

Pharmacy Team Empowerment Worksheet



Team Empowerment

Identifying Training Needs & Growth Opportunities

Employee Name: _____

Role: _____

(Pharmacist / Pharmacy Tech / Cashier / Other)

Date: _____



Self-Assessment of Skills & Knowledge

(Rate yourself from 1-5, where 1 = "Needs Improvement" and 5 = "Very Confident")

Skill/Knowledge Area	Rating (1-5)	Notes
Clinical Knowledge <i>(Medications, interactions, dosing)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Pharmacy Law & Regulations <i>(HIPAA, controlled substances, state/federal laws)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Customer Service <i>(Building relationships, loyalty & engagement)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Communication <i>(Patient consultation & confidentiality, insurance coverage)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Technology & Software <i>(Pharmacy management systems, med sync)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Immunizations & Clinical Services <i>(Vaccinations, MTM, point-of-care testing)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Inventory & Supply Chain Management <i>(Ordering, shortages, 340B, forecasting)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Handling Insurance & Billing Issues <i>(Prior authorizations, rejections, Medicare/Medicaid)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Leadership & Team Collaboration <i>(Mentoring, conflict resolution)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Training & Development Interests

(Check all that apply)



What areas would you like additional training in?

- Clinical Skills (New medications, disease states, compounding)
- Certifications (Immunization, MTM, diabetes educator, etc.)
- Regulatory Compliance (Controlled substances, audits, legal updates)
- Technology & Automation (Pharmacy software, robotics, AI tools)
- Customer Service & DEI Training (Cultural competency, patient advocacy)
- Leadership & Management (Supervision, time management, conflict resolution)
- Other: _____

Career Growth & Goals

1. What is one skill you'd like to improve in the next 6 months?

2. Do you have interest in taking on new responsibilities (e.g., training others, leading a project)?

Yes No

If yes, what role interests you? _____

3. What barriers do you face in getting additional training? (Time, cost, access, etc.)