

PEBC PHARMACY TECHNICIAN QUALIFYING EXAMINATION – PART II (OSPE)

SAMPLE STATION #4

Non-interactive Station

TITLE: **Checking Dispensed Prescriptions**

OBJECTIVE To check dispensed medications and identify any corrections that must be made before the medications can be released.

COMPETENCIES TESTED

Competency 3 Product Distribution

Unit 3.4 Verify the technical aspects of the prescription to ensure accuracy and quality of products.

CANDIDATE'S INSTRUCTIONS

1. Before you enter the station:

- Take one Candidate Answer Sheet from the folder marked "For Candidates Only", on the door or wall outside the station. (Do NOT take anything from any other folder.)
- Attach one bar code label to the Candidate Answer Sheet in the space indicated.
- Read the instructions on the Candidate Answer Sheet.

2. When the start buzzer sounds:

- Enter the station, find the station materials (listed below) on the desk / table and begin immediately.

3. Do the exercise:

- Re-read the instructions on your Candidate Answer Sheet.
- Mark your answers clearly, by filling in the corresponding bubbles.

4. When the final buzzer sounds:

- Stop writing and erasing immediately.
- Turn your completed Candidate Answer Sheet over (answer side down) on the desk / table, to be collected by examination staff.
- Proceed to the next station, taking your calculator, pencil, notebook and barcodes with you.

Time Frame: You have 6 minutes to complete this station.

STATION MATERIALS / REFERENCES

You will find the following printed materials on the desk / table:

- e-CPS monograph excerpts
- Written Prescriptions
- Dispensed Products
- Stock Bottles

If you cannot find an item from the list above, please notify exam personnel immediately.

Do **not** remove or mark the station materials in any way.

WRITTEN PRESCRIPTIONS

Note: Only one example is provided; there may be up to four prescriptions in total)

**Sample
Rx 1**

<p><i>Dr. N. Wong</i> <i>Citystreet Medical Centre</i> <i>100 Water Street</i> <i>City, Province</i> <i>895-2168</i></p>	
<p>For Veda Simmonds 24 Ridgeview Drive City, Province Health ID # 339724</p>	
Current date	
<p>Tylenol #3</p>	
<p>Sig: 1-2 tabs q6h prn for pain</p>	
<p>Mitte: 30 tabs</p>	
<p><i>Dr. N. Wong</i> _____ Assume physician's signature is original N. Wong, MD Licence #500000</p>	

Dispensed: Tylenol #3 tablets

1. Product Problem(s): Select <u>ALL</u> that apply.	Product Rx 1
No problem(s)	<input checked="" type="radio"/>
-OR- Product problem(s):	
a) Medication	<input type="radio"/>
b) Strength	<input type="radio"/>
c) Dosage form	<input type="radio"/>
d) Packaging	<input type="radio"/>

**Sample
Label**

Rx1 Vera Simons	Dr. N. Wong Current Date
Take one or two tablets every six hours if needed.	
Acetaminophen Compound / codeine 30 mg (Tylenol #3) 30 tablets	

2. Label Problem(s): Select <u>ALL</u> that apply.	Label Rx 1
No problem(s)	<input type="radio"/>
-OR- Label problem(s):	
a) Patient name	<input checked="" type="radio"/>
b) Physician name	<input type="radio"/>
c) Drug name	<input type="radio"/>
d) Drug strength	<input type="radio"/>
e) Drug dosage form	<input type="radio"/>
f) Drug quantity	<input type="radio"/>
g) Directions	<input checked="" type="radio"/>

SAMPLE CANDIDATE ANSWER SHEET (for a station with 4 products to check)

STATION #

ATTACH BAR CODE LABEL HERE

You are a pharmacy technician working in a community pharmacy. Four (4) dispensed products have been left for you to check, before they are released to the patient. The written prescriptions and corresponding dispensed products are provided on the desk / table. Assume the quantity dispensed is as shown on the label. You are not required to recount the tablets.

For each prescription, your tasks are to:

1. Check the **dispensed products** to identify problem(s), if any, to be resolved. If there are no problems, select all that apply from the choices given and fill in the corresponding bubble(s).
2. Check the **prescription labels** to identify problem(s), if any, to be corrected. If there are no label problems, select all that apply from the choices given and fill in the corresponding bubble(s).
3. If there are no problems, fill in the bubble for "No problem(s)".

1. Product Problem(s): Select <u>ALL</u> that apply.	Product Rx 1	Product Rx 2	Product Rx 3	Product Rx 4
No problem(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-OR- Product problem(s):				
a) Medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Dosage form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Packaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Label Problem(s): Select <u>ALL</u> that apply.	Label Rx 1	Label Rx 2	Label Rx 3	Label Rx 4
No problem(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-OR- Label problem(s):				
a) Patient name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Physician name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Drug name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Drug strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Drug dosage form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Drug quantity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>