**Presentation Category**: Original - Research in Progress

**Abstract Title**
Implementation of pediatric pharmacy technician competencies in a combined adult and pediatric staffing model

**Learning Objective**
Describe the impact of implementing pediatric pharmacy technician competencies on medication safety, operations performance, and staff satisfaction at a pediatric inpatient pharmacy.

**Abstract**
**Purpose**
Hospital pharmacies employ different staffing models tailored to distinct operational demands and budgeting sanctions. The pharmacy department at the University of Chicago Medicine (UCM) utilizes a combined staffing model where pharmacy technicians alternate between adult and pediatric pharmacies. This dual rotation provides flexibility with scheduling, workflow and staffing shortages. Although all pharmacy technicians are board certified and work in both adult and pediatric sites, the hospital does not have a standardized training program specific to pediatric pharmacy. This is due in part to a lack of published literature and guidelines that delineate training requisites for inpatient pediatric pharmacy technicians. The pharmacy department at UCM currently adopts competency based training (CBT) as its mainstay of training method. CBTs are commonly used in many industries to ensure employees are able to demonstrate the knowledge and skills required to carry out their responsibilities. This study would help close the gap in our training program and shed insight into whether CBTs are substantiated in pediatric pharmacy technicians. The primary objective of the study is to evaluate if there was a significant benefit in medication safety after implementing pediatric competency based training at University of Chicago Medicine. Secondary objectives were to measure differences in operational performance and staff satisfaction.

**Methods**
A standardized pediatric competency based training program was developed along with a pharmacist satisfaction survey. All technicians who rotate through pediatric pharmacy and participate in the CBT were eligible for the study. Technicians hired within the prior 3 months of the study and those who work less than 8 hours a week, were excluded. For six weeks, technicians involved with the pediatric CBT program were exclusively scheduled to work within the pediatric pharmacy. Comparative data was collected during the 6 week time frame and 3 months prior to the initiation of the study. Differences in medication event reports, automated dispensing cabinet stock outs, medication requests from nursing, and returned medications were evaluated before and after the training was implemented. Data will be collected through the hospital's patient event reporting portal, electronic health record system, leadership walk rounds, and generated reports from automated dispensing cabinets (ADC) and carousels. A supplemental pharmacist satisfaction survey was also incorporated to evaluate technicians' performance and as a guide to future adaptions in the training program. Data will be presented as percentages for nominal variables and as mean ± standard deviation or median with interquartile ranges as appropriate for continuous variables. For nominal variables and outcomes, data will be evaluated using the Chi-squared test or Fisher's exact test as appropriate. For continuous variables and outcomes, data will be evaluated using the Student's t-test or Wilcoxon rank sum test as appropriate. A p-value ≤ 0.05 will be considered statistically significant.

**Results**
In progress

**Conclusions**
In progress

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