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## Message from ACP's new president

# Challenging ourselves to reach new heights



*Rick Hackman shares an optimistic message for a bright future of pharmacy during his presidential address.*

Strong leadership for the profession was celebrated on the evening of June 17 at the installation of the president. Rick Hackman was inducted as the 16th president of ACP Council and officially began his term on July 1, 2015.

In an impassioned speech, Rick first expressed a message of thanks to outgoing president Brad Willsey for guiding the pharmacy profession over the past year with "such a steady and purposeful hand." He then led guests down memory lane to acknowledge a proud history cultivated by the pioneers and visionaries who influenced the profession over the years. Rick concluded by delivering a promise to "capitalize on opportunities with deliberate, but principled action, and respect the trust placed with council."

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The deadline for submissions for the September / October 2015 issue is August 6.

## ACP Council Executive

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Executive Member at Large:  
Brad Couldwell  
Past President: Brad Willsey

Councillor email addresses are posted on our website under *About ACP/Council*.

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## Message from ACP's new president *continued from page 1*

### *The following are selected excerpts from his address:*

I think as we journey through our professional lives, we come to appreciate the points of interest and the rest stops along the way. Its only when we reflect on where we have been that we can truly appreciate where we are, and effectively chart a course for the future.

Ours is a rich history and truly reflective of an epic Alberta story: a story rooted in the values that built this province; a story of a pioneering spirit and independence, of struggle and sacrifice, of devotion and tenacity; and of challenge and triumph.

Our story continues to evolve with the same values and spirit and have made Alberta the envy of much of the world in terms of our fertile ground for pharmacy practice.

It fills me with much pride and optimism for the future as our story continues to unfold.

With every innovation in pharmacy education, with every pharmacist and pharmacy technician that reaches for excellence in the application of their knowledge and skills, and with every Albertan who achieves better health as a result of experiencing the full breadth of the pharmacists' scope of practice –

the Alberta College of pharmacists will continue in the quest for excellence and growth. We will challenge ourselves to reach for heights never before imagined and we will challenge and work with you to do the same.

We know that to be effective, we cannot operate in isolation. We must be inclusive of a diversity of perspectives and partnerships in order to maintain a keen awareness of our evolving landscape, while training a purposeful eye toward distant horizons.

We will endeavor to capitalize on the opportunities that present themselves with deliberate, but principled action, and we will chart our course forward together.

Our time as stewards of our profession is fleeting. My commitment to you is that we will respect the trust you have placed in us and conduct our affairs in the constructive and progressive manner that has become the legacy of the councils before us, and the hallmark of the Alberta College of Pharmacists.

I stand before you tonight humbled by the opportunity to serve the profession that I love, and grateful for the chance to add a few more lines of my own to this epic Alberta story.



## About Rick Hackman

Rick graduated from the University of Alberta in 1986 and has practiced community pharmacy in the Edmonton area for 29 years. He was on the Council of the Alberta Pharmaceutical Association in the mid-nineties and served as president in 1995-96. Since this time he has been a member of the Sherwood Park Rotary Club and the Board of Directors of the Juvenile Diabetes Research Foundation. Rick has maintained a connection with the Alberta College of Pharmacists until being elected to the Council in 2012.

## Message from the Registrar

# Just because you can, doesn't mean that you should! (part 2)

This is the second of a three part series, reminding pharmacists about the context of our practice framework, and the professional considerations that are expected to fulfill their scope of practice responsibilities. As a follow-up to my initial discussion on “adapting prescriptions” published in the last issue of *apnews*, this discussion addresses complementary responsibilities for pharmacists having additional prescribing authorization – who initiate and manage ongoing drug therapy. The principle, “just because you can, doesn't mean that you should” applies equally; and arguably is escalated when pharmacists initiate treatment.

There are 994 pharmacists (21 per cent of clinical pharmacists as of July 1, 2015) granted additional prescribing authorization in Alberta. Each, submitted a portfolio of patient cases that has been evaluated by peers against standardized criteria – demonstrating their ability to assess patients drug therapy needs,

develop and implement a care plan, monitor responses to drug therapy, and adjust therapy as monitoring and reassessment indicates.

This process effectively evaluates pharmacists' understanding and ability to demonstrate the skills necessary for prescribing; however, this does not mean that pharmacists having additional prescribing authorization should prescribe for any patient, or any condition presenting to them. Consistent with “adapting” prescriptions, pharmacists initiating therapy or managing ongoing therapy, must make decisions, and exercise professional judgement consistent with ACP's Code of Ethics, and the Standards of Practice for Pharmacists and Pharmacy Technicians.

A pharmacist with additional prescribing authorization must prescribe based on:

- a) the pharmacist's own assessment of the patient;
- b) a recommendation from a prescriber

that the patient receive a Schedule 1 drug or blood product; or

- c) a consultation with another regulated health professional.

All prescribing decisions must “*hold the well-being of each patient to be the primary consideration*” (Principle 1 of ACP's Code of Ethics). All prescribing decisions must comply with:

- Standard 3 – considering appropriate information (page 16)
- Standard 11 – comply with regulatory framework if prescribing (page 31)
- Standard 14 – prescribing at initial access or to manage ongoing therapy (page 37)

Under any circumstance, federal legislation prohibits any pharmacist from prescribing drugs listed in the schedules of the *Controlled Drugs and Substances Act*, the *Narcotic Control Regulations*, and the *Benzodiazepines and Other Targeted Substances Regulations*.

Pharmacists authorized to initiate and manage ongoing drug therapy, are able to exercise a different level of autonomy and independence in decision making than unauthorized peers. Therefore, particular attention must be paid to Standard 11.8 (Fundamentals of Prescribing) by “additional prescribers.”

It is not only important to understand what you do know about the etiology of a condition and its treatment, it is equally important to be conscious about what you don't know; and perhaps even more important to consider this information in the context of what you ‘know’ and ‘don't know’ about the patient and the specific situation. You must restrict your prescribing within the limits of your *knowledge* and *competence*.

## Fundamentals of prescribing

- 11.8 A pharmacist must only engage in prescribing a drug or blood product where the pharmacist:
  - a) has or develops a professional relationship with the patient,
  - b) has adequate knowledge and understanding of the condition being treated and the drug being prescribed,
  - c) has adequate information about the patient's health status and the disease or condition being treated,
  - d) takes reasonable steps to be satisfied that the patient has enough information to participate in the decision-making process and obtains the patient's informed consent to prescribe,
  - e) is satisfied that the patient is not inappropriately seeking drug therapy from the pharmacist in circumstances where that therapy has been refused by another prescriber, and
  - f) takes responsibility for the prescribing decision.

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**Message from the Registrar**  
*continued from page 3*

To accomplish this, you must create an appropriate professional relationship with each patient you care for. Thorough assessment is imperative, and you may need to learn more through effective communication and collaboration with other members of the patient's health team. Be equally aware about when to 'not prescribe' as to 'when to prescribe'. Just because you can, doesn't mean that you should!

Initiating and managing ongoing drug therapy requires knowledge, skills, strong relationships, competence and confidence. It is as much an art, as it is a science that demands professional judgement in all instances. There is no room for assumptions! Be thorough, and ensure that you have sufficient information to make an informed decision about any treatment decision that you make. When you do not have all of the information that you require, or when in doubt; know who to contact to get the information that you require. Just because you can, doesn't mean that you should!

## An exciting milestone to celebrate

On July 7, 2015, ACP reached a significant milestone; granting the 1000th pharmacist "additional prescribing privileges." Congratulations to all. Having pharmacists and pharmacy technicians competently and confidently working to their full scope improves patient access to comprehensive quality care in Alberta; and support patients in becoming more independent in their care.

# Report of Alberta's Child and Youth Advocate – "Baby Annie"

## Supplementary findings and recommendations arising from ACP's pharmacy inspections

In April 2014, the Office of the Child and Youth Advocate of Alberta released his report into the death of 14-day-old "Baby Annie" (not her real name). Significant to her death was the abuse of Tylenol #1 and benzodiazepines by her mother throughout pregnancy. Prior to Annie's birth and after her birth, a number of professionals were involved in providing services to the family.

The Baby Annie case is both tragic and complex. The investigative review by the Office of the Child and Youth Advocate of Alberta identifies that poor coordination of care, combined with multiple individual failures resulted in a number of serious errors that contributed to the death of a newborn infant two weeks after she was born. The report made a total of five recommendations spanning a range of health and family services. The recommendation most relevant to pharmacists in this report is Recommendation #4: *"The College of Physicians and Surgeons and the Alberta College of Pharmacists should review the effectiveness of PIN [NETCARE] to detect and flag multi-doctoring and potential safety concerns related to codeine and benzodiazepine prescriptions, with a view to preventing fetal exposure to these medications."*

ACP conducted a comprehensive inspection of pharmacists' roles in contributing to these events.

The fact that our inspector was not able to interview baby Annie's mother directly, and that both the primary physician and the pharmacist who provided most of the patient care have retired, presented significant challenges to fully identify all of the contributing factors in this case.

It was found that Baby Annie's mother had accessed multiple pharmacies to procure Tylenol #1 and benzodiazepines; albeit the majority of benzodiazepines were accessed from a single pharmacy. We found that most pharmacists had failed to access NETCARE to review the mother's comprehensive medication record prior to dispensing. While depending on their own records, they were unable to consider drugs that the mother was accessing from other pharmacies. If they had done so, it is probable that abuse patterns would have been identified and appropriate interventions could have occurred. Despite this, all of the pharmacies assessed showed a high level of co-operation and a willingness to change their systems to prevent similar events from occurring in the future.

The College of Physicians and Surgeons of Alberta joined ACP in meeting with Alberta's Child and Youth Advocate to share our findings and recommendations. ACP is following up with Alberta Health respecting recommendations for system improvement. These include improvements to NETCARE, and the possibility of changing the scheduling of nonprescription containing drugs containing codeine.

### Review your practice

Following are measures that all pharmacists should take to prevent further incidents like this occurring:

1. Access NETCARE regularly to review the comprehensive record of dispensing events and laboratory results for patients in your care. Be particularly astute for individuals

presenting with prescriptions with potential for misuse and abuse, for individuals suffering from chronic disease, and individuals unknown to you. Remember, whether dispensing or prescribing, you have a responsibility to inform your decisions with as complete information as possible.

2. Determine the possibility of pregnancy of all women of child bearing age; particularly, when presenting with prescriptions that may affect fetal development. This should be a routine behavior in every pharmacist's practice.
3. Encourage your pharmacy licensee and pharmacy owner to expedite integration of your pharmacy's electronic patient management system through a 'system-to-system' interface with NETCARE. This will provide you access to NETCARE records in real time, without the need for additional sign on. It will also accommodate real time uploading of dispensing events (rather than batch), providing you and other pharmacists, access to more up to date information.
4. Assess every patient requesting non-prescription codeine containing drugs, and determine whether there are other non-prescription alternatives that can equally or more effectively treat pain, fever, or cough. Limit the amount of nonprescription codeine containing drugs that you sell; and consider, restricting the package sizes that your pharmacy stores.
5. Ensure that all sales of codeine containing drugs are recorded on the patient's record in a manner that the sale is uploaded and recorded in NETCARE.



## Lessons learned

### Take early steps to address personal incapacity issues before your practice and the safety of your patients is risked

In May, ACP's Hearing Tribunal issued a written decision on the merit and orders regarding the conduct of a pharmacist who admitted to diverting large quantities of narcotics, tampering with narcotics that were then dispensed to patients, practicing while incapacitated, and creating false records to support a serious personal addiction issue. The Hearing Tribunal found that the pharmacist not only abused her position of trust as a pharmacist, but her actions also placed the public at risk.

In not addressing her addiction issue at an early stage, and in deciding to continue practising while incapacitated, the pharmacist failed to uphold the Code of Ethics.

In this matter, the tribunal imposed one of the most significant penalties permitted under the *Health Professions Act* – cancellation.

Rationale for the tribunal's decision is reflected in its following statement:

*"Practicing while incapacitated not only harms the integrity of the profession, but risks*

*the safety of the general public. [The pharmacist's] substance abuse led to behaviours that will not be tolerated in the profession of pharmacy."*

### Pharmacists – review your ethical duties to your patients, our profession and yourself

1. Review your professional responsibilities and ethical duties. Principles 1, 10, and 11 of the Code of Ethics will provide you with valuable guidance in this respect.
2. Discuss any doubts that you have about your capacity with an appropriate health care provider, a colleague, or the ACP.
3. Seek help at the earliest opportunity. Many employers offer an employee assistance program and there are many other assessment and support services offered through Alberta Health Services, and for members of the Alberta Pharmacists' Association.
4. Take yourself out of practice when you are not fit to practice.

## Disciplinary report summary

On October 28, 2013, ACP's hearing tribunal found Gloria Maydaniuk guilty of unprofessional conduct. Amongst other things, these orders suspended her practice permit under section 82(1)(d) of the Health Professions Act, subject to her complying with certain conditions. You can view a summary of the report on ACP's website under *Resource Centre > Complainants > Hearing Decisions*.

The hearing tribunal issued the following orders pursuant to Section 82 of the *Health Professions Act*:

1. Ms. Maydaniuk's practice permit shall be suspended pursuant to section 82(1)(d) until the following conditions are met to the satisfaction of the complaints director:
  - a. Ms. Maydaniuk undergoes a mental health assessment with a health professional who is selected by and satisfactory to the complaints director;
  - b. the complaints director receives a report from the health professional that provides the information requested by the complaints director;
  - c. Ms. Maydaniuk complies with any treatment recommendations made by the health professional conducting the assessment in a manner satisfactory to the health professional and the complaints director; and
  - d. the complaints director is satisfied that Ms. Maydaniuk has the capacity and necessary supports to resume the practice of pharmacy and has satisfied all registration requirements of the ACP.
2. The costs of the assessment, any resulting reports, any recommended treatments or supports, and any out of pocket costs shall be paid by Ms. Maydaniuk.
3. Ms. Maydaniuk:
  - a. Shall pay 50 per cent of the costs of this hearing to be capped at a maximum of \$5000, and
  - b. Must begin payment of these costs on a schedule satisfactory to the complaints director commencing when the complaints director has determined that Ms. Maydaniuk has satisfied the conditions imposed in Orders 1(a) to 1(d) above.

The hearing tribunal concluded its decision with the following comment:

"Pharmacists are required to use their professional judgment in all aspects of their daily practice – this is the heart of being a self-regulated profession. The practice of pharmacy is not a right, but a privilege, and it is not up to each individual member to decide which directions from their governing body they will or will not follow regardless of their religious or personal beliefs. The protection of the public is a key principle in the provision of all pharmacy services and the public needs to know that all pharmacists hold public safety in the highest manner."



## Optometry scope of expansion approved by government

On June 24, 2015, the Alberta Government granted formal approval to the revised *Optometrists Profession Regulation* – expanding the scope of practice for Optometrists.

The Alberta College of Optometrists (ACO) Council requires that any member wanting to provide these additional areas of practice must successfully complete a rigorous Certification Course and final exam. To date, approximately 99 per cent of all optometrists currently registered in Alberta have successfully completed this requirement, and are now authorized to:

1. Prescribe, dispense or sell an oral or topical Schedule 1 and 2 drug incidental to the practice of optometry
2. Manage and treat glaucoma in an independent, co-management or referral manner
3. Order and analyze laboratory tests
4. Order and apply non-ionizing radiation in the form of ultrasound

**Further information to clarify the impact of these amendments in pharmacy practice will be shared with you in the upcoming issues of *The Link*.**

## A pioneering spirit and visionary Honourary Life Membership awarded to Byron Bergh

Byron Bergh practiced pharmacy in Alberta for 40 years. His life-long work and distinguished service has earned Byron high esteem in the pharmacy and health arenas, both in this province and across its borders. He has served as a tremendous ambassador for the profession of pharmacy; and has won hearts and empowered the communities in which he lived and worked.

Upon graduating in 1975 from the Faculty of Pharmacy and Pharmaceutical Studies at the University of Alberta, Byron began working with his father, also a pharmacist, at Telstar Drugs located in the Kensington neighbourhood of Calgary. Byron spent the majority of his career working at Telstar Drugs, and kept the doors of the family pharmacy open following his father's retirement in 1993.

Throughout Byron's 30 years in Kensington, his community regarded him as an extremely caring pharmacist. In recognition of his efforts to care for his patients, the Alberta Pharmaceutical Association (APhA) selected Byron as the recipient of the MJ Houston Pharmacist of the Year award in 1990.

After selling Telstar Drugs in 2004, Byron took his career in a new direction as the pharmacy innovation manager at Pharmasave. Here, Byron was responsible for supporting pharmacists

and pharmacy owners in adapting to changes occurring in the profession

Throughout his career, Byron has been involved in numerous facets of the profession. He served as The Alberta Pharmacists' Association's 12th president. During his tenure, he was instrumental in achieving three new agreements including: the Alberta Blue Cross Provider Agreement; and the Ministerial Order and Memorandum of Understanding between The Alberta Pharmacists' Association and Alberta Health.

Byron also served as chair of the APhA Internship Committee – setting entry to practice exam standards for pharmacists. He was a Member and co-chair for the APhA's Alberta Pharmacy Economic Committee; and was a member of the APhA's strategic planning committee tasked with determining if the regulatory and negotiation functions of APhA should be separated into two organizations.

If Byron was not busy enough, he still unearthed time to make meaningful contributions within his community including: serving on the Board of



*Outgoing president Brad Willsey presents Byron Bergh with the ACP Honourary Life Membership during the ACP Celebration of Leadership held June 17, 2015.*

Distress and Drug Centre in Calgary, an active member of his church council for many years and youth hockey coach.

His interest in addiction and mental health, also led Byron to recently work with the Alberta Adolescent Recovery Centre.

In the words of ACP's incoming president Rick Hackman, "We are blessed to be celebrating the contributions of a pioneering spirit and visionary of our own generation, Mr. Byron Bergh."

## Bridging the gap between what we know and what we do

### Celebration of leadership with Nancy Mannix

The unstoppable driving force of Nancy Mannix, set the room on fire with a dynamic look at her work to bridge the gap between "what we know" and "what we do" in policy and practice. Her keynote address to past, present, and future pharmacy leaders attending ACP's

"Celebration of Leadership" demonstrated how the diffusion of well-framed messages that speak meaningfully and personally to individuals across communities are cornerstones to social and behavioral change. Her take-away was to create

connections, share resources and bring key stakeholders together to help create a common framework of understanding. This work is necessary in order to provide the best practices to improve the health of Albertans.

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*Nancy Mannix, Chair and Patron of the Palix Foundation, walks pharmacy leaders through a process of how to achieve change.*

**Bridging the gap** *continued from page 7*

Ms. Mannix’s message, and the successes of her leadership, provide important insights for pharmacist and pharmacy technician leaders tasked with leading change. It reminds us of the importance of translating complex issues, into well-framed simple messages and stories that will strike to the heart of peers, patients, stakeholders, and partners. The extent to which our stories have an emotional impact on individuals, who are then prepared to share the stories with others, will determine the pace and extent to which change occurs. The pace will be further accelerated when individuals regularly experience and have an emotional connection to the facts within the story.

Ms. Mannix is the Chair and Patron of the Palix Foundation (formerly the

Norliens Foundation) – an Alberta-based private foundation. Through the Alberta Family Wellness Initiative, the foundation creates alignments between science, policy and practice in the areas of early brain development and its connection to mental health and addiction. Her leadership strives to bring about effective, comprehensive and integrated mental health and addiction services for Alberta families.

To learn more about the core story on early brain development and its relationship to mental health and addiction, visit about the Alberta Family Wellness Initiative at [albertafamilywellness.org](http://albertafamilywellness.org)

To enhance your practice in caring for patients experiencing mental health and/or addiction issues, you are encouraged to review the extensive range of resources available on the Alberta Family Wellness website.

## A gathering of great minds

### ACP Leadership Forum 2015

The following 13 pharmacists and two pharmacy technicians, reflecting a diversity of practices and experiences joined ACP executive committee members and the registrar at ACP’s second annual leadership forum held at the Banff Centre June 18-20.

- Blaine Colton**
- Anil Goorachurn**
- Leela John**
- Naeem Ladhani**
- Dana Lyons**
- Peter Lok**
- Trish Molberg**
- Morenike Olaosebikan**
- Jason Pepper**
- Mark Percy**
- Jeff Schlotter**
- Kathie Tam**
- Dactin Tran**
- Sharon Van Wert**
- Cekli Zenuk**

Facilitated by David McLean, the forum invited participants to explore personal leadership strengths, and to reflect on their personal vision, values, and priorities as a foundation for leading change. Participants applied these personal insights to develop a strategy through which they would lead change on a chosen topic.

A significant outcome of the event were the new professional relationships that emerged; participants now having new peers to communicate and share with as they address their leadership challenges and other issues over the next year. This year’s experience is best captured through the following comments provided by this year’s leaders:

“Great overall experience. Great to meet different pharmacists working in different settings and in different roles.”

“I thought that my experience at the leadership forum was extremely valuable! I feel truly honoured to be a part of this experience, and I would definitely recommend this program to other pharmacists next year!”

ACP has identified ‘leadership’ as a critical success factor for the future of our profession and ACP. The goal of our annual forum is to nurture new leaders, and to build new professional relationships that can enhance pharmacy practice. The program provides insights and skills that can be applied at home, in one’s community, in practice, and within our organizations.

## June 2015 discussions and decisions

Council convened in Calgary on June 18, 2015. A summary of council discussion and decisions follows. Watch for more details about all of these issues in future college publications (*apnews* and *The Link*).

### Standards for compounding sterile hazardous and nonhazardous products

Council approved 'in principle' new standards for compounding sterile hazardous and nonhazardous products that were developed nationally through NAPRA. Alberta pharmacists, pharmacy technicians, and other stakeholders were invited to review and comment on the draft standards in 2014. NAPRA is conducting a final technical review of the standards, and council will consider approval upon the national documentation being finalized. At that time, council will consider a timeline for coming into effect.

Pharmacies holding compounding and repackaging licenses are reminded that ACP standards have referred to the USP 797 standard since coming into force in 2007. The new standards are simply a Canadian adaptation of these.

ACP practice consultants will continue to facilitate awareness about the pending standards in all pharmacies where sterile compounding occurs. We are advising that the compounding of all 'high risk' sterile products, comply with the pending standards imminently; and that should this not occur, it is contrary to the advice of ACP.

### Competence program for pharmacy technicians

Council approved a framework for the competence program for pharmacy technicians. Recommendations for the program were made by a working group of pharmacy technicians appointed by ACP. The program is modelled after that for pharmacists, with an emphasis on professional development and

continuous improvement. Pharmacy technicians will be required to complete 15 hours of professional development annually (accredited and/or unaccredited learning), and complement this with a record that reflects implementing at least one hour of that learning into practice.

More details about 'coming into effect' and implementation will follow throughout the fall. Tools that are currently available to pharmacists for managing their professional development, will equally be made available to pharmacy technicians.

### Pharm D program

Council approved providing a letter of support to the Faculty of Pharmacy and Pharmaceutical Sciences for the Pharm D program. The program will be implemented in the fall of 2017, with the first class of Pharm D students being admitted to the faculty. Approximately 50 per cent of Canadian faculties of pharmacy will have replaced their baccalaureate pharmacy programs with Pharm D programs by the end of 2015, and the others are projected to be implemented well before 2020. Watch for details about opportunities the faculty will provide to current practitioners to take a post graduate Pharm D program through distance learning, commencing in 2016.

### Governance indicators

Council completed its work in developing a dashboard of weighted indicators to monitor the performance of the college. Indicators have been identified to reflect the college's performance in relation to the three critical success factors in ACP's Strategic Direction matrix – Quality Care, Public and Stakeholder Confidence, and Effective Organization. The dashboard will serve as a tool for council in its decision-making.

### Next meeting

The next regular meeting of council is scheduled September 23-25, 2015. Amongst issues to be discussed are:

- Proposed amendments to the Scheduled Drugs Regulation, particularly the scheduling of vaccines and non-prescription codeine containing drugs
- The feasibility of mandating 'system-to-system' interfaces between pharmacy practice management systems and NETCARE
- Guidelines for Medication and Injection Safety
- Guidelines for Hand Hygiene
- Business priorities and budget for 2016, including three-year business plan (2016-2018)

### NSCP searching for next Registrar

The firm, Knightsbridge Robertson Surrette has been engaged to search for the Nova Scotia College of Pharmacists next Registrar. Reporting to Council, the Registrar will promote excellence within the pharmacy profession by being responsible for the high-level planning and implementation of decisions and actions necessary to ensure the appropriate functioning of the organization. The Registrar will forge collaborative relationships with key stakeholders provincially, regionally and nationally, and will provide leadership to a talented and engaged team within the College. Should you wish to learn more, please contact:

Michele Moore, Project Coordinator, Knightsbridge Robertson Surrette  
Email: [mmoore@kbrs.ca](mailto:mmoore@kbrs.ca) / Phone: 902.422.1542



## In memory...

**Michael (Khanh Hai) Bao** passed away on Sunday, May 24, 2015 at the age of 35. He will be deeply missed and lovingly remembered by all who knew him. Michael was a dedicated husband, father, son, and brother; he was caring, full of life and laughter, and an incredibly selfless man. Michael was born in Macao before his family immigrated to Canada and settled in Red Deer, where he spent his childhood alongside his brother and best buddy David. Mike graduated from the College of Pharmacy at the University of Alberta in 2003 and spent his working life as an amazingly caring and dedicated pharmacist in both Alberta and Washington State

**Jane Louise Boston** passed away peacefully in her sleep with her two children and sister at her side on May 22, 2015 at the Bow View Manor, where she was cared for the last two years following a tragic stroke. Jane is survived by her son James Carruthers (Shelley); daughter Amy Bowlby (Douglas); grandchildren William and Eva (Carruthers), and Lauren, Gavin, and Lindsay (Bowlby); sister, Kathleen Willisicroft (Jerry); sister-in-law Eileen Boston; and many nieces, nephews and their families. Jane was a pharmacist for many years and will be remembered for her intellect, hard work ethic and service to her customers. She was also admired for her wit and fantastic memory. To those who knew Jane well, she will also be remembered for her thoughtfulness and ability to put the needs of others before her own even despite her long-time battle with chronic depression.

**Craig Alan Lockhart** passed away suddenly and peacefully in his home on December 15, 2014 after a courageous battle with heart disease. He was born on April 20, 1966 in Kimberley, BC. His greatest achievement was graduating from the University of Alberta with a Bachelor of Science in Pharmacy in 2005. Craig would later become the Pharmacy

Manager at Extra Foods in Fort McLeod. He was a kind, gentle, and loving man that would often go out of his way to help those in need. He was a devoted son, brother, uncle, and friend. He will be greatly missed by his family. Craig was loved and will also be missed by many of his patients at his pharmacy.

**Daniel Keeler** passed away peacefully at his home in Saskatoon on Thursday, December 4, 2014 at the age of 81 years. Dan was born in Davidson, SK and obtained his pharmacy degree from the U of S in 1956.

He owned and operated drug stores in North Battleford and Fort McMurray, retiring in 1999 to an acreage in the Saskatoon area. Dan is remembered for his generosity, kindness, quick wit, and sense of humour. His favourite times were spent enjoying family, being outside in nature, travelling, bowling, golfing, and reading.

**Jocelyn Anne Maciborsky, 36,** passed away peacefully on Friday, October 31, 2014 with her family at her side. Jocelyn was born on November 28, 1977 in Drayton Valley, AB to Dennis and Lois Maciborsky. Jocelyn was raised on a farm near Alder Flats, AB where her love of country life started. Jocelyn met Trevor Kobelsky shortly after high school and they have been together since. On October 8, 2006, Jocelyn and Trevor were married and together they enjoyed a love of the outdoors, hunting and their beloved animals.

**Elenita (Ellen) San Agustin** passed away on March 19, 2015 at the age of 67 years. Born in Cavite City, Philippines, Ellen graduated from the University of Santo Thomas with a BSc. Pharmacy and BSc. Medical Sciences. She placed first in her national pharmaceutical board exam. In 1974, Ellen immigrated to Calgary with her husband Oliver and son, Patrick. She began working at the Foothills Hospital before starting her own business – the

Dermatology Centre Pharmacy. In the years that followed, she had another son (Jon), and received her MBA from the University of Calgary. Ellen enjoyed coffee, golf, and Sudoku, and she cherished all her family. She fought a courageous battle with ovarian cancer.

**Sipke Scholten** passed away on June 9, 2014. He graduated from the University of Lethbridge with a Biochemistry degree in 1994, and earned his Pharmacy degree from the University of Alberta in 1998. He took great pride in providing personal care to his patients, always asking a few questions first, and emphasized the benefits of non-drug solutions whenever possible. Sipke loved to spend time with family. Whenever family came over, Sipke always made sure everyone had their fill, including dessert and a special treat for his nieces and nephews. He excelled at everything he did, and especially loved to play basketball, tennis, and golf. He also had a love of travel.

*Sipke, words cannot express how much we miss you. We will remember all the good times we had together and like this poem says, we know you are always right next to us. – Love, your family.*



*A smile for all, a heart of gold,  
Too good for the world to hold,  
Those we love don't go away,  
They walk beside us every day.*

## Giving patients a voice

### Future of Pharmacy recipient Michelle Berresheim



Michelle Berresheim, Clinical Practice Leader, Queen Elizabeth II Hospital, Alberta Health Services; Grande Prairie

The APEX awards recognize excellence in pharmacy practice in Alberta. In last issue of *aφnews*, we promised to continue highlighting the 2015 APEX

award recipients, and continue celebrating their outstanding contributions to the pharmacy profession. This issue, we are pleased to introduce you to Michelle Berresheim, recipient of the Future of Pharmacy award.

As a Clinical Pharmacist at the Queen Elizabeth II Hospital, Michelle has been providing clinical care on an interdisciplinary team in the intensive care and surgery units. Michelle believes that her choice of career manifested naturally; “I have always had a passion for human interaction and helping people. Pairing that with my interest in health care and my detail oriented nature – a career in pharmacy seemed like an obvious choice.”

Michelle believes that excellence in pharmacy practice means providing each patient with the individualized care that is best for them. “I remind myself that the right care isn’t going to be the same for every patient, and that as a health

care professional, I need to listen to each patient in order to understand what their needs and goals are.” Michelle adds, “The most rewarding patient interactions are the ones where I leave knowing the patient (or their caregiver) feels like he/she has had a voice. It’s rewarding to know I helped my patients take part in setting their health-related goals and management of their own health care.”

Michelle is actively involved in several initiatives leading to improved patient care. She provides training and development opportunities for rural practitioners, facilitates peer learning groups, has helped outline a new model for advanced clinical skills training in rural locations, and is now facilitating a discussion group for rural practitioners interested in pursuing their Additional Prescribing Authorization. Michelle defines the ideal role model of today’s practicing pharmacist as she continues to strive for excellence in the profession.

*In June, Michelle was invited to the annual ACP Grad Breakfast and shared a message of hope, encouragement and challenge to the 2015 U of A pharmacy graduating class to be the best that they can be. “You get out what you put in. Regardless of where you work or what your title is, if you are willing to put the time and effort into whatever it is you are working on – whether it’s your practice, a new program, an educational opportunity, your relationships with patients, or a research initiative – trust me when I say that your hard work WILL be rewarded. The success you achieve in your career will be proportional to the quality and quantity of effort you put in.”*



# Gold, silver and a 4.0

## U of A Pharmacy student June Chen graduates with a gold and silver medal plus a stellar GPA

By Guest Contributor, Sandra Pysklywyc  
(adapted for aCPnews)

When June Chen graduated, she earned more than just her bachelor of science degree in pharmacy; she left the University of Alberta with a stellar GPA and some impressive hardware. But more than that, she's leaving with experiences she will take with her in her career.

Chen is the recipient of the Alberta College of Pharmacists Gold Medal, presented each year to the top graduating student from the Faculty of Pharmacy and Pharmaceutical Sciences.

Adding to her medal count, Chen also received the Alberta Premier's Silver Medal, which is awarded to "the undergraduate student who achieves the



*During the celebratory ACP Grad Breakfast held on June 4, 2015, ACP president Brad Willsey (left) presented June Chen with the ACP Gold Medal for achieving the highest academic standing in her graduating class. James Kehrer, Dean and Professor Pharmacy and Pharmaceutical Sciences (right) participated in the celebrations, and says Chen was an academic standout from the beginning.*

highest academic standing throughout his or her undergraduate degree in the Faculty of Law, Faculty of Medicine and Dentistry, or Faculty of Pharmacy and Pharmaceutical Sciences."

When asked how she managed to achieve such consistent excellence, Chen says she was motivated by her desire to help others, and to use the knowledge

and skills she learned in the classroom to improve the lives of patients. She also credits the supportive environment of the faculty and her friends.

As for what the future holds, Chen says she hopes to work in a hospital, and will begin an additional year of training with the Edmonton hospital residency program early next month.



ACP emails and newsletters are official methods of notification to pharmacists and pharmacy technicians licensed by the college. In addition to providing you with timely information that could affect your practice, college emails serve in administrative hearings as proof of notification. Make sure you get the information you need to practice legally and safely by reading college newsletters and ensuring ACP emails are not blocked by your system.