acp news

March / April 2013

IN THIS ISSUE...

Alberta College of Pharmacists

Healthy Albertans through excellence in pharmacy practice

Turning concern into action: The role of pharmacists in mental health and addictions

In our lifetime, one in five people will experience a mental illness and as many as 10 per cent of people over the age of 15 will battle a drug or alcohol dependency. The societal impact is in the billions of dollars. The emotional impact on families and individuals is incalculable.

These are the opening words of Alberta's *Addictions and Mental Health Strategy*. They won't be news to anyone working in pharmacy. But identifying the problem is not the challenge – fixing it is. What can you do when faced with a patient struggling with addiction? How can you help at-risk patients?

In this issue's special feature, we'll offer some context, practical tips, resources and an invitation to help you and your patients more successfully navigate the often confusing worlds of mental health and addiction. The feature begins on page 11 – and don't miss all the information on the back cover about ACP's addiction symposium.

acpnews

acpnews is published six times per year by the Alberta College of Pharmacists. Send submissions for publication to karen.mills@pharmacists.ab.ca

The deadline for submissions for the May/June 2013 issue is April 4.

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Alberta College of Pharmacists

Notes from Council

Resolutions due April 15

Registrants may propose resolutions for consideration at ACP's annual general meeting (June 15 this year). All resolutions carried at the AGM are then considered by council. Resolutions are a way ACP registrants can shape the direction of pharmacy practice in Alberta.

Resolutions should relate to ACP's mandated areas of responsibility: public safety, effective pharmacy practice, and health policy. See the resolution guidelines and examples of past resolutions on the ACP website under *About ACP > Council > Committees > Resolutions Committee*.

Submission process

Resolutions proposed for this year's AGM must be submitted by **4:30 p.m. on April 15, 2013**.

Submit your resolution in writing, accompanied by the signatures of 10 voting registrants in good standing, to:

Leslie Ainslie, Executive Assistant
Alberta College of Pharmacists
1100 - 8215 112 Street NW
Edmonton, AB T6G 2C8
Fax: 780-990-0328
Email: leslie.ainslie@pharmacists.ab.ca

District 3 (Edmonton) election opens March 15

Voting for a new District 3 ACP councillor will open at 8:00 a.m. on March 15. Voting will close April 11 at 4:30 p.m. All voting will be online, at http://pharmacists.ab.ca/vote2013.

A biography of each candidate will be posted on the election site, so voters in District 3 can learn about each candidate to make a more informed decision when casting their ballot. All candidates will also have the opportunity to have ACP send two messages on their behalf to District 3 voters.

Eligible members in District 3 will receive voting instructions by email at the email address they have registered with ACP.

Need to update your email address?

You can do this online at any time by following these steps:

1. Click on *Registrant profile login* on the purple menu on the left of the ACP homepage (pharmacists.ab.ca).
2. On the login page, 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 *Registrant 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.

Attention pharmacists! Are you ready for registration renewal?

Pharmacists – you must apply to renew your practice permits by May 31, 2013. If you can answer yes to the following three questions, you should be ready to renew!

1. Have you recorded enough CEUs?

You cannot renew your practice permit unless your online CPD log records at least 15 CEUs earned between June 1, 2012 and the date of registration renewal in 2013. The only exception is for those pharmacists who first registered with ACP on or after July 1, 2012. They have until registration renewal in 2014 to earn the minimum 15 CEUs.

Remember, the CE year is not the same as the registration year. Even though your practice permit doesn't expire until June 30, 2013, all CEUs earned in June 2013 apply to your 2013-14 CE year. You cannot carry over CEUs you did not claim on your 2012-13 CPD log.

2. Do you know three ways to ace your Audit of Professional Declarations?

To make sure your audit process goes smoothly, follow these three steps.

a. **Make sure you have at least $2 million of personal liability insurance**

   All pharmacists who hold a practice permit from ACP must carry at least $2 million of personal liability insurance at all times. Even if you are not actively practising in Alberta (e.g., on maternity or paternity leave, medical leave, living outside Alberta or outside Canada, or selling real estate) as long as you hold a practice permit, you must have liability insurance.

b. **Make sure your certificates for accredited CE courses exactly match the entries on your CPD log**

   That includes the name of the participant, the title of the course, the accreditation file number, the number of CEUs, and the date. While a discrepancy of a few days on the date might seem like a small detail, it has the potential to be a 'big deal' if the date discrepancy falls over the CE year end, as that could result in the CEUs being recorded in a CE year other than the year in which they were earned.

c. **Complete a non-accredited learning record for each non-accredited learning activity you claim**

   The non-accredited learning record is evidence to the college that the learning activity was meaningful and relevant to your pharmacy practice. If you are selected for a professional declarations audit, you will be required to submit:

   - copies of course certificates for all accredited CEUs you claimed, and
   - non-accredited learning records for all non-accredited CEUs that you have submitted as part of your online renewal.

   If you do not have a certificate from an accredited CE program, or if the program was not accredited by CCCEP, ACPE or ACP, claim it as non-accredited learning and complete a learning record for it.

Have you cleared up any outstanding competence requirements?

Were you selected for either an audit of professional declarations or a competence assessment? If you have not complied, renewal of your annual permit may be impacted.

If compliance with an audit or assessment results in your renewal being delayed past May 31, 2013, you will also be assessed a non-compliance fee in addition to the annual permit renewal fees.

continued on page 4

Return requirement for a corporation-owned pharmacy

If your pharmacy is owned by a corporation, a copy of the corporation's most recent annual return that has been filed with corporate registries must be included with the pharmacy renewal. The copy must show the name and address of the corporation, the name(s) and address(es) of each major shareholder (i.e., those holding 20% or more of voting shares) and the percentage of shares held by each.

Requirements for pharmacists who administer drugs by injection

CPR and First Aid requirements

If you are authorized to administer drugs by injection, you must maintain current certification in CPR and First Aid. The current council policy requires that you have CPR Level C, so if it's time to renew your CPR certification make sure it's Level C. Go to *Practice Resources > Practice Guidelines and References > Administering Drugs by Injection* on the ACP website for more information about CPR certification.

At the time of applying for injections authorization you made a professional declaration that you will maintain valid first aid and CPR certification for the duration of your authorization, and that if you are unable to provide proof of certification, your authorization to administer injections will be cancelled.

Coming in 2014 – annual declaration of competence

Starting in 2014, and annually each year after, in conjunction with your annual practice permit renewal you will be required to recertify your authorization to administer drugs by injection. To recertify, you will need to complete a declaration that you have taken action to maintain the clinical and technical competencies required for administering injections by ensuring you:

1. have and will maintain valid CPR and first aid certification (Std 1.18);
2. have administered an injection within the past three years; and
3. have, within the past 12 months, reviewed the *Standards of Practice for Pharmacists and Pharmacy Technicians* (Stds 7, 16 and 17) and have in place the required policies and procedures for handling emergencies.

Updated Competence Program philosophy and principles approved

Thank you to all the pharmacists who offered their thoughts via the short survey we circulated in January and February. You can find a link to a summary of the responses on the ACP website at the bottom of the Continuing Competence page.

The survey feedback indicated support for the proposed philosophy and guiding principles. We incorporated many of your suggestions to make the document clearer, and have ended up with a great foundation for the Competence Program. This foundation now better reflects the quality improvement approach and partnership with registrants desired in the program. The final version approved by council reads as follows.

PHILOSOPHY

ACP fosters professional growth that inspires and empowers pharmacists and pharmacy technicians to continuously enhance their practices and support Albertans' health and well-being. With a shared vision of excellent pharmacy practice, ACP and its registrants work together to identify competence goals and milestones signifying success, and ensure that learning transfers into practice.

GUIDING PRINCIPLES

The ACP Competence Program is:

- **Flexible** – The program is relevant and adaptable to different practice settings and learning preferences, and addresses the full spectrum of learning (knowledge, skills and judgment).
- **Engaging** – The program inspires career-long learning, and sparks peer-to-peer interaction through opportunities to connect with mentors, thought leaders, and subject matter experts.
- **Forward-looking** – The program helps registrants to meet the changing health needs of Albertans and Alberta's health system. It integrates with other ACP programs to fully support registrants' development throughout their careers; and to help the college maintain a comprehensive view of practice in Alberta so that it can act in a way that best supports excellent pharmacy practice.
- **Sustainable** – The program design anticipates a growing and diverse population of registrants and practice environments. To ensure consistent delivery and results across such diversity, tools used to enhance and measure competence are evidence informed, are applicable to and can be reasonably applied to a diversity of practices, and are cost effective.
- **Responsible** – The program meets all legislative requirements and provides reliable measures by which practitioners, the college, and Albertans can be assured that pharmacy professionals are competent to provide safe and effective care.

What happens next?

Now the Competence Committee, along with ACP staff, will use this as a foundation to review the program, its structure and tools best. The review is scheduled to take place over the next year. We will keep you updated on the progress.

What is the Competence Committee?

The *Health Professions Act* and Pharmacists and Pharmacy Technicians Profession Regulation require ACP to have a Competence Committee. This group of volunteer pharmacists, a pharmacy technician, and a faculty appointee recommend:

- requirements for continuing competence and the assessment of those requirements,
- requirements for ongoing registration,
- strategies to support the continuing professional development of regulated members, and
- methods to assess the competence of regulated members.

When required, this committee also:

- appoints a panel to fulfil legislative requirements relating to practice visits,
- directs regulated members to undertake one or more actions as specified in Sections 25 to 30 of the Pharmacists and Pharmacy Technicians Profession Regulation, and
- considers applications for reinstatement of persons whose registration and practice permit have been cancelled under Part 4 of the *Act*.

Current committee members are:

- Margaret Batz
- Eric Campbell
- Margaret Gray
- Paul Gustafson
- Jill Hall
- Teresa Hennessey
- Jason Howorko
- Valerie Kalyn

We thank the committee members for contributing their time and talents to work on behalf of pharmacy practitioners and Albertans.

Mitigating risks in your pharmacy: Part 2

The *Systems Approach to Quality Assurance: A Framework for Mitigating Risk* is a simple quality assurance approach. It is also known as Failure Mode and Effects Analysis (FMEA), and can help you to identify risks in your pharmacy and prevent "accidents waiting to happen."

Last issue, we introduced you to the first two steps of FMEA - selecting a high-risk process and your team, and diagramming the process. Now you are ready for Steps 3 and 4.

FMEA Step 3: Brainstorm potential failure modes or the WHATs that could go wrong with your process.

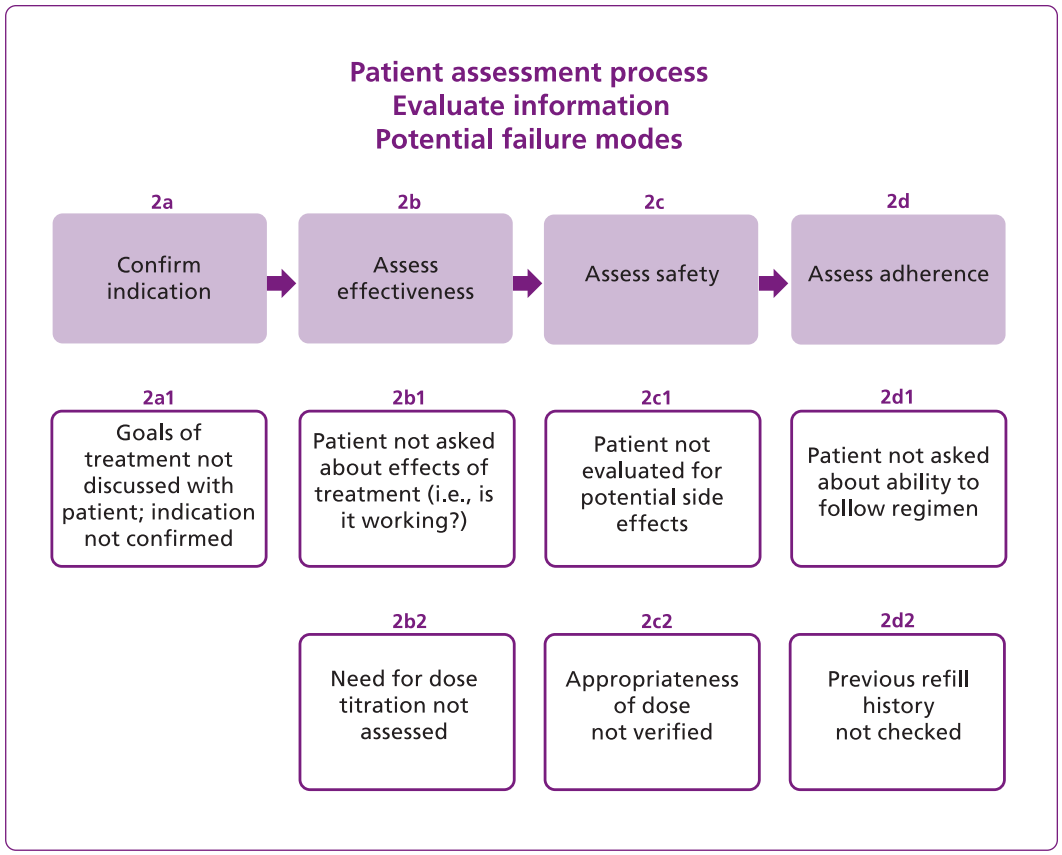
- Transfer the sub-process components to a failure mode diagram.
- As a team, brainstorm potential failure modes for each sub-process component. These modes can relate to people, materials, equipment, methods and the environment.
- Number the potential failure modes.
- Transfer failure modes to FMEA spreadsheets. Use one spreadsheet for each sub-process.

Categories of failure modes may include:

- *Quantity* – too little, too much, partial (e.g., partial information – completing a patient interview but not reviewing the patient's Netcare profile during assessment)
- *Availability* – missing or none (e.g., medications out of stock)
- *Timing* – too early, too late (e.g., drug-related problem not resolved at point of care)
- *Quality* – wrong element (e.g., patient, drug)
- *Effectiveness* – desired outcome not achieved (e.g., therapy does not work as well as intended)

Brainstorming is a structured, creative process where a group of people generate as many ideas as possible in a minimum amount of time without judgment of the value of each idea. It should encourage "out of the box" thinking.

Brainstorm potential failure modes



Completed FMEA spreadsheet

FMEA subject: Patient assessment process									**Process:** #2: Evaluate information
Sub-process component: 2a – Confirm indication									
Failure mode number	**Potential failure modes**	**Effect(s) of failure**	**Cause(s) of failure**	**Severity (1-5)**	**Frequency (1-5)**	**Detectability (1-4)**	**Criticality score**	**Proceed? Yes or no**	**Actions to reduce risk and time frame**
2a1	Goals of treatment not discussed with patient; indication not obtained	Unable to assess effectiveness; patient receives incorrect dose for indication	Non-standard approach to patient interviews; expectation that patient understands treatment goals	4	3	3	36	Yes	Develop a checklist to facilitate standardized patient interview process (1-3 months)

FMEA Step 4: Identify the effects and causes of the potential failure modes

- Review the failure modes on the spread sheet and ask the team "What would have happened if this particular failure occurred?"
- Repeat the questioning process for each failure mode and enter the results on the spreadsheet.
- Identify the anticipated effects of the failure mode
- Identify the causes of the failure and answer the question "Why might the failure occur?"

During this phase of the analysis, teams will need to ask questions such as:

- Why/how would this happen?
- What could cause this?
- How often could this happen?

TIP:

Remember the failure modes are the WHATs that could go wrong.

Failure mode causes are the WHYs.

- Focus on processes and systems, not on individuals.
- Ask *why*? not *who*?
- Try to identify all possible causes.

All the *Systems Approach to Quality Assurance* resources are on the ACP website under *Practice Resources*. When you review them, earn continuing education units by documenting these learning activities using the Non-Accredited Learning Record template (found under *Continuing Competence > RxCEL learning portfolio*).

For more information, please contact your pharmacy practice consultant or Jen Shuman, ACP Pharmacy Practice Administrator, at jennifer.shuman@pharmacists.ab.ca.

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 have been reviewing them in **aφnews** and The Link over the past months.

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

Deficiency 1

Insecure pharmacy record storage. Does your pharmacy meet the standard?

A licensee must ensure that there is an effective system for the secure storage and retrieval of all required records.[1] These records must be:

- stored securely so that only persons authorized by the licensee have access to these records, and
- maintained in the pharmacy unless the licensee has received permission from the registrar to store the records at a location other than the pharmacy (Standard 8.2).

Why? If you store records in your back room (on-site) or at another location outside of your building (off-site) you risk breaching the confidentiality of your patient records. It is a security risk when unauthorized people (including non-dispensary employees and delivery personnel) have access to these records. Your records must be securely stored to be compliant with the *Health Information Act*. A violation of the HIA could result in an investigation by the Office of the Information and Privacy Commissioner.

How do you keep records stored outside of your pharmacy secure?

First, you must apply for and receive permission from the registrar to store records at a location outside your dispensary. To apply, please complete and submit the **Request to Maintain Records at a Location Other than the Pharmacy**, found on the ACP website under *Pharmacist Resources/Forms/Pharmacies*.

Second, store records outside of the dispensary securely (lock and key) to prevent unauthorized access.

For all information stored electronically, the licensee must ensure that:

a) all data required under this standard or the *Standards of Practice for Pharmacists and Pharmacy Technicians* is backed up at least once daily,

b) a copy of the backup is stored off-site or in a fire- and theft-resistant safe,

c) the backup is stored so that it is retrievable in the event the system malfunctions or is destroyed, and

d) the backup is kept securely to avoid theft or unauthorized access, use or disclosure.[2]

Need more help?

Contact your pharmacy practice consultant. They can help you determine if you are satisfying the requirements of these Standards and offer suggestions to help you ensure you are storing your patient records securely.

Deficiency 2

No mail order pharmacy licence when serving nursing homes, institutions or remote communities

Section 1(1)(n.2) of the *Pharmacy and Drug Act* defines mail order pharmacy service as:

a pharmacy service provided to or for a patient for which neither the patient or the patient's agent attends at the community pharmacy to receive the service.

You may need a mail order pharmacy licence if you have patients who live in nursing homes, lodges or remote communities who do not regularly attend your pharmacy in person or have an agent who regularly attends on their behalf.

Exemptions from this requirement are outlined in the Pharmacy and Drug Regulation (Section 6.1). You do not require a mail order pharmacy licence if:

a) the patient or patient's agent regularly attends the community pharmacy to receive pharmacy services, but is unable to do so on a particular occasion because of a circumstance or condition affecting the patient like illness or travel or work away from the location of the community pharmacy;

b) a clinical pharmacist or other pharmacist authorized under the Pharmacists and Pharmacy Technicians Profession Regulation regularly attends personally on the patient to assess the patient and monitor the patient's response to drug therapy; or

c) there is

   i) a general health emergency or crisis, recognized by resolution of the council of the College,

1 Standard 8, *Standards for the Operation of Licensed Pharmacies*
2 Standard 8.9, *Standards for the Operation of Licensed Pharmacies*

ii) a state of public emergency declared under the *Public Health Act*, or

iii) a local state of public health emergency declared under the *Public Health Act*,

that makes it unsafe or inadvisable for patients to attend the community pharmacy.

Understanding Exemption (b)

If you provide pharmacy services to a nursing home, group home, other institution or remote community where the patients do not come to the pharmacy, you will require a mail order licence unless there is a clinical pharmacist who visits the institution to monitor the patient's response to drug therapy. The pharmacist(s) can be employed by your pharmacy, but they do not have to be. If the institution contracts a pharmacist to visit the institution to provide clinical services, you likely will not require a mail order licence to dispense drugs to the institution.[3]

Summary

If you provide pharmacy services to a patient who does not physically come to your pharmacy, you require a mail order licence unless there is a clinical pharmacist who sees the patient to assess the patient and monitor their response to drug therapy.

In addition to requiring a community licence and mail order licence from ACP, mail order pharmacies must have policies and procedures established for how information is collected to assess those individual patients and obtain all the information necessary to allow pharmacists to meet the Standards.[4]

For your convenience, a mail order license add on application is available on the ACP website under *Practice Resources > Forms > Pharmacies*.

Requirement for documenting delivered prescriptions

When a prescription is not picked up at the pharmacy by the patient or the patient's agent, the pharmacy must document "the method of delivery of the drug to the patient and the method of dealing with environmental concerns where appropriate".[5]

There are several reasons for this requirement, including ensuring appropriate environmental controls (e.g., refrigeration), federal government concerns about where drugs are moving and how, security of the medications, and accuracy and completeness of the patient's medication delivery.

This documentation requirement may seem onerous for pharmacies that deliver large numbers of prescriptions for many patients, e.g., nursing home residents. However, this is just one more piece of quality patient care.

While the Regulation does not specify how the method of delivery must be documented, we offer these two suggestions.

1. Add delivery details to the other details in the prescription audit trail. For batched refills this documentation might occur on the refill sheet.
2. Assign a batch number to each blister pack delivered and include this number on the delivery log. This batch number would be recorded on the grid (spread) sheet that lists all of the prescriptions. For example, if there are four blister packs delivered on a particular day for an individual patient then the batch numbers might be 1234-A, 1234-B, 1234-C, and 1234-D. Of course, the batch number would change for subsequent blister packs for that patient and for other blister packs for other patients.

If your pharmacy has already developed a documentation system that works in your practice and contains all of the required elements for individual prescriptions, continue to use it.

Whatever documentation method you choose, remember to describe how you deal with issues such as environmental controls (e.g., refrigeration) and security (e.g., narcotic and controlled drugs).

3 This does not replace the responsibilities of the dispensing pharmacist as outlined in the *Standards of Practice*.
4 Section 12.1(h), PDA Regulation and Standard 10, *Standards for the Operation of Licensed Pharmacies*
5 Section 12.1(d)(ii), PDA Regulation and Standard 8.1e, *Standards for the Operation of Licensed Pharmacies*

Preceptors and pharmacy interns needed to pilot revised SPT program

The Alberta College of Pharmacists is currently looking for:

- community pharmacists, and
- pharmacy interns who received their degree outside of Canada

to pilot a revised Structured Practical Training (SPT) program for pharmacy interns. This revised SPT program will better support pharmacy interns with their journey to becoming proficient, patient-centred, and outcomes-focused pharmacists within Canadian pharmacy practice. As a participant of this pilot project, you will have the opportunity to shape the program, develop professionally, and earn CEUs (non-accredited).

Participants in the pilot project will fulfill the roles and responsibilities of either an intern or a preceptor as outlined in the revised SPT program. This includes reviewing the program's materials and completing the program's activities and assessments. In addition, participants will provide feedback to help improve the revised program.

Pharmacist eligibility

To participate in this pilot project, a pharmacist must:

- work in a community pharmacy,
- be able to provide the intern at least 35 hours/week,
- be available to support/supervise the intern for at least 50% of the intern's hours, and
- be enthusiastic about teaching.

A pharmacist may apply for the pilot project either with or without an intern.

Intern eligibility

All interns on the provisional register are eligible to apply for the pilot project as long as they already have a site and preceptor who is willing to participate in the pilot project. This includes interns who are already part way through their current internship. The hours the intern completes during the pilot project can be counted towards the required SPT hours.

For more information about this opportunity and the application process, please visit the Forms section of the ACP website. If you have any questions about the pilot project, please contact Debbie Lee, Practice Development Director at debbie.lee@pharmacists.ab.ca

Congratulations laboratory values graduates!

Congratulations to all the pharmacists who participated in Practice Skills: Monitoring drug therapy using laboratory values course in 2012!

Eileen Anderson	Abeer Elzainy	Guy Houle	Hassan Monzavi	Igor Shaskin
Trisha Brady	Loran Fisher	Dael Jarvie	Bonnie Ollikka	Val Skripitsky
Kevin Bredo	Jane Frey	Ibrahim Ibrahimelshekh	Meetal Patel	Edward Vegter
Julia Chan	Jody Gilby	Sharon Kelly	Joyce Pon	
Darrel Coma	Taria Gouw	Gerda Klassen	Kit Poon	
Momtaz Ebied	Lorraine Grant	Wayne Lynch	Arlene Raimondi	
Morenike Olaosebikan	Paul Gustafson	Nancy Messih	Jill Sexsmith	

This course, offered by Practice Development at the U of A, combined a one-and-a-half-day workshop with online activities designed to enable pharmacists to integrate laboratory values in the management of their patients' medication therapy.

** Not all participants are listed; some declined to have their names published.*

PRACTICE DEVELOPMENT
FACULTY OF PHARMACY AND PHARMACEUTICAL SCIENCES

Special Feature

In memory...

John Androschuk died on Sept. 3, 2012 at the age of 81. John held two degrees and a diploma from the U of A. He received his pharmacy degree in 1954. He worked as a pharmacist, teacher, and counselor.

David McHarg died on Dec. 10, 2012 at the age of 87. He was a community pharmacy manager and received his pharmacy degree from the University of Saskatchewan.

Edward (Ed) Powell died on Jan. 6, 2013 at the age of 84. Ed received a BScPharm from the U of A in 1952 and began his career as a pharmacist/owner of Capitol Hill Drugs and Collingwood Drugs. Ed later moved into managerial positions with Zellers Pharmacy in several locations until his formal retirement. Ed was on the Board of Directors for Northwest Drug Co. Ltd. for many years. He also served as a Volunteer Pharmacist at Heritage Park.

Turning concern into action: The role of pharmacists in mental health and addictions

The World Health Organization estimates that by 2020 the burden to individuals and society caused by mental illness will outstrip that of all physical disorders except for coronary heart disease (World Health Organization 2004).

Every day, 500,000 Canadians are absent from work due to mental illness (Institute of Health Economics 2008).

We've all heard such dire statistics. We've all encountered individuals touched by the pain and frustration resulting from addiction and poor mental health. And, chances are, we've all felt uneasy or helpless when encountering someone with addiction or mental health issues. So what can make us more confident and competent care providers?

In this section, we offer some evidence-informed research to help you feel better prepared and confident in your practice. The material will guide you through context, practical tips, and resources help you and your patients more successfully navigate the often confusing worlds of mental health and addiction.

Setting the context

Alberta's *Addiction and Mental Health Strategy* sets out five goals for our province.

1. Improve the health and mental well-being of Albertans in all areas of the province.
2. Position individuals and families at the centre of high quality, effective and integrated addiction and mental health services and supports, so their needs are met and problems related to addiction and mental health decrease in the province.
3. Improve the capacity of the workforce to effectively address addiction, mental health problems and mental illness.
4. Increase public awareness and understanding of addiction, mental health problems and mental illness, thereby reducing stigmatization and barriers to access.
5. Apply informed practice(s) and continually evaluate all policy and service delivery approaches to ensure and demonstrate value. The addiction and mental health system must be accessible, responsive and accountable.

While pharmacists and pharmacy technicians can play important roles in each of these goals, our focus will be on helping achieve the third goal: improving workforce capacity.

continued on page 12

Turning concern into action *continued from page 11*

What are the common mental illnesses?

The Scouts were on to something when they chose "Be prepared" as their motto. By knowing what you may encounter in practice, you can do the leg work before you are actually in the middle of a challenging situation. Consider this as a line of study when planning your continuing professional development this year.

The range of relevant and more common mental illnesses pharmacists can expect to encounter in practices include:[6]

- major depressive disorder (including criteria for major depressive episode);
- anxiety and associated disorders (including subsyndromal anxiety disorders, adjustment disorder with anxious mood, generalized anxiety disorder, panic attack, panic disorder, obsessive compulsive disorder, phobic disorders, acute stress disorder, post-traumatic stress disorder);
- sleep disorders (including insomnia, sleep apnea, parasomnias, and jet lag);
- cognitive disorders (including delirium and common dementia illnesses);
- schizophrenia;
- bipolar affective disorder (including criteria for manic episode);
- substance abuse disorders (including alcoholism and illicit and licit drug abuse);
- psychiatric syndromes occurring as a result of adverse reactions to medicinal drugs;
- personality disorders; and
- attention deficit hyperactivity disorder.

What foundational drug therapy knowledge should pharmacists have?

Clinical psychopharmacology needs to be integrated with relevant cultural factors and co-morbidities.[7] It is also important to investigate the causation of the illness and to understand therapeutic alternatives for treating and managing the illness.

It is common for psychotropic drugs to be used in the treatment of more than one type of mental illness, e.g., antidepressants are often used in the management of anxiety disorders. The drug therapy knowledge required by pharmacists for mental illness is the same as that for other illnesses and includes, for each medicine:

- usual dose of the medicine, route(s) of administration, and common duration of therapy;
- special precautions that should be considered before starting treatment;
- common adverse effects that can reasonably be expected in the context of routine treatment;
- other adverse effects that are less common but are particularly serious or troublesome;
- drug interactions including those with complementary therapies, or with a pharmacokinetic or pharmacodynamic basis;
- pharmacokinetic issues including delay in onset of action, "washout" periods, and issues related to discontinuation of therapy;
- possible effects of treatment upon co-morbid medical or psychiatric conditions;
- requirements for modified approach to treatment in the context of advanced age, renal impairment or severe hepatic dysfunction;

6 *Australian Pharmacy Council Statement of Mental Health Care Capabilities for Pharmacists 2009* http://pharmacycouncil.org.au/PDF/Pharmacists%20Capability%20Statement%20%20June%20'09%20(v5).pdf
7 Ibid

- use of drugs in special cases (pregnancy, during breast-feeding, perioperative use); and
- critical patient counselling issues.

What social and cultural issues do you need to be aware of?

Pharmacists should be able to apply an understanding of the following key socio-cultural issues and to use this understanding to help them communicate effectively with their patients, caregivers and staff. These issues include:

- social stigma and the impact it has on patients with mental illness and their ability to manage their illness;[8]
- the need for privacy, e.g., conversations held with patients, or family/caregivers of patients;
- barriers to effective communication with patients, including those arising from cultural, religious and linguistic issues, as well as those specific to intercurrent stressors and characteristic diagnostic features of the illness;
- knowledge of the principles applicable in multidisciplinary assessment and management of mental illness;
- a basic understanding of the place (and risks) of non-drug therapy and complementary medicines including an appreciation of the context for and place of these treatment approaches;
- factors influencing compliance with prescribed therapy and their optimal strategies and approaches;[9]
- a basic knowledge of legislation which may impact upon the delivery of treatment for mental disorders;[10]
- a understanding of the importance of collaborative partnership with patients, carers and other health professionals, particularly the patient's medical practitioner, in the management of mental illness;[11] and
- an ability to interpret and disseminate relevant research addressing the effectiveness of drug therapy to assist patients with mental illness.

Communication strategies for pharmacists working with patients affected by mental illness

Standard pharmacy practice does not necessarily require pharmacists to have specialized communication skills consistent with those required for work in an acute mental health setting, but all pharmacists need to be able to communicate effectively with patients with mental illnesses to the extent required for standard pharmacy practice (e.g., dispensing a prescription or providing primary care treatment for a minor ailment).

Pharmacists also need to have some basic knowledge about strategies for dealing with a patient experiencing acute psychiatric symptoms. The following information is intended to illustrate some strategies that can be used by pharmacists when communicating with patients with mental illnesses. Many of these suggested communication strategies have been adapted from the *Mental Health First Aid Manual*, produced by Kitchener and Jorm and published by the ORYGEN Research Centre, University of Melbourne.

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Did you know there is Mental Health First Aid?

Mental Health First Aid is an evidence-based program of the Mental Health Commission of Canada that gives people the skills to provide that early help that is so important when someone is experiencing a mental health problem. Just as physical first aid is administered to an injured person before medical treatment can be obtained, Mental Health First Aid is given until appropriate support or treatment is found or until the crisis is resolved.

Mental Health First Aid Canada offers the following content in its courses.

- Explanations of mental health, mental illness and mental health problems
- Signs and symptoms of common mental health problems and crisis situations
- Information about effective interventions and treatments
- Ways to access professional help

Courses are offered throughout Alberta. See full course descriptions and registration info at www.mentalhealthfirstaid.ca/EN/Pages/default.aspx.

8 Canadian Alliance on Mental Illness and Mental Health - http://camimh.ca/
9 McDonald, HP, Garg, AX, Haynes, RB. Interventions to Enhance Patient Adherence to Medication Prescriptions www.safetynetinstitute.org/content/Upload/AssetMgmt/Site/resources/chroniccare/InterventionsPatientAdherence.pdf
10 Alberta Mental Health Patient Advocate Office page for health providers - https://www.mhpa.ab.ca/healthproviders/Pages/default.aspx
11 Bell SJ, Whitehead P, Aslani P, Sacker S, Chen TF. Design and Implementation of an Educational Partnership between Community Pharmacists and Consumer Educators in Mental Health Care. Am J Pharm Educ 2006; 70: 28.

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Communicating with a patient affected by depression

When communicating with a patient who is probably affected by major depression, you can use the following strategies.

- Assess risk of suicide or harm (using a tool such as those listed in the Suicide Risk Assessment Guide from the Ontario Hospital Association).
- Listen non-judgmentally, choosing an appropriately private environment for this purpose.
- Provide reassurance and information, particularly in relation to the effects of medications.
- Encourage the patient to seek professional help, which namely involves facilitating contact with the patient's GP or other medical services (including a hospital, if necessary). A list of all AHS facilities is available at www.albertahealthservices.ca/facilities.asp?pid=ftype&type=7.
- Encourage the use of appropriate self-help strategies. Tips include cultivating supportive relationships, challenging negative thinking, getting regular exercise, and eating a healthy diet.

Communicating with a patient perceived to be threatening

It is important to remember that the effects of a mental illness may be very disturbing for the patient and that because of these effects it is possible that in a minority of cases the patient may be dangerous to themselves, to others (e.g., dependent children, other customers in the pharmacy), or to staff in the pharmacy. In all cases, it is important to adopt a communication strategy that minimizes the likelihood of harm to the patient or to others, and that simultaneously facilitates the linkage of the patient to appropriate services (e.g., medical assessment) and reduces distress

and disability.

You can again use Mental Health First Aid strategies to facilitate the communication process and assist the patient. Recommended strategies include the following.

- Avoiding physical involvement when confronted by violent behaviour. Do not attempt to restrain a violent patient, unless this is unavoidable in the context of self-defence.
- Call the police, and inform them that a patient in the pharmacy appears to be suffering from a mental illness and requires medical help. Contact a mental health crisis team if possible (the telephone number for the mental health crisis team should be kept on an emergency phone contact list).
- Communicate in a calm, non-threatening manner. Talk slowly, quietly, firmly and simply. Maintain separation from the patient by a reasonable distance and avoid direct continuous eye contact or touching the patient.
- Encourage the patient to sit down, which may help them to feel more at ease and less likely to be violent.
- Avoid attempting to reason with the patient regarding delusions and hallucinations, but acknowledge the patient's emotional distress.
- Comply with reasonable requests, allowing the patient to retain a sense of being "in control."
- Adopt a neutral stance and a safe position in the area.

Making better use of medication information handouts

Medication information handouts can be useful tools for pharmacists when counselling patients. However, there are a range of specific additional considerations that relate to the use of such handouts for patients with serious mental illness.

It is important to consider a range of additional clinical issues that may influence the approach to using handouts when dealing with patients with a mental illness. Factors to consider include, but are not limited to, the following.

- Considerable care must be exercised in situations whereby the safety of the patient, staff, or other people is potentially compromised by the use of handouts.
- Standard handouts may not address the psychiatric (off-label) use of some medications that are commonly used for the management of mental illness.
- Impaired cognition, perceptual abnormalities or extreme agitation or depression may compromise a patient's ability or willingness to understand and/or act upon information contained in the handout.
- Under some circumstances it may be most appropriate that handouts and associated counselling should be provided (with the patient's permission) to a caregiver or relative.

Under circumstances where the pharmacist decides to vary their usual approach to the provision of handouts on the basis of the patient's mental illness or incapacity, it is very important for the pharmacist to keep clear clinical notes to document all aspects of this process.

Also always keep in mind Standards 8.8 and 8.9:

8.8 A pharmacist may provide written information to a patient to enhance

understanding about the patient's drug therapy, but the written materials cannot be used to replace the dialogue required under Standards 8.1 and 8.3.

8.9 Subject to Standard 8.8, written materials provided to a patient must specifically address the patient and the patient's needs.

Pharmacist improving access to care in mental health: An example

This example, provided by Rekha Jabbal, a pharmacist from Calgary, was published in the Journal of the Canadian Academy of Child and Adolescent Psychiatry.[12] It is a great illustration of team work between health professionals and the positive impact a pharmacist can have in the lives of patients.

Picture the following scenario: The mother of a 17-year-old contacts her son's mental health clinic to speak to the psychiatrist. The clerk informs the mother that the psychiatrist is away and cannot be contacted. She is aware that the clinic pharmacist is part of the interdisciplinary team and seeks her advice. She is concerned that her son may stop taking his clozapine due to hypersalivation, a common side effect. He has been stabilized on clozapine over the past few months after trying many other medications.

During the last few days his drooling has increased, and is affecting her son's sleep and ability to function. As a result, he is unable to attend school and participate in after school activities. He is now considering stopping his medication. The pharmacist, who has been working closely with the family during their medication trials, is available to review the mother's concerns.

During this discussion and after careful review of the patient chart and the pharmacist's care plan, the pharmacist suggests a trial of Atropine eye drops administered sublingually to help alleviate this common side effect. Both the mom and the son are agreeable to this trial and are pleased with the outcome of the discussion. The pharmacist, who has additional prescribing authority, gives the family information on the drops and how to use them, and writes a prescription for the medication. The pharmacist then documents on the patient's chart, leaves the psychiatrist a voice mail reviewing the concerns and decisions that were made and agrees to follow up with the family in one week.

Resources

We've just touched on a few examples, but there is an abundance of resources if you are looking for support and information. Here are a few websites to get your research started.

- Alberta Family Wellness Initiative www.albertafamilywellness.org
- Alberta Mental Health Patient Advocate Office page for health providers www.mhpa.ab.ca/healthproviders/Pages/default.aspx
- Alberta's Addiction and Mental Health Strategy www.health.alberta.ca/documents/Creating-Connections-2011-Strategy.pdf
- Anxiety Disorders Association of Canada (ADAC) www.anxietycanada.ca
- Apple magazine, Fall 2012 – The brain issue www.albertahealthservices.ca/apple/Images/app-fall-2012.pdf
- Canadian Alliance on Mental Illness and Mental Health http://camimh.ca
- Canadian Health Network www.canadian-health-network.ca
- Canadian Mental Health Association www.cmha.ca
- Centre for Suicide Prevention www.suicideinfo.ca
- Centre for Addictions and Mental Health www.camh.net
- CPhA Translator–mental health issue www.pharmacists.ca/cpha-ca/assets/File/education-practice-resources/Translator2011V5-3EN.pdf
- Kids Help Phone www.KidsHelpPhone.ca
- Mental Health First Aid www.mentalhealthfirstaid.ca
- Mental Health Commission of Canada www.mentalhealthcommission.ca
- Mindyourmind.ca www.mindyourmind.ca
- Mood Disorders Society of Canada www.mooddisorderscanada.ca
- Norlien Foundation www.norlien.org
- OPA Psychiatric Patient Care Program www.opatoday.com/index.php/education/live/1492-psychiatry-certificate-program.html
- Organization for Bipolar Affective Disorder www.obad.ca
- Schizophrenia Society of Canada www.schizophrenia.ca

If you have other tips, resources or examples, please send them to karen.mills@pharmacists.ab.ca so that we can share them in future issues.

12 J Can Acad Child Adolesc Psychiatry. 2010 February; 19(1): 3–4. www.ncbi.nlm.nih.gov/pmc/articles/PMC2809439/

Addiction symposium: Tips and tools for pharmacists managing drugs of abuse

ACP Professional Development Symposium
8:00 to 4:30 p.m., June 15, 2013
The Westin, Edmonton
with the Annual General Meeting and 2013 APEX Awards

The Alberta College of Pharmacists is pleased to present a one-day symposium focused on addiction and its relevance to pharmacy practice. Participate in expert-facilitated group sessions and use case studies to help you:

- recognize addiction as a chronic relapsing disorder and understand its prevalence and consequences;
- understand the role of pharmacists within Alberta's Addiction and Mental Health Strategy; and
- develop strategies and a tool kit to help:
  - manage patients on opioids for chronic non-cancer pain,
  - identify and manage the misuse and abuse of drugs, and
  - manage patients being treated for opioid dependence.

The information presented will be applicable to pharmacists practising in all settings (e.g., community, hospital, FCC, PCN). The symposium is designed for pharmacists who are actively practising. Participants are not expected to have any special training or background in addictions or mental health.

This event offers 5.5 hours of relevant, immediately-applicable continuing education.*

Go to the ACP homepage (pharmacists.ab.ca) to view the advance program and register. **Don't delay – spaces are limited.**

The early bird registration deadline is May 15!

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4:30 to 6:00 p.m. / Westin, Edmonton

*CCCEP accreditation pending

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