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## APPROVED FOR 1 CE Unit



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### INSTRUCTIONS

1. After carefully reading this lesson, study each question and select the one answer you believe to be correct. For immediate results answer online at [www.CanadianHealthcareNetwork.ca](http://www.CanadianHealthcareNetwork.ca).

2. To pass this lesson, a grade of at least 70% (10 out of 15) is required. If you pass, your CEU(s) will be recorded with the relevant provincial authority(ies). (Note: some provinces require individual technicians to notify them.)

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## Expanded Scope: Learning better together

by Sherilyn Houle, BSP, PhD, and Robin Andrade, RPhT



### Learning objectives

Upon successful completion of this lesson, the pharmacy technician will be able to do the following:

1. Determine the expanded scope activities authorized for pharmacists within the reader's province or territory of practice.
2. Apply the principles of case finding to identify patients who are likely to benefit from expanded scope services.
3. Apply the IESC and SCHOLAR acronyms and the Fagerström Test for Nicotine Dependence to collect patient information.

### What is expanded scope?

For decades, the pharmacist's traditional role has centred on providing drug products to patients. This has included activities such as compounding, dispensing commercially avail-

able products, checking prescription orders for clinical appropriateness and technical accuracy, and providing counselling to patients.

A health professional's scope of practice is defined as the activities a healthcare profes-

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sional is educated, trained, and authorized to perform by law, licensing bodies and regulations.<sup>(1)</sup> As such, expanded scope activities are defined as: “additional activities that have not been part of [a professional’s] usual basket of services.”<sup>(2)</sup> Current authorized expanded scope services for pharmacy professionals across Canada are summarized on the website of the Canadian Pharmacists Association ([www.pharmacists.ca/pharmacy-in-canada/scope-of-practice-canada/](http://www.pharmacists.ca/pharmacy-in-canada/scope-of-practice-canada/)).

This lesson will review opportunities for pharmacy technicians and how they can play a role in expanded scope activities within community pharmacy practice.

### Case finding

While some patients will clearly present a need for an expanded scope service, many will not. Case finding is when individual patient demographics (e.g., age, sex, province of residence), risk factors, and/or symptoms are used to decide whether to apply a test or proceed with further testing.<sup>(3)</sup> Unlike screening, which assesses the eligibility of everyone for a test or service, case finding is targeted specifically to those at risk or with the greatest potential to benefit from the intervention.<sup>(4)</sup> For example, a pharmacy wishing to implement a pneumococcal vaccine program can identify patients at greatest risk by generating a list of current patients age ≥65 who were dispensed an inhaled medication in the past six months, and then invite them to the pharmacy to discuss their vaccination needs. Pharmacists can develop the case finding strategy based on clinical knowledge, which can then be implemented by the technician. While case finding requires proactive measures by pharmacy staff, it increases the likelihood of effectively identifying eligible individuals and, therefore, results in a higher success rate than general screening. Case finding can also be successfully used to identify patients who qualify for medication reviews. For example, in Ontario, patients can qualify for a MedsCheck if they are taking at least three prescription medications for chronic conditions.<sup>(5)</sup> A request for refills for multiple prescriptions for a single patient can serve as a prompt to discuss their interest in receiving a MedsCheck.

### Adapting and renewing prescriptions

Pharmacist authorization to adapt or renew prescriptions is currently in place in some

Province	Online Resources
British Columbia	<ul style="list-style-type: none"> <li>College of Pharmacists of BC. Orientation Guide. Professional Practice Policy #58 – Medication Management (Adapting a Prescription). <a href="http://library.bcparmacists.org/6_Resources/6-2_PPP/1017-PPP58_OrientationGuide.pdf">http://library.bcparmacists.org/6_Resources/6-2_PPP/1017-PPP58_OrientationGuide.pdf</a></li> <li>College of Pharmacists of BC – Drug Administration by Injection and Intranasal Route - Standards, Limits, and Conditions. <a href="http://library.bcparmacists.org/6_Resources/6-1_Provincial_Legislation/5099-HPA_Bylaws_Drug_Administration_Injection_Intranasal.pdf">http://library.bcparmacists.org/6_Resources/6-1_Provincial_Legislation/5099-HPA_Bylaws_Drug_Administration_Injection_Intranasal.pdf</a></li> </ul>
Alberta	<ul style="list-style-type: none"> <li>Alberta College of Pharmacists. Standards of Practice for Pharmacists and Pharmacy Technicians. <a href="https://pharmacists.ab.ca/sites/default/files/StandardsOfPractice.pdf">https://pharmacists.ab.ca/sites/default/files/StandardsOfPractice.pdf</a></li> </ul>
Saskatchewan	<ul style="list-style-type: none"> <li>Saskatchewan College of Pharmacy Professionals. Regulatory Bylaws. <a href="http://scp.in1touch.org/uploaded/web/refmanual/Regulatory_Bylaws_Current.pdf">http://scp.in1touch.org/uploaded/web/refmanual/Regulatory_Bylaws_Current.pdf</a></li> </ul>
Manitoba	<ul style="list-style-type: none"> <li>College of Pharmacists of Manitoba. Orientation to the New Practice Framework. <a href="http://mpa.in1touch.org/uploaded/web/documents/College%20Orientation%20Manual%20(2015%2001%2019).pdf">http://mpa.in1touch.org/uploaded/web/documents/College%20Orientation%20Manual%20(2015%2001%2019).pdf</a></li> </ul>
Ontario	<ul style="list-style-type: none"> <li>Ontario College of Pharmacists. Expanded Scope of Practice Orientation Manual. <a href="http://www.ocpinfo.com/library/practice-related/download/Expanded%20Scope%20Orientation%20Manual.pdf">www.ocpinfo.com/library/practice-related/download/Expanded%20Scope%20Orientation%20Manual.pdf</a></li> </ul>
Québec	<ul style="list-style-type: none"> <li>Ordre des Pharmaciens du Québec. Standards de Pratique. <a href="http://guide.standards.opq.org/files/documents/Standards_pratique_VF.pdf">http://guide.standards.opq.org/files/documents/Standards_pratique_VF.pdf</a></li> </ul>
New Brunswick	<ul style="list-style-type: none"> <li>New Brunswick College of Pharmacists. Regulations of the New Brunswick College of Pharmacists. <a href="https://nbc.in1touch.org/document/1733/2015%2007%2023%20REGS%20bilingual.pdf">https://nbc.in1touch.org/document/1733/2015%2007%2023%20REGS%20bilingual.pdf</a></li> <li>New Brunswick College of Pharmacists. Pharmacists' Expanded Scope: Minor Ailments. <a href="https://nbc.in1touch.org/document/1698/Pharmacists%20Expanded%20Scope_Minor%20Ailments%20document%20update%20May2015%20EN.pdf">https://nbc.in1touch.org/document/1698/Pharmacists%20Expanded%20Scope_Minor%20Ailments%20document%20update%20May2015%20EN.pdf</a></li> <li>New Brunswick College of Pharmacists. NBCP Policy – Administration of Injections. <a href="https://nbc.in1touch.org/document/1694/Admin%20Inject%20policy%20approved%20by%20Council%20May%202015%20EN.pdf">https://nbc.in1touch.org/document/1694/Admin%20Inject%20policy%20approved%20by%20Council%20May%202015%20EN.pdf</a></li> </ul>
Nova Scotia	<ul style="list-style-type: none"> <li>Nova Scotia College of Pharmacists. Standards of Practice – Prescribing Drugs. <a href="http://www.nspharmacists.ca/wp-content/uploads/2016/05/PrescribingStandardsOfPractice.pdf">www.nspharmacists.ca/wp-content/uploads/2016/05/PrescribingStandardsOfPractice.pdf</a></li> <li>Nova Scotia College of Pharmacists. Standards of Practice – Drug Administration. <a href="http://www.nspharmacists.ca/wp-content/uploads/2015/12/DrugAdministrationStandardsOfPractice.pdf">www.nspharmacists.ca/wp-content/uploads/2015/12/DrugAdministrationStandardsOfPractice.pdf</a></li> </ul>
Prince Edward Island	<ul style="list-style-type: none"> <li>Prince Edward Island College of Pharmacists. Practice Directive: Prescribing of Drugs by Pharmacists. <a href="http://pei.in1touch.org/uploaded/web/PEI%20Proposed%20Standards%20for%20Prescribing%20final%20draft.pdf">http://pei.in1touch.org/uploaded/web/PEI%20Proposed%20Standards%20for%20Prescribing%20final%20draft.pdf</a></li> <li>Prince Edward Island College of Pharmacists. Practice Directive: Administration of Drugs. <a href="http://pei.in1touch.org/uploaded/web/Drug%20Administration-Practice%20Directives.pdf">http://pei.in1touch.org/uploaded/web/Drug%20Administration-Practice%20Directives.pdf</a></li> </ul>
Newfoundland and Labrador	<ul style="list-style-type: none"> <li>Newfoundland and Labrador Pharmacy Board. Standards of Practice: Prescribing by Pharmacists. <a href="http://www.nlpb.ca/media/SOPP-Prescribing-by-Pharmacists-Aug2015-revFeb2016.pdf">www.nlpb.ca/media/SOPP-Prescribing-by-Pharmacists-Aug2015-revFeb2016.pdf</a></li> <li>Newfoundland and Labrador Pharmacy Board. Standards of Practice: Standards for the Safe and Effective Administration of Drug Therapy by Inhalation or Injection. <a href="http://www.nlpb.ca/media/SOPP-Administration-of-Drug-Therapy-by-Inhalation-or-Injection-June2015revisions.pdf">www.nlpb.ca/media/SOPP-Administration-of-Drug-Therapy-by-Inhalation-or-Injection-June2015revisions.pdf</a></li> </ul>
Northwest Territories	<ul style="list-style-type: none"> <li>Government of the Northwest Territories. Pharmacy Act. <a href="http://www.justice.gov.nt.ca/en/files/legislation/pharmacy/pharmacy.a.pdf">www.justice.gov.nt.ca/en/files/legislation/pharmacy/pharmacy.a.pdf</a></li> </ul>

capacity across Canada, with the exception of Yukon and Nunavut. Adapting a prescription can take on many forms, including changing an ordered drug’s dosage, formu-

lation, or regimen (e.g., a sustained-release product ordered at incorrect frequency). A number of provinces (British Columbia, Alberta, Saskatchewan, New Brunswick,

Nova Scotia, Prince Edward Island [PEI], and Newfoundland and Labrador) also authorize pharmacists to perform therapeutic substitutions. In a therapeutic substitution, the pharmacist may substitute a different drug within the same therapeutic category (e.g., ramipril in place of lisinopril) at an appropriate dosage. In provinces where therapeutic substitution is not authorized, adaptations can change any aspect of the prescription order except for the active ingredient. It is also important to note that adaptations or renewals are currently not authorized for narcotics, controlled substances, or targeted medications. The duration of therapy a pharmacist can prescribe/adapt also varies by province, so technicians are encouraged to become familiar with their province's legislation (see Table 1).

Whenever a pharmacist prescribes, adapts, or renews a patient's drug therapy, they take professional and legal responsibility for that order. The IESC acronym (Indicated, Effective, Safe, Compliance) can help guide this assessment. In a situation where a technician feels an adaptation or renewal may be required, this information can be elicited from the patient and documented for the pharmacist to review. Case 1 provides an example of how this can be done for a patient requesting a renewal of an antihypertensive drug.

### Assessment and prescribing for minor ailments and smoking cessation

As of the date of writing this lesson, prescribing for smoking cessation or minor ailments is permitted in various forms in eight provinces, with prescribing for smoking cessation pending in Saskatchewan.

Prescribing in these scenarios is often restricted to a limited list of drugs and ailments that is province-specific. For example, pharmacists in Saskatchewan can prescribe topical antibiotics for the bacterial skin infections impetigo or folliculitis, whereas pharmacists in three other provinces (Nova Scotia, New Brunswick, and Newfoundland and Labrador) can only prescribe for impetigo; pharmacists in Manitoba, Quebec, and PEI cannot prescribe for either. In Alberta, however, pharmacists with Additional Prescribing Authorization can prescribe for any minor ailment within their competency based on their professional judgment.

In order to assist patients, technicians

## CASE 1 - Refill request for an antihypertensive drug

John Smith, age 55, is a regular patient at your pharmacy. He asks if you can "loan" him a two-week supply of his water pill since he is travelling out of province and will not be able to see his doctor for refills before he leaves.

The technician should inform John that the pharmacy can't loan him any tablets, but the pharmacist can possibly issue a renewal for the prescription. In order for the pharmacist to do so, you have some questions to ask to make sure a renewal is appropriate. Below are examples of questions the technician can ask (using the IESC acronym) to assist the pharmacist with their prescribing decision:

- **Indicated** – "What was the medication prescribed for?"
- **Effective** – Depending on the answer above:
  - If for high blood pressure: "Have you been monitoring your blood pressure at home or here in the pharmacy?" If at home, ask what the readings have been. If not at home, use the pharmacy's blood pressure monitor to do a measurement and then document the results.
  - If for fluid retention/swelling: "How has the swelling been since you've been on the medication?"
- **Safe** – This question should ask about the safety of the medication: "Are you experiencing any side effects from the medication or do you have any other concerns?" Another example of what to ask regards the safety/appropriateness of issuing a renewal without an assessment by the original prescriber: "When was the last time you saw your physician?"
- **Compliance** – This can be indirectly assessed from the patient's refill history on their profile, but the patient should also be asked directly, "Are you experiencing any problems with taking the medication?" Problems remembering to take a medication regularly or cost barriers are possible reasons a patient is not compliant.

## CASE 2 - History collection for a patient requesting an acne product

A young woman asks you where she can locate products for her acne and whether you have any recommendations. You practise in a province where pharmacists can perform minor ailment assessments and prescribe for acne.

Recognizing that this patient may qualify for a minor ailment assessment, you explain that a number of non-prescription and prescription options are available, that the pharmacist will work with her to determine what product is best for her, and that the pharmacist may also be able to prescribe something for her acne. She is interested in this possibility and asks what information you need from her. You have discussed taking initial histories for minor ailments with the pharmacist on duty and they appreciate your assistance with this task, so you use the SCHOLAR acronym to guide your questions:

- **Symptoms** – "What are your concerns about the acne?"
- **Characteristics** – "Are the pimples small whiteheads, or large and swollen?"
- **History** – "Have you had acne before? Has it been assessed by a physician?"
- **Onset** – "When did it begin? Has it worsened over time?"
- **Location** – "Where is the acne located?" (e.g., face, chest, back)
- **Aggravating factors** – "Is there anything that seems to make it worse?"
- **Remitting factors** – "Is there anything that seems to make it better? Has anything been tried to treat it in the past?"

should be aware of which minor ailments are included in their province's expanded-scope legislation. This allows technicians to respond appropriately to patient queries. For example, patients asking for help locating an over-the-counter drug for an eligible minor ailment can be asked if this is a new occurrence or if it has changed, with this information relayed to the pharmacist for assessment and possible prescribing of therapy. You can also discuss with the pharmacist(s) you work with if they find it helpful for you to collect and document a patient's basic med-

ical history in order to help streamline their minor ailment assessment. The SCHOLAR acronym (Symptoms, Characteristics, History, Onset, Location, Aggravating factors, Remitting factors) is commonly used to elicit basic information on a condition/symptom, and an example is described in Case 2.

Patients requesting advice or products for smoking cessation may benefit from completing the Fagerström Test for Cigarette Dependence (Table 2) to determine their level of nicotine dependence. The results of this score can be provided to the pharmacist

to help with their assessment of the patient. Case finding efforts for smoking cessation services can also be performed for patients with a history of being dispensed bupropion or varenicline, who are now presenting with prescriptions for antibiotics for respiratory infections or inhalers, to see if they are still smoking and are interested in discussing cessation options.

### Administration of injections

Pharmacists in all provinces, except Quebec, can apply to their regulatory body for authorization to administer injections. None of the territories currently offer this option to pharmacists. In order to earn this qualification, the pharmacist must successfully complete an injection training program and also possess valid First Aid and cardiopulmonary resuscitation (CPR) certification. Most provinces allow pharmacists with this authorization to administer any drug or vaccine by injection; however, pharmacists in British Columbia, Ontario, and Nova Scotia are only authorized to administer vaccines, and not non-vaccine injectable drugs. All provinces prohibit pharmacist-administered injections to young children, although the minimum age varies. Consult your province's practice standards for details (see Table 1).

Technicians can play a large role in a pharmacy's vaccination program. For example, pharmacies administering injections must monitor and document fridge temperatures at least twice daily. This monitoring and reporting, as well as sequestering of products affected by cold chain breaches, can be the responsibility of the technician. Additionally, as the preparation of parenteral products using aseptic technique is within the scope of technicians,<sup>(6)</sup> the filling of syringes can be performed by the technician, with the final product and volume checked by the pharmacist prior to administration. In addition, pharmacies are encouraged to develop injection-specific patient history and consent forms to rule out any concerns associated with administering a particular drug or vaccine. Technicians can ensure these forms are completed by patients prior to their meeting with the pharmacist and then highlight any concerns that need to be addressed. Technicians can also perform case finding for vaccinations by identifying patients at risk of complications from influenza or who qualify for pneumococcal or herpes zoster vaccinations and

**TABLE 2 - Questions and scoring for fagerström test for cigarette dependence**

Questions	Answers	Points
How soon after you wake up do you smoke your first cigarette?	<ul style="list-style-type: none"> <li>• Within 5 minutes</li> <li>• 6–30 minutes</li> <li>• 31–60 minutes</li> <li>• After 60 minutes</li> </ul>	<p>3 2 1 0</p>
Do you find it difficult to refrain from smoking in places where it is forbidden?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<p>1 0</p>
Which of all the cigarettes you smoke in a day is the most satisfying one (the hardest one to give up)?	<ul style="list-style-type: none"> <li>• First one in the morning</li> <li>• Any other than first one in the morning</li> </ul>	<p>1 0</p>
How many cigarettes per day do you smoke?	<ul style="list-style-type: none"> <li>• 10 or less</li> <li>• 11–20</li> <li>• 21–30</li> <li>• 31 or more</li> </ul>	<p>0 1 2 3</p>
Do you smoke more during the morning than during the rest of the day?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<p>1 0</p>
Do you smoke when you are so ill that you are in bed most of the day?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<p>1 0</p>
<b>Total</b>		

Scoring: < 5 = low nicotine dependence; 5 = moderate nicotine dependence; 6–7 = high nicotine dependence; 8–10 = very high nicotine dependence  
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inquiring about their vaccination status.

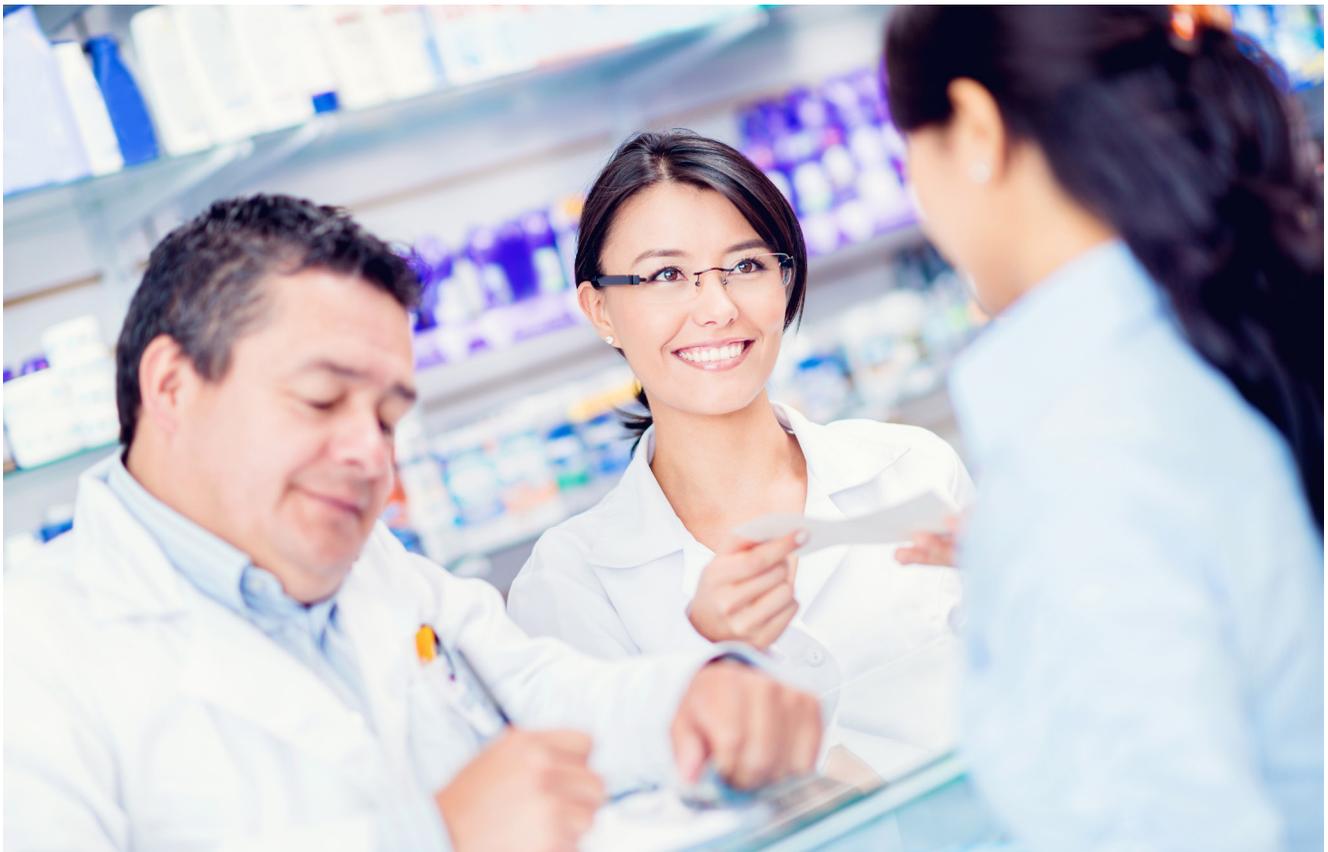
Each individual pharmacy determines whether injections will be provided by walk-in, by appointment, or both. Pharmacy technicians can assist with walk-in requests by entering the patient's information into the dispensing software, asking and documenting if the patient currently has a fever or another illness, and then providing the patient with a preliminary medical history questionnaire.

If an appointment system is preferred, the technician can coordinate the scheduling of appointments and issue reminder calls to patients the day before they are due to have their injections. Patients who have received an annual vaccine (e.g., influenza) in the past can also be phoned and invited to book an appointment for the same injection each year thereafter. Once the appointments are booked or the injection schedule is worked out, the technician can then ensure that the pharmacy's inventory is sufficient to meet the needs of scheduled and walk-in patients. Furthermore, patients receiving vaccines according to a regimen that requires multiple doses (e.g., hepatitis) can be documented in a calendar or electronic reminder system, so they can be phoned and reminded about an upcoming dose that is due. In general, vaccines that can't be administered on schedule should

be given late, rather than given early. This ensures the minimum interval between doses to achieve an adequate immune response is satisfied.<sup>(7)</sup>

Finally, the administration of injections requires that a number of supplies be readily available. These include approved sharps containers, nitrile gloves (latex is discouraged due to the risk of allergy among patients), alcohol swabs, bandages, and syringes and needles of an appropriate size. Technicians can ensure an adequate supply of each of these items is on hand and available for the pharmacist.

Since anaphylactic reactions are also associated with injection administration, the technician can ensure that vials/ampoules or auto-injectors of epinephrine are available at all times. It is strongly recommended that these epinephrine products be kept separate from the supply used for dispensing in order to make certain a dose is always available for emergency use. As technicians are often in contact with patients remaining in the pharmacy area following their injections, techs should be familiar with the signs of anaphylaxis (rash/hives, difficulty breathing, cough, sneezing, and dizziness) and thus alert the pharmacist if any of these symptoms are reported and/or observed. Technicians are also encouraged to have



current First Aid and CPR certification so they can provide assistance in the event of fainting or anaphylaxis.

### Laboratory test monitoring and follow-up

Some expanded scope activities warrant a follow-up with the patient and/or the ordering of laboratory tests. Technicians can offer to perform simple follow-up calls to a patient to check on the tolerability of a new prescription, or to remind them of an upcoming lab test ordered by the pharmacist. Currently, only Alberta, Manitoba, and Quebec allow pharmacists to order lab tests, but similar legislation is pending in other provinces. Note that the interpretation of a laboratory report is not within the scope of technicians.

### Preparation, documentation, and billing

In preparation for medication reviews and other expanded scope services, technicians can play an important role in collating relevant background information. For example, a patient's dispensing history, lab report data from an electronic health record, and documentation from previous pharmacy appointments can be assembled in advance (and if certain information is not available, a request can be sent to the patient's primary

care provider). Technicians can also ask patients to bring in any medications, supplements, or other health products that are not dispensed as prescriptions by the pharmacy so they are able to create a best possible medication history (BPMH). A BPMH is a systematically collected medication history using at least two information sources (e.g., a patient's interview notes that coincide with dispensing records, labelled medications, or charting notes from the primary care provider).<sup>(9)</sup> Once collected, the BPMH can be provided to the pharmacist for the patient's med review.

Following the review, the technician can play a role in a number of administrative tasks, such as scheduling follow-ups, billing expanded-service fees, and performing the initial drafting of post-review documentation. Indeed, limited time for documentation has been cited by pharmacists as a barrier that restricts patient care activities,<sup>(9)</sup> and a study in Ohio found that more than 70% of pharmacists would seek technician assistance for scheduling, billing, and patient correspondence.<sup>(10)</sup> Based on the notes taken by the pharmacist during the assessment, the technician can then use this information to generate fax cover pages and reports, which can

be reviewed by the pharmacist before they are sent to other health professionals.

### Conclusion

Many opportunities for collaboration exist among pharmacy technicians and pharmacists. To be most effective, technicians should be familiar with the pharmacist's scope of practice and billable services available in their province of practice, but pharmacists should also be aware of the full scope of practice of the technicians they work with.

The successful integration of technicians into expanded scope services has been found to result in higher professional satisfaction among both pharmacists and technicians, as well as improved efficiency with reduced duplication of effort.<sup>(11)</sup> Therefore, discussions are encouraged that outline the current steps involved in patient care activities and the subsequent identification of aspects that can be delegated to technicians.

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## QUESTIONS

Please select the best answer for each question and answer online at [eCortex.ca](http://eCortex.ca) for instant results.

1. Which of the following does not define a professional's scope of practice?

- a) Law
- b) Organizational policies
- c) Licensing bodies
- d) Regulations

2. Which of the following is an example of case finding?

- a) Having a pharmacy student set up a table at a community health fair to offer blood pressure measurements, referring those with elevated results to the pharmacy.
- b) Inserting a postcard advertising a new service offered by the pharmacy into the prescription bags of all patients and inviting them to phone the pharmacy or ask staff for additional information.
- c) Faxing local medical clinics to inform them of a service your pharmacy offers, and asking them to refer patients.
- d) Considering a nursing home you provide medications for, generating a report of current residents who are currently prescribed a sedative or hypnotic, and assessing their appropriateness.

3. You are a pharmacy technician practising in a province where therapeutic substitution is not within the pharmacist's scope of practice. A patient presents with a prescription for ciprofloxacin 250 mg po BID but requests something that can be taken once daily. If clinically appropriate, it is within the pharmacist's scope to adapt this prescription to which of the following regimens?

- a) Cipro XL (ciprofloxacin) 500 mg po once daily
- b) Biaxin XL (clarithromycin) 1000 mg po once daily
- c) Azithromycin 500 mg po now, then 250 mg

po once daily on days 2-5  
d) Cefixime 400 mg po once daily

4. Mary travelled to Mexico last year, and was ordered the hepatitis A/B vaccine according to the rapid schedule (0, 7 days, 21 days, 1 year) and is due for the one-year dose in 10 days. You phone Mary to remind her and ask if she would like to schedule an appointment for her final injection. She mentions she will be travelling out of province the following day, for three weeks. You currently have her vaccine dose in stock. Which of the following is/are appropriate option(s):

- a) The patient should come for the vaccination later today.
- b) The patient must receive the vaccination on the exact due date, so you will need to transfer the prescription to a pharmacy in the other province.
- c) The patient can receive the vaccine when she returns in three weeks.
- d) A or C

5. Which of the following vaccination-related activities is currently within the scope of a pharmacy technician?

- a) Monitoring of inventory and the cold chain.
- b) Drawing up of vaccine from a multi-dose vial into an appropriate syringe.
- c) Administration of influenza vaccine to adults.
- d) All of the above
- e) A & B only

6. In general, the temperature of fridges containing vaccines should be monitored and documented at a minimum frequency of:

- a) At every opening and closing of the fridge
- b) Once daily

c) Twice daily  
d) Every other day

7. Which of the following is the correct terminology for the SCHOLAR acronym:

- a) Symptoms, Characteristics, History, Onset, Location, Aggravating factors, Remitting factors
- b) Symptoms, Current medications, History, Onset, Location, Aggravating factors, Recurrence
- c) Severity, Characteristics, History, Onset, Location, Aggravating factors, Remitting factors
- d) Symptoms, Characteristics, History, Outcome of previous treatments, Location, Aggravating factors, Recurrence

8. Rita currently smokes 25 cigarettes per day, with the first at 10 minutes after waking in the morning. She estimates that 20 of the cigarettes are smoked after lunch. She finds it challenging not to smoke at work and would most hate to give up her last cigarette of the evening before going to bed, but she will not smoke if she is ill and in bed. Rita's Fagerström Test for Cigarette Dependence score is:

- a) 6
- b) 7
- c) 4
- d) 5

9. Not all provinces/territories offer minor ailment prescribing programs within the pharmacist's scope of practice; however, when these programs do exist, the list of conditions eligible for the program is the same across all provinces/territories:

- a) True
- b) False

10. Where should epinephrine dedicated for use to treat an anaphylactic reaction following a pharmacist-administered injection be stored?

- a) In the refrigerator.
- b) Along with the other injection administration supplies used by the pharmacist (e.g., gloves, bandages).
- c) On the shelf with product to be dispensed to patients.
- d) B or C.

11. Which of the following is NOT a sign or symptom of anaphylaxis:

- a) Sneezing
- b) Rash
- c) Cough
- d) Pain at the injection site

12. A pharmacist at your pharmacy ordered an INR test for a patient and the result (2.1) was faxed to the pharmacy. The pharmacist's documentation states that they are aiming for an INR of 2-3. What

should you do with this report?

- a) Staple it to the patient's last warfarin prescription.
- b) Shred it, since it is within the target range.
- c) Bring it to the attention of the pharmacist for interpretation.
- d) Phone the patient to tell them their INR is good.

13. A patient who is new to your community wishes to receive their medications and care from your pharmacy. You have arranged for them to have a medication review with the pharmacist. At the start of the review you sit down with the patient to collect a medication history. You get this information verbally from the patient, and then you ask them to return later that day with the labelled blister pack they received a few weeks ago from their previous pharmacy. Does the information available from the interview and blister pack allow you to perform a Best Possible Medication History?

- a) Yes
- b) No, an electronic medical record must also be consulted.
- c) No, this is outside the scope of a pharmacy technician.

14. When a pharmacist renews a prescription originally ordered by another clinician, the person who wrote the original prescription retains the professional and legal responsibility for that order:

- a) True
- b) False

15. Potential impact(s) of improved pharmacist/technician collaboration have been found to include:

- a) Greater job satisfaction.
- b) Improved efficiency of pharmacy operations.
- c) Reduced duplication of effort.
- d) A and B
- e) A, B, and C

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