

TECHtalk

JUNE 2021

TECH FINDS FIT IN CLINICAL TRIALS

STEPHANIE BOUDREAU HAS FOUND HER perfect fit—but it took nine years working as a pharmacy technician in several different capacities.

In fact, she almost didn't become a pharmacy technician at all. Upon graduating from

high school, the Halifax resident had her heart set on becoming a paramedic, until she discovered she didn't yet qualify for the type of driver's licence the course required. She applied to the pharmacy technician program at Nova Scotia Community College instead. "I figured it would help me learn more about medical terminology and the drugs I would use later as a paramedic," she explains.

Boudreau soon discovered that she loved all her placements in both community and hospital pharmacy, plus, she realized she didn't quite have the stomach for paramedic work. After working in community pharmacy for two years, she joined Nova Scotia Health Authority in Halifax, working in drug access navigation in the cancer centre, as a MedRec technician in the emergency department, and in her current position, managing the drugs used in clinical trials. "I've been here four years now and I think I'm going to stay here," she says.

Today, Boudreau is one of four pharmacy practice assistants (PPAs)—hospitals in Nova Scotia don't require registration—working in clinical trials at the Queen Elizabeth II Health Sciences Centre. Two of the three PPAs at her site work in cancer trials, while Boudreau is responsible for all non-oncology trials, including urology, nephrology, GI, pain clinic, and rare disorders. "So, I get to see a wide variety of things coming through here."

In that capacity, she coordinates the dispensing and management of the trial drugs. She meets regularly (now mostly remotely) with clinical trial monitors, study coordinators, study sponsors, and investigators and independently runs quarterly reports and bills to recoup pharmacy costs.

At any given time, Boudreau has as many as 50 studies ongoing, some for as long as five years. For each one, she condenses several hundred pages of documents into the few pages of information needed for staff to enter the drug into the system before filing and checking it.

One of the greatest challenges of her posi-



tion is drugs arriving with a temperature excursion. "Then we have to quarantine the drug until it can be approved or not by the sponsor," she explains. "So, if there's a patient waiting for it, that could delay their treatment."

Most rewarding for Boudreau is seeing a trial drug being used in community pharmacy. "It can take years, but you do eventually see it being used, which is really cool. We're trying to give patients new treatment options and maybe a better quality of life or extending their lives."

She encourages novice technicians to spend as much time as possible job-shadowing different areas so they, too, can find their best fit. "There are a lot of different specialty areas you can work in at the hospital," she says, citing unit-based positions such as MedRec, ward stock, and Pyxis (a dispensing machine that needs to be checked and replenished), as well as roles in drug access navigation in the cancer centre and the nephrology department, for example.

A "big supporter of continuing education," Boudreau plans to write the exam for the International Certification Program of the Society of Clinical Research Associates (SOCRA), an internationally accepted standard of certification for clinical research professionals.

Testament to her commitment to education, Boudreau was one of the first registered pharmacy technicians in the province. She urges new graduates to pursue registration, even if it is not currently required at hospitals in Nova Scotia. "I think the more quality assurances you can put in place, the better."

BY THE NUMBERS

Growth in number of pharmacy technicians in Saskatchewan from October 2015 (when regulation began) to December 31, 2020.

- **2015: 6**
(3 hospital, 3 community)
- **2016: 82**
(45 hospital, 24 community, 13 other)
- **2017: 195**
(117 hospital, 55 community, 23 other)
- **2018: 274**
(167 hospital, 85 community, 22 other)
- **2019: 373**
(194 hospital, 144 community, 35 other)
- **2020: 375**
(205 hospital, 147 community, 23 other)

Source: Saskatchewan College of Pharmacy Professionals Annual Report 2020

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Informing techs about informed consent

THE ONTARIO COLLEGE OF PHARMACISTS (OCP) reminds pharmacy professionals that they must obtain informed consent from the patient prior to administering a treatment, in accordance with regulations under the provincial Pharmacy Act, the Health Care Consent Act, and the College's Code of Ethics.

The article, "5 Things Pharmacy Professionals Should Know About Informed Consent", published in the OCP's *Pharmacy Connection*, notes that consent to treatment may be express or implied. Express consent is "explicitly and clearly provided, either verbally or in writing," it says. "Alternatively, a pharmacy professional may determine that implied consent is provided

based on the patient's action(s) or inaction in the circumstances at hand." When consent is implied or given verbally, the pharmacy professional should document it on the patient record.

The article also points out that there is no minimum age of consent in Ontario, and pharmacy professionals have an ethical obligation to respect the right of a competent minor to provide informed consent.

A patient may refuse to give or withdraw their consent at any time. Otherwise, pharmacy professionals can presume that consent to a treatment includes consent to continuation of or adjustments in the treatment.

Preventing "never events" in community pharmacy

THE INSTITUTE FOR SAFE MEDICATION PRACTICES CANADA (ISMPC), with support from the Canadian Patient Safety Institute, has developed new guidelines that focus on "never events" in community pharmacy. These are patient safety incidents that result in serious patient harm or death that can be prevented by using organizational checks and balances.

A Bulletin on the subject provides examples of never events of greatest concern in this setting. Some of these include: providing a medication to which a patient has a documented allergy;

preparing a compounded product for internal use with an incorrect medication or active pharmaceutical ingredient, or an incorrect quantity of medication or active pharmaceutical ingredient; and failing to verify weight-based dosing of a high-alert medication for a child.

The identification of specific never events for the Canadian community pharmacy environment is intended to enhance patient safety by encouraging pharmacy teams to take action on specific areas where harmful errors are known to have occurred.

New system connects AHS and community pharmacies

CONNECT CARE IS A NEW HEALTH INFORMATION SYSTEM being launched across Alberta Health Services (AHS) sites.

The system will allow for more consistent communication between AHS and community pharmacies, particularly when patients are discharged from AHS facilities. Expected to be complete in 2023, Connect Care will allow the AHS facility to send the discharge prescription and/or MedRec for Community Pharmacy Report to the pharmacy of the patient's choice. The discharge

prescription lists new or modified medications to be dispensed by the community pharmacy, while the MedRec for Community Pharmacy Report is a list of all medications, including those that have been continued, modified, newly started, and stopped.

If the patient does not have any new or changed medications that require a prescription but has discontinued medications, the MedRec for Community Pharmacy Report will be faxed to the patient's community pharmacy to update the patient's care plan.

How to identify forged fax prescriptions

THE ALBERTA COLLEGE OF PHARMACY (ACP) warns pharmacy professionals about continued forgeries of Cotridin prescriptions. Recently, the province's Triplicate Prescription Program (TPP) reviewed every Cotridin prescription dispensed within the last three months and confirmed multiple prescriptions to be forgeries.

Pharmacies received most forgeries by fax. ACP says one of the easiest red flags for identifying a forged fax prescription is the header: make sure the fax number in the header matches the

clinic's fax number. If it doesn't, check with the prescriber. If it is confirmed to be a forgery, report it to ACP and the police.

Other red flags that pharmacy professionals spotted include odd spelling, quantities, and signatures.

The College's Standards of Practice for Pharmacists and Pharmacy Technicians requires pharmacy professionals to always confirm the identity of the patient or their agent when a TPP medication is dispensed.

OSC updates guidelines on post-consumer returns of controlled substances

HEALTH CANADA'S OFFICE OF CONTROLLED SUBSTANCES (OCS) has updated its requirements for post-consumer returns containing controlled substances, extending measures put in place in April 2020 until September 30, 2021—or until they are replaced by new or additional measures.

The OCS has published guidelines to help reduce contact in those pharmacies that continue to accept post-consumer returns during the pandemic.

In order to decrease the risk of transmission of COVID-19, pharmacists and technicians can employ the same method used to accept paper prescriptions when accepting post-consumer returns. For example, a tray or a basket can be provided to the consumer while maintaining appropriate physical distance. Pharmacy staff can then empty the tray into the post-consumer returns bin, while taking the necessary precautions, such as wearing gloves, handwashing, and disinfecting the tray or basket. If a pharmacy chooses to accept empty methadone bottles, or in jurisdictions where this is a requirement, the same methods can be used.

Patient returns must not be stored together with dispensary stock but rather in a post-consumer returns bin.

For more information, visit [controlled-substances-bulletin.pdf](#).

MB techs need College approval to do final check

FOR A PHARMACY TECHNICIAN IN MANITOBA TO BE PERMITTED to perform the final check of a prescription, the pharmacy must submit a "Pharmacy Technician Final Check Application" to the College of Pharmacists of Manitoba and receive approval.

Each pharmacy determines what prescriptions a technician will review (new, refill, and/or logged) and the processes in place when doing the final check, says the College.

A pharmacy technician can complete the final check of a prescription prepared by another staff member but cannot check their own work.

When a prescription is logged or placed on file, both the technical check by the technician and the therapeutic check by the pharmacist must be performed and documented. Then, when a logged prescription has been filled and dispensed, technical and therapeutic checks must be conducted again. The technician who performed the initial technical check when the prescription was logged is not permitted to perform the technical check before releasing the medication to the patient; that must be done by another pharmacy technician or the pharmacist. The College says independent double checks are an effective process to reduce the risk of a medication error.

life effects



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Finding relief from cold sores

MOST OF US HAVE SUFFERED FROM cold sores at some point in our lives. After all, these painful blisters affect an estimated one in five Canadians annually, and can range in frequency from rare episodes to 12 or more recurrences per year, according to the Canadian Skin Patient Alliance (CSPA).

Cold sores are the body's reaction to the herpes simplex virus and appear as clusters of small blisters on the lips, around the mouth, and occasionally inside the nose. The virus is highly contagious and can be transmitted through contact such as kissing or sharing utensils or towels—not only during an outbreak, but also when there are no visible symptoms. Once a person is infected, the virus remains in their body for life.

According to the CSPA, a variety of conditions can trigger outbreaks:

- Emotional and physical stress
- Colds or other upper respiratory tract infections
- Hormone changes, such as menstruation
- Sun or wind exposure without protection
- Local trauma or injury to the skin around the lips (e.g., dry and cracked lips, cosmetic surgery, chemical peels, or laser therapy)

Sufferers often report fatigue, redness, a tingling or burning sensation, and/or itching or pain around their lips and mouth—called the prodromal stage—before blisters erupt. Sores usually heal within 10-21 days.

While there is no cure for the herpes simplex virus, pharmacists in most provinces are



now permitted to assess and treat cold sores to help shorten the healing time. Oral antiviral medicines are often prescribed for immediate treatment, as well as for patients to have on hand in the event of future outbreaks, says Carlene Oleksyn, a pharmacist/consultant with colekPharm Consulting, and a pharmacy owner and clinical pharmacist at Mint Health + Drugs in Stony Plain, Alta.

Oral antivirals include acyclovir, famciclovir and valacyclovir. These medications can be helpful when taken within one to two hours of when symptoms start, or if taken upon exposure to known cold sore triggers, such as sunlight. They may help prevent a cold sore from ulcerating if taken at the prodromal stage.

Topicals such as Xerese (a combination product that contains two medications, acyclovir and hydrocortisone) are also effective, notes Oleksyn. When used early, Xerese can reduce the severity and duration of a cold sore.

Pharmacy technicians can help patients with cold sores by referring them to the pharmacist for treatment. “Typically, referrals happen when a patient is asking for OTC recommendations for cold sores, and techs can let the patient know that they should speak to a pharmacist,” says Oleksyn. “Also, when patients are refilling prescriptions for cold sores, techs can mention that their condition can be assessed by the pharmacist and these medications and products can be prescribed by the pharmacist.”

Techs may also have an administrative role to play in terms of follow-up for these patients. They can distribute any available pamphlets describing the minor ailments for which pharmacists can assess and prescribe, as many patients are unaware of this service.

It's all about “proactively engaging any patient with cold sores,” says Oleksyn. “It's really just having the mindset of ‘making things easier’ for patients. It's letting all patients receiving cold sore prescriptions know that they can save themselves a doctor visit next time by simply coming to the pharmacy.”

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