alzheimer's disease is just one form.

And the incidence is only going to rise as the population ages. According to Alzheimer Society Canada, 747,000 Canadians were living with Alzheimer's disease and other dementias in 2011—that's 14 per cent of Canadians 65 and older. By 2031, that figure will increase to 1.4 million. The first wave of baby-boomers turned 65 in 2011, and the risk for dementia doubles every five years after that age.

Dementia is an overall term for a set of symptoms that are caused by disorders affecting the brain. Symptoms may include memory loss and difficulties with thinking, problem-solving, or language, severe enough to reduce a person's ability to perform everyday activities. A person with dementia may also experience changes in mood or behaviour. Symptoms will gradually get worse as more brain cells become damaged and eventually die.

Many diseases can cause dementia, the most common being Alzheimer's disease and vascular dementia, the latter due to strokes.

As primary care professionals who see patients regularly, pharmacists may be among the first to recognize signs of dementia, according to a recent press release from the Canadian Pharmacists Association (CPhA). For example, patients may ask for products that improve memory. Or they may have difficulties managing medications, such as getting refills late, failing to renew prescriptions, or blister packs not punched out or punched out on the wrong dates.

Pharmacy technicians and assistants can help by flagging patients who are very early or very late for refills, or who come to the pharmacy with a lab or X-ray requisition rather than a prescription, suggests Dr. Carlos Fernandez, a Waterloo, Ontario-based consultant in geriatric drug therapy and clinical research. A patient who is well known to the pharmacy but is abnormally irritable or confused is another red flag. If the pharmacy technician or assistant notices any of these symptoms, he or she should alert the pharmacist, who can then engage in a casual conversation with the patient to identify any need for referral to a physician for testing and diagnosis.

Dr. Fernandez also notes that if a patient appears confused or is not answering appropriately, it may simply be that he or she is hard of hearing, so be sure to rule out that possibility first. In any case, speak slowly and clearly, asking only one question at a time.

For patients who are confused about their medication, blister packs are an excellent option. However, patients still need to remember and know how to use them, so there should be some supervision in the home.

CPhA identifies a number of other ways in which pharmacists can help dementia patients: recognizing problems that may be caused by medication side effects; stopping medications that are worsening cognitive symptoms; changing dosages or switching medications if needed; finding medication formulations that the patient can take, such as nasal sprays, injections, and suppositories, and ensuring the packaging can be easily read and opened; recognizing health problems that may be unrelated to dementia; making suggestions to improve quality of life; and acting as a "one-stop shop" for information on other health services, such as physiotherapy, and support services, such as the local Alzheimer Society.

One of the most important pieces of advice for pharmacy technicians and assistants is not to argue with dementia patients, warns

Dr. Fernandez. "By correcting them, all you're doing is confusing them," he says. "It also frustrates them, and then they get irritated." For example, if a patient is at the counter and has forgotten what he or she needed, the tech or assistant could simply call the patient's home to check with the spouse or caregiver, rather than dwelling on the patient's inability to remember. "The take-home message is change the topic of conversation," he advises. "If it's something concerning, get the pharmacist involved."

#### RESOURCE:

**Alzheimer Society Canada:** [www.alzheimer.ca/en](http://www.alzheimer.ca/en) (features information on many forms of dementia, and provides evidence-based checklists for Alzheimer's disease)



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