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Are "points" good for the profession?

I think inducements degrade our profession and take away from the value of services.

Reward points improve patients' compliance with their medications. The points motivate them to pick up their initial prescription and refills.

These two comments represent ends of the spectrum ACP heard over the past month in registrant surveys, stakeholder interviews and public focus groups. Thank you to everyone who took time to share their opinions.

ACP's job is to optimize the health of Albertans and the work environments for pharmacy practitioners. In the past year, we have observed changes in the forms, quantities, and frequency of inducements and the targeting of vulnerable populations that have heightened our concern that these programs are not conducive to the best patient or pharmacy practice.

Therefore, it is an issue that council has marked as a priority.

When we talk about inducements and pharmacy, the conversation is complex. ACP council is taking steps to better understand the issues and its options for dealing with inducements. First, council commissioned a report to examine policies and legal precedent in other jurisdictions. Across the country, regulations and opinions vary.

In Alberta, physicians, dentists, and physiotherapists all have some type of inducement prohibition in place.

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Are “points” good for the profession? *continued from page 1*

Pharmacy and inducements: a pan-Canadian view

Province	Status
British Columbia	Inducements and loyalty programs are prohibited on government-insured prescriptions, services and supplies
Alberta	Prohibition if potential harm to patients (<i>Code of Ethics, Principles 1.13 and 7</i>)
Saskatchewan	Silent
Manitoba	Inducements to transfer pharmacies prohibited
Ontario	Prohibits inducements and loyalty programs
Quebec	Prohibits advertising of inducements and loyalty programs
New Brunswick	Silent
Nova Scotia	Silent
Newfoundland	Prohibits advertising of inducements and loyalty programs
NWT/Nunavut	Silent
Yukon	Silent

When ACP surveyed the public in 2010 and stakeholders in 2011, we found that 51% of the public and 65% of stakeholders considered it inappropriate to receive points, rewards or incentives in return for products or services received from a health professional.

What happens next?

Council will review the information gathered from the research of the past month and discuss it at their September meeting. We will also share highlights of the research results and any council decisions with you in future editions of *The Link* and *acpnews*.

How can you be involved?

If you have not yet had the opportunity to provide your views on inducements, it's not too late. You can:

- Contact your councillor – contact information is available on the ACP website under *About ACP/council*.
- Email Karen Mills, ACP Communications Director (karen.mills@pharmacists.ab.ca). She is collating the information for council's review.

Inducements [in'du:smənts] n.

Inducements include programs, promises, or rewards that create an incentive for a patient to fill prescriptions or to obtain services from a specific pharmacy. Inducements in the pharmacy profession have historically focused on loyalty programs (e.g., Air Miles, “point” collector cards). However, inducements can encompass a range of incentives for consumers to change pharmacies, or to stay with a company, or to buy more of a product. Inducements could include in-store coupons, gift certificates, or bonus products.

In general, an inducement is anything that may persuade an individual to act in a particular way. The inducement is meant to push an individual to make a change or to behave differently.

How 3 pharmacists are ADAPtIng their practices

Pharmacy practice in Alberta has changed a lot over the last five years and it can be a challenge to keep up. To stay on the top of their games, several Alberta pharmacists are enrolling in the ADAPT program.

ADAPT is a 19-week course designed specifically for practising pharmacists. It was developed by the Canadian Pharmacists Association (CPhA) and the Canadian Society of Hospital Pharmacists (CSHP). Using interactive online learning, supportive moderators and plenty of peer interaction, ADAPT helps pharmacists master skills and build confidence in:

- Medication assessment
- Collaboration
- Patient interviewing and assessment
- Making evidence-based clinical decisions
- Documentation
- Developing and implementing patient care plans

We spoke with three pharmacists who have completed the ADAPT program to find out about their experiences and seek advice for prospective participants.

All three pharmacists agreed that the course required a significant time commitment (an average of about eight

hours a week), but found that the more they put into it, the more they got out of it. Some units required more time, depending on the subject and the pharmacist's experience. "The patient cases were all based on adult medicine – my practice has been in paediatrics, neonatology ... the only experience I have with adult medicine is working in the dispensary," explained Christy Gilkes. "I had to teach myself a lot."

As you might expect, given their different practice experiences, their opinions differed when it came to other aspects of ADAPT. We'll let them explain.



Christy Gilkes ...

practices in general paediatrics at Alberta Children's Hospital. She has been in practice for 20 years. "We precept a lot of pharmacy students and residents," Christy notes. "I felt like I needed to update my skills to better reflect what is being taught in pharmacy school now."



Ryan Stempfle ...

maintains a community practice and works in long-term care and assisted living in Edmonton. He has only been out of school for three years, but enrolled in ADAPT because, "I wanted to integrate better into multidisciplinary teams, and learn a standardized format for relaying critical information about clients."



Maryann Chmilar ...

works in a small hospital in Redwater. In her 29 years of practice, she has worked in both retail and hospital settings. "I had been puzzled by our changing scope – why did we have to change? An email from CPhA describing the ADAPT pilot course caught my eye. The subject matter of Module 1 (a review of the background of healthcare in Canada, and how it has led to our expanded and changing scope of practice) really caught my interest."

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Did you learn anything new or surprising?

Christy: Adult medicine was new to me. I didn't have a lot of experience in evidence-based medicine; I often use journal articles, but the idea of evidence-based medicine was new – this wasn't taught when I was in school. Other than that, it builds on existing skills and knowledge.

Ryan: I'm a fairly recent graduate, so I think it mostly built on what I already know. It did provide a nice approach to building multidisciplinary teams, though, and it sharpened skills needed to build patient relationships. It also provided an invaluable one-page tool on evidence-based medicine.

Maryann: I did pick up some new skills and knowledge. The history of healthcare in Canada was really interesting – and a very good basis for understanding the need for pharmacists to practice in our new expanded scope.

What area of your practice do you think ADAPT helped you grow in the most, and how?

Christy: Documentation, evidence-based medicine, and patient interviewing skills were the big ones. ADAPT taught me a concise, organized format for documenting – it was better than the previous system I used. The format highlights medication problems, is more relevant, and is more useful for other healthcare professionals, too.

Ryan: It helped me standardize an approach to documenting clinical interventions and care plans. Practising this throughout the week really instilled confidence.

Maryann: It's hard to narrow it to one area. I feel that the skills I gained in ADAPT have helped almost all aspects of my practice. I am finding it so rewarding to be discussing medication choices with the physicians when they are deciding on the patients' care, and the skills and confidence I gained from the course have really helped me in this new role.

Can you describe a scenario where you used the skills learned in ADAPT to provide better patient care?

Christy: There was an instance where we were uncertain about what medications a patient was on. Using skills from ADAPT, I communicated with the patient's community pharmacy, neurology clinic, and parents. The actual medications he was on were very different from what was on his chart.

Ryan: Working in a multidisciplinary team in assisted living. It has really enhanced and improved outcomes and confidence in these scenarios for me.

Maryann: We had an outpatient come to our emergency department with a question about a prescription. Her questions had already been dismissed by a very busy MediCentre. I did a quick basic history (format I had learned in ADAPT), assessed weeks of pregnancy, did a drug database search of pregnancy risk with her Rx and printed a copy of the same to give to her, answered her questions about the safety of the antibiotic prescribed during pregnancy, and explained the difference between a bladder infection and a kidney infection. She left, reassured that the Rx was appropriate and safe for her, and I was reassured that pharmacists are very able to help ease the pressure in our health system.

What is the most valuable thing you learned in ADAPT?

Christy: The last module, where you put all the pieces together to make a complete patient care plan, was the most valuable. It takes you through the whole process so you can see how all the skills work together, and makes it more realistic as it applies to your own practice.

Ryan: How to document thoroughly, the patient interview process, and how to build rapport with patients (and keep tangential patients focused).

Maryann: I learned that pharmacists are very capable of assisting patients and working together with our colleagues in healthcare (physicians, nurses, physiotherapists, social workers, and so on).

Is there anything you wish you would have known before starting the program? What advice would you give to someone who wants to take the program?

Christy: Get familiar with evidence-based medicine, and the terminology used in it. This is where I struggled most, since I had no background in this area. If you studied it in school five years ago, it won't be as difficult.

Also, though the new course units start on Wednesdays and the units run Wednesday through Tuesday, the deliverables are due on Saturday. Saturday through Tuesday is for discussions and feedback. So, while it looked like there would be a week to do assignments, there was really only four days.

Ryan: I recommend that pharmacists try to look at ways to integrate into a multidisciplinary team as soon as possible, so that when they get into the course, they're not searching for those options or team members.

Maryann: I definitely wish that I had known it would take a good seven to eight hours of work per week.

Who would be a good candidate for ADAPT?

Christy: Someone who wants to improve and elevate their practice, and know what students coming out of school are learning. Preceptors would be good candidates, as well as those who really want to become better pharmacists.

Ryan: I recommend this program to anyone. If you have discipline, you'll have no trouble completing it.

Maryann: I feel that any pharmacist – young or old, experienced or new—who puts their patient/customer as their priority would benefit from ADAPT. There are so many tools and skills offered that even a very experienced pharmacist will find something new they were not yet familiar with.

...

How can you ADAPT your practice?

The next session runs October 17 to March 5. Register online now at www.pharmacists.ca/adapt.

ADAPT is accredited for 76 CEUs. Pharmacists who successfully complete ADAPT may also challenge a Certificate Assessment process and be awarded a *Certificate in Patient Care Skills*.



New pharmacy licence? Update your website

The 2012-2013 pharmacy licences have just been issued - ensure yours is uploaded onto your pharmacy website. Section 23 of the Pharmacy and Drug Regulation requires that pharmacy websites display a scanned copy of the current pharmacy licence.

Your pharmacy website must also display:

- the location, mailing address, email address and telephone number of the pharmacy
- the name, pharmacist practice permit number, and business address of the licensee
- a statement that the licensee is required to provide, on the request of a patient, the name and practice permit number of any regulated member who provides a pharmacy service to the patient or who engages in the practice of pharmacy with respect to a patient
- the name and business address of the proprietor
- if the proprietor is a corporation, the name of the proprietor's representative
- a scanned copy of the Patient Concerns poster (a link to the poster on the ACP website is also acceptable)



Notes from the field

Finding and fixing common pharmacy deficiencies

The background

ACP pharmacy practice consultants continue to help pharmacy teams correct deficiencies, improve work flow and enhance practice. Over the last six months, the consultants have identified the most common deficiencies in pharmacies across Alberta. We will review all of them in **aφnews** and The Link over the coming months.

While we know that change isn't always easy or fast, we hope that with our support and educational tools such as Chat, Check and Chart, pharmacy teams will be able to make incremental changes to their practice and operations that are SMART (Specific, Measurable, Achievable, Relevant, and Timely).

The deficiency: Insufficient documentation of patient care activities

Have you ever had an uncomfortable encounter with a patient when you couldn't answer their question because there wasn't enough (or any) information about what another pharmacist in your pharmacy had done when they were treating the patient the day before?

Don't you hate it when you go to check a patient's history and the story in the file doesn't match their story at all?

And, have you ever provided patient care but not documented it even though it frustrates you when others don't document? (You don't have to answer out loud.)

If you answer yes to any of these questions, then you know why insufficient documentation of patient care activities tops the list of pharmacy deficiencies ACP pharmacy practice consultants have identified and want to help you fix.

According to Standard 18 of the *Standards of Practice for Pharmacists and Pharmacy Technicians*, pharmacists must create and maintain patient records each time they dispense, prescribe, or administer a Schedule 1 or 2 product.

Why? Documentation of patient care activities provides a record of your having:

- assessed the patient and their therapy,
- resolved actual or potential drug therapy problems,

- implemented a care plan,
- provided information to the patient to support their medication management, and
- provided the appropriate follow up for monitoring.

This is invaluable information in future encounters with the patient.

The fixes

1. Document assessments, care plans and follow-up

For most pharmacy interactions, a number of patient care activities must take place and therefore must also be documented in the patient's record. These activities include but are not limited to:

- completing a patient assessment to evaluate the appropriateness, effectiveness, safety of and the patient's adherence to any medication to be dispensed;
- developing a care plan; and
- establishing a follow-up plan.

Documenting these activities also meets Standard 18.2(c), which indicates that the pharmacist must make an appropriate entry in the patient record when they establish a follow-up plan or other patient care plan and Standard 18.3(c) which indicates that the patient record must include drug therapy problems and/or interventions, monitoring plans or actions related to drug therapy problems, and other information related to patient care practice.

2. Know what constitutes a patient record

There is a misconception that documentation must be voluminous. Instead, think quality over quantity. Standards 18.3 and 18.4 outline the elements of the record of care that must be documented in the patient record.

A patient record must include:

- a) patient demographics,
- b) a profile of drugs provided, and

- c) a record of care provided including but not limited to:
 - i. drug therapy problems identified and/or interventions, monitoring plans or actions related to drug therapy problems;
 - ii. prescriptions written;
 - iii. drugs, blood products, or vaccines administered;
 - iv. other information related to patient care practice.

A patient record must also meet the requirements of Appendix A of the Standards.

Records must always be clear, concise, and easy to read (Standard 18.7)

3. Know the record keeping requirements

Standard 18.10 stipulates that these records must be retained for at least 10 years after the last pharmacy service or two years past the age of majority, whichever is greater.

If you are not already documenting at this level, make a plan to incorporate it into your practice at once. Start with two patients per shift (a new and a refill or adaptation), work with your pharmacy team to support each other, decide how your computer system best supports your ability to document, and gradually work this into your practice.

Need more help?

- Use the Chat, Check and Chart tool card and Record Retention Chart, found on the ACP website under *Practice Resources>Info sheets & posters*
- See the Documentation & Record Retention FAQs on the ACP website under *Practice Resources > Practice guidelines and references*
- Talk to your ACP pharmacy practice consultant. They can help you with LEAN management techniques and charting efficiency.

Use efficient (lean) workflow management and the Chat, Check, and Chart system to help you effectively assess your patients, evaluate their therapy, form a care plan, and document interactions clearly and concisely.

The eDAP (efficient Data, Assessment, Plan) format is short, effective, and gets the job done in less than a tweet (144 characters). It is a practical way that a busy pharmacist can document. eDAP encapsulates

- the **Data** the pharmacist gathers,
- the **Assessment** of the therapy, and
- the follow-up **Plan** for the patient once they leave your pharmacy after getting a new or refill prescription, injection, or a Schedule 2 product.

See an eDAP example on the Chat, Check and Chart tool card.





Best practices for compliance packaging

A recent compliance packaging error resulted in a community pharmacy patient receiving her methotrexate **daily**, when the methotrexate was prescribed to have been taken once **weekly**. As one part of our response to this very unfortunate situation, ACP is providing all pharmacists with the following best practices for providing medications in compliance packaging.

Set up sound procedures

1. Scan verify the DINs of all medications to be placed in compliance packaging.
2. Highlight medications which have an irregular dosing schedule or have a narrow therapeutic index (e.g., methotrexate, warfarin) on the compliance package worksheet and explicitly identify the dosing schedule. Highlight or segregate the stock bottles of these medications to allow for easy recognition.
3. Never place medications into compliance packaging directly from manufacturer stock bottles.

Initially place all medications to be dispensed into a compliance package into a vial and make an initial check at this point to ensure the medications to be packaged are accurate. This intermediate step allows you to individually count and check all medications for accuracy, thereby preventing you from inadvertently placing those medications with unusual dosing requirements (such as once weekly or alternate days dosing) into compliance packaging for daily ingestion.

4. Document on the patient record all changes made to a patient's compliance packaging. Have these change records readily accessible at the time of packaging and reviewed

by all pharmacy staff involved in preparing and checking the compliance package.

5. In addition to the labeling requirements for all dispensed prescriptions outlined in Standard 7.5 of the *Standards of Practice for Pharmacists and Pharmacy Technicians*, include for every blister the medication's name, strength and a **brief visual description** to assist the patient in identifying which medications he/she is taking in every blister. The Dispill® Packaging System available through most medication wholesalers is one example of a compliance packaging system that allows for the identification of each medication within each blister.
6. Never amend a patient's previously sealed and dispensed compliance package. If changes are made to a patient's medication therapy, recall any previously prepared compliance packs and then prepare, check and dispense a new compliance package in accordance with all of the patient's current medications.
7. Consider packaging medications with irregular dosing schedules in a separate card.

Use staff wisely

8. Ensure your pharmacy has clear, written policies and procedures for compliance packaging that all pharmacy staff, including locum staff, are aware of and adherent to.
9. Allocate sufficient, uninterrupted time to prepare and check compliance packs.
10. Have compliance packs prepared and then checked independently by at least two different pharmacy staff members. The patient's compliance

packaging audit trail records must identify all pharmacy staff involved in the preparing, checking and dispensing of the compliance package in accordance with Standards 7.15 to 7.17 of the *Standards of Practice for Pharmacists and Pharmacy Technicians*.

11. If circumstances do not permit an immediate second check by another member of the pharmacy team, delay releasing the compliance package until the next day when another member of the team is available to check the package or when the pharmacist then has an opportunity to review his/her own work with fresh eyes.
12. Pharmacy licensees should incorporate discussions and feedback about compliance packaging issues into their regular pharmacy staff meetings.

Turn patients into participants

13. Implement a system which requires pharmacist counselling for all compliance packaging that includes medications with an irregular dosing schedule, to ensure patients are reminded of once-weekly dosing, etc.
14. Highlight irregular dosing schedules, medication additions or medication discontinuations on the compliance packaging labels to help the patient to be more aware of any changes to the medication therapy he/she is receiving.
15. During counselling sessions, ask patients to describe their understanding of the information you provide. Notably, ask patients to describe all irregular dosing schedules within their compliance packages, such as weekly doses, increasing doses, and discontinued or newly initiated medications.

New form streamlines drug error reviews

Once you have documented a drug incident, how can you ensure that you and your pharmacy team implement the changes, sustain the improvements and achieve the desired outcomes you set?

One way is to monitor for repeated similar errors. To support your monitoring, ACP has created the **Drug Incident Quarterly Review Report Form**. It helps you document:

1. Drug incidents and required actions reviewed
2. Any significant findings (e.g., repeated incidents of similar errors - are there any patterns?)
3. Further actions implemented and whether those actions resolved the issue

Appendix 9 in *The Systems Approach to Quality Assurance for Community Pharmacies* manual shows an example of a drug incident quarterly review report. A tear-out copy of the form is included in both the manual and the *Incident Analysis Process Summary and Quick Reference Guide*. It is also available as a PDF on the ACP website.

The incident analysis process provides a structured and consistent method to help teams understand how incidents occur so that they can take steps to reduce the likelihood of recurrence.

The incident analysis goals and process are aligned with the *Standards for the Operation of Licensed Pharmacies*; undertaking this type of analysis when incidents occur will help pharmacy teams meet the quality assurance objectives of the Standards.

Resources:

On the ACP website, under *Practice Resources/Drug Error Management*, you can find the:

- *Systems Approach to Quality Assurance for Community Pharmacies*
- *Incident Analysis Process Summary and Quick Reference Guide*
- Drug Incident Report Form
- Drug Incident Quarterly Review Report Form

Want to earn CEUs?

Review *The Systems Approach to Quality Assurance for Community Pharmacies* materials and watch the three audio/visual online presentations on ACP's website. You can document these activities using the Non-Accredited Learning Record template under *Continuing Competence/RxCEL learning portfolio*.

Standard 6.6 of the *Standards for the Operation of Licensed Pharmacies* requires licensees to, at least quarterly:

- review the pharmacy's drug-error reports to evaluate whether practice changes or preventative measures are required to prevent future drug errors, and
- assess whether any changes implemented as a result of a drug error were successful in advancing patient safety.

General guidelines for assigning beyond-use dates to non-sterile compounds

According to the United States Pharmacopeia (2012)¹:

■ Beyond-use dates (BUD) should be assigned conservatively. When assigning a BUD, compounders shall consult and apply drug-specific and general stability documentation and literature when available and shall consider:

- the nature of the drug and its degradation mechanism
- the dosage form and its components
- the potential for microbial proliferation in the preparation

- the container in which it is packaged
- the expected storage conditions
- the intended duration of therapy

■ When a manufactured product is used as the source of the active pharmaceutical ingredient for a non-sterile compounded preparation, the product expiration date cannot be used solely to assign a BUD for the compounded preparation.

■ At all steps in the compounding, dispensing, and storage process, the compounder shall observe the

compounded drug preparation for signs of instability.

■ In the absence of stability information that is applicable to a specific drug and preparation, the following table presents maximum beyond-use dates recommended for non-sterile compounded drug preparations that are packaged in tight, light-resistant containers and stored at controlled room temperature, unless otherwise indicated. Drugs or chemicals known to be labile to decomposition will require shorter BUDs.

By type of formulation

For non-aqueous formulations	The BUD is not later than the time remaining until the earliest expiration date of any active pharmaceutical ingredient or 6 months, whichever is earlier.
For water-containing oral formulations	The BUD is not later than 14 days when stored at controlled cold temperatures.
For water-containing topical/dermal and mucosal liquid and semisolid formulations	The BUD is not later than 30 days.

Please also refer to Standard 10 in the *Standards of Practice for Pharmacists and Pharmacy Technicians* for more information.



Adapting: What would you do?

Did you miss the discussion that arose from the adapting skills test we featured on the back cover of the July / Aug **apnews**? See the recap in the July 10 edition of *The Link*. Click *The Link* icon on the left of the ACP website homepage to access all Link archives.

¹ USP-NF Online <795>. Copyright 2012 The United States Pharmacopeial Convention. Used by Permission.

What to expect when you're expecting a student

Congratulations; you're about to be a new preceptor. So you're a little happy, excited and nervous about the pharmacy student who is coming. Perhaps you are worried that you won't be a good preceptor and that the role won't come naturally to you.

What will I call him? What will he be able to do? Will I have enough clean white lab coats to get through the first few days?

These are all natural questions for preceptors, and the answers can be found in the regulations, *Standards of Practice*, and preceptor manuals.

Student pharmacists are regulated members of the Alberta College of Pharmacists and must be registered to perform restricted activities.

Any U of A student who comes to your practice location has registered with ACP as a student. Students who come to Alberta from another province to complete structured practical training (SPT) are required to register with ACP. Please ensure that your student is registered if he or she is going to perform restricted activities under supervision.

How do I identify if my student is registered with the college?

Your student or intern will be able to produce a practice permit. You can also verify that a student or intern is registered by making a quick call to the college office.

What will we call him?

If you have a registered undergraduate student working for you who is

participating in an SPT program, you may call him a pharmacist student or pharmacy student. A provisional pharmacist may use the titles *pharmacy intern* and *pharmacist intern*.¹

If the student working in your pharmacy is not part of a structured program, they are considered an "individual" employed in your pharmacy. You may not call him by either of the restricted titles, i.e., pharmacist student or pharmacy student, but rather by an unrestricted title such as *pharmacy assistant*.

How do I supervise my student?

Pharmacy students may work only under the **direct supervision** of the preceptor pharmacist. The preceptor must be a registered clinical pharmacist. Further, for a preceptor to be able to supervise and evaluate a student's restricted activities, that preceptor must be authorized to perform that activity and must not have any condition on their practice permit that restricts supervision.

Direct supervision means that you must be present when supervising the

restricted activity and be able to observe and promptly intervene and stop or change the actions of the individual you are supervising.

How do I supervise my intern?

Once an intern is registered on ACP's provisional register, a preceptor may provide either **direct or indirect supervision** of that intern. The preceptor may allow the intern to work under indirect supervision if the following conditions are met:

- the pharmacy has procedures in place that:
 - comply with the *Standards of Practice*,
 - ensure the safety and integrity of the drugs dispensed or compounded by the individual you are supervising;
- you can ensure that the intern complies with the procedures; and
- you are readily available for consultation by the intern and, if necessary, available to provide hands-on assistance to that individual.



Are you in The Link?

Do you know

- Does a pharmacist have to assess a patient's drug therapy and health history for every one of their blister packs?
- If you are the only pharmacist working with a pharmacy technician (i.e., a regulated health professional who has met all the conditions required for that restricted title), can you step out for coffee for 15 minutes? What about going to a meeting for an hour?

Readers of The Link, ACP's e-newsletter, know the answers. Not reading The Link means you're missing out on practice tips and tools, news about upcoming events, and changes to legislation and standards that may affect you and your patients. (And you'll want to review the July 24, 2012 edition to find the answers to the questions at the beginning of the article.)

Use the link on the left of the ACP website to access all archived editions.

The Link is emailed every second Tuesday. Make sure the college has your current email (a requirement of Section 41(1) of the Pharmacists and Pharmacy

Technicians Profession Regulation) and that your spam filter is not blocking delivery.

You can update your email address online at any time.

Follow these steps:

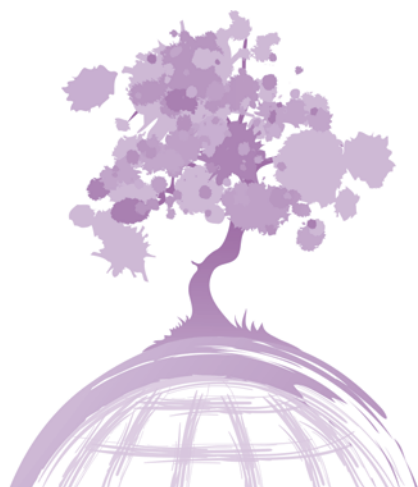
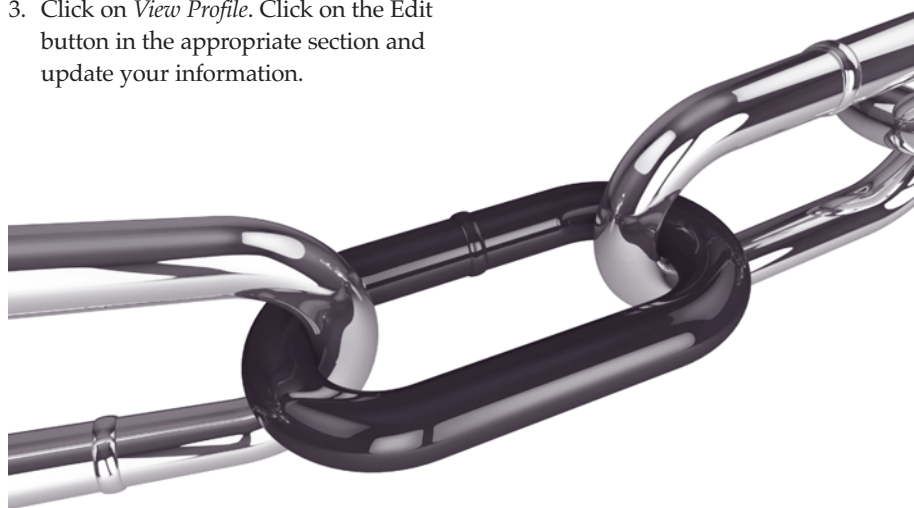
1. Click on *Registrant profile login* on the menu on the left of the ACP homepage.
2. Click on *Login/Logout* and then enter your user User ID (registrant number) and your password.
3. Click on *View Profile*. Click on the Edit button in the appropriate section and update your information.

4. Click *Save*.
5. Your record is now updated.

Forgot your password?

To reset your password online:

1. Click on *Registration profile login*. This will take you to the login screen.
2. Click on the *Click here if you forgot your password* link found below the login screen.
3. Follow the prompts to reset your password.



Save a tree – get your ACP newsletters electronically

Clean up the environment and your post office box. To receive acpnews electronically:

1. Go to the ACP homepage (pharmacists.ab.ca)
2. Click on the Registrant profile login button.
3. Log in and then click on View Profile.
4. Click the "edit" icon in the Contact Information box (second from the top).
5. For your newsletter preference, select email.

Thank you, preceptors



UNIVERSITY OF ALBERTA FACULTY OF PHARMACY AND PHARMACEUTICAL SCIENCES

Throughout this past year, the pharmacy community in Alberta continued to contribute substantially to the experiential program of the Faculty of Pharmacy and Pharmaceutical Sciences. Over 235 community and institutional pharmacy practice sites volunteered to accept our first-, second- and fourth-year students. Nearly 400 pharmacists served as primary preceptors for one or more of these students; a further 230 pharmacists were identified by students as having contributed significantly to their rotation experiences. With this outstanding level of support and involvement, we continue to graduate the very best pharmacists in Canada.

My sincere thanks to everyone who participated in our program. Your contributions are essential to what we do, and greatly appreciated.

James P. Kehr, Dean



L to R: student Sheneez Virani with institutional preceptor Holly Reeves, community preceptor Chandel Lovig with student Andrew Wong

Clinical placement sites and preceptors, August 2011 to June 2012

(Primary* preceptors are in **bold**)

Airdrie

- *Calgary Co-op #19*: Rebecca Chin, **Marion Chorney**
- *Drugstore Pharmacy #1540*: **Amy Becker**, Leslie Leontowich
- *Highland Primary Care Network*: **Cyndy Brocklebank, Michelle MacDonald**
- *Rexall Pharmacy #7231*: **Patrick Zachar**
- *Safeway Pharmacy #281*: **Carol Wei**

Alix

- *Alix Drugs*: Shannon Glover, **Trish Verveda**

Athabasca

- *Athabasca Healthcare Centre*: **Cindy Jones**
- *Athabasca Value Drug Mart*: Neil Cameron, **Louise Zachoda**
- *Rexall Pharmacy #7217*: **Robert Bownes**

Banff

- *Banff Mineral Springs Hospital*: **Carol Vorster**
- *Gourlay's Pharmacy Banff*: **Peter Eshenko, Alma Steyn**
- *Safeway Pharmacy #208*: Kim Purdy, **Phil Wong**

Barrhead

- *Barrhead Health Centre*: **Richard Anderson**, Wilfred Klemp
- *Fyfe's Friendly Pharmacy*: **Lorraine Grant**, Jane Morrow
- *Rita's Apothecary & Home Healthcare*: Margaret Krikke, **Rita Lyster**

Beaverlodge

- *Beaverlodge Drugs Ltd.*: Terri Clegg, **Cody Hauger**, Lana Lojczyc, Michael Lojczyc, Erin Scheidegger

Bellevue

- *Turtle Mountain Pharmacy*: **Darsey Milford**

[My preceptor] truly cared about my experience as a student and wanted to know what the best way for me to learn was. Throughout the rotation he would adapt to my learning style (through my active feedback) to further enhance my experience.

4th year student, Class of 2012

Black Diamond

- *Pharmasave #364*: **Jason Spicer**, Peter Tristram

Blairmore

- *Crowsnest Pass Health Care Centre*: **Lisa Denie**, Joanne Larison

Bonnyville

- *Bonnyville Health Centre*: **Sonia Shapka**, **Lianne Warburton**
- *Clinic Dispensary*: **Curtis Conrad**
- *Pharmasave #325*: **Tyler Cronk**, Peter Davey

Bow Island

- *Apple Drugs Pharmacy*: **Scarlet Champagne**, **Taria Gouw**, Stefan Onischuk

Brooks

- *Pharmasave #345*: **Merle Ann Howard**, James Kitagawa
- *Shoppers Drug Mart #2344*: **Amgad Habeeb**, Doug Levy, Simisola Oyadiran, **Larry Pratt**, Reiko Wenzel

Calgary

- *Alberta Children's Hospital*: **Tanner Bengry**, **Laura Bruno**, **Curtis Claassen**, **Susana Cocic**, **Heather Ganes**, **Christy Gilkes**, **Dorinda Gonzales**, **Terri Hamlin**, **Kim Hugel**, **Rick Kaczowka**, **Timothy Kraft**, **Gina Kwan**, **Krista Lade**, **Karen Leask**, **Angela Liang**, **Angela MacBride**, **Michael Mill**, **Joni Shair**, **Jaimini**

Tailor, Sarah Williams, **Teresa Wong**, Eldon Zaretski

- *Beacon Pharmacy*: **Amy Rego**, **Richard Rego**
- *Calgary Co-op #1 (Midtown)*: **Winnie Cheng**, **Victoria Leost**, **Chelsey Zubkow**
- *Calgary Co-op #7*: **Cathy Cornfield**, **Ijenna Osakwe**
- *Calgary Co-op #9*: **Charlene Christian**, **Matt Faulman**, **Sunil George**, **Ayodeji Omosun**, **Irena Sedlakova**
- *Calgary Co-op #10*: **Rahim Khalfan**
- *Calgary Co-op #11*: **Nathan Chiu**, **Denise Dillman**, **Fern McNaughton**
- *Calgary Co-op #13 (Crowfoot)*: **Sonal Ejner**
- *Calgary Co-op #16*: **Mihir Ejner**
- *Calgary Co-op #20 (Rocky Ridge)*: **Ryan Keller**
- *Calgary Co-op #21 (Westsprings)*: **Nadine Abou Kheir**
- *Calgary Foothills Primary Care Network*: **Giselle Scott-Woo**, **Mike Thompson**, **Esmond Wong**
- *Calgary West Central Primary Care Network*: **Paula Elgar**
- *Dr. Vernon Fanning Centre – Carewest*: **Terry Chan**, **Marjorie Cheng**, **Scott Gelfand**, **Noor Jamal**, **Robert MacLachlan**, **Jill Sexsmith**, **Truman Tong**, **Judy Yip**
- *Foothills Medical Centre*: **Nicole Casavant**, **Raahil Cassim**, **Chelsea Haines**, **Patricia Hung**, **Josephine Liu**, **Samir Patel**, **Negar Sharif**

Bajestani, **Melanie Sunderland**, **Jennifer Syrota**

- *Health Select Pharmacy (Whitehorn)*: **Kristine Ewing**
- *London Drugs #30*: **Farah Mussa**
- *London Drugs #31*: **Alex Chu**, **Erica Evert**
- *London Drugs #33*: **Jason Chan Remillard**
- *London Drugs #40*: **Stephanie Stabler**, **Paul Tran**
- *London Drugs #58*: **Garth Bozswuell**, **Helen Lee**, **Mason Szutu**
- *Paragon Pharmacy Mission*: **Fred Janzen**, **Brian Jones**
- *Peter Lougheed Centre*: **Adrian Abu-Ulba**, **Duane Bates**, **Tara Brunneski**, **Julie Carney**, **Tracy Chin**, **Angela Giang**, **Robin Hellweg**, **Imran Khan**, **Scott Kirby**, **Rose Mah**, **Christine Morris**, **Judi Parrott**, **Jane Ward**
- *Pharmacy Plus*: **Nermen Kassam**
- *Rexall Pharmacy #7259*: **Christa Bartel**, **Pamela Boulton**
- *Richmond Square Pharmacy*: **Jennifer Iwanicki**, **Sarah Sun**
- *Rockyview General Hospital*: **Diane Blair**, **Art Chernick**, **Sharon Eyolfson**, **Esther Kanegawa**, **Gordon Lee**, **Anne Miller**, **Julie Min**, **Dean Tatlow**, **Marion Uniat**, **Pat Wassill**, **Joseph Wernikowski**, **Tiffany Woo**, **Meiti Yang**, **Zeke Zobatar**
- *Safeway Pharmacy #276*: **Kimberly Masker**
- *Safeway Pharmacy #283*: **Mike Ha**
- *Safeway Pharmacy #287 LTC*: **Gilles Lamerton**, **Anne-Marie Taylor**, **Elska Walton**
- *Safeway Pharmacy #293*: **Curtis Ross**
- *Safeway Pharmacy #296*: **Kristen Skogen**, **Erin Stanton**
- *Safeway Pharmacy #874*: **Nader Hammoud**
- *Safeway Pharmacy #2243*: **Rita Arthur**, **Sherman Sung**, **Hong Trieu**
- *Shoppers Drug Mart #356*: **Amy Kanjee**, **Rasma Muiznieks**, **Margaret Sayers**
- *Shoppers Drug Mart #373*: **Michael Chan**, **Amal Hashim**, **Donna Newton**
- *Shoppers Drug Mart #376*: **Brian Jones**, **Lindsey Markussun**, **Sarah Perez**, **Sharon Wong**
- *Shoppers Drug Mart #389*: **Diane Schroeder**

- Shoppers Drug Mart #2335: **Blake Cyca**
- Shoppers Drug Mart #2413: **Hollie Neilson, Allan Rajesky**
- Signature Medicine Centre Pharmacy: **Julia Bonnett, Kim Mettimano**
- Southern Alberta Clinic for HIV/AIDS ("SAC"): **Jeff Kapler**
- Southport Pharmacy: **Anar Suleman**
- The Medicine Shoppe Pharmacy #212: **Anita Dobson, Warren Dobson**
- The Medicine Shoppe Pharmacy #260: **Randy Howden**
- Tom Baker Cancer Centre: **Kristin Anderson, Norma May, Karin Nadori, Nikki Ryan, Naureen Sheikh, Patrick Yau**
- University of Calgary Medical Clinic Sheldon Chumir and Sunridge: **Jolene Polack**

Camrose

- Camrose Primary Care Network: **Phamie Gotaas**
- Camrose Rxellence: **Colleen Hancar, Paula Searle, Brian Thiessen**
- Pharmasave #390: **Dean Jarrett**
- Safeway Pharmacy #821: **Roger Brousseau, Cheryl Feth, Bailey Sereda**
- St. Mary's Hospital: **Anita Kupka**
- Wal-Mart Pharmacy #3181: **Steve Smith, Jeff Sutton**

Canmore

- Bow Valley Primary Care Network: **Catherine Deane**
- Canmore General Hospital: **Therese Brodeur, Bronwyn Jones**
- Gourlay's Clinic Pharmacy: **Darren Belik, Tanya Sprague, Alma Steyn**
- Shoppers Drug Mart #2332: **Glen Austen**

Cardston

- Cardston Health Centre: **Alan Wiley**

Chestermere

- Safeway Pharmacy #2731: **Shane Cherrington, Sandy Huynh**

Claresholm

- Claresholm General Hospital: **Kendell Langejans**

Cochrane

- Calgary Foothills Primary Care Network: **Sharon Pregitzer**
- Rexall Pharmacy #7268: **Richard Chan**

Cold Lake

- Cold Lake Healthcare Centre: **Sharon Randell**
- Marina Mall Value Drug Mart: **Ron Mattice**
- Wal-Mart Pharmacy #3640: **Janelle Fox**

Daysland

- Daysland Community Health Centre: **Randy Skiba**

Drayton Valley

- Drayton Valley Hospital and Care Centre: **Safder Rizvi**
- Drayton Valley Value Drug Mart: **Corwin Felstad, Laurie Tkachuk, Jeff Zalitch**

Drumheller

- Anderson Drug/The Medicine Shoppe #211: **Patrick Doyle**
- Drumheller Health Centre: **Marvin Menssa, Susan Wemp**
- Riverside Value Drug Mart: **Ray Ainscough, Mike McGillvray, Lindsay Piller**

Edmonton

- Alberta Hospital Edmonton: **Andrea Lewczyk, Mark Loowell**
- Allin Building Pharmacy: **Emanuela Doan, Kara May, Kevin Neumann, Betsy Thomas**
- Capital Care Dickinson: **Lynn Salanchy**
- Capital Care Grandview: **Helen Girard**

- Cross Cancer Institute: **Gail Campbell, Kristine Ferguson, Christina McCaw, Gwen Petryk**
- Edmonton General Hospital: **Patricia Atkinson**
- Edmonton North Primary Care Network: **Ihor Pecuh, Oliver Semonis**
- Edmonton Oliver Primary Care Network: **Mark Makowsky, Kara May, Betsy Thomas**
- Edmonton West Primary Care Network: **Brenda Lamoureux, Tessa Mondoux**
- Glenrose Rehabilitation Hospital: **Monique Bielech, Cheryl Green, Diane Lapointe, Darren Okrainec, Shannon Pappas, Judy Story**
- Grey Nuns Community Hospital & Health Centre: **Karly Achtymichuk, Francie Beattie, Larissa Fedor, Lisa Forster, Leanne Hains, Kelsey Heartwell, Alice Jim**
- Hawkstone Home Health Care Pharmacy: **Jordan Allen, Thomas Tam, Emily Vuong**
- Lois Hole Hospital for Women Menopause Clinic: **Nese Yuksel**
- London Drugs #21: **Steven Chen, Christine Gessell, Jason Pepper, Kathryn Pon**
- London Drugs #22: **Wilmer Bong, Ken Fu, Nathan Morin, Dianne Stewart**
- London Drugs #45: **Twila Ellis, Sonia Manfrin, Vicky Truong**
- London Drugs #57: **Karen Ng, Thomas Schadek**

[Our preceptor] was very open and honest with us. He would regularly provide us with feedback, encouragement, and thoughts on areas for improvement. Even at the end of our time there, he continued to encourage us to become the best pharmacists we can be.

4th year student, Class of 2012

- *Market Drugs Medical*: **Ron Marcinkoski**, Marie Muszynsky, Katrina Slovinsky, James Wu
- *Medi-Drugs Millcreek*: **Tom Grigoropoulos**
- *Misericordia Community Hospital*: **Nosheen Ahmed, Stephanie Bali, Joy DeRoche, Katherine Ewchuk, Hiromi Koriyama, Michael Lee, Karen Lu, Deanne Mason, Catherine Oevering, Jan Orris, Kelly Tran**
- *Northern Alberta HIV Program*: **Christine Hughes**
- *Rexall Pharmacy #7220*: **Pete Dean**, Akram Said
- *Rexall Pharmacy #7229*: **David Andersson**, Edna Dmytryshyn, Sally Eliwa
- *Rexall Pharmacy #7230 (Heritage)*: **Joanne Mah**, Anh Nguyen, Andrea Willie
- *Rexall Pharmacy #7232*: **Sylvie Druteika**, Aliya Kassamali, Chris Lee, Marwa Rady, Andrew Roberts
- *Rexall Pharmacy #7236*: Christine Hoang, Aaron Lim, **Katherine Luu**
- *Rexall Pharmacy #7251*: Trang Bui, **Stacey Liew**
- *Rexall Pharmacy #7253 (Southgate)*: **Joel Ghitler**, Willi Wangert
- *Rexall Pharmacy #7257*: Marion Kan, **Jason Wu**
- *Rexall Pharmacy #7265*: **Kathleen Woloszyn**
- *Royal Alexandra Hospital*: **Ryan Beaucage**, Colleen Benson, **Cathy Biggs**, Jody Bobinski, Jennifer Bong, **Dave Bonuccelli, Daniel Cyr, Pamela Flasha, Stacey Ginther, Lisa Gromnisky, Susan Haggarty, Brent Horyn, Kevin Kastner, Danielle Kuzyk, Cecilia Laskoski, Erin Lowe, Erin Manchuk, Robert Ng, Lyndsey Romaniuk, Dave Segatto, Erika Sprake, Kevin Tam, Wendy Wan, Keith Woo, Rosanna Yan**
- *Safeway Pharmacy #809*: Jackie Alexandruk, Carrie Ali, **Nicole Bredo**
- *Safeway Pharmacy #824*: Jacqueline Cheang, Cathy Hensel, **Jennifer Tran**
- *Safeway Pharmacy #848*: Jasmin Dizon, **Dixie Richardson**, Kit Seto
- *Safeway Pharmacy #873*: **Susan Li**
- *Safeway Pharmacy #877*: **Pardeep Purchase**

- *Save On Foods Pharmacy #6609*: **Suzan Flanders**, Gillian Lee
- *Save On Foods Pharmacy #6662*: **Suzan Flanders**, Maxine Wong
- *Shoppers Drug Mart #302*: Lilian Davis, **Hanaa Hawa**, Brian Lysak, **Beverley Rushton**, Michelle Tynchuk
- *Shoppers Drug Mart #317*: **Fayaz Rajabali**
- *Shoppers Drug Mart #344*: **David Fong**
- *Shoppers Drug Mart #352*: Neelam Khera, **Amy Lee**, Heidi Melvyn
- *Shoppers Drug Mart #363*: **Davy Sam**, Samayeh Sattari
- *Shoppers Drug Mart #381*: Nancy Fakry, Corinne Fontaine, **Debbie L'Heureux**
- *Shoppers Drug Mart #2301*: **Vincent Lee**
- *Shoppers Drug Mart #2440*: Esther Chun, Jodi Croll, **Saly Zachariah, Cathy Zhang**
- *Shoppers Drug Mart #2441*: Tariq Chughtai, Andrea Glasgow, **Sameh Moharram**
- *Shoppers Drug Mart #2443*: Bonnie Gratton, **Jillian Pan, Amanda Visscher**
- *Shoppers Drug Mart #2446*: **Eugenia Braz**, Chad Edmonds, Ranjit Dhillon
- *Shoppers Drug Mart #2448*: **Ashley Davidson**, Kelly Laforge, **Albert Wong**
- *The Bay Pharmacy Southgate*: **Cheryl Porcina**
- *The Medicine Shoppe Pharmacy #185*: **Hugo Leung**, Bob McQueen
- *The Medicine Shoppe Pharmacy #315*: **Michelle van der Molen**
- *University of Alberta Hospital*: Chris Broscheit, **Tammy Bungard**, Lorie Carter, **Dustin Cooper**, Norelle Cote, Nicola Devlin, Mark Diachinsky, Melissa Dutchak, **Angela Gee**, Kirsten George-Phillips, **Rachel Heisler, Rachel Kligman, Stacy Laird, Sherif Mahmoud, Lindsay Meyer, Cindy Polivchuk, Dylan Pollman, Kristen Rowntree, Heather Schmidt, Jane Xu**
- *Village IDA Pharmacy*: Janice Cline, **Doug Weiss**, Deborah Yee
- *Wal-Mart Pharmacy #1094*: Joanna Cheung, Amy Chow, **Craig MacAlpine**
- *Wal-Mart Pharmacy #3029*: **Irene Hua**

- *Zellers Pharmacy #294*: **Catherine Dunham**, Claudia Wong
- *Zellers Pharmacy #496*: **Hanif Kanji**

Edson

- *Drugstore Pharmacy #9099*: Maya Mathews, **Robert Naherny**, Andrea Rushfeldt
- *Shoppers Drug Mart #336*: Brian Clouston, Jodi Cunningham, Brenda Hayes, **Kendra Watt**
- *Switzer's Drugs*: **Matt Rushfeldt**, Laurie Stuve, **Harold Switzer**

Fort McMurray

- *Northern Lights Regional Health Centre*: Nadia Khan, Deanna Miller, **Megan Williams**
- *Safeway Pharmacy #833*: Ashleigh Genyk, **Mark Nadon**
- *Walmart Pharmacy #3157*: Mohammed Azeem, Shannon Huyber, **Tahir Malik**, Pauline Tijani
- *Wood Buffalo Primary Care Network*: **Randy Sloan**

Fort Saskatchewan

- *Fort Saskatchewan Health Centre*: **Jane Frey, Carol Furrer**
- *Rexall Pharmacy #7216*: **Margaret Booker**
- *Shoppers Drug Mart #378*: Grace Almond, Corinna Fontaine, **Joanne MacDonald**, James Warburton
- *Sobey's Pharmacy #3116*: Betty Law, **Lauren Melnychyn**

Grande Prairie

- *London Drugs #34*: Ashley Baxter, **Erin King**, Lynne Schamehorn
- *Queen Elizabeth II Hospital*: **Elizabeth Dodd, Ian Hamilton, Carol Renfree, Debbie Rusling**, Heather Tangen, **Curtis van Bushkirk**
- *The Medicine Shoppe #291*: **Curtis Crough**, Donna Oman
- *Wal-Mart Pharmacy #3147*: **Janet Ramsey**

Hinton

- *Hinton Healthcare Centre*: **Audrey McVey**
- *King Drug & Home Healthcare*: **Eric Holt**, Jessica Lang

Hobbema

- *Roots & Berries Pharmacy*: **Roberta Taylor**, Shelly Wright

Lacombe

- *Lacombe Hospital and Care Centre:* **Marlene Slipp**

Leduc

- *Leduc Beaumont Devon Primary Care Network:* **Nandini Desai**
- *Leduc Community Hospital & Health Centre:* **Ramona Bosnyak, Marian Hanna**
- *Sobeys Pharmacy #3144:* **Alena Goulko, Cheryl Hier**

Lethbridge

- *Chinook Regional Hospital:* **Michael Bain, Eva Chang, Chris Clack, Julie Cuthbertson, Janna Federkeil, Alice Hinman, Seth Ontkean**
- *Drugstore Pharmacy #1541:* **Justin Jensen**
- *London Drugs #38:* **Ryan Lopes, Maureen McCleary, Rick Siemens, Kim Smith**
- *Pharmasave #369:* **Becky Anderson, Jay Joyal, Andree Mallet**
- *Shoppers Drug Mart #308:* **Loa Barendregt, Amanda Polkinghorne**
- *Stafford Pharmacy:* **Igor Shaskin**

Lloydminster

- *Lloydminster Health District Hospital:* **Karen Gossen, Stephanie McGonigal, Leanne Proctor**
- *Safeway Pharmacy #867:* **Brandi Berquist, Melynda Botorff, Jamie Clarkson-Herle, Jocelyn Grise**
- *Sprucewood Pharmacy & Homecare:* **Jody Gilby, Sandra Shepherd**

Mayerthorpe

- *Mayerthorpe Healthcare Centre:* **Heather Bellerose**
- *Medicine Bottle Rexall Drug #7201:* **Kathy Roszko**

Medicine Hat

- *Costco Pharmacy Medicine Hat:* **Mary Entezary**
- *Crescent Heights IDA:* **Gary Joachim, James Larson, Adrianna Maik, Ken Walker**
- *Fourth Street Pharmacy:* **Janelle Kettner**
- *Medicine Hat Regional Hospital:* **Justin Fichter, Jodi Kerr, Mike Laevens, Joyce Nishi, Velvet Reiling, Burke Suidan**

In a short amount of time my preceptor helped contribute to my transition from a pharmacy student to a practising pharmacist. I look up to [my preceptor] as a role model and he inspires me to be as dedicated to this profession as he is. He is a leader and I gained much from my time spent working with him.

4th year student, Class of 2012

- *Palliser Primary Care Network:* **Chandel Lovig****
- *Safeway Pharmacy #2220:* **Salam Ahjel, Alana Angstadt, Denise Selwood**
- *Shoppers Drug Mart #322:* **Brenda Legare, Charity Mastel, Leanne Weisgerber**
- *The Medicine Shoppe #128:* **Dan Reich, Allana Scott**

Okotoks

- *Calgary Rural Primary Care Network:* **Taryn Bomersback**
- *Costco Pharmacy Okotoks:* **George Leung, Don Manson, Owen Moore**
- *Shoppers Drug Mart #2401:* **Anita Brown, Robert Brown, Chris Carter, Aleksandra Trkjula**

Olds

- *Olds Hospital and Care Centre:* **Lorraine Maybank**

Peace River

- *Peace River Value Drug Mart:* **Michael Kinshella, Patrick Kinshella, Vanda Kinshella**
- *Wal-Mart Pharmacy #1068:* **Jamie Hoy, Stacy Jardine, Tony Nickonchuk**

Pincher Creek

- *Koegler's Pharmasave:* **Aaron Koegler**
- *Pincher Creek Health Centre:* **Florrie MacDougall**
- *Rexall Pharmacy #7266:* **Greg Finnson**

Ponoka

- *Centennial Centre for Mental Health and Brain Injury:* **Chad Laughy, Rob Neumann, Holly Reeves**, Brad Steeves**
- *Ponoka Hospital and Care Centre:* **Deanna Waknuk**
- *Rexall Pharmacy #7223:* **Greg Bendera**

Raymond

- *Raymond Health Centre:* **Ricks Smith**

Red Deer

- *Red Deer Co-op Pharmacy #5:* **Grant Fisher, Laura Morrison, John Rudrum, Ken Sandquist**
- *Red Deer Primary Care Network:* **Stefanie Hanrahan**
- *Red Deer Regional Hospital:* **Tamsen Birch, Dean Bruce, Harry Ewasiuk, Michael Gibson, Martine Giguere, Marissa Hutchison, Lisa Johnson, Donna Kwong, Donna Lee Johnson, Tim Leung, Ilze Schwartz, Kim Zubot**
- *Shoppers Drug Mart #2415:* **Todd Law, Kim Overbo, Prashantkumar Patel**
- *The Medicine Shoppe #251:* **Kevin Bredo**
- *Wal-Mart Pharmacy #3194:* **Dean Baayens, Kevin Biller**

Rimbey

- *Pharmasave #375:* **Marg Barr, Sheldon Parsons, Rod Tkach, Carl Ziegler**
- *Rimbey Hospital & Care Centre:* **Heather Rurka**

■ *Rimbey Value Drug Mart*: Angela Cawsey, **Patrick Rurka**

■ *Wolf Creek Primary Care Network*: Angela Cawsey, **Patrick Rurka**

Rocky Mountain House

■ *Rocky Mountail House Health Centre*: **Greg Carpentier**

St. Albert

■ *St. Albert Primary Care Network*: Melissa Dechaine, Tara Grimstead, **Andrea Pickett**

■ *Sturgeon Community Hospital*: Blaine Coulter, **Ivy Mung**, **Nick Steele**

Sherwood Park

■ *London Drugs #20*: Randeep Birdi, **Aleasha Grattan**

■ *Save On Foods Pharmacy #6679*: Karen Dubbelboer, **Bethany Huybregts**, Stephanie Ward, **Jill Yates**

Slave Lake

■ *Shoppers Drug Mart #2325*: **Juliana Eben-Ebenau**

Smoky Lake

■ *Smoky Lake (George McDougall) Healthcare Centre*: **Lorrie Verspeelt**

Spruce Grove

■ *Safeway Pharmacy #857*: **Sharon Dicks**, Dana Schult

Stettler

■ *Stettler Hospital and Care Centre*: **Charlotte Chase**

Stony Plain

■ *Main Street Home Health Pharmacy*: **Kit Poon**, Mary Purschke

■ *Shoppers Drug Mart #2402*: Lascelles Dreidger, Harriet Glasier, **Philip Hall**

■ *Westview Health Centre*: **Florence Henderson**

Sylvan Lake

■ *Sylvan Lake Value Drug Mart*: **James Bott**, Val Langevin, **Megan Simon**, Linda Zouboules

Taber

■ *Safeway Pharmacy #2346*: **Cameron Hazell**

■ *Taber Health Centre*: John Brown, **Marilyn Perl**, Ralph Van Werkhoven

Three Hills

■ *Three Hills Health Centre*: **Maureen Arvidson**

Tofield

■ *Guardian Drugs*: **Corinne Parent**

Vermilion

■ *Long's Value Drug Mart*: Lena Black, **Ernest Peterson**

■ *Vermilion Health Centre*: **Dianne Calder**, Shawna Reynolds

Vilna

■ *Vilna Pharmacy*: **Rashida Yamani**

Wainright

■ *Drugstore Pharmacy #4379*: **Damola Ogbebor**

■ *Wainright Health Centre*: **Cindy McMinis**

■ *Wainwright IDA Pharmacy*: **Michael Eberhaidt-Storm**

Westlock

■ *Shoppers Drug Mart #2342*: Jessica Christenson, Sandra Heiken-Schroeder, **Bonnie Ollikka**, Erica Scallion

■ *Westlock Healthcare Centre*: **Darlene Rowe**

Wetaskiwin

■ *Wetaskiwin Hospital and Care Centre*: **Dallas Foulston**, **Rosanne Grant**

■ *Wetaskiwin Family Pharmacy*: **Michelle Reid**



In memory...

✿ **Ronald Babinec** died on July 3 at the age of 55. Ron was raised in Calgary and graduated with a degree in pharmacy from the U of A in 1980. His fulfilling career as a pharmacist spanned over thirty years.

✿ **Gerald Maybank** died in an accident on his farm near Olds on June 19 at the age of 68 years. Apart from his days as a pharmacy student at the University of Alberta, Gerry spent his entire life in Olds. As a third generation pharmacist, he followed the footsteps of his grandfather Matthew, and his father Ralph, operating the family business, Maybank's Drugs. The family drugstore was a prominent business in Olds from 1906 to 1990, with Gerry at the helm from 1974 to 1990.

✿ **Jack (John) Payne** of Calgary passed away on June 5 at the age of 92 years. Jack graduated from the U of A's pharmacy program in 1950 and went on to own and operate Payne Drug in Calgary for many years.

✿ **Sandra Shepherd** died on July 22 at the age of 61. Sandra obtained her BScPharm from the U of A in 1970. She practised most recently at Sprucewood Pharmacy and Homecare in Lloydminster.

* Primary Preceptor: the pharmacist who directly supervises and mentors the student during their rotation, and who completes the assessment and evaluation of the student.

** Recipient of the Preceptor of the Year sponsored by Teva Canada

Naturopath profession recognized under HPA



On July 25, Health Minister Fred Horne announced that a new regulation under the *Health Professions Act* establishes the College of Naturopathic Doctors of Alberta and gives that body the authority to establish requirements for entry into the profession and ongoing professional development.

Naturopathic doctors are not permitted to prescribe drugs, order x-rays or ultrasounds or administer intravenous nutrition.

Naturopathic doctors focus on health promotion, illness prevention and treating disease using natural therapies and substances that promote the body's ability to heal. In addition to authorizing self-governance, the regulation also describes the restricted activities naturopathic doctors registered with the College are permitted to perform, including:

- injections;
- minor surgeries, such as removing warts and moles, obtaining skin samples for biopsies and doing sutures;
- ear examinations, cerumen management, nasal lavage and placing herbs in nasal passages; and
- with additional training approved by the College, alternative medical treatments such as acupuncture, chiropractic treatments, and intravenous administration of ozone, chelation therapy or supplemental vitamins and minerals.

Currently, there are 144 practising naturopathic doctors in Alberta. Minimum education requirements are three years of pre-medical education plus completion of a four-year professional program at an approved, accredited naturopathic college or university.

OSCE Assessors needed

The Pharmacy Examining Board of Canada (PEBC) invites interested pharmacists to consider participating as an assessor for the PEBC Qualifying Examination – Part II (OSCE). The national exam will be held on Sat., Nov. 10, 2012 at sites in both Edmonton and Calgary.

To qualify you must have been licensed in Canada for at least two years and you must currently be a member in good standing and providing or directly supervising patient care services, including dispensing, clinical and drug information services.

Interested pharmacists outside of Edmonton and Calgary are welcome to apply as assessors. Some travel expenses may be paid to out-of-town assessors.

For more information, visit the PEBC website at: www.pebc.ca/EnglishPages/OSCEAssrs/AssrHomePage.html



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.

Prescription validity FAQs

We receive a lot of calls at the ACP office from pharmacists asking prescription questions. Here are the top three and the answers.

If I receive a prescription from out of province, may I fill it?

If the prescriber is authorized to write the prescription in their province of employment, then you may fill it. Which medications various health professionals are permitted to prescribe varies by province. To confirm prescription validity, check with the prescriber's college in their province of employment.

This answer applies to both TPP and non-TPP prescriptions.

May I fill a prescription for methadone from a physician outside of Alberta?

Health Canada has indicated that a physician licensed in one province cannot legally prescribe methadone in another province. However, Health Canada recognizes that it may be necessary for the physician in the patient's home province to continue managing their care for a short period to allow transition to an Alberta physician.

If you are filling a methadone prescription, you must ensure that:

1. the prescription is current, authentic, complete and appropriate (Standard 6



of *Standards of Practice for Pharmacists and Pharmacy Technicians*); and

2. the prescriber has the required exemption. Methadone may only be prescribed by a physician with an exemption under Section 56 of the *Controlled Drugs and Substances Act*.

You may check with Health Canada's Methadone Program (toll free 1-866-358-0453) if the physician holds an exemption and if so, for which indication (treatment of opiate dependence and/or analgesia).

Note: Many provinces in Canada do not have a triplicate prescription program. Although methadone is on the triplicate list in Alberta, you cannot ask a physician from another province to comply with Alberta's triplicate prescription program.

Are prescriptions and refills valid if they were written by a physician who has since died or retired?

Officially, if the prescription was written by a physician who was licensed to practise medicine in Canada at the time the prescription was written, the prescription is still valid.

You must still ensure that the prescription is appropriate for the patient at the time you dispense. Particularly in the case of refills, consider whether it is appropriate to refill a prescription when the patient is not being monitored by a physician and, if appropriate, for how long.

In all cases, encourage the patient to find a new physician.