Peer Assistance Services

SUPERVISOR REPORT
for Pharmacists
(Please duplicate this form for future use)

Date: _____ Licensee: _____

Employer: _____ Position: _____

Is a Regulatory License Required for this Position: ☐ Yes ☐ No License Required: _____

Report for the period beginning _____ and ending _____

Month submitted for: _____

Please attach explanation for any answers you feel necessary

True	False		
❒	❒	1.	This licensee is employed in a capacity for which a license is required by statute.
❒	❒	2.	The licensee is working _____ (number of) hours per week.
❒	❒	3.	Supervision is provided by a licensed pharmacist who has no license restrictions.
❒	❒	4.	The supervisor notified the Pharmacy Peer Health Assistance Diversion Program by telephone within 72 hours after the commencement or termination of employment.
❒	❒	5.	In the supervisor's opinion, this licensee is practicing consistent with standards of practice.
❒	❒	6.	This licensee is dispensing/administering narcotics or mind altering drugs (e.g., benzodiazepines or sleeping medications) that are prone to abuse.
❒	❒	7.	The supervisor has not noted evidence of alcohol or other substance use.
❒	❒	8.	Supervisor received copy of Diversion Program Contract.

Please describe the duties and responsibilities to be carried out by the Licensee. Please attach a current job description with the first report and with changes to the job description. _____

_____

_____

_____

Please describe the type of direct supervision provided: _____

_____

_____

WORK PERFORMANCE GUIDELINES - Please complete the following section of this report evaluating whether or not the pharmacist is meeting the standard criteria listed.

Ensuring Appropriate Therapy and Outcomes

Yes	No	
❒	❒	Ensures appropriate pharmacotherapy
❒	❒	Ensures patient's understanding to his or her treatment plan
❒	❒	Monitors and reports outcomes
❒	❒	Provides evidence-based advice and recommendations on medications and health problems to patients, their caregivers, and other healthcare professionals

Dispensing Medications and Devices

Yes	No	
❒	❒	Accurately processes the prescription or drug order
❒	❒	Accurately prepares the pharmaceutical product
❒	❒	Accurately delivers the medication or device

Health Promotion and Disease Prevention

Yes	No	
❒	❒	Delivers clinical preventive services
❒	❒	Promotes safe medication use
❒	❒	Acts to ensure safe and quality use of medications

Health Systems Management

Yes	No	
❒	❒	Engages in multidisciplinary collaboration
❒	❒	Optimizes health outcomes by contributing to the selection, prescribing, monitoring and evaluation of medicine therapy

Ethics

Yes	No	
❒	❒	Integrates ethical provisions in all areas of practice
❒	❒	Demonstrates a commitment to practicing self-care, managing stress, and connecting with self and others

BEHAVIORAL PERFORMANCE GUIDELINES - All employees, at some time, display job performance problems. An isolated incident of coming to work late need not be a cause for alarm. However, when a Licensee displays a pattern of repeated job performance decline, the supervisor needs to take notice and report it to the Peer Health Assistance Diversion Program. Use the checklist below to determine if there are job performance problems.

Decline in Job Efficiency

Yes	No	
❒	❒	Decrease in overall work quality
❒	❒	Inconsistent work quality (periods of high and/or low productivity)
❒	❒	Errors in judgment
❒	❒	Increased period of confusion
❒	❒	Lack of concentration
❒	❒	Unrealistic excuses for lowered work quality
❒	❒	Missed deadlines
❒	❒	Increased carelessness/mistakes
❒	❒	Tasks taking excessive time to complete or never being completed
❒	❒	Difficulty handling complex tasks
❒	❒	Loss of memory

Inconsistent Work Patterns

Yes	No	
❒	❒	Alternate periods of high and low efficiency
❒	❒	Becoming or has become less dependable
❒	❒	Doing minimal or substandard work in comparison with peers
❒	❒	Frequent requests for help with assignments

Absenteeism

Yes	No	
❒	❒	Repeated absenteeism (above average)
❒	❒	Pattern of Monday and Friday absenteeism or absenteeism centers around scheduled days off
❒	❒	Excessive tardiness (Monday and Friday) or after days off
❒	❒	Leaving work early
❒	❒	Repeated absenteeism due to vaguely defined illnesses, "not feeling well," "cold," "headache"
❒	❒	Improbable reasons for absenteeism
❒	❒	Unauthorized leave
❒	❒	Last minute request for leave
❒	❒	Excessive use of sick leave

On-the-Job Absenteeism

Yes	No	
❒	❒	Extended lunch breaks
❒	❒	Physical illnesses developed on the job
❒	❒	Unexplained disappearances on the job (never finding him/her when needed)
❒	❒	Excessive breaks, trips to bathroom or to water fountain
❒	❒	Vacant look on the job

Attitude/Mood

Yes	No	
❒	❒	Dramatic mood shifts
❒	❒	Tendency to isolate
❒	❒	Irritability
❒	❒	Secretiveness/suspiciousness
❒	❒	Crying
❒	❒	Inflexibility

Physical/Emotional Problems

Yes	No	
❒	❒	Changes in physical/emotional condition during shift
❒	❒	Marked nervousness on the job
❒	❒	Excessive sweating
❒	❒	Tremors of hands
❒	❒	Lack of attention to personal cleanliness or grooming
❒	❒	Reports to duty despite physical/emotional contraindication

Impaired Interpersonal Relationships

Yes	No	
❒	❒	Frequent arguments with co-workers
❒	❒	Excessive blaming of others
❒	❒	Unwillingness to cooperate with co-workers or inability to compromise
❒	❒	Over-reactions to co-workers
❒	❒	Wide swings in mood from isolation to angry outbursts
❒	❒	Avoids contact with supervisor
❒	❒	Complaints by patient or co-workers of irritability, physical roughness, or verbal abuse

Other Areas

Yes	No	
❒	❒	Excessive time spent making personal telephone calls
❒	❒	Physically threatening
❒	❒	Excessive talkativeness
❒	❒	Grandiosity (exaggerated self-importance)

Difficulty in Concentration

Yes	No	
❒	❒	Assignment takes more time (despite skill/experience)
❒	❒	Difficulty in assigning priorities
❒	❒	Medication errors (wrong medication, wrong dose, administration to wrong patient)
❒	❒	Omitted, illogical, incomplete, or illegible charting
❒	❒	Deteriorating handwriting during shift or deteriorating performance
❒	❒	Errors in transcribing orders or taking verbal orders
❒	❒	Overlooking signs of a patient's deteriorating condition

Medication Centered Problems

Yes	No	
❒	❒	Increased utilization of p.r.n. psychoactive medications or narcotics recorded for patients
❒	❒	Increase in wastage or breakage of psychoactive drugs
❒	❒	Missing drugs or unaccounted doses
❒	❒	Seeks out on-duty physicians to "fix" complaints of pain, backache, migraines, etc.

Comment on any areas checked: _____

Please note in narrative form any changes that you have observed in this employee since they have participated in the Diversion Program: _____

Any knowledge or concern regarding this licensee's inability to practice with reasonable skill and safety must be reported to the Pharmacy Peer Health Assistance Diversion Program within 24 hours at 303-369-0039.

_____ _____
Supervisor Signature Date

_____
Supervisor Name (Please Print)

_____
Employer

_____
Address

_____ _____
City, State, Zip Phone #

Email Address: _____

Reports may be submitted via:

Email: reports@peerassist.org

Fax: Last name A-L 720.213.1007
Last Name M-Z 720.213.0002

Mail: Peer Assistance Services
2170 S. Parker Road, Suite 229
Denver, CO 80231

In Person: Peer Assistance Services, Inc.
2170 S. Parker Road, Suite 229
Denver, CO 80231

or

Peer Assistance Services, Inc.
200 Grand Avenue, Suite 270
Grand Junction, CO 81501