Technician: __________________________________________ Date Training Started: _______________

*Pharmacist, please review each section with technician and initial beside each competency as it is satisfactorily completed.

Completes at least 5 of each of the following:

- Called pharmacy to obtain fax of medication fill history
- Complete medication history with nursing home MAR
- Reviewed medication bottles brought in with patient, identifies when last filled, and verify if patient is still taking medication, and how patient is taking medication
- Interview family/caregivers for medication history
- Contact physicians' office for medication history
- Identifies high risk medications and uses a second source to double check dose

Demonstrates understanding of when a patient is not a reliable resource for medication history

- Patient is receiving a medical treatment (i.e. respiratory therapy)
- A physician is interviewing the patient
- The patient wishes not talk about personal information with visitors present
- Visitors/family appear distressed or emotional about patient's condition

Demonstrates understanding when a particular resource may not be reliable (i.e. family member, list from doctors office that has not been correctly or recently updated)

Checks in with nurse prior to speaking with patient using AIDET communication:

- Acknowledge: Knocks before entering the patient room, smiles, makes eye contact, and greets patient by name
- Introduce: Appropriately introduces self and role in the ER
- Duration: Appropriately inform the patient how long the interaction will be
- Explanation: Inform purpose of medication history to patient
- Thank You: Thank patient for their time and ask if there is anything else he/she can do for the patient

Executes appropriate hand hygiene before and after patient interview

Effectively uses check list to interview patient and obtain medication history, inquires about the following:

- OTC medications
- OTC pain relief products, specifically ASA, IBU, APAP
- Herbas, vitamins, supplements
- Samples
- Inhalers, nebulizers
- Patches, creams, ointments
- Injected medications
- Eye drops, ear drops, nasal sprays
- Birth control or male enhancement

Accurately enters medications into MediTech, fully filling out:

- Correct medication
- Formulation (IR v. ER)
- Dose
- Frequency
- Last dose time
- PRN indication (if applicable)
- Start date of recent antibiotics/new medications

Can demonstrate how to enter the following type of home medications correctly:

- Complex warfarin doses (Warfarin 5mg M, W, F and 2.5mg all other days)
- U-500 insulin (Patient that states they inject 50 units of U-500 BID)
- Insulin pumps (Patient manages insulin with Novolin R in pump)
Liquid medications (4 mL BID of phenytoin 125mg/5mL suspension)
Specially compounded medications (Child takes 2.5 mg of furosemide 5 mg/mL compounded liquid)
Combination doses (Takes Depakote ER 250 + Depakote 500 ER BID for a total of 750 mg BID)

Goes beyond just medication history and actively takes part in patient care by offering and retrieving blankets, drinks (after discussing with nurse), and other requests per patient

Acts a liaison for communication between the ED/unit and pharmacy, assists with Pyxis issues

Knows limits of scope of practice and refers to pharmacist when appropriate

Communicates with pharmacist pertinent patient information, including but not limited to

- Patient on Coumadin (warfarin)
- Patient on IV antibiotics (vancomycin, gentamicin, tobramycin, etc)
- Complex medication history that tech is not able to effectively resolve and document
- History of non-compliance or not being able to afford medications (Refer to TIC pharmacist)

Exhibits effective communication and professional behavior

- Technician has completed competency WITHOUT need for remediation
- Technician has NOT completed competency, and needs remediation in the following areas:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Name and Signature of Supervising Pharmacist __________________________ Date ____________

Revised April 2016