

TECHtalk

MAY 2017

Saskatchewan college extends pharmacy technician program

SASKATCHEWAN POLYTECHNIC HAS

received formal approval to change its credential from a certificate to a diploma, and will expand its program to two years beginning in September 2017. The college is currently accredited until the end of June 2017, and was recently visited for extension of its accreditation status, explains Dr. K. Wayne Hindmarsh, executive director, Canadian Council for Accreditation of Pharmacy Programs (CCAPP). "The CCAPP Board will make a decision at their meeting in June," he says.

The college is offering two courses in collaboration with the Saskatchewan College of Pharmacy Professionals, as part of the pathway to become a licensed pharmacy technician in the province. Practical Training Assessment is for graduates of CCAPP-accredited pharmacy technician programs with work experience of less than 2,000 hours in the past three years. Practical Skills Assessment is for candidates who have not graduated from a CCAPP-accredited pharmacy technician program, or for CCAPP-accredited program graduates who have been working for more than 2,000 hours in the past three years.

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TECH TRAINS PEERS IN ASEPTIC TECHNIQUE

AS THE SAYING GOES: "CHOOSE A JOB you love, and you will never have to work a day in your life."

If that's the case, Lisa Hynes hasn't "worked" since joining Royal Alexandra Hospital (RAH) in Edmonton as a pharmacy technician. "I just love my job," she says.

Her colleagues are equally appreciative of her work; in September, she received the 2016 Pharmacy Technician Society of Alberta (PTSA) Professionalism Award. Hynes was honoured in part for her accomplishments in training her fellow pharmacy technicians in aseptic technique, not just at RAH, but at three other hospitals in the Edmonton zone. Not one to toot her own horn, Hynes modestly acknowledges that "receiving the award made me feel appreciated; it really makes you feel like what you are doing is worth it."

Hynes joined RAH five years ago, after working in a retail pharmacy and then earning her pharmacy technician diploma at Red Deer College in Alberta. In fact, she was among the first graduates from an accredited pharmacy program in the province. She became regulated in 2012.

Her opportunity to become a trainer arose in 2015. "Since working at the hospital, I've always been involved in the aseptic work," Hynes explains. "Management decided they wanted to have just a few people do all the training so it would be more consistent. I really like aseptic work, so I volunteered to be a trainer." She received advanced training at the Central Production Facility in Calgary to ensure she was up to date on sterile technique and was properly prepared to train co-workers. She is one of two dedicated trainers for the RAH's IV room.

Hynes provides training offsite at least once a month. "Training at other sites lets me meet new people and see what it's like at other hospitals through their experiences," she says. Trainees praise her extensive knowledge and excellent communication skills. "I had the opportunity to spend the day observing



and training with Lisa in the IV hoods when we were rolling out our Aseptic Isolator at the Edmonton Remand Centre," says pharmacy tech Sarah Fearnside. "She was very knowledgeable about pharmacy operations and sterile compounding, and was able to answer my plethora of questions while explaining the 'hows' and 'whys' behind her answer."

"Training days like these can often be stressful," adds Chris Savitch, another pharmacy tech trained by Hynes, from the Sturgeon Community Hospital in St. Albert, Alta. "Lisa was very knowledgeable and did a great job of making us all feel at ease. She is a phenomenal trainer."

In the future, this enterprising tech is also eager to take on new challenges. "Right now, I train pretty much everywhere there is [in the Edmonton zone], but obviously, if an opportunity became available, I would willingly learn a new area if something changes in the hospital."

But in the meantime, she couldn't be happier in her current position. "I really like my job, so I have no intentions of leaving—ever!"

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Deadlines loom in transition pathway to registration

TIME IS RUNNING OUT FOR PHARMACY assistants in several provinces who are working through the transition pathway to registration.

In P.E.I., there are just four opportunities remaining for candidates to successfully pass the Pharmacy Examining Board of Canada's (PEBC) Evaluating and Qualifying Examinations before the December 31, 2018, deadline. Likewise, pharmacy assistants in Manitoba have four chances left before the same deadline.

Aspiring pharmacy technicians in Nova Scotia face an even earlier deadline. Applicants must successfully complete all requirements for licensure and submit an application to the Nova Scotia College of Pharmacists (NSCP) by December 31, 2017. NSCP reminds candidates that this date is firmly embedded in legislation, and the College does not have

the authority to extend it.

The New Brunswick College of Pharmacy, however, has voted in favour of extending that province's deadline for another year, to December 31, 2019. It notes that a formal Regulation change is required before the extension will become official. The College also points out that both the bridging programs and the evaluating exams will no longer be available after 2018, even if the extension is approved.

Visit the PEBC website at www.pebc.ca for provincial exam dates and enrollment information.

Once these deadlines have passed, candidates will have to complete a pharmacy technician program at a college or school accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP).

Manitoba approves new SPT program

IN OCTOBER 2016, THE COLLEGE OF Pharmacists of Manitoba's Council approved a new pharmacy technician Structured Practical Training (SPT) program that has been updated to reflect the enhanced enabling competencies, such as Patient Care and Practice Setting, as specified in the 2014 NAPRA Competencies document. New learning activities have been added to ensure the learner achieves a satisfactory level of ability in these areas.

Previously, all learning activities were com-

pleted in the first 120 hours, and then had to be repeated again in the second 120 hours. Now, learners can complete any learning activity within the 240-hour time frame, with the option of repeating activities to improve their knowledge and skill.

Based on feedback from members and technicians, the STP program now features the manual, logbook and submission form in three separate booklets, rather than all together as previously.

OCP releases new Code of Ethics e-learning module

THE ONTARIO COLLEGE OF PHARMACISTS (OCP) recently launched the "Professional Boundaries" e-learning module, the sixth in the series of resources developed to assist members in understanding and applying the new Code of Ethics in everyday practice.

The latest module helps members understand the significance of the professional/patient relationship, including: the importance

of establishing and maintaining professional boundaries; how to recognize boundary violations and identify measures that can help prevent boundary breaches; and how to maintain professional boundaries in everyday practice.

OCP notes that all pharmacy technicians will have to declare that they have read and understood the Code upon renewing their membership this year.



Allergy or adverse reaction?

WE ALL KNOW PEOPLE WHO SUFFER from the debilitating—and sometimes even life-threatening—effects of allergies. These are triggered when a person's immune system reacts to substances that are normally harmless, such as pollens, molds, dust, insect stings, and certain foods and medications. Many different prescription drugs, including antibiotics, can cause an allergic reaction.

But sometimes, what a patient may think is an allergy to a particular drug is really just an intolerance or adverse effect. For example, nausea and diarrhea are known adverse effects of morphine and amoxicillin-clavulanate, respectively, explains Jaime McDonald, a pediatric pharmacist at Ottawa's Children's Hospital of Eastern Ontario.

She notes that only about one in 10 patients who report an allergy to penicillin are truly allergic (anaphylaxis), and over half of patients who have sensitivity lose it after five to 10 years. It is important to distinguish between an allergy and an intolerance to a drug, says McDonald, because treating a particular medication as an allergy when it is instead a known adverse effect results in potential for exposure to less-effective medications or medications with more adverse effects. In fact, studies have shown that allergy "de-labelling" can decrease hospital costs and patient length of stay.

Pharmacy technicians have an important role to play by asking patients the right questions to differentiate between a true allergy and an adverse reaction, says McDonald. When the patient drops off a prescription, the technician should ask if he or she has any allergies to medication. If the patient says "yes," the technician should ask: "What happened when you took the medication? When did it happen? How was it resolved?"

When an allergy is entered into the computer, it should always be accompanied by the reaction that the patient had, advises McDonald. For example, if the patient developed hives as a reaction to amoxicillin, that would be recorded as an allergy. But if the patient became constipated as a result of taking morphine, that would be considered an intolerance. In the case of an intolerance, the patient can often still receive the medication, or a similar one, safely, with proper counselling.

"The technician can take down all of this information, and with the help of the pharmacist, they can decide how it will be displayed in the system (allergy versus intolerance)," says McDonald. "Parents and patients will often misquote intolerances or contraindications (e.g., 'my doctor told me not to take ibuprofen') as allergies, but it isn't always within the scope of practice of the technician

to make this distinction. The most important thing is getting all the information and bringing it to the pharmacist for clarification."

The technician can also help the pharmacist identify patients who are eligible for allergy de-labelling, and ensure that complete information is logged in the file for future staff members who are not privy to the interaction. "It is challenging to do your full job as a pharmacist without proper documentation," says McDonald. "Imagine seeing a morphine 'allergy' on a profile and getting a prescription for morphine for that patient. Knowing the 'allergy' was just constipation (easily treated with a laxative) makes everyone's job easier!" She says accurate allergy histories are important to make sure patients receive safe and effective

drug therapy. "Pharmacy technicians can help improve patient outcomes!"

RESOURCES

- [Allergy/Asthma Information Association](http://www.aaia.ca)
www.aaia.ca
- [Canadian Society of Allergy and Clinical Immunology](http://www.csaci.ca)
www.csaci.ca
- [Food Allergy Canada](http://www.foodallergycanada.ca)
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