

# TECHtalk

NOVEMBER 2015

## B.C. College of Pharmacists considers name change to include techs

**THE COLLEGE OF PHARMACISTS OF** British Columbia is contemplating a name change to make it more inclusive of pharmacy technicians.

At its September meeting, the Board passed a motion for the Registrar to engage with stakeholders on changing the College name. The Registrar is to report back on the outcome of the process by September 2016, at which time the Board may consider a name change.

Board member and pharmacy technician Bal Dhillon noted in the Appendix to the motion that the Board had discussed a name change back in November 2013, as the current title did not reflect the full scope of responsibility of the College. The name “College of Pharmacy Professionals of British Columbia” was provided as an option. The issue was raised again at the April 2014 Board meeting, but no final motion was made.

“College of Pharmacists and Pharmacy Technicians” has also been suggested as an option. Officially changing the College name would require a regulatory amendment. The College can only request that the government make this change, and it is unlikely to be a priority.

However, there is a precedent set already: with the proclamation of Bill 151 on October 5, the Saskatchewan College of Pharmacists became “Saskatchewan College of Pharmacy Professionals (SCPP).” The Bill also enables the regulation of pharmacy technicians in that province.

### ACCREDITED CE LESSON INCLUDED:

#### Pain therapy: the role of the pharmacy technician

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## TECH CARVES OUT CAREER IN CORRECTIONS

### PHARMACY TECHNICIAN LAURA

Miskimins is always looking to advance her knowledge and skills. She found that opportunity in a somewhat unusual setting—Alberta Health Services’ correctional facilities.

Having joined corrections in 2013 as a pharmacy technician, Miskimins landed a temporary position as pharmacy operations manager when her boss—and mentor—went on maternity leave. Although she continues to learn on the job, Miskimins has already gained valuable experience along the way. “Since coming to corrections, I have had a number of opportunities to challenge myself and grow,” she says. Her base, The Edmonton Remand Centre, opened in 2013 and pharmacy in provincial correctional facilities has only recently been brought under the umbrella of Alberta Health Services. That meant pharmacy staff had the opportunity to build the operation from scratch. Miskimins has also worked on a number of committees and projects, such as infection prevention and control, and a self-administered medication implementation project in which the pharmacy dispenses a week’s worth of medication to patients who meet certain criteria.

In her current position, Miskimins is helping to streamline distribution processes and inventory management at the various sites—five of the nine provincial corrections facilities have pharmacy staff—as well as managing the day-to-day operations. “Every day is a bit different,” she says.

It is certainly a far call from her first job in the field, as a cashier at a pharmacy in Prince George, B.C. After being transferred to the dispensary, she found her calling and enrolled in a pharmacy technician course at Sprott Shaw College. Upon graduating in 2004, she moved to Edmonton, working at community pharmacies and a hospital before joining corrections.

With Alberta Health Services and pharmacy being relatively new to corrections, Miskimins admits there have been “some rocky moments,” but those pale beside the rewards of the work environment. “I think the greatest reward is seeing the positive impact that pharmacy has been able to make, through our



pharmacy assistants and technicians streamlining inventory management and distribution processes, as well as our pharmacists providing clinical services and direct patient care,” she says. “We have dedicated pharmacy staff in a number of correctional facilities across the province who are really showcasing pharmacy’s value on a daily basis.”

With energy to spare, the enterprising Miskimins also serves as president of the Pharmacy Technician Society of Alberta. In that capacity, she and her fellow board members plan to use technology to reach as many technicians as possible for the Association’s continuing education events, as well as educate the public on the value of having a pharmacy technician on a patient’s healthcare team.

A firm believer in the value of regulation, she concedes that some pharmacy technicians may be frustrated at a perceived lack of opportunity to work to their full scope of practice. During this transitional period, she encourages those who wish to assume additional responsibilities to “have open and ongoing discussions with their employer and the other members of their team.” Look for gaps in the provision of pharmacy care to see if a technician could fill them, she urges. “Maybe you will find it’s a gap that is better filled by a pharmacist, but is there something in the pharmacist’s workload that could be transferred to a pharmacy technician that would free up that pharmacist to fill that gap?”

As for her own career path, she plans to “keep building on my skillset so that I can eventually take a permanent leadership position with Alberta Health Services.”

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### Alberta tech earns highest provincial mark

#### HINTON, ALTA., PHARMACY TECHNICIAN

Sue Allen has been rewarded for earning the province's highest mark on the Pharmacy Examining Board of Canada (PEBC) Qualifying



Exam for Entry to Practice as a Pharmacy Technician.

For her accomplishment, she was honoured with an Alberta College of Pharmacists (ACP) award and a cheque for \$1,000 at the Pharmacy Technician Society of

Alberta conference in September.

Allen, who graduated from Red Deer College's

pharmacy technician program in 1996, works with Hinton Health Care Centre's pharmacy team, where her current position includes preparing drugs for cancer patients at the Hinton Community Cancer Centre. She says she enjoys seeing first-hand the difference that the drugs make for patients.

Allen said she was not nervous for the exam, as she has had considerable experience working in the field, including several years in retail and hospital pharmacies in Edmonton. "When I went into the exam, I had the mindset that the PEBC wanted to ensure that I could practice safely," she told ACP News. "I've been taking courses online and constantly learning, so I had a learning mindset. And I had a lot of experience to draw from."

### OCP publishes e-learning modules on jurisprudence

#### THE ONTARIO COLLEGE OF PHARMACISTS

(OCP) has now published six free e-modules on jurisprudence. Intended for use by candidates who are preparing to write the OCP's Entry-to-Practice Jurisprudence Exam, students who are learning the legislation, and practitioners who want to update their jurisprudence knowledge. The modules range from 1.5 to 3 hours each in length.

Topics include:

- Drug and Pharmacies Regulation Act;
- Controlled Drugs and Substances Act, and Narcotics Safety and Awareness Act;
- Ontario Drug Benefit Act;
- Drug Interchangeability and Dispensing Fee Act;
- Regulated Health Professionals Act, and Pharmacy Act; and
- Food and Drugs Act.

To access the modules, visit <http://www.ocpinfo.com/library/e-learning-modules/>.

## 2016 CALENDAR OF EVENTS

#### APRIL 8-10, 2016

2016 Pharmacists Manitoba Conference  
RBC Convention Centre, Winnipeg, Man.  
**CONTACT:** [www.mbpharmacyconference.com](http://www.mbpharmacyconference.com)

#### APRIL 29-MAY 1, 2016

Pharmacists' Association of Saskatchewan (PAS) Annual Conference  
Elkridge Resort, Waskesiu, Sask.  
**CONTACT:** [www.skpharmacists.ca](http://www.skpharmacists.ca)

#### MAY 6-8, 2016

PDC 2016, CAPT Professional Development Conference  
Delta Ottawa City Centre, Ottawa, Ont.  
**CONTACT:** Canadian Association of Pharmacy Technicians, [www.capt.ca](http://www.capt.ca)

#### MAY 26-28, 2016

Annual Conference of British Columbia Pharmacy Association  
Delta Grand Okanagan, Kelowna, B.C.  
**CONTACT:** [www.bcpharmacy.ca/conference](http://www.bcpharmacy.ca/conference)

#### JUNE 8-12, 2016

Ontario Pharmacists Association Conference  
Toronto, Ont.  
**CONTACT:** [www.opatoday.com](http://www.opatoday.com)

#### JUNE 24-27, 2016

Canadian Pharmacists Conference 2016  
Calgary, Alta. (to be co-presented by the Alberta Pharmacists' Association and the Canadian Pharmacists Association)  
**CONTACT:** [www.pharmacists.ca/index.cfm/news-events](http://www.pharmacists.ca/index.cfm/news-events)

#### SEPTEMBER 16-17, 2016

26th Annual Alberta Pharmacy Technician Conference  
Coast Plaza Hotel, Calgary, Alta.  
**CONTACT:** Pharmacy Technicians Society of Alberta (PTSA), [www.pharmacytechnicians.ab.ca](http://www.pharmacytechnicians.ab.ca)

#### OCTOBER 28-29, 2016

11th Annual Conference of Pharmacy Technician Society of British Columbia  
River Rock Casino Resort, Richmond, B.C.  
**CONTACT:** [www.ptsbc.ca](http://www.ptsbc.ca)

## Values in lab tests

**NOWADAYS, PHARMACISTS IN SEVERAL** provinces can order and interpret lab tests. That is good news for pharmacy techs, who may be able to help by identifying abnormal lab values and concurrent medications that patients are taking, says Kevin Tam, a pharmacist in the Intensive Care Unit and Internal Medicine at Royal Alexandra Hospital in Edmonton.

Speaking to pharmacy technicians and assistants at the recent annual Alberta Pharmacy Technician Conference, Tam pointed out that in British Columbia, for example, clinical pharmacy support technicians in the Intensive Care Unit have been tasked to expand their scope of practice beyond the preparation and distribution of medications. Under the supervision of a ward-based pharmacist, these technicians may perform a variety of additional duties, including: obtaining, organizing and distributing patient profiles, related material, and support documentation for review by the clinical pharmacy specialist; assisting with the retrieval of drug information; evaluating drug utilization; printing reports; and providing discharge counselling. Tam notes that there may be an opportunity for techs to provide more clinical services in the future, as in British Columbia.

“As technicians, the key is in understanding what specific lab values mean, and the poten-

tial medications that can cause abnormalities in these lab values,” he says.

Sixty to 70 per cent of clinical decisions are based on lab data, says Tam, and lab testing accounts for a significant amount of our healthcare dollars. Lab values can ensure that a drug and dose are accurate; help monitor efficacy and safety of medications; help monitor a patient’s response to therapy; be used as preliminary markers for untreated medical issues; help guide clinical decision-making; and monitor for adherence to medications.

There are four main categories of lab values:

- Chemistry: electrolytes, kidney tests, thyroid tests, glucose
- Hematology: complete blood count, hemoglobin, white blood cell, platelets, INR (International Normalized Ratio; most commonly associated with warfarin or Coumadin)

- Microbiology: sputum, blood, urine cultures
- Drug levels: Phenytoin, Vancomycin, Digoxin, for example.

According to the latest information from the Canadian Pharmacists Association on expanding scope of practice, pharmacists can order and interpret lab tests in Alberta, Manitoba, Quebec and Nova Scotia, while legislation is pending for Saskatchewan, Ontario, New Brunswick, and Prince Edward Island.

### FOR MORE INFORMATION

- Canadian Pharmacists Association - <https://www.pharmacists.ca/index.cfm/education-practice-resources/professional-development/lab-tests/>
- Alberta Health Services (Lab Services) - <http://www.albertahealthservices.ca/3203.asp>
- Canadian Pharmacists Association webinar: [Using Lab Values to Support Medication Management - http://www.pharmacists.ca/index.cfm/education-practice-resources/professional-development/pharmacy-practice-webinars/](http://www.pharmacists.ca/index.cfm/education-practice-resources/professional-development/pharmacy-practice-webinars/)

### WHAT IS A REFERENCE RANGE?

A reference range is a set of values that includes upper and lower limits of a lab test based on a group of otherwise healthy people. The values in between those limits may depend on such factors as age, sex, and specimen type (blood, urine, spinal fluid, etc.), and can also be influenced by circumstantial situations such as fasting and exercise. These intervals are thought of as “normal ranges or limits.” Though the term “reference interval” is usually the term preferred by laboratory and other health professionals, “reference range” is the more commonly known term.

Reference ranges provide the values to which a healthcare provider compares a patient’s test results and determines his or her current health status. However, the true meaning of a test result—whether it indicates if the patient is sick or well or at risk for a health condition—can be known only when the provider has gathered all the other information about his/her health, including the results of a physical exam, health and family history, recent changes in health, any medications he/she is taking, and other non-laboratory testing.

Source: American Association for Clinical Chemistry

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# *How can you improve your pharmacy's injection services?*

As a technician, you are one of your pharmacy's most valuable resources—now, you can even get involved in its immunization program.

Teva Canada's half-day workshop "*The Role of the Pharmacy Technician in the Team Approach to Immunization/Injection*,"\* accredited for 3.0 CEUs, will teach you how you can help your pharmacy's immunization program be more efficient and more effective, from identifying patients who would benefit from injection services to dispelling myths around immunizations.

For more information and a list of upcoming workshops in your area, visit [TevaPharmacySolutions.com/TechImmunization](https://www.TevaPharmacySolutions.com/TechImmunization).

\*Currently available in Alberta, British Columbia, Manitoba and Ontario.