

Initiating Practice Change

Supervising technicians to enable efficient and effective patient care

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Introduction

As part of Dalhousie's Pharmaceutical Care Project an "ideal" technician role was defined, in conjunction with a community demonstration site, to help provide time for pharmacist-patient interactions. The technician role includes: technician tasks, workflow priorities, levels of pharmacist supervision needed and performance standards.¹

Technician workflow priorities and tasks were discussed respectively in the

May and October issues of *Initiating Practice Change*. In these articles, methods for reconsidering and evolving technician roles were discussed to assist in relinquishing tasks not requiring a pharmacist's expertise. Time saved can be redirected to patient care functions.

As new tasks are added to technician responsibilities, the necessary level of pharmacist supervision should be determined. In this article, methods are presented to determine the supervision needs in each dispensary, so that site-

specific issues are taken into consideration. Topics such as supervision of new versus experienced technicians, over/under-supervision, as well as consistency in pharmacist expectations are discussed. A tool is also given to assist in considering pharmacist supervision of technicians in your dispensary.

How does supervision impact practice?

Through experience with a demonstra-

TABLE I

Major Technician Functions*

Technician Functions	Optimal Level of Pharmacist Supervision (See Table II)	Number of Technicians Performing At This Level Currently	Notes on Training Needs
Computer related duties			
Sale of over the counter medications			
Clerical Duties			
Telephone related			
Receiving the prescription			
Inventory control			
Sale of other medical products			
Compounding			
Filling the prescription			
Housekeeping activities			
Releasing the prescription			

* refer to the October issue of *Initiating Practice Change* for a more detailed list of technician tasks

D - With direct supervision	The accuracy of this task is directly checked by a pharmacist (i.e., compounding).
L - With little supervision	The pharmacist is available and can be called upon to verify the pharmacy technician's work or offer advice on task performance, but would not normally check the accuracy of the task (i.e. release a refill prescription).
W/O - Without supervision	This task is performed independently by the technician and will not be check by the pharmacist (i.e., answering general telephone calls). A senior technician may be called upon to offer advice.

tion site, it became evident that in order to help optimize dispensary functioning levels of pharmacist supervision must be defined. Many tasks were being performed with too much supervision and supervision levels varied between pharmacists. Defining levels of pharmacist supervision allows technicians to work with optimal independence.

When considering new or seasoned technicians, several types of problems may be present, requiring a variety of solutions. Consider the following scenario: You find yourself in a new store, with two technicians. One has been at the store for many years and works independently. On your first day you observe her helping a new diabetic select a glucometer (using price as the determining factor), and renting a patient crutches. The other technician is new and very dependent. She frequently calls on you to identify doctors' signatures or select auxiliary labels. Recently, when presented with a request for a medical expense report, she required step-by-step instructions to generate it. You feel uncomfortable with both technicians for different reasons.

How would defining pharmacist supervision improve efficiency and effectiveness in this dispensary? There are several concerns in this scenario:

* Although glucometer selection may be a task to be delegated to technicians, it is a multifaceted task. Cost may not be the sole determining factor for selection; therefore training and/or supervision might result in better patient care in this scenario.

* Likewise with the rental of canes and crutches. While a technician may obtain

the rental from storage, if the technician has not been trained in sizing, the supervision of a pharmacist may be required to ensure proper fit for the patient.

* If assistance is required to identify physician signatures, another technician can assist the new technician, allowing the pharmacist to interact with patients.

* When technicians have difficulty performing tasks, sometimes a system is needed to promote efficiency. In this case, auxiliary labels could be placed on stock bottles to assist the new technician. The technician could then perform this task with optimal independence.

* To generate common reports, the technician should require little or no supervision. This identifies a training requirement. Designation of levels of supervision will show training requirements for many technicians and addressing these training needs will increase dispensary efficiency.

These are just a few examples of how over/under-supervision can effect efficiency and patient care. Explicitly defining and reinforcing necessary levels of pharmacist supervision may resolve some of these issues.

Keeping expectations consistent

Consider the following scenario: A pharmacy technician makes a topical hydrocortisone compound. She finishes it and sets the final, labelled product on the counter for the pharmacist to check. The pharmacist picks up the jar and glances at the technician with a surprised look. The pharmacist tells the technician that the compound must be redone so that every step including weighing, cal-

culations, mixing and ingredients can be checked. The technician apologizes, explaining that the pharmacist she usually works with allows her to make compounds and only checks the calculations, ingredients and final product.

The major problem in this scenario is lack of consistency in the supervision needed for a technician to compound. Variances can often occur from site to site, as well as from pharmacist to pharmacist. Designating levels of pharmacist supervision will prevent the confusion and frustration associated with technicians trying to adapt to different pharmacists' expectations.

Be site-specific

Dispensary differences are a consideration when defining pharmacist supervision. Different tasks may or may not be present in a dispensary and comfort levels with technicians performing certain tasks can differ. Therefore, to determine levels of pharmacist supervision at your store, the technician tasks you have identified (after reading the October issue), or the enclosed technician functions, can be distributed to your staff as a questionnaire or at a meeting (Table 1). Tasks may be performed with direct, little or no (without) supervision (Table 2).

Of course, as you consider the supervision needed, you must take into account the regulatory requirements. For example, by law, does the reconstitution on antibiotics require direct pharmacist supervision? Requirements will vary in each province.

After defining the level of supervision needed, consideration can be given to your staff's current abilities and training

opportunities can be defined.

Drawing the line between tasks

The line between a technician task and a pharmacist task may not always be clear. Even after defining levels of supervision and attempting to optimize technician functioning, there may be ongoing problems in the provision of efficient and effective patient care. These problems may result because technician tasks and responsibilities are not always clear cut.

Consider the following situation: A patient approaches the counter, and asks the location of the decongestants. The technician walks the patient to the appropriate section. The patient then selects a box and asks the technician if it will help with her stuffy nose. The technician checks the box to confirm that it is a decongestant and responds, "Yes, it should work fine."

In this scenario, the technician was unclear regarding her/his role in the sale of OTCs. The technician may walk a customer to a product, but should offer the patient a chance to speak with the pharmacist. In addition, technicians should be aware that advice or recommendations about products should only be given by a pharmacist. Therefore, when the patient asked the technician if the product would help with her stuffy nose, the technician should have referred

the patient to the pharmacist.

Conclusion

Designating the level of pharmacist supervision required for each task can provide technicians with the guidance they need to work with optimal independence. Discussing supervision can also help create consistent expectations for both technicians and pharmacists. Involving staff in identifying levels of supervision, encourages both pharmacists and technicians to perform with maximal efficiency.

A technician task list (discussion in the October issue), or the enclosed list of functions, can be used to determine levels of supervision which are dispensary-specific. Once technicians can work within the designated levels of pharmacist supervision, patient care will be time efficient as well as effective and appropriate.

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References

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