

Software Pharmacy Name:
Date Observed:

Pharmacist Name:

Please provide notes on what potential barriers and/or facilitators may have influenced this pharmacist with their completion and/or documentation of clinical interventions.

Some examples may include confidence and/or knowledge of the pharmacist, communication skills, workload, distractions, staffing levels, prompts/reminders, access to recording system, feedback, encouragement from owner or manager, good drug interaction software.

Barriers

Facilitators
