

**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**

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### **Facilitators**

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