Enhancing point-of-care testing through standardized training and redeployment of pharmacy technicians in the community setting☆

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ABSTRACT

Objectives: The primary objective of this study was to assess the impact of a standardized training model for technician-supported point-of-care testing (POCT) on the number of health screenings performed across two states in a large community chain pharmacy. Secondary objectives included the assessment of pharmacist and technician perceptions of advanced roles of the pharmacy technician in POCT service delivery.

Practice description: Certified pharmacy technicians (CPhTs) across six regional divisions of a large community chain pharmacy in Tennessee and Ohio participated in a standardized training program prior to implementation of technician-supported POCT.

Practice innovation: Standardized training consisted of pre-training assessments, online training modules, post-training assessments, followed by in-person skills-based assessments. CPhT participation was limited to technical tasks of POCT (e.g. sample collections, quality assurance).

Evaluation methods: The study addressed its primary objective by comparing total number of health screenings for included pharmacies in 2019 as compared to 2020. Descriptive and inferential statistics were used. Perceptions were assessed using an electronic, Likert-type scale questionnaire.

Results: Pharmacies with technician-supported POCT showed a 46% increase in the total number of health screenings performed vs. 2019. The survey found that 74% (106/144) of pharmacists and 83% (34/41) of CPhTs agreed or strongly agreed that technician-supported POCT is acceptable for their practice site. Most pharmacy personnel agreed or strongly agreed that the service was appropriate and feasible for their respective practice sites.

Conclusion: This study provided supporting evidence that technician-supported POCT may positively impact the number of health screenings conducted in a community pharmacy setting. Standardization of training may allow for expansion of this service across additional states. Furthermore, pharmacy personnel perceptions were overall positive.

Keywords:
Point-of-care testing (POCT)
Community pharmacy
Pharmacy technician
Pharmacist
Pharmacy clinical services
Standardization of training
Workflow

1. Key points

What was already known:

• Point-of-care testing (POCT) is an increasingly popular service offered by community pharmacies, useful in areas such as diabetes, anticoagulation, and infectious disease.
• There is an opportunity to leverage the support of pharmacy technicians, allowing pharmacists to engage in high-quality patient care services.
• Standardized training requirements are imperative for pharmacy technicians to be effective in advanced roles.

What this study adds:

• Evidence that technician-supported POCT may positively impact the number of health screenings conducted in a community pharmacy setting.
• Standardization of training may allow for expansion of such a service across additional states.
• Overall, both pharmacist and technician perceptions of technician-supported POCT were positive.

2. Background

As community pharmacies adapt to the national shift towards a value-based healthcare model, pharmacists are evolving as key players in the
delivery of direct patient care services. Pharmacists are widely recog-
nized as the most accessible healthcare providers within communities plac-
ing them in a prime position to take a more active role in clinical decision
making and providing disease management services such as medication
therapy management and point of care testing. However, despite
this unique opportunity to deliver highly accessible patient care, there has
been a significant delay in the adoption of direct patient care services
within community pharmacies over the last few decades. According
to the 2019 national pharmacist workforce study, only about 43.9% of com-
unity pharmacists reported participation in comprehensive medication
management services while a mere 19.6% of respondents provided point-
of-care testing delivery within their pharmacies. This delayed uptake in
the provision of pharmacist-delivered direct patient services can be attri-
buted to existing barriers within community pharmacy workflow such as
limited time to effectively deliver services, inadequate support staffing,
lack of adequate training for pharmacy personnel, and a lack of reimburse-
ment for delivery of these services.

In an effort to overcome time and staffing constraints associated with
delivery of direct patient care services, pharmacy technicians have been
stepping into advanced clinical roles to fill existing gaps within the com-
nunity pharmacy workflow process. A review of current literature
demonstrates that pharmacy technicians have been successful in adopting
a variety of advanced responsibilities within the pharmacy such as immuni-
ization administration, tech-check-tech product verification, medication
therapy management, medication reconciliation, and point of care testing
delivery. Evidence supporting the benefits of expanding techni-
cian roles from basic medication filling practices and administrative tasks
to include direct patient care tasks is well established. Based on
their systematic review of 33 articles, Mattingly and colleagues concluded
that organizations may be widely underutilizing pharmacy technicians in
the delivery of direct patient care tasks. Furthermore, multiple studies
demonstrate that the involvement of trained pharmacy technicians within
advanced clinical roles can alleviate dispensing process time constraints
and amplify opportunities for pharmacists to participate in clinical decision
making and the provision of direct patient care. Allowing pharma-
cists to focus more directly on patient care services may provide a more
cost-effective way to deliver value-based care within community pharma-
cies and lead to improved patient outcomes.

POCT delivery within community pharmacies offers patients a unique
opportunity to receive real-time, high quality lab testing and direct patient
care during a single pharmacy encounter. POCT services can provide
pharmacists and patients with the tools to conveniently manage diabetes,
anticoagulation, cholesterol, influenza, and streptococcus-associated phar-
yngitis in the community setting, which can improve patient access to
health care services and optimize patient health outcomes. Allowing pharma-
cists to focus more directly on patient care services may provide a more
cost-effective way to deliver value-based care within community pharma-
cies and lead to improved patient outcomes.

In this prospective quasi-experimental pre/post study, certified pharma-
cy technicians (CPhTs) across six regional divisions and two U.S. states
of a large community chain pharmacy participated in a standardized train-
ing program for technician-driven POCT in preparation for an annual one-
month free screening event available across 36 states of the large commu-
nity chain pharmacy. The health screening included a combination of man-
ual and automatic blood pressure measurements, as well as finger-stick
blood sample collections to measure blood glucose and blood cholesterol.
This model consisted of both online and live training (Fig. 1). The online
modules were developed in collaboration with pharmacy leadership, Uni-
versity faculty, and an instructional design team. Approval for this project
was granted by the UTHSC Institutional Review Board. Content focused
on basic disease state education (e.g. diabetes, hypercholesterolemia),
training on how to use the analyzer, and contained additional content fo-
cused on clinical empathy skills. Over 350 CPhTs completed the online
training in Tennessee and Ohio. At least one technician was required to complete training from each participating location.

CPhTs were limited to the technical tasks of POCT including check-in
paperwork, sample collection, and quality assurance tasks. Prior to begin-
ing a health screening, technicians ensured that patients completed
appropriate paperwork including a consent and statement of financial re-
sponsibility form, patient demographics, and a pre-screening questionnaire.
Pharmacists completed all tasks requiring professional judgment including
discussion of results and patient counseling. Technicians ended the encour-
ager by documenting patient results within their respective electronic
profiles. Health screening data was collected between February 2, 2020 –
February 29, 2020 using the pharmacy software system and was reported
via internal reporting mechanism.

Survey data collection occurred via an online platform (QuestionPro;
Austin, TX). The survey link was communicated to all Ohio and Tennessee pharma-
cists and pharmacy technicians using the weekly pharmacy newsletter and
company email (where available) across a four-week period. The survey
was designed by pharmacy leadership, staff, and University faculty, and in-
spired by the work of Weiner et al. that established acceptability, appro-
piateness and feasibility as valid and reliable measures of implementation
outcomes. The survey was reviewed internally, and content was revised based on feedback. All pharmacists and technicians in parti-
cipating divisions had the opportunity to complete the survey. Participation
was voluntary. Pharmacists and technicians responded to a series of previ-
ously validated questions to determine the acceptability, appropriateness,
and feasibility of the services. Perceptions on additional concepts like job
satisfaction were also collected.

To assess the primary objective, health screenings for 2019 and 2020
were compared using a paired t-test. Secondary objectives were analyzed
using descriptive statistics. Results were analyzed using IBM SPSS Statistics
version 25 (Armonk, NY). Approval for this project was granted by the University of Tennessee
Health Science Center (UTHSC) Institutional Review Board on February
26, 2020.

3. Objectives

The primary objective of this study was to assess the impact of a stan-
dardized training model for technician-supported POCT on the number of
health screenings performed across two states in a large community phar-
macy chain. The secondary objective of the study examined pharmacists’
and pharmacy technicians' perceptions of technician engagement in the de-
ivery of POCT services.

4. Methods

In this prospective quasi-experimental pre/post study, certified pharma-
cy technicians (CPhTs) across six regional divisions and two U.S. states
of a large community chain pharmacy participated in a standardized train-
ing program for technician-driven POCT in preparation for an annual one-
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Approval for this project was granted by the University of Tennessee
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26, 2020.

5. Results

Regarding the primary objective, participating pharmacies in Tennessee
and Ohio performed 46% more health screenings in 2020 vs. 2019. (p <
0.0001).

The survey was distributed electronically to all participating pharma-
cists and technicians. 182 responses were completed after 20 dropouts
(90.1% completion rate). The majority of respondents were female (68%,
123 of 180) and pharmacists (77%, 137 of 178). Table 1 provides a summary
of responses regarding the acceptability, appropriateness, and feasi-
bility of the service.

The majority of pharmacists agreed or strongly agreed that technicians
performing POCT meets their approval (81%, 117 of 144). Technician-
driven POCT meets the approval of 85% of CPhTs (34 of 41). Most phar-

macy personnel believe that technician POCT fulfills needed gaps in patient
care (72%, 131 of 181). Utilizing technicians for technical tasks is a suitable
option to improve pharmacy workflow (72%, 130 of 181) and applicable at
most practice sites (77%, 139 of 181).

Standardized training could be used to improve the feasibility of this
service. 18% of pharmacy personnel disagree that this service is
implementable given current resources (33 of 181). Over 30% believe that
significant restructuring of pharmacy workflow is required (31%, 57 of
182). 64% of pharmacy personnel agree or strongly agree that this ser-
vice can enhance job satisfaction and quality of work-life.

6. Discussion

Technician involvement in directly and indirectly supporting POCT ser-

vices is a novel use of the pharmacy technician, though other studies have
shown successful implementation of training for technicians in advanced roles.1,2,15 This study, then, adds to a growing body of evidence surround-

ing pharmacy technician support of expanding clinical services in the com-
munity pharmacy setting. Specifically, this study aimed to scale the
innovative service shown to be accepted by patients and providers in the
single-state U.S. pilot study by Hill et al.7 Our findings suggest what many
others have found, which is that team-based task delegation to pharmacy
support personnel may be a critical component for evolving the community
pharmacy practice landscape as a healthcare service destination beyond
procurement of drug therapy.

Gilson et al. found that redeployment of pharmacy support staff in a sys-
tems engineering model created greater patient engagement in the pur-
chase of over-the-counter medications.23 Core to these re-deployments
was that it made pharmacists and technicians more readily available for
consultation. In the current study, an intervention not unlike theirs resulted
in similar efficiencies in operations and an enhanced ability to deliver care.
Other evidence suggests that strategic employment of technicians can result
in an increase in the number of patients receiving vaccinations at the
pharmacy.30 Hohmeier and Desselle described self-reported increases in de-
velopment of new patient-centric services and an increase in the frequency
of delivering existing services under the auspices of an Optimizing Care
Model.23 Further research might consider whether and how interventions
and/or re-engineering of jobs in the pharmacy can concurrently improve ef-

iciency and measure objectively the delivery of various types of services
concurrently, even while bearing mind that services must be prioritized
and that it is logistically unfeasible for each pharmacy to make available
every potential service to all of its patients, also notwithstanding the unnec-

essary duplication at a societal level.24 This too is a unique advantage of
community pharmacies worldwide, as they intersect both healthcare delivery
and retail services; the former emphasizing quality patient care that is
convenient and the latter emphasizing the need to offer only products
and services which represent the voice of their local customer.

There was widespread agreement among pharmacists and technicians
that the deployment of technicians to assist in POCT was a positive change
to workflow. Recent literature has been indicative of technicians’ eagerness
to embrace new roles.25 Similar sentiments have been expressed by
pharmacists,26,27 and with regard to new technician roles and their ad-
vanced certification.28 The current study is among the first to examine
pharmacists and technicians’ attitudes concurrently following a specific in-
tervention, or workflow redesign. It examined these attitudes specifically
under the lens of implementation science theory, most notably the imple-
mentation outcomes framework29 and specifically those outcomes related to
feasibility, appropriateness, and acceptability.30 This is an important
lens under which to examine such attitudes, because a program or interven-
tion with all three of these characteristics is more likely to be sustained in
the long-term and is also more likely to achieve success in the midst of
upscaling the project to a large number of locations.31,32

The finding that only a small percentage of pharmacists were hesitant to
delegate responsibilities to technicians is of particular note. POCT and other
emerging pharmacy services are more likely to succeed if pharmacists are
willing and able to delegate various duties appropriately. Initial work has
been done to evaluate pharmacists’ effectiveness in delegating, with some
promising results.33 The authors of that study point out that the ability to
practice at the top of one’s license hinges upon success in delegating admin-
istrative and supportive tasks. They point out, though, that some pharma-
cists still struggle with the idea that they must do everything themselves.
This is perhaps why, that in spite of the clear economic advantages to job
repurposing and the advances made in actuating patient-centric services,
there still remain momentous gaps between what is currently taking place
versus what is achievable.34

As such, more research is needed on effective delegation in pharmacy.
That research might be assisted by or placed into context among the find-
ings of Moya et al.35 These researchers performed a cluster analysis on tech-
nicians according to their current and desired involvement in various tasks.
They identified groups of technicians already competent, those very willing
embrace new roles and be trained, and those who did not and would prefer
to stick with more traditional roles. Organizations and pharmacists in
charge of hiring technicians might consider placing even greater emphasis
on characteristics and behaviors like adaptability and flexibility in their
willingness to have responsibilities delegated to them, in addition to further
educating pharmacists on best practices when it comes to delegating to
others.36

Adams describes the use of deregulation to expand scope of practice by
pharmacy personnel, advocating for a small and particular list of activities
precluded rather than a longer list of responsibilities that are permitted,
which by default means that other activities are not allowed.35 In describ-
ing the evolution of expansion of roles of pharmacy support personnel, in-
volvement, POCT is mentioned as among those activities as a logical
component to expansion of pharmacist delegatory authority to technicians.
This corroborates the findings of Smith and Rains,38 however, they found
some barriers associated with implementation of a national training pro-
gram for POCT. As such, more localized or more highly tailored training
programs might be a better route, particularly if those programs have a
solid foundation grounded in concepts such as the CFRR model and training
in delegation, tailored in accordance with an organization’s infrastructure,
organizational mission, and culture. Of note, this was the approach used
| Table 1 | Domains assessed in pharmacist/technician survey. |
|---------|--------------------------------------------------|
| **Acceptability** |  |
| **Pharmacists** | n = 144 (%) |
| | |  |
| I approve of technicians performing point-of-care testing (POCT). |  |
| Strongly Disagree | 7 (4.86%) |
| Disagree | 7 (4.86%) |
| Slightly Disagree | 2 (1.39%) |
| Slightly Agree | 11 (7.64%) |
| Agree | 54 (37.50%) |
| Strongly Agree | 63 (43.75%) |
| I feel inspired to supervise technicians who are performing POCT activities. |  |
| Strongly Disagree | 9 (6.25%) |
| Disagree | 9 (6.25%) |
| Slightly Disagree | 6 (4.17%) |
| Slightly Agree | 19 (13.19%) |
| Agree | 49 (34.03%) |
| Strongly Agree | 52 (36.11%) |
| I have no reservations delegating certain POCT activities to technicians. |  |
| Strongly Disagree | 7 (4.86%) |
| Disagree | 12 (8.33%) |
| Slightly Disagree | 4 (2.78%) |
| Slightly Agree | 21 (14.58%) |
| Agree | 42 (29.17%) |
| Strongly Agree | 58 (40.28%) |
| **Technicians** | n = 41 (%) |
| | |  |
| 1 approve of technicians performing point-of-care testing (POCT). |  |
| Strongly Disagree | 1 (2.44%) |
| Disagree | 1 (2.44%) |
| Slightly Disagree | 2 (4.88%) |
| Slightly Agree | 2 (4.88%) |
| Agree | 14 (34.15%) |
| Strongly Agree | 21 (51.22%) |
| I feel inspired to conduct POCT activities delegated to me by the pharmacist. |  |
| Strongly Disagree | 1 (2.44%) |
| Disagree | 2 (4.88%) |
| Slightly Disagree | 2 (4.88%) |
| Slightly Agree | 2 (4.88%) |
| Agree | 13 (31.71%) |
| Strongly Agree | 21 (51.22%) |
| I have no reservations accepting responsibility for certain POCT activities. |  |
| Strongly Disagree | 1 (2.44%) |
| Disagree | 1 (2.44%) |
| Slightly Disagree | 3 (7.32%) |
| Slightly Agree | 4 (9.76%) |
| Agree | 13 (31.71%) |
| Strongly Agree | 19 (46.34%) |
| **Appropriateness** | n = 181 (%) |
| | |  |
| Pharmacy technicians performing POCT fulfills needed gaps in patient care. |  |
| Strongly Disagree | 7 (3.87%) |
| Disagree | 6 (3.31%) |
| Slightly Disagree | 10 (5.52%) |
| Slightly Agree | 27 (14.92%) |
| Agree | 64 (35.36%) |
| Strongly Agree | 67 (37.02%) |
| Pharmacy technicians performing POCT seems suitable to improve pharmacy workflow. |  |
| Strongly Disagree | 8 (4.42%) |
| Disagree | 11 (6.08%) |
| Slightly Disagree | 9 (4.97%) |
| Slightly Agree | 23 (12.71%) |
| Agree | 49 (27.07%) |

| Table 1 (continued) |  |
| **Feasibility** | n = 182 (%) |
| | |  |
| Pharmacy technicians performing POCT activities can be implemented given current resources. |  |
| Strongly Disagree | 11 (6.04%) |
| Disagree | 11 (6.04%) |
| Slightly Disagree | 11 (6.04%) |
| Slightly Agree | 24 (13.19%) |
| Agree | 61 (33.52%) |
| Strongly Agree | 64 (35.16%) |
| Pharmacy technicians performing POCT activities can be done without significant restructuring of pharmacy workflow. |  |
| Strongly Disagree | 17 (9.34%) |
| Disagree | 15 (8.24%) |
| Slightly Disagree | 25 (13.74%) |
| Slightly Agree | 29 (15.93%) |
| Agree | 57 (31.32%) |
| Strongly Agree | 39 (21.43%) |
| Pharmacy technicians performing POCT activities is feasible given the preparedness of technicians to deliver the services. |  |
| Strongly Disagree | 11 (6.04%) |
| Disagree | 14 (7.69%) |
| Slightly Disagree | 8 (4.40%) |
| Slightly Agree | 34 (18.68%) |
| Agree | 58 (31.87%) |
| Strongly Agree | 57 (31.32%) |
| **Other Concepts** | n = 180 (%) |
| | |  |
| Pharmacy technicians performing POCT activities will enhance my job satisfaction. |  |
| Strongly Disagree | 13 (7.22%) |
| Disagree | 11 (6.11%) |
| Slightly Disagree | 12 (6.67%) |
| Slightly Agree | 30 (16.67%) |
| Agree | 62 (34.44%) |
| Strongly Agree | 53 (29.44%) |
| Pharmacy technicians performing POCT activities will improve quality of work-life. |  |
| Strongly Disagree | 13 (7.22%) |
| Disagree | 11 (6.11%) |
| Slightly Disagree | 11 (6.11%) |
| Slightly Agree | 30 (16.67%) |
| Agree | 61 (33.89%) |
| Strongly Agree | 54 (30.00%) |
| Pharmacy technicians performing POCT activities will broaden the scope of services offered by the pharmacy. |  |
| Strongly Disagree | 11 (6.11%) |
| Disagree | 12 (6.67%) |
| Slightly Disagree | 6 (3.33%) |
| Slightly Agree | 32 (17.78%) |
| Agree | 64 (35.56%) |
| Strongly Agree | 55 (30.56%) |
in the present study, where the pharmacy organization developed a training program in-house in consultation with academic researchers who were experts in POCT and advanced pharmacy technician roles.

POCT is also a key component of pharmacy's evolution, given an increased emphasis on patient activation and self-management, coinciding with pharmacy's increased focus on involvement in population health and wellness. Increasing the number of health screenings provided by pharmacies will significantly increase patient access to basic healthcare. Standardized training focuses on developing clear, supportive policies and training for this new, advanced role. With this in place, the service can be further scaled to accommodate expansion of technician roles in additional states as allowed by state regulation.

There were limitations in the present study. Study sites were only in the states of Tennessee and Ohio, thereby limiting the generalizability beyond the Southeast and Midwest U.S. These states were chosen based on favorable regulatory policies which allowed for advanced pharmacy technician role delegation to occur. It should be noted, however, that although the regional cultures in the Midwest and Southeast U.S. are distinctly different, that organizational climate was the same. Generalizability may be greater if the implementation took place in a multi-region pharmacy chain with an organizational climate which prioritizes clinical pharmacy services.

Conclusion

This study provided supporting evidence that technician-supported POCT may positively impact the number of health screenings conducted in a community pharmacy setting. Standardization of training may allow for expansion of this service. Additionally, pharmacy personnel perceptions were overall positive. This study adds to a growing body of evidence that team-based task delegation of advanced pharmacy roles to pharmacy technicians is a key facilitator in increasing clinical service delivery in the community pharmacy setting.

Disclosure

The authors declare no relevant conflicts of interest or financial relationships.

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Previous presentations

The results of this study have been presented at the Virtual Research in Education and Practice Symposium, Chapel Hill, NC on June 22nd, 2020.

Declaration of interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A
Pharmacist/Technician Survey
1. Please select your sex:
   □ Female □ Male
2. Please provide your age: _____
3. Please select your title:
   □ Certified Pharmacy Technician □ RPh /PharmD
4. Please select your highest level of education:
   □ High School Diploma □ Associate's Degree □ Bachelor's Degree □ Doctorate Degree
5. Please select your total number of years in practice:
   □ 0–5 □ 5–10 □ 10–15 □ 15–20 □ ≥ 20

Acceptability questions

| For Pharmacists | Strongly disagree | Disagree | Slightly disagree | Slightly agree | Agree | Strongly agree |
|-----------------|-------------------|----------|-------------------|---------------|-------|---------------|
| 1. I approve of technicians performing point-of-care testing (POCT). | ○ | ○ | ○ | ○ | □ | ○ |
| 2. I feel inspired to supervise technicians who are performing POCT activities. | ○ | ○ | ○ | ○ | □ | ○ |
| 3. I have no reservations delegating certain POCT activities to technicians. | ○ | ○ | ○ | ○ | □ | ○ |
| For Technicians | ○ | ○ | ○ | ○ | □ | ○ |
| 1. I approve of technicians performing point-of-care testing (POCT). | ○ | ○ | ○ | ○ | □ | ○ |
| 2. I feel inspired to conduct POCT activities delegated to me by the pharmacist. | ○ | ○ | ○ | ○ | □ | ○ |
| 3. I have no reservations accepting responsibility for certain POCT activities. | ○ | ○ | ○ | ○ | □ | ○ |

Appropriateness questions

| Strongly disagree | Disagree | Slightly disagree | Slightly agree | Agree | Strongly agree |
|-------------------|----------|-------------------|---------------|-------|---------------|
| 1. Pharmacy technicians performing POCT fulfills needed gaps in patient care. | ○ | ○ | ○ | ○ | □ | ○ |
| 2. Pharmacy technicians performing POCT seems suitable to improve pharmacy workflow. | ○ | ○ | ○ | ○ | □ | ○ |
| 3. Pharmacy technicians performing POCT seems applicable to my practice site. | ○ | ○ | ○ | ○ | □ | ○ |

Feasibility questions

| Strongly disagree | Disagree | Slightly disagree | Slightly agree | Agree | Strongly agree |
|-------------------|----------|-------------------|---------------|-------|---------------|
| 1. Pharmacy technicians performing POCT activities can be implemented given current resources. | ○ | ○ | ○ | ○ | □ | ○ |
| 2. Pharmacy technicians performing POCT activities can be done without significant restructuring of pharmacy workflow. | ○ | ○ | ○ | ○ | □ | ○ |
| 3. Pharmacy technicians performing POCT activities is feasible given the preparedness of technicians to deliver the service. | ○ | ○ | ○ | ○ | □ | ○ |
Other concepts

| Statement | Strongly disagree | Disagree | Slightly disagree | Slightly agree | Agree | Strongly agree |
|-----------|------------------|----------|------------------|----------------|-------|---------------|
| 1. Pharmacy technicians performing POCT activities will broaden the scope of services offered by the pharmacy. | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 2. Pharmacy technicians performing POCT activities will improve quality of work-life. | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |
| 3. Pharmacy technicians performing POCT activities will enhance my job satisfaction. | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ |

Please provide any additional comments to help us improve our services:

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