

alberta college of
pharmacists



acp *news*

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It's a new year and a new era of pharmacist practice. Are you ready?

Over the past year, we've witnessed incredible changes. Old guards and old ways continue to fall as new leaders and new ways of thinking rise up to take their place. Pharmacy practice is not immune to these changes.

In 2008, we were introduced to a new government outlook (new Minister of Health, new health board, and several new pieces of legislation), a new economy that demands efficient resource use and proven value for service provided, and new expectations of pharmacist services. Governments, health colleagues, and the public now look to pharmacists to be medication experts who are fully involved in patient care. Pharmacist prescribing is not only being accepted, but expected.

What is ACP doing?

The Alberta College of Pharmacists is leading the profession by:

Registering pharmacy technicians – This is the first step toward pharmacy technician regulation. These efforts will enable pharmacists to do what they're really meant to – interact with their patients.

Increasing practice support – In 2008, ACP more than doubled the number of Pharmacy Practice Consultants. Consultants travel the province to help pharmacists incorporate the new standards of practice. Pharmacists have expressed their appreciation for this support, as learning and practice

safe
effective
responsible
pharmacist practice

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

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Alberta College of Pharmacists
1200 - 10303 Jasper Avenue NW
Edmonton AB T5J 3N6
780-990-0321
Toll Free: 1-877-227-3838
Fax: 780-990-0328

President: Rick Siemens
President Elect: Merv Bashforth
Vice President: Donna Galvin
Past President: Dianne Donnan

Councillors:
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Kaye Andrews, District 5
Donna Galvin, District 5
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Public members:
Vi Becker
Pat Matusko
Joan Pitfield

Pharmacy technician observers:
Robin Burns
Teresa Hennessey

Council members can be reached by email via our website at 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 under *Contact Us*.

Registrar: Greg Eberhart
Deputy Registrar: Dale Cooney
Competency Director: Roberta Stasyk
Complaints Director: James Krempien
Quality Pharmacy Operations Director: Jill Moore

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E. Randy Frohlich
Vic Kalinka

Business Manager: Lynn Paulitsch
Registry Leader: Linda Hagen
Communications Leader: Karen Mills

alberta college of
pharmacists



New Year's greetings continued from page 1
improvements are common after each visit.

Teaching old dogs new tricks – ACP is using new technologies and ideas to improve existing programs and services. In the last year, they have revamped the annual conference, approved a draft Code of Ethics for consultation, streamlined registration, competence, and election processes, and communicated better. ACP introduced *Transition Times*, updated the website and is introducing a new e-newsletter.

Empowering the public – ACP, in partnership with RxA, launched a three-year public awareness campaign to help the public understand the broad scope of pharmacist practice.

Opening the door to new practice tools – ACP and our provincial government have given Alberta pharmacists the opportunity to be world leaders in pharmacist practice. **Now pharmacists need to engage so that patients benefit through these opportunities.**

The authorities to administer drugs by injection and to prescribe are giant strides toward recognizing pharmacists' practice abilities. I've believed for a long time that this was the direction pharmacy needed to go, so I couldn't wait to jump at the chance. I was one of the first to receive injection and additional prescribing authorizations and they have been tremendous assets in my work. The authorizations have enabled me to better serve my patients. The additional prescribing authorization has also helped me develop some really rewarding collaborative relationships with other health professionals. I strongly encourage all of you to start your applications today.

Listening – Through the annual conference, a stakeholder survey, spring and fall town hall meetings, and countless emails and phone calls, the college reached out to hear what pharmacists, stakeholders and the public had to say. Watch for a pharmacist survey early this year for a special

opportunity to let ACP know what's important to you and what support you need to make your practice work.

What can you do?

Get involved – Attend pharmacy events like town hall meetings and the tri-profession conference. Respond to college surveys. Take a course (or two!) Let your peers and health colleagues know how your practice is evolving.

Empower your patients – Educate your patients and help them take ownership of their health. As the need to show value for service becomes greater and greater, and as different reimbursement models are contemplated, patients demanding your services will be the most powerful voices influencing decision makers.

Apply for additional authorizations – We are extremely privileged to have new practice tools available to us and the world is watching. Prepare for your future by better addressing your patients' needs today. Have you registered for programs that will change your practice, and have you begun preparing your applications for new privileges?

Yes, it's a new year and a new era. Are we ready? You bet!



A handwritten signature in blue ink that reads "Rick Siemens".

Rick Siemens
B.Sc. Pharmacy, B.Sc. Biology, CDE, CPT
President, Alberta College of Pharmacists

Call for nominations – council elections

Now is the time to step up for your profession. Consider taking your seat at the ACP council table.

ACP will be holding council elections in:

- District 1 – southern Alberta (incumbent Rick Siemens)
- District 2 – northern Alberta (incumbent Wilson Gemmill)
- District 3 - Edmonton (completed term Jeff Whissell)
- District 5 - Calgary (incumbent Anjali Acharya)

Who can be a candidate?

You are an ideal candidate if you:

- are motivated to advance public safety,
- want a hands-on role in advancing pharmacist practice in Alberta,
- model safe, effective, responsible pharmacist practice,

- have demonstrated leadership skills,
- are able to commit 12 to 15 days per year over a three-year term.

When considering the criteria of a good councillor, review the responsibilities and councillor code of conduct under *About ACP/Council* and the college by-laws under *About ACP* at <http://pharmacists.ab.ca>.

Nominations must:

- be in writing,
- be signed by at least two voting members of the District in which nomination is sought,
- include written consent of the nominee, and
- include a statement of eligibility by the nominee.

Nominations must arrive at the college office by 4:30 p.m. on Fri., Feb. 27, 2008.

ACP elections are “going green”

The next ACP council election will be electronic. You will be able to read candidate profiles, check nomination lists and cast your vote online. And you can feel virtuous knowing that you are saving trees, energy, and other precious resources. Watch for more details in the coming months.



Code of Ethics consultation announced

The Council of the Alberta College of Pharmacists is proposing a revised Code of Ethics. This new code anticipates practice scenarios and societal challenges not contemplated in the previous version. A 12-member review committee drafted this document after extensive review and deliberation of codes from other pharmacy organizations, health professions, and other industries around the world.

You can view the proposed Code of Ethics on the ACP website under *Pharmacist Resources/Code of Ethics*. The direct link is <https://pharmacists.ab.ca/nPharmacistResources/CodeofEthics.aspx>

Comments?

To comment on the draft Code of Ethics, please forward your feedback by **Feb. 28, 2009** to:

Grace Magyar
Executive Assistant to the Registrar
Alberta College of Pharmacists
1200, 10303 Jasper Avenue
Edmonton, AB T5J 3N6
Email: grace.magyar@pharmacists.ab.ca
Fax: 780-990-0328

Call for resolutions

Registrants may propose resolutions for consideration at the annual general meeting. Greg Eberhart, ACP Registrar, must receive your resolution in writing, accompanied by the signatures of 10 voting members in good standing, by 4:30 p.m. on March 20, 2008.

Resolutions should be focused on topics relating to the college's mandated areas of interest: public safety, effective pharmacist and pharmacy practice, and health policy.

How do you know if you're competent to prescribe?

One of the seven fundamentals of prescribing (which includes adapting) is individual competence. You know that you should not prescribe for any patient unless you know what condition is being treated and have adequate knowledge and understanding of the condition and the drug being prescribed. But how can you gauge whether you are competent to prescribe a particular drug for a particular condition or disease?

1. First, don't mistake confidence for competence. Use assessment tools whenever possible to objectively measure your knowledge.
 - a. Evaluate the depth and breadth of your knowledge by referring to the *Competency Profile for Alberta Pharmacists*. Evaluate yourself in the knowledge and skills required to manage a disease by referring to the relevant competency areas, including B-7 "Disease State Management". The *Profile* is on the ACP website at <https://pharmacists.ab.ca/nContinuingCompetence/CompetencyProfile.aspx>
 - b. Perform a self-assessment of the competencies required to manage a disease by completing the relevant sections of the self-assessment portion of the RxCEL Continuing

Professional Development Plan, available online at www.acp.proexams.com.

- c. Look to another valuable tool, the National Association of Boards of Pharmacy's (NABP) Pharmacist Self-Assessment Mechanism® (PSAM®), for guidance. NABP describes the PSAM thus: "The PSAM is an evaluation tool intended to assist pharmacists in obtaining objective, non-punitive feedback on their knowledge base" (NABP, 2008.) PSAM is undergoing modifications now and is currently unavailable, but NABP anticipates that it will be reinstated in 2009. For updates, watch their website (www.nabp.net/index.html?target=/Psam/index.asp&).
 2. Pursue professional development opportunities and self-directed study. For areas in which you've developed some expertise, you will probably be well aware of the evidence, clinical practice guidelines, and best practices.
- As so often happens in life, the more you learn the more you realize how much more there is to learn. Let objective assessments, your professional judgement and the safety and well-being of your patients be your decision-making guides.



Get 2009 off to a great start with online CPD Plan

The RxCEL Continuing Professional Development (CPD) Plan is now available online. Now you can self-assess, plan, document and evaluate your learning all online. You can track what learning needs you identified for this year and for the future, check if your learning plans are on-track, and complete your CPD log as you complete your courses. You can store this information electronically, view it whenever you like, and update it as needed. You can also print out your learning plans to keep track of the status of your learning plans.

You can find the online CPD Plan in the "Registrants Only" section of the ACP website by signing in to *Registrant Profile* and then clicking on *Continuing Professional Development Plan*. You will be re-directed to a separate website that is not accessible by ACP staff. Because it is a separate website, you will be asked to login again.

The online CPD Plan contains a Help section and a page of instructions. If you have further questions about how to use the online CPD Plan please contact a member of the ACP Competence department by phone at 780-990-0321, toll-free 1-877-227-3838 or by email at competenceinfo@pharmacists.ab.ca.

Important: Changes to the period to accumulate CEUs

At their Dec. 12 meeting, ACP Council approved a recommendation from the Competence department to establish a "CE cycle" that is different from the registration year.

Now, pharmacists must accrue at least 15 CEUs between June 1 and the following May 31 to seek renewal of their practice permits. June as a "flex"

month (i.e., CEUs earned in June may be claimed for either the registration year June falls in or for the subsequent registration year) has been rescinded. The extension for first time registrants continues.

You can find the updated version of the Competence Program Rules on the ACP website under *Continuing Competence*.

Congratulations super learners!

The Alberta College of Pharmacists is pleased to recognize the following pharmacists for their commitment to lifelong learning in pharmacy. These pharmacists reported 50 or more CEUs in the 2007-08 registration year.

- Ian Creuer
- Galvin Michael Ding
- Olga Dmytrisin
- Dianne Donnan
- E. Randy Frohling
- Donna Galvin
- Brad Gregor
- My Tam Hoang
- Jason Howorko
- Stacy Johnson
- R. Michael Kinshella
- Adrienne Lindblad
- Elaine Radulski
- Cheryl Sadowski
- Lois Scheerschmidt
- Rick Siemens
- Natalie Solyma
- Roberta Stasyk
- Joanna Wong
- Gladys Whyte
- Krystal Wynnyk
- Monica Zolezzi

These pharmacists will receive a certificate of achievement in recognition of their commitment to lifelong learning in pharmacy.

ACP acknowledges that many pharmacists do more learning than they report on their CPD log. However, the submitted logs are the only way ACP has to determine achievement of this milestone.

We apologize if we have inadvertently omitted someone's name from this list. If you believe your name should be included, please contact Whitney Tushingham at 780.990.0321 or by email at

Whitney.Tushingham@pharmacists.ab.ca. We will publish corrections in an upcoming edition of acp news.

Congratulations to new professional development course graduates

Congratulations to all the pharmacists who recently completed the laboratory values and anticoagulation courses offered by the U of A's Continuing Pharmacy Education.

These new courses were produced through a partnership between ACP and the U of A Faculty of Pharmacy and Pharmaceutical Sciences. They are the first in a move away from delivering traditional continuing education courses to developing and delivering comprehensive learning experiences that will better prepare you for and provide you more confidence using your skills. Using a combination of print materials, in-person sessions and workshops, and distance learning, the courses are accessible and appealing to all learning styles and practice settings.

What are pharmacists saying about the courses?

"I live in a rural northern community. Using the distance learning sessions, I feel so connected to my peers and instructors. I learn so much from other pharmacists. It gives me hope and enthusiasm for the future of pharmacy each time I participate in a distance learning session..."

Erin Albrecht, Laboratory Values

"I'm a part-time pharmacist with two small children who found this method of learning to be very convenient. Being able to attend the workshop and then apply it to case studies is a very effective way to learn. I would do another course in a heartbeat - well worth the time, effort and money."

Loretta Maloney, Laboratory Values

"I have already had several interventions benefiting patient care that I would not have understood or attempted prior to

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Interpreting Laboratory Values course graduates*

- Erin Albrecht
- Amina Babar
- Elizabeth Bamford
- Candra Cotton
- Carol Furrer
- Dinh Kim Hoang
- Kevin Hofstede
- Debbie Hrudehy
- Trish Kopan
- Judy Lorenz
- Loretta Maloney
- Aron Nenninger
- Denise Nitschke
- Karen Romaniuk
- Judy Roschlaub
- Uzma Saeed
- Kevin Tonn
- Diane Valiquette
- Jennifer Warwaruk
- Tammy White

Anticoagulation course graduates*

- Godwin Amegbey
- Tara Chmilar
- Cathy Hearn
- Jennifer Howe
- Rita Lyster
- Darsey Milford
- Mylien Nguyen

** Not all graduates are listed; the list recognizes all those who provided permission to have their names published.*

PD course graduates continued from page 5

taking this course. I highly recommend this course!"

Aron Nenninger, Laboratory Values

"I found very little duplication in the course from what I was doing or already knew or learned in university during undergrad."

Trish Kopan, Laboratory Values

"This course has successfully used technology to remove the miles between pharmacists and provide an excellent experience in sharing knowledge that I could previously only have imagined being a part of."

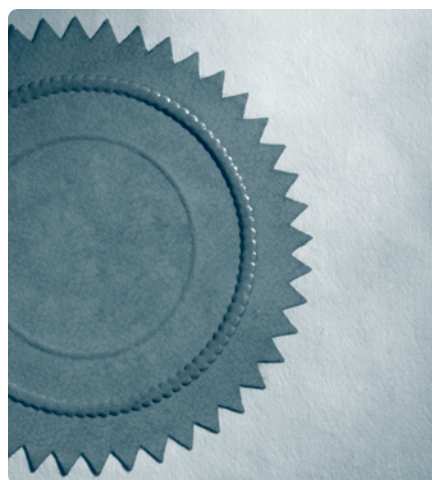
Darsey Milford, Anticoagulation

"As one of two community pharmacists in the course, at the beginning I seriously wondered what I was doing there and seemed lost as those around me had so much more clinical experience in anticoagulation. In the end, I am prepared to offer this expertise in my community and will convey the message to my physicians as change evolves rurally. This course gave me access to many experienced pharmacists that enhanced my learning and the delivery of the course allowed me to be able to fit the course into a busy life and participate from my rural location."

Rita Lyster, Anticoagulation

Sign up now

For future course dates, course descriptions, and registration information, go to the Continuing Pharmacy Education website at www.pharmacy.ualberta.ca/conted/



Display those credentials

Licence, ethics, and practice permit

Remember to display your pharmacy licence and Code of Ethics in the pharmacy where the public can see them. Not only does this demonstrate your professionalism and foster customer confidence, it's also a requirement of the *Pharmacy and Drug Act*. Carry your personal Practice Permit too. It is no longer necessary to display your Certificate of Registration; however, you must have your Practice Permit available to show, if asked.

Name tags

Pharmacy personnel are required to wear name tags that state not only who you are (your first name is adequate), but what your role is in the pharmacy: pharmacist, pharmacy technician, pharmacy assistant or the like.

Hours of operation

Be sure the pharmacy's hours of operation are posted at each entrance to the pharmacy and that your pharmacy remains open during its posted hours. If the pharmacy needs to close temporarily for a day or longer, contact ACP in writing and consult the *Guidelines for Temporary Pharmacy Closure* on the college website at pharmacists.ab.ca.

From the faculty

Dean Franco Pasutto welcomes three new researchers to the faculty.

Dr. Carlos A. Velázquez (Assistant Professor) – Before joining the U of A faculty, Dr. Velázquez received a MSc. degree at the National Autonomous University of Mexico (1994-97). In 2001, he continued graduate studies (Ph.D. level) at the U of A under the supervision of Dr. E. Knaus. He then moved to the Laboratory of Comparative Carcinogenesis, National Cancer Institute (part of the NIH). His work focused on the chemical synthesis of compounds designed to release at least two active components *in vivo*, namely a non-steroidal anti-inflammatory drug and nitric oxide. These drugs are expected to become safer probes to study the relationship between the biological effects of nitric oxide and the so called "inflammation-to-cancer" pathway, and hopefully, they may lead to compounds to design gastrointestinal- and cardiovascular-safe drugs.

Dr. Paul Juarez (Assistant Professor) received a Ph.D. in pharmacology from the U of A in 2002 under the supervision of Prof. M Radomski. He followed Prof. Radomski to the U of Texas Health Sciences Center-Houston. In 2005, he returned to Canada and worked at the Terrence Donnelly Cardiac Surgery and Vascular Biology Research Lab at St. Michael's Hospital in Toronto from 2005-2008. Juarez's research interests focus on the pharmacological regulation of platelet-derived angiogenesis mediators.

Dr. Arno G. Siraki (Assistant Professor) obtained his doctorate from the U of Toronto. His interest in free radical research led him to conduct post-doctoral work at the National Institute of Environmental Health Sciences, NIH, in North Carolina. Dr. Siraki's research interests at the U of A will further expand upon the possible mechanisms that free radical metabolites have in adverse drug reactions.

Pharmacist profile: Meet Erin Meier

Erin Meier has accomplished a lot in her 25 years! Shortly after receiving her BSc Pharm, she went on to earn her education degree. An avid fitness and nutrition enthusiast, Erin is now well on her way to completing her nutrition and personal training certification through the American Professional Fitness Certification program. On Oct. 4, 2008, Erin was honoured at the Speaking of Women's Health conference in Edmonton. Erin was selected for her accomplishments, passion for health and healthy lifestyles, and the significant difference she has made in her patients' lives.

ACP spoke with Erin to find out more about what drives and motivates this busy pharmacist.

What drew you to the profession of pharmacy?

My dad is a physician so I knew that a health care profession was in my future. In high school, I didn't really know about pharmacy until my mom suggested it, so I volunteered at a pharmacy during a summer break and I really liked it! I had the opportunity to interact with patients and participate in breakdowns of symptoms. I really liked that you had to be on your feet with regards to answering questions that patients have – you really need to know your stuff!

What do you enjoy the most about the profession? The least?

I love being a Certified Diabetes Educator. I love setting newly diagnosed diabetics up with the tools they need to manage their diabetes. It's great to be able to sit down one-on-one with them and interact.

In community practice, you are very aware that it is a 'business' and it can be frustrating that there isn't room or time to do many of the things we pharmacists are trained to do. I don't think that a patient should wait until they get to a hospital to get the care that they need and that community pharmacists are currently able to provide. The thing is, with pharmacists still so busy filling prescriptions, the lack of rights for technicians at this point, and community pharmacies focused on the bottom-line, pharmacists just don't have the time to put into practice so much of their knowledge.

Where do you work? Describe your pharmacy practice setting.

I currently work with two independent community pharmacies in Edmonton. Dollar Drug is a prime example of an extremely busy community pharmacy. There are usually two pharmacists and two technicians on at a time and we definitely have our hands full! Our clientele consists mostly of low income individuals and seniors.

I also work at Hawkstone Home Health Care Pharmacy. Compounding and home medical supplies are niche services that we provide. We are implementing an exciting diabetes initiative where I plan on setting up one-on-one seminars, screening sessions, lunch hour sessions, and really making an effort to get out into the community. We are trying to target the Aboriginal population and I hope to offer some education sessions on some of the reserves in the area as well.

What do you think is the biggest challenge for pharmacists right now?

Trying to balance what we have to do, with what we want to do, with what we are trained to do. There are really great CE courses and pharmacists have the drive to take them, but often aren't able to implement the knowledge gained. Also, the public doesn't know about these courses and may not be aware of the depth of their pharmacist's knowledge.

Where do you see yourself in five years?

I would like to settle into a more consistent routine. I'd like to be fully engaged in diabetes care – like the Hawkstone program, going from pharmacy to pharmacy educating patients about diabetes management. I'd also like to initiate diabetes awareness programs within the education system, maybe as a part-time teacher. I think with the increase in child obesity and the increased cases of Type II diabetes in our younger population, it will be important to educate at these levels.

What words of wisdom do you have for some of Alberta's newest pharmacists?

Engage in courses to grow your knowledge and skills early in your career. You don't realize unless you are motivated to push yourself that things can become a little too routine in pharmacy practice.

Try to offer something unique to your community – carve out a niche for yourself – and find someplace where you can apply your knowledge everyday. Realize that you CAN do this right away, right after graduation! Become an expert at something – something you are passionate about. There are so many options for pharmacists, so many things that you can add to your everyday practice.

Tri-profession conference – *mark your calendar*



Strengthening the Bond
Culture, Collaboration and Change

Don't miss the 2009 tri-profession conference, May 21-23. Organized by physicians, registered nurses and pharmacists and held at the beautiful Banff Springs, this is one event you

won't want to miss! Join other health professionals as they examine culture and collaboration, and take key learnings back to your workplace.

For more information and registration forms, go to www.buksa.com/strength. The early bird registration deadline is April 17. Don't wait – the last one sold out!



University of Alberta
Practice Development/Continuing Pharmacy Education

WOMEN'S HEALTH TOPICS **Menopause** *A short course on assessing and managing the menopause transition* Feb. 17- 19, 2009

This course involves a three-day workshop, combining lectures and hands-on learning activities, where participants will explore the menopause transition from a variety of aspects. Learning topics include: role of the pharmacist, how women age, cultural perspectives on menopause, drug and non-drug management of symptoms. Patient care skill development is a major focus of this course and includes patient assessment, documentation and interpretation of drug information. Participants will be learning in a state-of-the-art facility, interacting with standardized patients in a simulated practice environment. The course offers opportunities for one-one and group feedback. Participants can expect to complete readings and assignments before, during and after the workshop.

Location:

TELUS Centre for Professional Development, U of A

Early registration deadline:


January 16, 2009

For course information and registration form, go to:


www.pharmacy.ualberta.ca/conted/




In memory...

 **Donald Henry Fisher** of Vauxhall passed away unexpectedly on Oct. 23, 2008 at the age of 67. Born in Taber, Don graduated from the U of A with a BSc Pharm in 1962. He married Rose Platt and moved to Cardston where he began his career as a pharmacist. In 1974, Don established "Fisher's Pharmacy" in Vauxhall and became a "pillar" of the community.

Don was very involved in his community. He served two terms as mayor and served on many committees. He always made special time for his children and grandchildren and will be greatly missed by both family and friends.

 **Stephen Mallet-Paret** passed away on June 11, 2008. He was 53 years old. Born in Edmonton, Stephen graduated at the top of his U of A class with a BSc Pharm with distinction in 1977 and his Masters in Radiopharmacy in 1981. He earned numerous awards including the Charles E. Frost Scholarship, the Dean's Award, the APhA Award in Dispensing, and a Research Fellowship from the Canadian Foundation for the Advancement of Pharmacy. Stephen will be fondly remembered for his gentle soul, kind heart, and musical talents.

 **Joe Tucker** of Calgary passed away on Nov. 5, 2008 at the age of 83 years. Joe grew up in Calgary, attended Central High School, served in the Royal Canadian Air Force and graduated from the U of A with his Pharmacy degree in 1949. He owned and operated Tucker Drugs, a city landmark for over forty years.

Joe was predeceased by his wife Sorch, and is survived by his three sons and daughters-in-law. He will be remembered by his friends and family.

Clearing up metronidazole dispensing confusion

There has been some confusion and errors when dispensing metronidazole suspensions. Metronidazole base and metronidazole benzoate suspensions are **not equal** on dose basis. Some patients received the base suspension at the benzoate dosing, which resulted in significant nausea and vomiting. As there is currently no commercial liquid form of metronidazole, it must be compounded to accommodate pediatric doses for those who cannot swallow tablets or capsules. To prevent dispensing errors, please bear in mind the following:

Metronidazole USP 50 mg/mL

Although sweetened with commercially available flavoring agents (e.g., Ora-blend, cherry syrup), metronidazole is very bitter, hence difficult to administer to a child.

Metronidazole benzoate 50 mg/mL

This is the benzoic acid ester of metronidazole base. Non-specific esterase activity in the gut cleaves the ester to benzoic acid and metronidazole (the free alcohol). This formulation is much less soluble because of the bulky

non-polar group; therefore, more of it is needed to provide an equivalent amount of metronidazole base. The advantage of the metronidazole benzoate preparation is that it is tasteless and more palatable.

Conversion = 0.625

For example, 200 mg metronidazole benzoate = 125 mg metronidazole base.
(200 mg \times 0.625 = 125 mg).

Dosing

Appropriate dosing is based on the metronidazole base. Prescriptions are usually written for the metronidazole base suspension, unless specified as the benzoate preparation.

Recommendation

If you receive a prescription for the metronidazole benzoate preparation, and are unable to compound it, please contact the physician. Please contact the Alberta Children's Hospital Outpatient Pharmacy at (403) 955-7303 for more information if required.



New ACP e-newsletter coming to you

ACP is introducing a bi-weekly e-newsletter to get you the information you need when you need it. Not only will you get the news faster, this new format will also allow you to see graphics and diagrams, links and electronic archives, and to see it all in an easier to access and appealing reader-friendly format.

The e-letter will not replace *acpnews*, but will decrease its frequency from six to four issues per year.

The e-newsletter will be safe, secure, and usable on a variety of platforms and systems. The file sizes will be extremely small (as the letter is externally hosted), so there is no danger of it slowing down your system.

Watch your email for the first issue in January. Enter your suggestion for the new newsletter's name (details will be in the first issue) and you could win a \$200 Future Shop gift card.



Not getting college emails? Check your forwarding address.

With so much important information coming from the college electronically now, you don't want to miss out! Remember that if you forward your college email to another address, you must manually change the forwarding address each time you change accounts.

ACP can not redirect pharmacist email to another account; we don't have access to or permission from your Internet service provider. The only address that will be registered at the college is the one first assigned upon licensure (e.g., 1234@pharmacists.ab.ca or the alias first.last@pharmacists.ab.ca). To forward your email to another account:

1. Go to the ACP website (<http://pharmacists.ab.ca>) and log on to *Registrant Mail* (the envelope icon on the left side of the homepage).
2. Choose *Options* from the menu on the left side of the screen. A page with a list of headings will appear.
3. Choose *General*, the first option in the list. A new page will appear.
4. Approximately half way down the page is a box entitled *Forward all mail to the following address*. Enter the email address you would like your messages forwarded to in this box.
5. Directly beneath that box is a very

small box entitled *Don't deliver to this mailbox*. Click on the small box to add a check mark to it. The check mark signifies NOT to deliver to the Registrant Email inbox, but to forward the mail to the new email address you indicated. If you choose not to add the check mark, any email communications will be forwarded to both the new address and the Registrant Email inbox, creating duplicates of the same message. By redirecting the account, you will ensure that you don't miss any important information from the college.

Public awareness campaign update

The first wave of ACP/RxA's joint public awareness campaign ran from Oct. 20 to Nov. 13. The message encouraging the public to "Get to know your pharmacist – the more they know, the more they can help," was delivered via radio, consumer magazines, PHSN TV (TV seen in 73 waiting rooms in Alberta), online, and through conference and meeting presentations.

What was the reaction?

We conducted a post-market province-wide phone survey with 230 women aged 35 to 55 years (the target audience). We also reviewed the radio, PHSN TV and online statistics for our campaign period.

Across the board, results were excellent. We were well above industry average for ad recall in all media. Given the environmental "noise" at the time of the campaign (two elections, dire economic news), the results are especially heartening.

Highlights

Radio: 36.5% of females 35-54 heard the ads 11.5 times on average.

Print: The most recalled magazine ad was in *Chatelaine*

PHSN TV: 176 ads/week were shown, and 725,444 patient were exposed to the network over the campaign

Online: The ad was displayed 4,436,456 times, with 960,936 viewers interacting with the ad (the ad featured five multiple choice questions about pharmacist practice).

What's next?

Wave 2 of the campaign is scheduled for the last week of February/first week of March. Along with radio and other media, we will also be sending you in-store materials. These will help you make your customers aware of what a valuable resource you are. As always, we would love to hear your ideas, your wishes for the campaign and your customers' reactions.

Have lots of opinions, but little time?

If this describes you, then you're exactly who we need! We are creating a "go to" pharmacist group to bounce ideas off, check facts with, ask questions of, and make sure the campaign truly delivers the messages pharmacists want the public to hear.

Interested? Contact Cynthia at RxA or Karen at ACP.

Cynthia Rousseau
RxA Director of Communications
cynthia.rousseau@rx.ca
780-990-0326

Karen Mills
ACP Communications Leader
karen.mills@pharmacists.ab.ca
780-990-0321 or 877-227-3838



Notes from the field

Some common issues have come to light during recent visits to community pharmacies. They are shared here to remind pharmacists and pharmacy licensees of their role and responsibilities when providing care to patients.

Obtaining patient TPP prescription profile

Pharmacists can obtain a copy of their patient's TPP prescription profile as a tool in your management of their care. These profiles are easily obtained, usually within 30 minutes, by contacting the College of Physicians & Surgeons of Alberta at (780) 423-4764 or 1-800-561-3899.

These profiles provide a listing of all triplicate prescription information for your patient, and a summary of other health care providers who have also requested your patient's TPP profile. The summary can help you develop collaborative relationships and target communication to promote a better circle of care for your patients.

Pharmacists' role in determining the appropriateness of a prescription

Having an authentic and valid prescription from an authorized prescriber does NOT necessarily fulfill your obligation in determining the appropriateness of dispensing that prescription.

As pharmacy continues to move beyond its traditional role as a safe drug distribution network, pharmacists can no longer rely on assumptions or defer to another practitioner's judgment in determining the appropriateness of a patient's medication therapy.

Review Standards 2 through 5 of the Standards for Pharmacist Practice. In particular, Standard 5.6 states:

A pharmacist must determine the appropriateness of a prescription for the condition being treated by considering relevant factors that a reasonable pharmacist would consider in the circumstances including, but not limited to, whether:

- (a) *the prescription is accurate;*
- (b) *prescription orders a drug or blood product for an indication that is:
 - (i) *approved by Health Canada,*
 - (ii) *considered a best practice or accepted clinical practice in peer-reviewed literature; or*
 - (iii) *part of an approved research protocol;**
- (c) *the dose, frequency and route of administration are appropriate;*
- (d) *there is therapeutic duplication;*
- (e) *there are actual or potential adverse reactions, allergies or sensitivities;*
- (f) *there are actual or potential drug interactions;*
- (g) *the regimen for administration is practical, based on the patient's functional ability;*
- (h) *the patient's organ function, such as renal and hepatic function, will tolerate the drug or blood product;*
- (i) *the results of laboratory or other tests, if applicable, support that prescription; and*
- (j) *other patient-specific characteristics.*

The information available on the patient's EHR through Netcare can also help you determine the appropriateness of a new prescription or refill request. Under the *Health Information Act*, (Section 27(1)), pharmacists, as custodians, may access (i.e., use) patient-specific health information such as drugs dispensed and lab values to provide health services.

Pharmacists' role in documenting records of care

Pharmacists are reminded about the requirements in Standards 18.3 and 18.4 of the Standards for Pharmacist Practice regarding the documentation of care records.

18.3 *A patient record must include:*

- (a) *patient demographics,*
- (b) *a profile of drugs provided, and*
- (c) *a record of care provided.*

18.4 *In addition to the requirements set out in this standard a patient record must meet the requirements of Appendix A.*

As pharmacist practice becomes more patient care centered, there is an increasing need to record pharmacists' decisions and care. It is often just as important to document the care that you may choose NOT to provide, and the reasons for this decision. These records are crucial to ensuring safe, effective, and responsible pharmacy practice.

However, based on recent investigations, a more frequent and consistent approach to documentation is needed.

Documenting decisions on the prescription hard copy creates many additional issues. For example, these patient care notes may not be easily accessible by other members of the pharmacy staff. In addition, documenting a record of care on a prescription would require you to retain that prescription for **10 years** past the service date, instead of retaining a "normal" prescription hard copy for only **3.5 years**. Pharmacists and pharmacy licensees are encouraged to develop and use means other than the prescription hard copy for documenting records of care.

Resource: You can find current legislation and standards on ACP's website under *Pharmacist Resources*.

What are you waiting for?

Have you read the Guide to Receiving Additional Prescribing Authorization? Still not sure if this authorization fits well with your practice?

The status quo is not satisfactory or sustainable. Dispensing functions may be centralized and/or automated, pharmacy techs will soon be playing a larger role, and the health system can't/won't pay for inefficient use of professionals. You may not be receiving the professional recognition or job satisfaction you deserve, and patients are not getting as much benefit as they could from pharmacists' skills.

The next edition of *Transition Times* is dedicated to busting myths about additional prescribing authorization. Watch for it in February, but while you wait, ponder these three scenarios. Have you had similar experiences?

Scenario One:

"Recently, I was approached for help with cold sore medication by a woman in the OTC section of my pharmacy. She was currently experiencing prodromal symptoms which occur regularly for her before the presentation of the actual sore. She wanted a product that may help alleviate the symptoms and shorten the duration of healing. I am limited with the products available in the OTC section because they have minimal efficacy. I thought to myself that I would have liked to prescribe Valtrex 2 grams and 2 grams 12 hours thereafter. I shared this information with the patient but she said she could not see her doctor in time to obtain a prescription. I then recommended Abreva as the next best alternative. If I had the additional prescribing authorization, this

patient would have benefited from my knowledge and skills."

Scenario Two:

"For seven years I have been monitoring INRs, making recommendations regarding warfarin dose adjustments and providing individualized schedules for patients on warfarin requiring bridging to LMWH therapy during times of surgery. Prescribing authority would not change what I am doing or the services that I am providing. It would however, allow me to provide this service during times when physicians are unavailable (weekends, late afternoon and evenings) and therefore prevent complications that can come with waiting. It would also help to reduce significant costs associated with an emergency department visit when this presents as the only option for a physician to provide warfarin medication, or advice regarding dosing."

Scenario Three:

"I work in a rural pharmacy; the hospital is 40 km away. A gentleman that I have known for several years cut his hand at work on a potentially dirty piece of metal. It was not a serious cut and had been thoroughly washed, but his wife was concerned about his lack of adequate tetanus coverage. Further investigation revealed that his last tetanus booster was more than 20 years previous. I reviewed the risks of tetanus with him. This man had no prior allergies to any medications and had no previous recollection of adverse reaction to an injection immunization or



otherwise. He was concerned about the tetanus risks but did not want to drive to the nearest hospital to sit and wait in emergency to see a physician for a prescription and injection. I have the authorization to administer drugs by injection but could not write the prescription for the tetanus booster. The public health clinic was closed. To be safe, the man had no choice but to drive to the hospital."

The time is now.

It is the beginning of a new year so why not make it the beginning of a new practice. You are the medication expert and you should avail yourself of all the tools at your disposal to use that expertise for your patients.

If you haven't already done so, complete the self-assessment in the *Guide to Receiving Additional Prescribing Authorization*. You do not have to have "specialist" training or work in a specialized environment. If you practice and document according to the *Standards for Pharmacist Practice*, you should already have everything you need to apply for additional prescribing authorization. You may be more ready than you think!