

Formatted Survey Questions

2017 National Pharmacy Technicians Survey on Emerging Tasks

Start of Block: Intro

Intro

Welcome to the 2017 National Pharmacy Technicians Survey on Emerging Tasks. We value your professional opinion and would appreciate it if you would take a few minutes to complete this short survey. Please click the NEXT button to take the survey.

End of Block: Intro

NEXT >>

Start of Block: Block1-Screening [response Q1(1) continues; Q1(2) – Q1(6) goes to Q2-S]

Q1 Please check the response that best matches your current employment status.

- ☐ Currently employed as a pharmacy technician. (1)
- ☐ Employed in a health or pharmacy-related field or position, but not functioning as a pharmacy technician. (2)
- ☐ Retired. (3)
- ☐ Unemployed - Seeking employment. (4)
- ☐ Unemployed - Not seeking employment. (5)
- ☐ Other - Please specify: (6) _____

End of Block: Block1-Screening

<<BACK

NEXT >>

Start of Block: Block2

Q2 Are you currently certified as a pharmacy technician?

○ Yes (1)

○ No (0)

Q3 Please check the ONE item that best describes your primary place of employment.

[Q3(1) - Q3(6) are community-based.]

○ Independent community pharmacy (fewer than 4 stores under same ownership) (1)

○ Large chain community pharmacy (>50 units under same ownership, e.g., CVS, Walgreens) (3)

○ Supermarket pharmacy (5)

○ Government hospital/health system - INPATIENT (7)

○ Non-government hospital/health system - INPATIENT (9)

○ Specialty drug pharmacy (11)

○ Nursing home/Long-term care (13)

○ Ambulatory care (e.g., medical clinic, office-based practice, non-dispensing pharmacy) (15)

○ Pharmaceutical industry (17)

○ Small chain community pharmacy (4 to 50 stores under the same ownership) (2)

○ Mass merchandiser, e.g., Costco, Target, Wal-Mart) (4)

○ Clinic-based pharmacy (licensed pharmacy located in or near a clinic) (6)

○ Government hospital/health system - OUTPATIENT (8)

○ Non-government hospital/health system - OUTPATIENT (10)

○ Pharmacy benefit administration (e.g., PBM, managed care) (12)

○ Mail service pharmacy (14)

○ Pharmacy technician training program (e.g., vocational school, community college) (16)

○ Other organization - please specify: (18)

[No BACK Button on this page is intentional]

End of Block: Block2

Start of Block: Block3

NEXT >>

Q4 In which state is your primary employment? (Please select from the drop down list.)

▼ AL, Alabama (1) ... WY, Wyoming (50)

Q5 What is the population of the community in which your primary employment is located?

- Less than 10,000 (Rural/Small Community) (1)
- 10,000 - 49,999 (Small Metro) (2)
- 50,000 - 99,999 (Metro) (3)
- 100,000 or more (Large Metro) (4)

Q6 How many years have you worked as a pharmacy technician? (round to nearest whole number)

_____ years (1)

Q7 How many years have you worked for your current employer?

_____ years (1)

Q8 Do you work full time or part time?

- Full time (greater than 30 hours per week) (3)
- Part time (20 - 30 hours per week) (2)
- Part time (less than 20 hours per week) (1)

82 Q9 Indicate which of the following best describes your PRIMARY method of training to work as a
83 pharmacy technician?

- 84 ○ On-the-job training from my employer, unaccredited (1)
- 85 ○ Self-guided training using books and online resources (2)
- 86 ○ Structured training program from my employer, unaccredited (3)
- 87 ○ Structured training program from my employer, ASHP/ACPE accredited (4)
- 88 ○ Standalone training program (e.g. vocational school, community college), unaccredited
89 (5)
- 90 ○ Standalone training program (e.g. vocational school, community college), ASHP/ACPE
91 accredited (6)

92 **End of Block: Block3**
93 



94 **Start of Block: Block4**

95 Q10 Please indicate your level of involvement for each activity listed below during a typical work
96 week.

	Not at all Involved (1)	Somewhat Involved (2)	Regularly Involved (3)
Receive prescription orders (Q10_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collect and communicate patient specific information (Q10_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess prescription for completeness, accuracy, authenticity, legality and reimbursement eligibility (Q10_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process a prescription order (Q10_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide medication to patient/patient's representative (Q10_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct patient to pharmacist for counseling (Q10_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify pharmaceuticals and supplies to be ordered and manage inventory (Q10_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use and maintain automated and point-of-care dispensing technology (Q10_8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate with third party payers to determine coverage for products and services (Q10_9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform final prescription verification during dispensing (Q10_10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take prescription order from physician over the telephone (Q10_11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfer a prescription to another pharmacy (Q10_12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administer a vaccination to a patient (Q10_13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draw a blood sample from a patient (finger stick) (Q10_14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collect patient medication history from patient (Q10_15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call patient prior to medication synchronization to clarify medications to be filled (Q10_16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct medication reconciliation after patient is discharged from hospital (Q10_17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare vaccination for administration by pharmacist (Q10_18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document pharmacy care in patient records (Q10_19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call prescriber for clarification of electronic or written prescription order (Q10_20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Obtain patient vital signs (blood pressure, heart rate,
temperature) (Q10_21)

☐ ☐ ☐

End of Block: Block4

<<BACK

NEXT >>

Start of Block: Block5

Q11 Please rate your willingness to perform each of the following emerging tasks as a community
pharmacy technician.

	Unwilling (1)	Slightly Willing (2)	Moderately Willing (3)	Very Willing (4)
Perform final prescription verification during dispensing (Q11_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take prescription order from physician over the telephone (Q11_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfer a prescription to another pharmacy (Q11_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administer a vaccination to a patient (Q11_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draw a blood sample from a patient (finger stick) (Q11_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collect patient medication history from patient (Q11_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call patient prior to medication synchronization to clarify medications to be filled (Q11_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct medication reconciliation after patient is discharged from hospital (Q11_8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare vaccination for administration by pharmacist (Q11_9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document pharmacy care in patient records (Q11_10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call prescriber for clarification of electronic or written prescription order (Q11_11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtain patient vital signs (blood pressure, heart rate, temperature) (Q11_12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Block5

<<BACK

NEXT >>

Start of Block: Block6

105 Q12 Please rate your willingness to complete additional training and/or additional certifications in
 106 order to perform these more advanced emerging tasks.

	Unwilling (1)	Slightly Willing (2)	Moderately Willing (3)	Very Willing (4)
Perform final prescription verification during dispensing (Q12_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take prescription order from physician over the telephone (Q12_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfer a prescription to another pharmacy (Q12_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administer a vaccination to a patient (Q12_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Draw a blood sample from a patient (finger stick) (Q12_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collect patient medication history from patient (Q12_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div> <div><<BACK</div> <div>NEXT >></div> </div>				
Call patient prior to medication synchronization to clarify medications to be filled (Q12_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct medication reconciliation after patient is discharged from hospital (Q12_8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare vaccination for administration by pharmacist (Q12_9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document pharmacy care in patient records (Q12_10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call prescriber for clarification of electronic or written prescription order (Q12_11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtain patient vital signs (blood pressure, heart rate, temperature) (Q12_12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

107 **End of Block: Block6**

<<BACK

NEXT >>

109 **Start of Block: Block7**

110 Q13 Please rate your level of agreement with each of the following statements in regard to pharmacy
111 technicians working in your pharmacy.

[illegible]

My fellow pharmacy staff
would be supportive of
implementing a new
service in the pharmacy.

(Q13_9)

☐ ☐ ☐ ☐ ☐ ☐ ☐

At my workplace the
managers would be
supportive when
technicians are performing
new tasks. (Q13_10)

☐ ☐ ☐ ☐ ☐ ☐ ☐

There is enough time in my
current workday to
complete additional tasks
and responsibilities.

(Q13_11)

☐ ☐ ☐ ☐ ☐ ☐ ☐

End of Block: Block7

<<BACK

NEXT >>

Start of Block: Block8-Demographics_CE

Q14CE What is your gender identity?

- ☐ Male (1)
- ☐ Female (2)
- ☐ Other (0)

Q15CE What is your age?

_____ years (1)

Q16CE Please provide any comments you have about emerging tasks for pharmacy technicians or this survey.

Essay sized text entry

QEnd/CE You have reached the end of the survey. Thank you for taking time to contribute.

You may use the <<BACK and NEXT>> buttons to review your answers. If you are satisfied with your answers, please click the SUBMIT button to record your responses.

End of Block: Block8-Demographics_CE

<<BACK

SUBMIT

Thank you message returned

Thank you for your time spent taking the survey and thank you
for your service to the pharmacy profession.

SCREENED-OUT

Start of Block: Block9-End/Screened-Out

Q2-S How many years did you work as a pharmacy technician?

_____ years (1)

Q3-S What is your gender identity?

- ☐ Male (1)
- ☐ Female (2)
- ☐ Other (0)

Q4-S What is your age?

_____ years (1)

End of Block: Block9-End/Screened-Out

NEXT

Thank You message returned for Screened-Out

Thank you for your time spent taking the survey and thank you
for your service to the pharmacy profession.