SAMPLE STATION # 6
Non-interactive Station

TITLE: **Verify Prescription Information on Patient Records**

OBJECTIVES
- To identify errors in the entry of prescription information onto patient records.
- To alert the pharmacist or pharmacy technician for follow-up as appropriate.

COMPETENCIES TESTED

Competency 1   Ethical, Legal and Professional Responsibilities

Unit 1.5   Document activities of practice in compliance with federal and provincial/territorial legislation, standards and policies.

Competency 3   Product Distribution

Unit 3.1   Receive, interpret and process a prescription.

CANDIDATE'S INSTRUCTIONS

1. Before you enter the station:
- Take <u>one</u> Candidate Answer Sheet from the red 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 materials on the desk / table:
- Patient Record with Written Prescription

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.

PATIENT RECORD WITH WRITTEN PRESCRIPTION

(**Note:** Only one example is provided. There may be <u>up to three</u> patient records with written prescriptions.)

COMMUNITY PHARMACY
PATIENT RECORD

PATIENT:	FRENCH, Lester	**AGE:**	23 years old
ADDRESS:	23 Gable Drive, City, Province	**GENDER:**	Male
PHONE:	988-3243	**ALLERGIES:**	None known
PHYSICIAN:	Dr. E. Eastman	**COMMENTS:**	Asthma
ADDRESS:	355 East 15th Street, City, Province	**OTCs:**	
PHONE:	988-3378		

Rx #	Medications - Directions	Qty	Physician	Repeats Authorized	Repeats Remaining	Dispensing Intervals		
						Original	Refill Frequency	Last Filled
1	Salmeterol 50 mcg / fluticasone 250 mcg (Advair 250 Diskus) Use 1 inhalation twice daily.	1	E. Eastman	3	3	current date		current date

WRITTEN PRESCRIPTION

Dr. E. Eastman
Citystreet Medical Centre
355 East 15th Street
City, Province
988-3378

For   Lester French
23 Gable Drive,
City, Province
Health ID # 312312   Current date

Rx 1   Advair 500 diskus
Sig: i bid
Mitte: 1
Repeats: 2

Dr. *E. Eastman*   Assume physician's signature is original
E. Eastman, MD License # 501010

CANDIDATE ANSWER SHEET – illustrating how to record the errors of problems noted above

STATION #

ATTACH BAR CODE LABEL HERE

You are a pharmacy technician working in a community pharmacy. The information from one (1) new prescription has been entered onto a corresponding patient record. The patient record and written prescription are provided in your examination booklet.

For the patient record, your tasks are to:

1. Review the patient record to identify errors or problems, if any, with the new prescription information entered. If there are no errors or problems, fill in the bubble beside **"No errors or problems"** - **OR** - If there are error(s) or problem(s), **select ALL that apply** from the choices given below and fill in the corresponding bubble(s) in question 1.

2. Identify who should resolve the error(s) or problem(s), if any, before the prescription is handed over for processing by a pharmacy assistant. Fill in the bubble that corresponds to **the ONE best answer** in question 2.

1. What error(s) or problem(s) need to be resolved, if any? Select <u>ALL that apply</u>.	PATIENT RECORD 1
NO error(s) or problem(s)	○
– OR – Error(s) or problem(s) – Select ALL that apply:	
a) Patient name	○
b) Patient address	○
c) Physician name	○
d) Drug name	○
e) Drug strength	●
f) Directions	○
g) Quantity	○
h) Repeats	●
i) Allergies	○

2. Who should resolve the error(s) or problem(s), if any? Select <u>the ONE best answer</u>.	PATIENT RECORD 1
Not applicable – no error(s) or problem(s)	○
– OR – a) Pharmacist **only**	○
b) Pharmacy technician **OR** pharmacist	●