

alberta college of  
**pharmacists**



# acp news

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safe  
effective  
responsible  
pharmacist practice

## You and your pharmacist – a healthy combination

### ACP and RxA launching public awareness campaign

*We know you're a skilled, knowledgeable health professional that does a lot more than count pills, and you know that, but does the public? According to surveys, NO.*

The profession of pharmacy has undergone many changes in the last few years and the common view of pharmacists as mere pill counters is just not accurate. We need to make the public aware of the many ways you can help them. We also need to make sure people understand their role in getting the best care for themselves.

To get the word out, ACP and RxA are partnering in a three-year public awareness campaign. The campaign will launch this October, with future outreach efforts targeted for the Feb./Mar. and Oct./Nov. time periods of 2009 and 2010. We chose these times as they coincide with cold and flu season, a period of naturally increased pharmacy visits.

The first wave of the campaign will use radio as the main delivery channel. Print ads in health and consumer magazines as well as online ads will supplement the main campaign message. The first set of ads target women 35 to 54. This group was chosen because they are most often the influencers for their spouse, children, and parents for the majority of health decisions.

Key campaign messages:

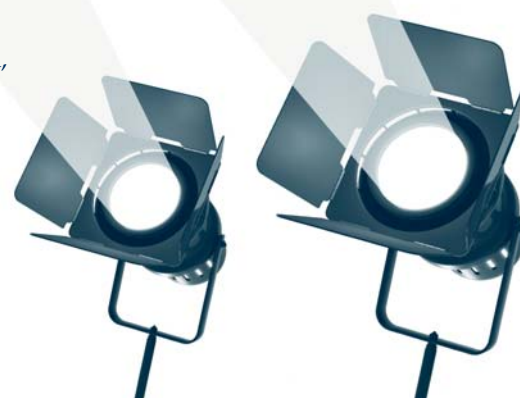
- The value of the pharmacist-patient relationship
- The range of pharmacist services

To reinforce the importance of the relationship, all ads will feature the tag line, "You and your pharmacist – a healthy combination."

Focus groups with the public and pharmacists will be used to test the ads. Tests will also be run after each wave of the campaign to measure effectiveness.

To support and extend the campaign, we are also evaluating additional tactics for registrants to bring the campaign to life in their local communities. These include brochures, checklists and other point of purchase materials that can help communicate the message to the public in different ways.

If you would like to participate in the focus groups or have suggestions for bringing the campaign to your community, please contact Cynthia Rousseau, RxA's Communication Director or Karen Mills, ACP's Communications Leader.



is published six times per year by the Alberta College of Pharmacists. Send submissions for publication to:

Karen Mills, Communications Leader  
karen.mills@pharmacists.ab.ca

The deadline for submissions is Oct. 7, 2008 for the Nov./Dec. 2008 issue. Information about content and length of articles can be obtained from Karen.

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Public members:  
Vi Becker  
Pat Matusko  
Joan Pitfield

Pharmacy technician observers:  
Robin Burns  
Teresa Hennessey

Councillors and our public members can be reached by email via our website at [pharmacists.ab.ca](http://pharmacists.ab.ca) under *About ACP/Council*, or by using the search feature to locate them by name.

**Staff Directory**

All staff are available at 780-990-0321 or 1-877-227-3838 or by fax at 780-990-0328.

Their email addresses are available on our website at [pharmacists.ab.ca](http://pharmacists.ab.ca) under *Contact Us*.

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## Pharmacy technicians appointed as observers to council

Congratulations to Robin Burns and Teresa Hennessey. They have been appointed as Pharmacy Technician Observers to the Council of the Alberta College of Pharmacists. Their appointment will extend until year-end 2010 or upon the proclamation of legislation providing for the regulation of pharmacy technicians.



Robin has been a pharmacy technician for 15 years. The majority of her career has been in retail pharmacy, but she recently worked at the Cross Cancer Institute in Edmonton. She also spent five years with Alberta Blue Cross in many roles. Robin has her Pharmacy Technician certification from Red Deer College and her Bachelor of Science from the U of A.

Since completing her Pharmacy Technician diploma in 1998, Teresa has



worked as a pharmacy technician in both community and hospital settings. She is currently employed by Capital Health as a Regional Technician Educator. She has held various leadership positions with the Pharmacy Technician Society of Alberta (PTSA) as well as the Canadian Association of Pharmacy Technician's Alberta chapter that have included committee positions with the chapter's Health Professions Act Steering Committee and more recently as a representative of the Pharmacy Technician Regulation Committee (PTRC) on the joint PTRC/ACP Regulation Working Group.

Welcome Robin and Teresa!

## Welcome to Vi Becker, ACP's new public member



Vi was appointed to council by the Hon. Ron Liepert, Minister of Health and Wellness, effective July 30, 2008. She joins ACP's two other public members, Pat Matusko and Joan Pitfield, on Council.

Vi looks forward to applying her marketing and relationship building

skills for the advancement of pharmacy. She has been a leader in times of major change for organizations such as Grant MacEwan Community College, Economic Development Edmonton, Worker's Compensation Board and Norquest Community College. She currently serves as the Vice-President, Marketing & Communications with Stantec Consulting Ltd. Her experience will be an asset as ACP navigates the changes pharmacy faces in the coming years.

Welcome Vi!

## ACP registrar honoured



Congratulations to ACP registrar Greg Eberhart. He has been selected as a recipient of a 2008 University of Alberta Alumni Honour Award. The

Alumni Honour Award recognizes the significant contributions made over a number of years by University of Alberta alumni in their local communities and beyond. The U of A's alumni magazine, *New Trail*, gave the following synopsis:

*Greg Eberhart is a champion for the pharmacy profession in Alberta. Serving as the registrar of the Alberta College of Pharmacists since 1990, he has led pharmacists' contributions to many innovations, including Alberta's Pharmacy Information Network and Electronic Health Record. He led consultations and negotiations that, in 2007, gave pharmacists authority under the Health Professions Act to prescribe drugs. This momentous change now provides Albertans with new alternatives to access safe and effective drug therapy and gives pharmacists the opportunity to contribute more meaningfully to patient health and to the Canadian health system.*

## Professional declaration audits beginning

This year the college will be auditing two professional declarations made at the time of registration renewal – the continuing education declaration and the professional liability insurance declaration.

Audits of the professional declarations made for renewal of the 2008-2009 registrations commenced in September. This year we will be auditing the professional declarations of 20% of registrants, so your odds of being audited are greater than your chances of winning the lottery!

If you are selected for an audit of your professional declarations you will receive a copy of the audit guidelines with your letter of notification.

It is important that you complete the audit within the time period specified in your notification of audit letter. Last year, five pharmacists were unable to renew their registration because they had not complied with the audit of their learning portfolios and several pharmacists were referred to the Complaints Director for failing to comply with the professional liability insurance audit.

## Continuing education programs – buyer beware!

The minimum requirement for accredited CEUs was rescinded in July 2007. You may now get all of your required continuing education requirements through non-accredited learning that is relevant to your pharmacy practice.\*

But a word of caution! Non-accredited learning events have not been reviewed by a pharmacy accrediting body for accuracy, relevance to pharmacy practice, and lack of bias. While you should always critically evaluate and reflect on information gained through continuing professional development, regardless whether the learning activity is accredited or non-accredited, you may have to exercise particular diligence when participating in non-accredited learning activities.



\* Please remember – you still need to complete a non-accredited learning record for each non-accredited activity claimed.

## Online renewal winner

Congratulations to Nadia Khan! She won the value of her 2008-09 registration fees (\$743.40) by renewing online. Nadia works at the Wal-Mart Pharmacy in Fort McMurray.

It seems online registration is catching on. Almost one-half of registrants (49%)

renewed online, up from 39% last year. Of the 1962 online renewals, 1542 renewed and paid online while 420 renewed online and then either they or their employer paid by cheque.

## Novice licensees

If you are a first time licensee, the college wants you to fully understand your role and responsibilities. When the *Pharmacy and Drug Act and Regulations* came into force last April, the responsibilities of the pharmacy licensee became more rigorous. This legislation, its regulations and the corresponding *Standards for Operating Licensed Pharmacies* all speak to the duties and responsibilities of the pharmacy licensee, or manager.

Beginning in September 2008, first-time licensees opening new pharmacies or assuming this position in an existing pharmacy will be required to meet with college staff before undertaking your new role. This meeting may take place in person or over the telephone and should take about 15 minutes.

Information on the responsibilities of a licensee is available on the ACP website in the "Pharmacies" section under the "Registration & Licensure" tab, or at: [http://pharmacists.ab.ca/Content\\_Files/Files/PharmacyLicenseeResponsibilities2008.pdf](http://pharmacists.ab.ca/Content_Files/Files/PharmacyLicenseeResponsibilities2008.pdf). This information will be sent to pharmacies as a reminder whenever there is a change in licensee, even if an experienced pharmacist is assuming the role of licensee.

Don't be shy! If you are an experienced licensee and you have a question about your obligations under the new legislation, please call our office for information. Harry S. Truman once said, "It's what you learn after you know it all that counts."

## Travel health professionals conference a success

The Alberta Association of Travel Health Professionals (AATHP) 12th Annual Travel Health Conference was held on June 13 and 14, 2008 in Kananaskis.

The AATHP conference was a great opportunity for any member of a health care team wishing to learn more about the field of travel health. The multidisciplinary conference sold out with a record breaking 170 delegates in attendance (7 pharmacists and 21 physicians, with the balance being mostly public health nurses). Delegates came from throughout Alberta as well as BC, Saskatchewan, Manitoba, Yukon Territory, and even Baltimore, Maryland.

Excellent feedback was received from the pharmacists in attendance. Many of the pharmacists stated that they had attended the conference because of the profession's expanding role as administrators of injections and/or they see travel health as a specialty where a well-educated and trained pharmacist could have a very positive impact on patient care. A presentation on *Education Opportunities Abroad* provided excellent information for those seeking to further their knowledge in this subject.

Other "pharmacist friendly" topics included:

- Drug Interactions in Travel Medicine
- Counterfeit Medications Abroad
- Complementary & Alternative Medicine in Travel

For more information on the AATHP and its upcoming conferences, check out their website at [www.aathp.com](http://www.aathp.com).

# Dental hygienists getting ready to prescribe

Forty dental hygienists from across the province are embarking on the path to prescribing. They have enrolled in the inaugural *Elements of Prescribing: A Pharmacy Refresher Course for Dental Hygienists*. Upon successfully completing this course, dental hygienists will be authorized to prescribe the narrow subset of drugs used in dental hygiene practice as indicated in Section 13 of the Dental Hygienists Profession Regulation under the *Health Professions Act* (HPA).

The self-study course consists of seven modules, assignments, and a final exam. Students must obtain a pass mark of 75% on each assignment and 80% on the exam to be authorized.

The course is emphasizing the importance for dental hygienist prescribers to effectively collaborate and communicate with other health care professionals, in particular the client's pharmacist, physician, and dentist. Therefore, the students may contact their local pharmacists/pharmacies to strengthen their current professional relationships.

The College of Registered Dental Hygienists of Alberta (CRDHA) does not expect the local pharmacists to "teach" the dental hygienists any part of the course. All the material they need is provided in the *Elements of Prescribing* course manual, the required

references, and/or their undergraduate education.

The CRDHA anticipates that the first prescriber ID numbers will be issued to dental hygienists in late 2008 or early 2009. As soon as it becomes available, ACP will add dental hygienist prescriber information under the *Prescriber Lists* tab on our website.



## Methadone Maintenance Treatment Workshop Introduction to Clinical Practice

**Saturday, October 18, 2008**

This workshop, hosted by the U of C's Faculty of Medicine and the College of Physicians & Surgeons of Alberta, will provide practical information in the use of methadone and will prepare practitioners to manage methadone patients in clinical practice.

### Learning objectives:

- To become familiar with the standards and Guidelines for Methadone Maintenance Treatment (MMT) in Alberta
- Describe the staged care approach of MMT in Alberta and roles of the treatment team members
- Understand the medical model of addiction
- Be able to manage stable MMT patients
- Have the prerequisite knowledge for receiving further training on MMT initiation and management of the unstable patient
- Develop decision making skills essential to safe and effective methadone treatment
- Appreciate the value of sensitivity, understanding and commitment in the delivery of addictions medicine in clinical practice
- To be familiar with the unique pharmacology of methadone

### Time:

8 a.m. to 4 p.m., Sat., Oct. 16

### Location:

G500, Health Sciences Centre, U of Calgary

### Contact:

Janis Pearson – CME Registration Clerk

### Phone:

403.220.7032

### Fax:

403.270.2330

### Email:

pearsonj@ucalgary.ca

### Web:

[www.cpsa.ab.ca/collegeprograms/methadone\\_program.asp](http://www.cpsa.ab.ca/collegeprograms/methadone_program.asp)

6.25 CEUs - ACP accredited

# PEBC Part II OSCE assessors needed

**Saturday, November 8, 2008**

*Medical Skills Centre, University of Calgary*

Pharmacist-assessors are needed for the interactive stations, for the non-client stations, and for the roving assessor assignments for the upcoming exam day. If you have a special area of clinical interest or prefer a particular role, please let the recruiters know and they will consider your request.

## Reimbursement

A \$375 honorarium is offered, which includes reimbursement for 11 to 12 hours on exam day and for one 3 hour pre-exam orientation session.

Experienced assessors who have not assessed within the last year must also attend the orientation session. Parking for the pre-exam orientation and on exam day is covered as well as mileage to and from the examination centre on

exam day only. Accommodation costs for assessors who travel from afar are not covered. The names of all participating pharmacists will also be entered for a draw for two \$25 gift certificates from Chapters.


## Application process

To apply, email Yoshiko Shimizu at [pebc-calgary@shaw.ca](mailto:pebc-calgary@shaw.ca). You are also asked to complete a Response Form (available on ACP's website under Pharmacist Resources/Forms), even if you have done so before.

Assessor training dates and times will be sent by email memo in October. If you have any questions about the fall exam or any of the pharmacist-assessor roles, please contact Pat Babinec at [pmbabine@gmail.com](mailto:pmbabine@gmail.com).



## In memory...

 **George Snelgrove** passed away peacefully on Aug. 11, 2008 at the age of 87. Born in Carlton, SK, George completed his BSc in Pharmacy at the U of S. After establishing and operating several pharmacies in Calgary, George retired in 1988. He will be missed by his loving family and friends, everyone whose life he touched, and remembered for his zest for life and adventurous spirit.

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## From the faculty...

**Dr. Ed Knaus** received the Association of Faculties of Pharmacy of Canada **Honored Life Membership** at the July AACP/AFPC Joint Annual Meeting in Chicago. This recognition is awarded to individuals who have made major contributions to AFPC.

Forty-four third-year pharmacy students experienced a week-long visit to the pharmaceutical industry at the end of April. They visited Wyeth CHC, sanofi-aventis, Sandoz and Novartis in Montreal and GlaxoSmithKline, Taro, Novopharm, Hoffman-La Roche and Eli Lilly in Toronto. On the last day they went to the Apothecary Museum in Niagara-on-the-Lake and Niagara Falls. Pfizer and Aventis also provide financial assistance for the trip. The participants received an excellent insight to the workings of the pharmaceutical industry.

The retirement celebration for **Professor Sheila Kelcher** was held on June 26. Guest speakers included Dean F Pasutto; Dr GR Spooner, Professor and Chair, Dept of Family Medicine; Mr G Eberhart, ACP Registrar; and Carol O'Bryne, Manager, PEBC Qualifying Examination-Part II (OSCE). Sheila started at the Faculty in 1982 and has made many valuable contributions to the profession. No doubt she will continue her linkage with the Faculty in some respect – after all, it is hard to let her go after 25 years. An endowed scholarship is being established in Sheila's name as a lasting remembrance.



*This month, we continue our profile of the first 15 pharmacists to earn additional prescribing authorization.*

## Rick Siemens, BSc Pharm, CDE

*Pharmacy Manager, London Drugs, Lethbridge*



Rick Siemens always knew that he had more to offer his patients. A pharmacy manager of the London Drugs in Lethbridge, Rick is also a Certified Diabetes Educator and pump trainer. When the prospect of additional prescribing authorization presented itself, Rick thought of the authority as a way for him to help his patients more effectively. "I was confident in my abilities and the documentation process I had used for my diabetic patients," he says.

Thanks to his case studies from work with diabetes patients over the years, Rick went through the application process without much difficulty, although he describes the process as "rigorous." Once granted his additional prescribing authorization, Rick began to apply it to chronic disease management. With regards to chronic disease management, this new authorization allows him freedom to adjust, change or start medications which will allow his patients to reach their glycemic targets faster. "I still work collaboratively and inform doctors with progress notes but I don't have to wait for authorization on prescribing decisions I am confident with," says Rick.

In terms of initial prescribing access, Rick says, "Being on the front lines presents me with situations where I feel my prescribing can benefit my patients (e.g., with smoking cessation, allergies). Once I do an assessment, feel confident in the patient's condition, and decide what drug I am going to prescribe, I ask the patient if they want to proceed. If I do prescribe, I follow-up with patients and request their feedback about the service."

Rick has been charging a pharmaceutical care fee for assessments required for his prescribing decisions and says his patients are willing to pay for the service, "especially when they see the paperwork involved." He prescribes in situations he feels confident in. "The response from my patients has been great and I haven't received one piece of negative feedback from physicians."

Rick says he uses his prescribing authority as another tool in his toolbox to help his patients manage their own health. However, he also admits that it can become challenging to find the time to spend with his patients. "The paperwork is getting easier but obviously a computer program would be very valuable," he suggests.

Rick feels that with this additional authority, pharmacists can prescribe in many areas of everyday practice and this will benefit patients and increase satisfaction within the healthcare system. He says, "Having only one point of entry into the health care system is not sustainable and each profession must use its full capabilities to ensure the best health for Albertans."



## Jodi Wilkie, BSc Pharm

Pharmacist

Credentialed Menopause Practitioner (North American Menopause Society)

Grey Nuns Hospital – Women’s Wellness Program

Royal Alexandra Hospital – Women’s Health Clinic

At the Menopause Clinics at the Grey Nuns and Royal Alexandra hospitals in Edmonton, you will find pharmacist Jodi Wilkie working as a member of a team of healthcare providers that include clinical physicians, nurses, and health educators. Jodi has been with the Grey Nuns for three and a half years and the Royal Alex since May 2008.

Jodi attended one of the first sessions of the *Orientation to Your New Practice Framework* and made the decision to pursue additional prescribing authorization as she was driving home. “I recognized that the additional prescribing authorization would fit perfectly with my clinic practice and thought it would be exciting to be involved in the pilot.”

“In my practice, I work quite closely with all members of my team. We work together to provide thorough patient assessments and then try to determine the best approach for helping the patient deal with their symptoms. I am involved in developing, implementing, monitoring and modifying the therapeutic care plans for the patients. Although the physicians have input, many of the prescribing decisions are my responsibility. I love my pharmacy practice because I can apply my specialized knowledge in women’s health to provide my patients with the best education and care possible.”

Jodi believes that this additional authority makes things a little more convenient for her patients, although she never had to go very far to track down the clinic physicians if needed.

“Sometimes, when I follow up with patients over the phone, necessary changes to drug therapy can be made fairly quickly. I don’t have to wait for the physician to authorize changes first, although I do consult with the clinic physicians in some situations.”

As for reactions from the other health professionals and her patients, Jodi says, “The healthcare providers I work with were thrilled with the new prescribing authority. One of the physicians finds that she is better able to devote her time to her specific duties when I am looking after the medication end of things.”

“Our patients think it’s great too. I think a lot of patients feel that pharmacists know more about medications than other healthcare providers, and having additional prescribing authority validates that. I think this further enhances my patients’ confidence in me.”

Jodi feels that the most challenging aspect of the additional prescribing authorization process was ensuring that she was providing evidence that she had the necessary knowledge, skills and abilities to obtain the additional prescribing authorization. “I knew I had all the knowledge, skills, and abilities, but I needed to be sure that the assessors could see that as well,” she says.

Jodi is grateful to have had the opportunity to participate in the pilot and is very proud to be one of the first fifteen granted prescribing privileges. Her advice for those considering applying for the additional authorization: “If you think that having the additional prescribing authority makes sense in your practice setting, have confidence in your knowledge and abilities – and apply! I find it exciting to have the additional responsibility.”





## What do you need to know about dextromethorphan?

Individuals who work with teens have called the college recently with concerns about the seeming rise in dextromethorphan abuse. They have asked that we make pharmacists aware of the problem and are requesting pharmacist assistance to help curb the abuse.

Unfortunately, abuse of this drug is not a new phenomenon. There are reports of abuse in the United States and Canada; mostly by teenagers because it is inexpensive and easy to obtain. Dextromethorphan is an over-the-counter cough suppressant available in many different preparations in Canada.

It is normally taken in doses of 10-20 mg every four hours. According to the United States National Drug Intelligence Center (NDIC), abusers will sometimes ingest 250-1500 mg in a single dose. Such large dosages can cause blurred vision, body itching, rash, sweating, fever, hypertension, shallow respiration, diarrhea, toxic psychosis, coma, and an increase in heart rate, blood pressure, and body temperature. Some abusers become violent after ingesting the drug.

People who use combination products which contain acetaminophen risk

experiencing acute liver toxicity. Other combinations can also cause serious health problems; large dosages of chlorpheniramine can cause increased heart rate, lack of coordination, seizures, and coma; and large dosages of guaifenesin can cause vomiting.

Street names for dextromethorphan include triple C, skittles, dex, DXM, and red devils. The NDIC believes that dextromethorphan abuse will increase in the future due to the ease with which it can be obtained and the low cost.

It is important for pharmacists to be aware of this abuse potential and be diligent in trying to prevent it. While it is impossible to know what every patient is going to do with their medication, please keep in mind that you can play a vital role in helping protect patients from self-harm brought about by improper drug use. If you notice a marked increase in sales of products containing dextromethorphan, you may want to consider limiting the number of containers you display and/or moving the containers closer to the dispensary or to a spot where customers must ask for them.

## Counselling areas: can we talk?

There has been lots of discussion lately about semi-private and private counselling areas in pharmacies. Pharmacists want to know when they have to comply with this legislated requirement and what it means to be compliant.

Section 15 of the *Pharmacy and Drug Regulation* says that the patient services area of each licensed pharmacy must have a private or semi-private counselling area for the confidential counselling of patients. **Existing pharmacies must have a functional counselling area in place by April 1, 2010.** New or renovating pharmacies must have this feature included in their pharmacy upon opening or re-opening.

### What is a patient services area?

The patient services area of a pharmacy is the area located outside and adjacent to the dispensary where the patient receives services from the pharmacist. Somewhere in this area there should be a place where you can talk privately with your patients.

The counselling area does not need to be fully private, such as a booth with a door. It can be a semi-private area with baffles, partitions or partial walls that do not go all the way to the floor or ceiling. Patients don't always like to feel enclosed, so materials that let light pass but obscure the view – like frosted glass – can be good choices if the area is small.

### Are there size requirements?

There are no size requirements for the counselling area. Do keep in mind patient mobility issues.

- Avoid steps and changes in flooring that could trip a patient.

*continued on page 10*

*Counselling areas continued from page 9*

- Consider that a wheelchair needs a circle at least 1m in diameter to execute a U-turn.
- Remember that access to the dispensary is restricted to authorized personnel, so it is not acceptable to use an office at the back of a dispensary if patients will be walking through the dispensary to get to the counselling area.

### What else affects the design of your counselling area?

The area or room must be available for counselling at all times, so if you let others use it for short periods of time, they should be prepared to vacate quickly and leave the room in a professional state if counselling needs to occur.

The other guiding principle for patient interaction is Standard 1.10 from the *Standards for Pharmacist Practice*. Standard 1.10 says that *a pharmacist must ensure that any communication by the pharmacist about a patient's health, including about drug therapy, is conducted in a manner that maintains confidentiality.*

When designing your area for confidential communication, keep this standard in mind. If your pharmacy only has space for a wicket at the counter instead of a private counselling room, consider other ways to make the area more private. Can chairs in the waiting area be moved farther from the pharmacy counter? Could a line-up of patients be controlled and kept at a distance by ropes? Would a baffle wall or screen between the pharmacy counter and the public area help to make an area feel more enclosed?

The standards and regulations are purposely non-prescriptive to allow pharmacists to use the full range of their imaginations when creating these counselling areas.

If the renovation to the dispensary changes the floor area (square footage) or working counter area, moves walls or shelves to change the dispensary layout, please submit a letter of intent for pharmacy renovation to ACP. The process is explained on our website. If you are not sure, speak to our staff. Your application must include scale drawings of the renovated dispensary. These plans will be reviewed for

legislative compliance before they can be approved.

If you have a counselling area that works well, or you wished you had made a tiny change that would enhance the function and form of your counselling area, let ACP know. We are interested in your experiences and want to share them with other pharmacists.



## Observations by the Complaints Department

During the course of investigations into several recent complaints we've found that some pharmacists are not properly identifying all individuals, and their roles, involved in the processing of prescriptions. As ACP attempts to resolve most complaints through an educational and remedial approach, it is important to be able to identify all individuals involved in processing a prescription. A proper audit trail is crucial if a patient experiences an adverse reaction and a review of the prescription fill process is needed. In cases of complaint resolution, it

prevents unnecessary delays and allows ACP to focus its educational efforts towards the proper individuals. As a reminder, the Standards for Pharmacist Practice state:

*Requirement for an audit trail of the dispensing process*

*6.15 A pharmacist must ensure that there is a clear audit trail that identifies all individuals who were involved in the processing of a prescription and dispensing of the drug and the role of each individual.*

This requirement not only relates to the technical aspects of dispensing a

prescription, such as data entry, but also requires the identification of the individual(s) providing the more cognitive aspects of dispensing a prescription, such as the patient counselling. As we continue to expand the role of the pharmacist, proper documentation of the services pharmacists are providing is becoming progressively more important. As a professional, it is important that you maintain proper documentation for your patients.

# Helping you ReLATE and ReSPOND to your patients

In 2001, the province issued a mandate to all regional health authorities to develop a concerns management process for their employees. In response, Capital Health designed two reference tools linked to the following simple acronyms: R.E.L.A.T.E. and R.E.S.P.O.N.D. These tools have met with good response and continue to produce positive results. Could your practice benefit from them?

The ReLATE information provides tips for everyday communication strategies to improve and maintain positive patient and caregiver relationships. If a concern or complaint is received, effective complaint handling at the point-of-care using ReSPOND techniques can prevent escalation and further enhance patient-provider relations.

**ReLATE** is an acronym for some of the positive ways you can build rapport and trust with patients.

## Next issue:

**ReSPOND** – Techniques to help you handle a patient concern or complaint as effectively as possible.

*This card can be cut out and carried with you as a reminder of techniques to help you ReLATE to your patients and their families. Relating goes a long way towards safe, effective, and responsible pharmacist practice.*

**R** **Respect** the dignity and privacy of your patient and his/her family

*Introduce yourself, address the patient by name, explain your role and demonstrate an interest in, or concern for the patient as a person.*

**E** **Explain** who you are and what you are going to do

*Give patients information about what you plan to do, how it will be done, and how it will be beneficial to them.*

**L** **Listen** to what the patient/ family is REALLY saying

*Being a good listener is the crux of good communication.*

**A** **Ask** questions to clarify

*Check for understanding by asking questions to clarify or summarize periodically your understanding of what the patient is saying.*

**T** **Try** to be flexible and offer alternatives

*Offer the choices that are within your realm of responsibility.*

**E** **Empathize** with the stress that accompanies illness

*Try to communicate understanding and appreciation of the patient's feelings or predicament and offer some encouragement in dealing with their situation.*

## Why do you need to ReLATE to your patients?

One way in which you can improve the health and well being of patients is to communicate effectively. If you are able to relate to your patients and their families, you may not have to ReSPOND to a concern or a complaint. Relating will enhance your relationships with current patients and help build positive relationships with new patients.



### ReLATE Everyday tips for interacting with patients and families.

- R.** Respect the dignity and privacy of the patient/family
- E.** Explain who you are and what you are going to do
- L.** Listen to what the patient/family is *really* saying
- A.** Ask questions to clarify what you have heard
- T.** Try to be flexible and offer alternatives
- E.** Empathize with the stress that accompanies illness

Developed in partnership between Capital Health and the Health Quality Council of Alberta



### ReSPOND When you are the first to receive a complaint.

- R.** Recognize the complainant's perspective
- E.** Establish rapport with the complainant
- S.** Single out complainant's "real" issues
- P.** Provide information to the complainant about what action you will take towards resolving his/her issues
- O.** Operationalize the indicated plan of action by completing steps yourself or forwarding as appropriate to your next level of management
- N.** Notify the complainant about the action you have taken towards resolving the concern
- D.** Discuss the circumstances of the concern with your next level of management if indicated. Document as appropriate.



## Electronic prescriptions = not acceptable

The college office has received calls from registrants about media reports referring to electronic prescribing and about a Health Canada statement indicating that there is “no legal impediment to electronic prescribing.” In an attempt to clarify the confusion, we offer the following.

Until recently, Health Canada’s position was that amendments to legislation were required in order to allow e-prescribing. After further review, Health Canada concluded that there are no regulatory impediments to moving ahead with electronically generated and transmitted prescriptions if these prescriptions achieve the same objectives as written prescriptions. Provinces wishing to proceed with e-prescribing are obligated to ensure that this is the case.

Joint efforts between ACP, the College of Physicians and Surgeons, Alberta Health and others are under way to suggest approaches and overcome technical barriers to allow e-prescribing.

The college supports the concept of e-prescribing, but is committed to ensuring that pharmacists are able to fulfil their professional obligation to verify the authenticity of the prescription and that transmission of

the prescription is done in a way that ensures patient confidentiality, prevents forgeries and diversion, and ensures patient choice regarding the pharmacy where the prescription is filled. Until these issues are resolved and the regulatory framework is modified, pharmacists cannot accept e-prescriptions.

In the meantime, keep in mind:

### ■ Sent by email:

Prescriptions sent to you by email are NOT acceptable. There are insufficient security measures in place to ensure the validity of prescriptions sent electronically. If it appears on your screen, it’s not acceptable.

### ■ Delivered by patient

Prescriptions produced by computer, but hand-signed by the prescriber or with an electronic signature that is then initialed by the prescriber, and delivered by the patient are acceptable. However, it is your responsibility to ensure the prescription is authentic, just as you would for a prescription which is hand-written.

If the prescription is not signed by the prescriber, or has an electronic signature and is not initialed by the

prescriber, the prescription is NOT acceptable.

### ■ Faxed to the pharmacy

You can accept prescriptions that are produced by computer and signed by the prescriber, or with an electronic signature and initialed by the prescriber, that are then faxed to the pharmacy as per the Guideline for facsimile (Fax) transmission of prescriptions.

For best practices, refer to *Ensuring Safe & Efficient Communication of Medication Prescriptions* available on ACP’s website under “Pharmacist Resources/ACP practice guidelines” or use the direct link <https://pharmacists.ab.ca/Downloads/documentloader.ashx?id=4990>.



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