Raymond had just started his one-week orientation at your pharmacy, however he quickly gained an understanding of the site's processes and procedures. It appeared as though he was familiar with the software system and was quite proficient with it. Even though he appeared very comfortable, you made certain to review the PACE Orientation Checklist with him, and all other pertinent information that he would require for his assessment.

Once Raymond's assessment period began, he quickly fit himself into the pharmacy workflow. Although he didn't review prescriptions as quickly as most experienced pharmacists, he was efficient at managing the patient workload. Raymond was able to prioritize prescriptions based on their urgency and the wait times indicated in the pharmacy software. When he noticed things getting very busy, Raymond would instruct your assistants to provide patients with a slightly longer wait time to ensure that he could review their prescriptions within the expected timeframe. When a patient arrived with a long list of refills for a vacation supply, you noticed Raymond offering them your delivery service, which you had discussed during orientation.

You reviewed all prescriptions that Raymond verified and occasionally asked him probing questions when you wanted a bit more insight, for example which elements he was reviewing to be certain that a prescription was technically correct, or how he was confirming that a medication and its dose was appropriate for a particular patient. Raymond appeared to have a good grasp on the technical aspects of verification, however on a small number of occasions he asked for you to confirm his clinical decisions. This normally occurred when he was reviewing prescriptions for medications that he was less familiar with. During these times, you prompted Raymond to review the references in your pharmacy's library. Raymond was able to select appropriate references and once taking the time to look up the product involved, Raymond could usually make an appropriate clinical decision as to whether the medication in question was appropriately indicated, safe, and would be effective.

Raymond was courteous with your pharmacy staff and patients. He introduced himself appropriately and was happy to help with any recommendations or questions. You even observed Raymond dealing with a patient who was quite upset. This particular patient wanted a refill on a prescription for azithromycin that she had taken last year, when no refills were indicated. Raymond spoke calmly to the patient and asked her questions to ensure that he fully understood the situation. According to the patient, she was prescribed azithromycin last year for a strep throat infection, and had noticed that her throat was again quite sore. She was very concerned as she would be leaving on vacation the next week. Raymond reviewed the patient's profile and completed a full assessment of the patient. Based on her symptoms, and the progression of her illness, he recommended that she see her physician for a physical assessment to determine if the infection was indeed strep throat, or a viral infection. He explained to the patient that antibiotics like azithromycin would not help if it was a viral infection, and in fact may cause unnecessary side-effects and antibiotic exposure. He offered the patient over the counter medication to help with her symptoms and to send a note to her physician detailing their discussion and his rationale for referral. By this time the patient seemed to have calmed down and informed Raymond that she would make an appointment with the physician herself. A few days later, Raymond called this patient to follow-up on her symptoms. The patient told Raymond that her physician had done a physical

assessment and swab, and told her that the infection was indeed viral. She shared with him that she was already feeling a bit better, and thanked him for his time and advice.

Later that same week, Raymond was reviewing a prescription for amox/clav 250mg/125mg suspension for a four year old child's recurrent ear infection. Raymond checked the prescription for technical and therapeutic accuracy before passing it to you to be reviewed. Upon reviewing the prescription, you noted that although it was written for amox/clav 250mg/125mg it was entered and dispensed by the assistant as amox/clav 250mg/62.5mg, likely because the 250mg/125mg strength does not exist in liquid form. You asked Raymond to walk you through his process for reviewing this prescription to identify how this had been missed. Raymond noted that the assistant had asked the patient's mom the indication and the weight of the child and marked it on the prescription. He was able to identify that the physician intended for high-dose amoxicillin based on the indication and that the infection was recurrent based on her profile. He noted that amox/clav was dosed based on the amoxicillin component and that this dose seemed correct when calculated with the patient's weight. You probed a bit further into the clavulanate component on the prescription, and Raymond immediately noticed that the strength of antibiotic that was filled was not what was written by the prescriber. Raymond proceeded to try to correct the dose to what was originally intended however when he discovered that this strength was not available he seemed unsure as to how to proceed, and looked to you for assistance with this decision. Again, you reminded Raymond to review his references. After a review of lexi-comp and the available dosage forms, Raymond informed you that he felt it would be most appropriate to dispense the prescription with the prescribed amount of amoxicillin, however as the 400mg/57mg dosage form, split TID. He stated that the 7:1 ratio is preferred to minimize GI side effects when high-dose amox/clav is used, and that this would result in a lower volume of liquid for the child to drink. Since it was a Friday evening and the physician's office was closed, Raymond adapted the prescription to reflect this decision, and sent the appropriate documentation to the prescriber. He clearly explained the situation to the patient's mom, who was very happy to hear that this adaptation would result in less diarrhea and a smaller volume of medication for her child. Raymond scheduled a follow-up with the patient's mom for Monday to see how things were going.

Once the patient and her mom left the store, Raymond apologized to you and took full responsibility for the error, noting that this could have resulted in unnecessary side-effects for the patient. He explained that he was not familiar with the available dosage forms of this medication and that this may have contributed to his oversight. He discussed the situation with the assistant who filled it, and together they completed a 'near miss' entry in your pharmacy's Pharmapod Medication Incident Reporting software. For the remainder of the assessment, you noted that Raymond always took extra caution when reviewing prescriptions for medications that he was less familiar with, and often researched the doses and indications in reputable references.