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New competence program for pharmacists ready to roll

At ACP, we are committed to supporting registrants' continuing professional development and excellent pharmacy practice. One of the ways we do this is through our competence program.

You told us that you want a flexible program that is relevant to your practice, suits your learning style, and offers tangible results. We listened. We collated your input; researched emerging continuing competence models for health professionals; reviewed other college programs; and

piloted new tools, tutorials, and online systems. The result? A new, easy-to-use, online continuing competence program.

The updated program focuses on quality improvement (systematic and continuous actions that lead to measurable improvement in healthcare services), and how a learner implements newly-acquired or reinforced knowledge, skills, abilities (i.e., competencies) into practice.

Learn all about the new program starting on page 9.

I think it's great. Far more meaningful and impactful to practice than the knowledge assessment.

It's much better than the old one, particularly because it is focused on quality improvement and moving practice forward rather than quality assurance. And I like the self-assessment tools ;)

Nicely presented and to the point. Liked the option of listening or reading along. Good example cases of pharmacist implementation records.



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President Elect: Rick Hackman
Executive Member at Large:
Taciana Pereira
Past President: Kelly Olstad

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Brad Willsey begins term as ACP president



Biographical snapshot:

- Pharmacist/Owner, Shamrock Pharmacies in Grande Prairie (2003 – present)
- Pharmacy practice and healthcare consultant (2003 – present)
- BScPharm from U of A, MBA from Queen’s University
- Adjunct Professor, U of A Faculty of Pharmacy, 2003-10
- 10 years hospital practice, 13 years community practice
- Former Alberta Pharmaceutical Association councillor (1995-2000) and President (1998-99)

Brad Willsey was inducted as ACP president on June 12, and began his term on July 1. In his acceptance speech, he introduced his vision for quality pharmacy care, and set a personal contract with registrants and Albertans.

Brad emphasized that, in addition to protecting the public, a critical component of ACP’s mandate is to support and encourage quality care.

“Pharmacy is very good at ‘safe,’” he explained. “We have strong systems and processes to ensure patient safety and continually improve on it. Now we must drive quality with the services offered and delivered by our pharmacists and pharmacy technicians.”

How do we drive and further enhance quality care through pharmacist and pharmacy technician services? Brad

believes it is by having pharmacists and pharmacy technicians competently and confidently working to full scope as active participants, collaborating and partnering with our other healthcare colleagues. This will enhance and maintain good and accessible healthcare for Albertans.

Brad concluded his speech by outlining what registrants and Albertans can expect from him as president.

“First, you can expect me to be a good leader - to be open-minded, a critical thinker, a good listener and communicator, and to be creative in problem solving. You can also expect me to be a good motivator and role model. My personal belief is that leadership needs to be encouraged

continued on page 4

Welcome 2014-15 council



Brad Willsey
President
District 1



Rick Hackman
President Elect
District 3



Taciana Pereira
Executive Member at Large
District 3



Kelly Olstad
Past President
District 4



Clayton Braun
Councillor
District 2



C. K. (Kamal) S. Dullat
Councillor
District 5



Brad Couldwell
Councillor
District 5



Kelly Boparai
Councillor
Pharmacy Technician –
District A



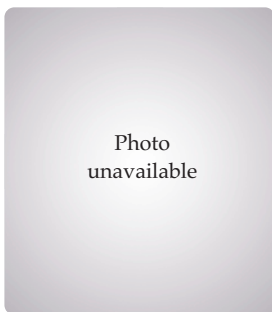
Jennifer Teichroeb
Councillor
Pharmacy Technician –
District B



Al Evans
Public Member



Robert Kruchten
Public Member



Mary O'Neill
Public Member



Jim Kehrer
Dean,
Faculty of Pharmacy
Ex officio



Bryan Hodgson
Student Representative
Ex officio

ACP President *continued from page 2*

throughout the organization and the professions, including all levels from council through to ACP administration through to front line pharmacists and pharmacy technicians.

“Second, you can expect me to be passionate about our professions and our quality of care proposition, including practising to our full scope. Recently, I attended the Canadian Pharmacists Association conference. I spoke with many pharmacist colleagues from other provinces, and there is no better place to practice as a pharmacist or pharmacy technician than Alberta. We are the envy of the country!

“Third, you can expect me to support and encourage pharmacists to practice autonomously to a high standard and defend our profession against those who would challenge our ability to do this. Pharmacists and pharmacy technicians are healthcare professionals who deliver professional healthcare services to Albertans, regardless of practice environment.

“Fourth, you can expect me to continue to push the pharmacy agenda and quality pharmacy care, particularly if healthcare practitioners are bumping into one another’s scopes of practice, and to find creative ways to collaborate and partner and work to make all healthcare professionals better in delivering needed healthcare services.

“Lastly, you can expect me to encourage and support pharmacists and pharmacy technicians to be their very best and to help facilitate environments that allow quality care to flourish and to bring a competitive edge to keep Alberta the best in the country and the envy of many jurisdictions in the world.

“This is my contract with you, all ACP members, and Albertans. I look forward to fulfilling it over the next year.”



Brad Willsey

Thank you to outgoing councillors

ACP thanks outgoing council members Vi Becker, Robin Burns, Kaye Moran, and Krystal Wynnyk for their service to council.



Vi Becker

served as a public member on ACP’s council for six years. Her insights and ability to pinpoint the root of an issue made her a valued presence at the council table.



Robin Burns

was one of the first two pharmacy technician observers on council. Over the past six years, she has been a tremendous resource and has ensured that the perspectives of both pharmacists and pharmacy technicians were included in council discussions.



Kaye Moran

served on council for six years. From District 5 (Calgary), she served first as councillor and then as president for the 2012-13 council year. Kaye will continue as ACP’s appointee to the Pharmacy Examining Board of Canada (PEBC).



Krystal Wynnyk

brought the perspectives of both hospital and community practice during her six years on council. Krystal served as Vice President during her 2012-13 term.

Annual General Meeting highlights

The college held its fourteenth annual general meeting on June 11.

Registrar provides 2013-14 highlights

ACP Registrar Greg Eberhart provided an overview of the college's accomplishments over the past year.

First, he noted the progress on the five strategic goals set out by council.

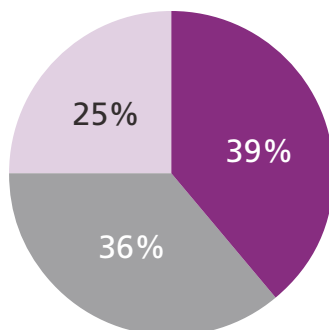
ACP goals for 2013	Actions to reach goal	Aligns with which strategic objectives?
Enhance the Competence Program to reflect the philosophy, principles, and amended rules for the program approved by council in 2012.	<ul style="list-style-type: none"> ■ In-depth review of program and tools, involving ACP staff, Competence Committee, registrants, and stakeholders. ■ Approved Competence Program rules in December 2013. 	<ul style="list-style-type: none"> ■ Competent and Responsible Practitioners ■ Credibility and Trusting Relationships
Pursue the prohibition of inducements and loyalty programs provided in return for drugs and professional services.	<ul style="list-style-type: none"> ■ Published background paper, <i>Inducements for Drugs and Professional Services: A basis for a prohibition</i>; research summary; and FAQ document. ■ A panel of council met with multiple pharmacy stakeholders. ■ Council unanimously supported amendments to ACP's Standards and Code of Ethics for the purpose of circulating the amendments for review and comment to registrants and stakeholders. ■ Circulated the proposed amendments for review and comment (Nov. 27, 2013 to Jan. 31, 2014). ■ Educated the public about the roles of pharmacists and pharmacy technicians through a multi-channel public awareness campaign. 	<ul style="list-style-type: none"> ■ Competent and Responsible Practitioners ■ Public and Stakeholder Awareness ■ Credibility and Trusting Relationships ■ Effective Governance and Strong Leadership
Increase engagement with registrants, the public, and stakeholders through more channels for interaction.	<ul style="list-style-type: none"> ■ Looked to registrant survey results for engagement and communication preferences. ■ Began upgrade to ACP website to include blogs, reader comments, and a greater variety of video and audio files. ■ Designed interactive online modules for jurisprudence exam preparation, our Structured Practical Training program. ■ Launched Facebook and Twitter accounts. ■ Participated in numerous intra- and inter-professional projects and committees. 	<ul style="list-style-type: none"> ■ Accessible Care ■ Public and Stakeholder Awareness ■ Credibility and Trusting Relationships
Develop a performance management matrix to inform decisions necessary to carry out ACP's strategic plan.	<ul style="list-style-type: none"> ■ Reviewed current indicators and measures. ■ Developing logic models and assessing performance measures for each college program. ■ Developing an appropriate index for each key success factor and for an overall Corporate Performance Index. ■ Developing a reporting system and cycle. 	<ul style="list-style-type: none"> ■ Effective Governance and Strong Leadership ■ Workplace of Choice ■ Credibility and Trusting Relationships
Review ACP's technology needs, explore the potential of an online learning system, and begin identifying our association management system (AMS) needs.	<ul style="list-style-type: none"> ■ Completed initial phase of technology needs analysis. ■ Purchased Articulate Storyline online learning software. ■ Postponed AMS needs analysis until 2014, when we will have in-house IT expertise. 	<ul style="list-style-type: none"> ■ Effective Governance and Strong Leadership ■ Competent and Responsible Practitioners ■ Workplace of Choice

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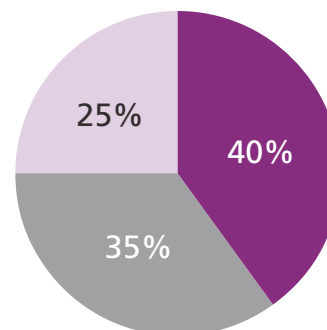
AGM highlights *continued from page 5*

Registrar Eberhart explained the distribution of funding to ACP's three critical success factors.

- Quality Patient Care
- Effective Organization
- Public and Stakeholder Confidence



2013



Projected: 2013-15

After reviewing registration statistics and pharmacy licensing trends, the registrar discussed the opportunities for pharmacy revealed in the 2013 public survey. Patients were most satisfied with more traditional pharmacy services, such as providing information on how to take medication, what to expect, ensuring they get the right medication, and helping select non-prescription items.



Satisfaction with pharmacist performing roles or jobs

> 75% satisfied or somewhat satisfied

- Providing you with enough information to know how to properly take/use your drugs (for example, with food)
- Ensuring that you understand what results you might expect from your drugs and when these results might occur
- Evaluating your prescription to ensure that you are getting the right drug, for the right reason, in the right dose, and in the right amount
- Helping you to select and use non-prescription medications such as vitamins, nutritional supplements, and cold remedies

Patients would like to see more evidence of their pharmacists working closely with the other members of their health team to coordinate care. They also desire more pharmacist follow up. While these are not new roles for pharmacists, they are becoming more critical as scopes of practice overlap, care is often fragmented, and complex and chronic conditions affect more and more people.



Satisfaction with pharmacist performing roles or jobs

51 – 75% satisfied or somewhat satisfied

- Authorizing refills on prescriptions
- Working with your health team to coordinate your drug therapy
- Following up with you to monitor your response to drug therapy and to provide additional support in using your drugs properly
- Prescribing drugs for conditions that your pharmacists are trained to care for

Roles generating lower satisfaction were primarily newer roles. The lower satisfaction rating stemmed from the fact that most patients had not yet experienced the services (see the graph on page 16 of the annual report for details).

That said, not all services that rated lower satisfaction fell into the “new” category. Less than half (43%) of the public were satisfied with their pharmacist assessing them for potential health risks. As a hub of health information, pharmacists are well positioned to promote patient wellness and prevention, alongside treatment.



Satisfaction with pharmacist performing roles or jobs

50% or less satisfied or somewhat satisfied

- Assessing your potential health risks
- Administering immunizations (such as flu shots or vaccine boosters)
- Writing care plans for your continued health care treatment
- Discussing lab results important to your treatment with you
- Administering other drugs by injection

The presentation concluded with a report of the very positive feedback that has been coming in for the new online jurisprudence learning module (you can access it through the link in the Bulletin Board section on ACP’s homepage) and an overview of the updated competence program (see article on page 9).



Annual report on ACP website

For more details and highlights from the past year, please see ACP’s 2013-2014 annual report. It is posted on the ACP website under *About ACP > Annual reports*.

AGM resolutions carried

Two resolutions were presented at the AGM.

The resolution to re-affirm the need to transmit complete prescription information via Netcare was put forward to help facilitate a process whereby pharmacists enter the medication name, strength, directions for use, and other data as required to allow identification of complete prescription details in the Pharmaceutical Information Network.

The sponsors of the resolution highlighted three reasons why taking action is important:

1. Many pediatric patients receive prescriptions for oral liquids that are not commercially available and require a pharmacist to extemporaneously compound ingredients to fulfill the prescription order, and
2. There are no uniquely assigned designations for these compounds, and a generic “dummy” DIN is assigned by convention when transmitted into Netcare’s Pharmaceutical Information Network (PIN), and

3. These prescriptions often do not contain drug name or strength, leading to greater potential for medication errors in a very vulnerable patient population.

AGM participants recognized that ACP and RxA contribute to many committees within Netcare, and felt the resolution should reflect this, rather than just the Integrated Clinical Working Group (ICWG). The resolution was amended accordingly, and all references to the ICWG were replaced with Alberta Health.

The resolution to mandate that all drug sampling be done via drug sample cards dispensed from licensed pharmacies generated questions about drug sampling in general.

- Why should sample card practice continue when pharmacists may now offer trial prescriptions?
- How do we ensure that drug sampling information is recorded on Netcare?
- How do we capture complete drug information when sampling occurs?

continued on page 8

AGM highlights *continued from page 7*

After considering these questions, the resolution was amended to request that ACP work with CPSA to discuss the whole practice of drug sampling.

Registrants participating in the AGM, both in person and online, were invited to vote on the amended resolutions via electronic ballot on June 16 and 17. Both of the amended resolutions were passed. Council will consider them at its next meeting in October.

Will ACP continue to hold annual general meetings?

The college provided registrants the ability to participate in person or via web broadcast. Apart from ACP councillors and staff, only 29 voting members attended – 15 in person and 14 online.

Given these numbers, coupled with the steady decline in AGM attendance over the past years, council will evaluate the value of holding annual general meetings and will explore other options for engaging with registrants.

Inducements prohibition stayed

Sobeys, operating as Safeway and Sobeys in Alberta, applied to the Court of Queen's Bench for a judicial review of the prohibition on inducements. The judicial review is scheduled to be heard by the Court in January 2015.


The prohibition on inducements was to come into effect on June 10, 2014. Sobeys applied to the Court for a stay on the prohibition on inducements until the judicial review can be heard by the Court. The application for the stay was heard on May 23, 2014. On June 4, 2014, the judge made his ruling and granted the stay until Sobeys' application for judicial review can be heard.


Therefore, in accordance with the direction of the court, the amendments prohibiting inducements on the condition that a patient obtain a drug product or professional service did not go into effect on June 10. Those amendments are stayed until the Court hears arguments about and decides Sobeys' application for judicial review.


When amending our standards and code of ethics, our council made a carefully considered decision acting within its authority and responsibilities. At the judicial review, the college will defend the amendments that prohibit inducements conditional on a patient obtaining a drug product or professional service from a regulated member or licensed pharmacy.



In memory...

 **William Dickey** died on June 20, 2014 at the age of 93. He enjoyed a long and rewarding career in pharmacy in Calgary. He was known as the travelling druggist in Alberta as he enjoyed many years of doing relief work throughout the province.

 **Erika Klein** died on May 17, 2014 at the age of 69. Erika was immigrated to Barrhead from Germany in 1949. She obtained her BScPharm in 1968 and began her career in Edmonton. The lure of her high school sweetheart and childhood home was strong and in 1988 Erika organized and opened the pharmacy department for the Barrhead Co-op. She worked there until her retirement in 2005.

 **Robert (Bob) Roberge** died on June 17, 2014, at the age of 87 years. Bob graduated from U of S with a Bachelor of Pharmacy in 1951. He and his family moved to Calgary in 1963 where he opened Stadium Pharmacy; a store he and his wife, Mary, ran with vision, passion and dedication until their retirement in 1988.

Introducing the new Continuing Competence Program

ACP's new Continuing Competence Program (CCP) is designed to help you, as a clinical pharmacist, develop professionally, track your growth over time, and build a portfolio that showcases your skills, knowledge, and abilities. No matter if you are new to practice or a veteran, no matter where you practice, and no matter what your practice interests and areas for growth, you can tailor the new program to suit your needs.



What has not changed?

- All pharmacists on the clinical register must complete a minimum of 15 continuing education units (CEUs) in each CE cycle (June 1 to May 31).
- CEUs may be earned through either accredited or non-accredited learning activities.
- To facilitate more meaningful reflection, a maximum of eight CEUs of non-accredited learning may be recorded on one learning record. For accredited learning, all CEUs assigned by the accreditor can be claimed on the same learning record.
- Pharmacists who have successfully completed the RxCEL competence program audit or who have received additional prescribing authorization will be exempt from random selection for audit for five years from the date of completion.



What is new?

- Random selection for competence assessment has been removed; all clinical pharmacists must submit a professional portfolio each CE cycle.
- The Knowledge Assessment (KA) exam has been removed from the program.
- A self-assessment module has been created to help you identify your learning needs.
- Upon completion of the program, all participants will have developed a *Professional Portfolio* consisting of *Learning Record(s)* that document learning activities of at least 15 continuing education units, one *Implementation Record* that documents the implementation of at least one of these continuing education units, and supporting documentation for both the Learning Record(s) and Implementation Record.



Why does ACP need a competence program?

Patients have a right to assume that a healthcare professional's practice permit is assurance of current professional competence. Healthcare colleagues want assurance that those with whom they practice are current and competent. For these reasons, the *Health Professions Act* (HPA) requires that council establish a continuing competence program.

What about pharmacy technicians?

Work will begin on the creation of a parallel competence program for pharmacy technicians in the last half of 2014. The *Health Professions Act* requires that a competence program be in place within 5 years of a profession coming under the act. Pharmacy technicians came under the HPA in 2011 therefore a competence program is not required until 2016.

How does the program work?

Pharmacists can access all program materials through the CCP web portal on the ACP website. You will fill out all forms, upload documents, and compile a portfolio of your learning in your own secure online repository.

The CCP requires the following four things of all pharmacists on the clinical register in each CE cycle (June 1 to May 31):

1. You must complete at least 15 CEUs during each CE cycle.

CEUs can be earned from either accredited or non-accredited learning activities.

2. You must record all learning on one or more Learning Records. See Figure 1 on page 13.

The Learning Record is an online form on the CPP web portal. It must be completed for all accredited and non-accredited learning. On the Learning Record, you will record:

- The title of the learning activity,
- The date it was completed,
- The number of CEUs that you are claiming,
- The type of learning activity (group program, workshop, self-study, etc.),
- The NAPRA competency categories that the learning relates to,
- Whether you acquired new knowledge of skills or confirmed that your knowledge or skills are current,
- The key elements that you learned, and
- The impact that the learning will have on your practice.

You will be required to either upload a certificate or document of learning or, if no certificate is available, you will be required to describe the learning activity and explain how it relates to the competency category chosen. Although this seems like a lot of documentation, many of the categories consist of checkboxes or drop-down lists. We expect it will typically take only five to ten minutes to complete the learning record.

3. You must implement at least one CEU of learning into your practice and document this on an Implementation Record.

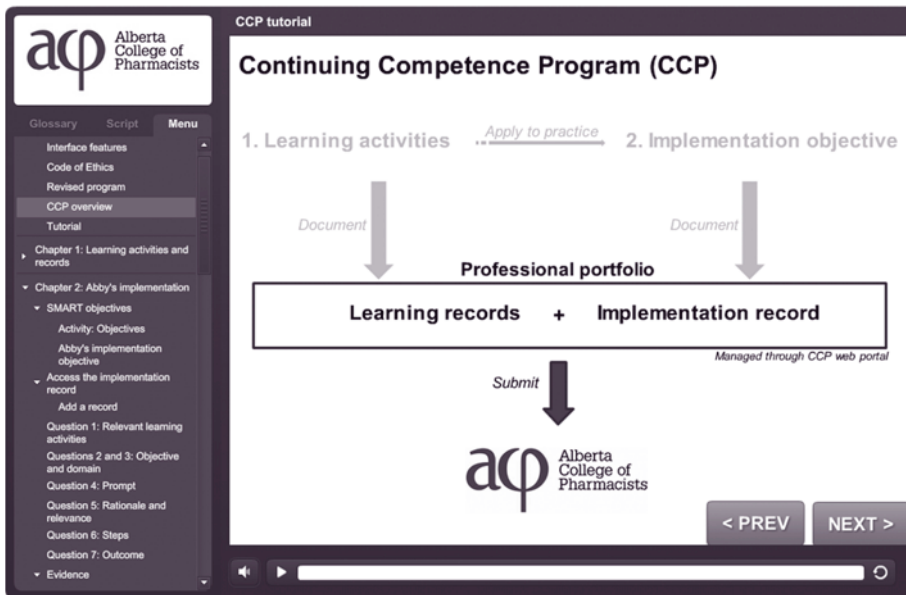
The Implementation Record documents which learning you have implemented into your practice, why you chose to implement it, and what your objective was for implementing this learning.

4. You must complete any required learning that has been assigned by the Competence Committee.

The CCP program rules allow the competence committee to identify required learning that must be completed by all pharmacists. For the 2014/15 CE cycle the required learning is a web based tutorial describing the revised CCP program and explaining how to record your learning and implementation on the CCP web portal. This tutorial and access to the CCP web portal will be available in July. Watch for an announcement in *The Link*.

Figure 1 – Learning Record

Figure 2 – Program overview



CCP 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.

CCP Guiding Principles

The revised competence program will incorporate five guiding principles to enable pharmacists to identify and approach learning opportunities relevant to their practice setting.

- **Flexible:** different practice settings and learning preferences; addresses full spectrum of learning
- **Engaging:** inspires career long learning, peer to peer interaction and opportunity to connect with mentors, thought leaders and SMEs
- **Forward-looking:** help meet changing needs of Albertans, integrates with other ACP programs, support throughout careers
- **Sustainable:** anticipates growing and diverse populations, evidence informed tools that can be applied to a diversity of practices
- **Responsible:** meets legislative requirements, provides reliable measures that allow assurance that professionals are competent to provide safe and effective care

Program categories and components

The Continuing Competence Program consists of four *categories*, or stages.

Category 1

Category 1 requires you to:

- Complete at least 15 CEUs,
- Record that learning on Learning Records,
- Implement at least one CEU of learning into your practice and document this on an Implementation Record,
- Complete any required learning that has been assigned by the Competence Committee, and
- Submit a portfolio at the end of each CE cycle.

A portfolio consists of your Learning Records and an Implementation Record. You must submit these records to ACP via the CCP web portal in order to renew your practice permit.

ACP will select a percentage of portfolios to be audited by trained pharmacist assessors. You may be selected for audit through random selection, or based on late or incomplete portfolio submission, or upon request of the registrar who has identified an issue arising from a request for registration, issuance of a practice permit, renewal of a practice permit, or the results of a practice visit.

The peer assessment is a criterion-based assessment (i.e., based on established criteria). This means the assessment will be as objective and fair as possible. Following the assessment of portfolios, pharmacists will be notified if their portfolio was assessed. (You will have already submitted all your documents with your portfolio, so will not need advance notice as was the case with audits in the previous program.)

There are three possible outcomes to the assessment.

Outcome 1

If you meet the established standard, you will be notified that you have been audited and that the audit was satisfactory. You may or may not be provided with feedback to improve your portfolio.

You will be directed to continue the program on an annual basis and you will not be subject to random audit for the next five years.

Outcome 2

If you did not meet the established standard but your deficiency was minor in nature, you will be notified that your portfolio was audited and that it was not satisfactory. You will be provided with feedback on how to improve your portfolio. You will be placed in *Category 2* of the program.

Outcome 3

If you did not meet the established standard and your portfolio has significant gaps, errors, or omissions, or if the audit at the close of your Category 2 CE cycle finds your portfolio does not meet the established standard, your case will be referred to the Competence Committee to determine whether you will be required to complete the program in the following CE cycle in *Category 3* or *Category 4*.

Category 2

Category 2 of the program means that you complete a new portfolio in the following CE cycle, using the feedback provided to you. That portfolio will be audited at the end of the CE cycle.

Category 3

A clinical pharmacist in Category 3 must meet the requirements of the Continuing Competence Program and any additional activities directed by the Competence Committee, and will be subject to audit at the end of the CE cycle.

Category 4

A clinical pharmacist in Category 4 must undergo a competence assessment as directed by the Competence Committee within the timelines they prescribe.

If the audit of a pharmacist at Category 1, 2 or 3 is successful, the pharmacist will not be randomly selected for audit for the next five years.

Self-assessment

In addition to the Learning Records and the Implementation Records sections of the CCP web portal, there is a self-assessment section. Completion of the self-assessment is optional, but we encourage you to use the tools there to understand your current work environment, develop education action plans, clinical practice area plans, and test your knowledge of ethics and jurisprudence. Completing these activities will help you identify learning and implementation activities that are appropriate to your practice.

We can add other self-assessment activities to the program in the future. Please provide feedback via the portal if you would like to see new or different tools included.

This is your program

Maintaining competence is a professional responsibility and the hallmark of self-regulated professionals. In this context, maintenance doesn't mean *staying the same*, it means *keeping up with (or ahead of) the changes around you*.

According to your Code of Ethics, it is your professional responsibility to:

- Continuously improve your level of professional knowledge and skill,
- Take responsibility for maintaining a high standard of professional competence,
- Evaluate your individual practice and assume responsibility for improvement, and
- Keep informed about new pharmaceutical knowledge.

ACP has created the CCP to help you meet these responsibilities. By identifying appropriate learning activities and implementing that learning into practice, you can continually build your competence and confidence to assure yourself, your patients, and your healthcare colleagues that you are providing quality care throughout your career.





Notes from the field

“Simple” math still needs checking

The college has recently investigated several complaints stemming from medication errors made when registrants performed a calculation as part of prescription preparation. In one case, a patient was twice dispensed prescriptions for Cytomel that were incorrectly calculated by pharmacists and that resulted in the patient ingesting ten times the prescribed dose. Follow these tips for ensuring accurate calculations.

- Ensure calculations, especially unusual calculations, are consistently documented on the prescription or transaction record and checked by two members of the pharmacy team. If a pharmacist is working independently, have a second pharmacy staff member check the calculations at the earliest opportunity (such as the beginning of the next shift).
- As part of the prescription processing and assessment process, always circle (or otherwise clearly document) medication strengths on written prescriptions that contain a change in a patient’s previous dose.

- Be extra diligent in processing and dispensing “high-alert” drugs, such as prednisone, methotrexate, and warfarin. Not only can high-alert drugs cause significant harm to patients when used in error, but these drugs often require dosing calculations as part of the dispensing process. Pharmacists and pharmacy technicians should regularly review current high-alert drug listings from sources such as the Institute for Safe Medication Practices (see www.ismp.org/communityRx/tools/ambulatoryhighalert.asp).
- Implement a warning system for stocked high-alert drugs within the pharmacy and audit the implementation of the warning system quarterly.
- When performing the final check on a prescription, including any required calculations, always check the original written prescription first, before reviewing the prepared prescription bottle or transaction record.
 - This checking includes never applying a signature to a prescription transaction record

until the pharmacist or pharmacy technician has verified the prepared prescription is 100% current, complete, accurate, and appropriate.

- Ensure that once a critical task has been started (e.g., making/verifying a calculation as part of a final check on a prescription), it is completed without interruption, or if an interruption cannot be avoided, ensure the critical task is repeated from the beginning.
- Specify the length of therapy ordered by the prescriber within the written instructions on the prescription label.
- Specify both the volume and quantity for the calculated dose of all liquid medications within the written instructions on the prescription label, (e.g., Take 5ml (125mg) three times daily for ten days).
- Review and implement the ACP’s *Chat, Check and Chart* (CCC) tools to assist in patient assessment, as an additional means of verifying the appropriateness of prescription calculations. By more consistently asking the three prime questions, pharmacists and pharmacy technicians can better verify the accuracy of any prescription calculations they are required to make.
 - Look to the January 21, 2014 edition of *The Link* for CCC resources. All editions of *The Link* are archived on the ACP website.
- When dealing with a patient’s agent, confirm that the agent is aware of how the patient has been instructed to take the medication and can relate all information provided by the pharmacist back to the patient, such as confirming number of dosage units (such as tablets or capsules) to be taken and duration of therapy. If the patient’s agent cannot confirm or relate the necessary inform, contact the patient directly.

Scope of practice: Yours, mine, or ours?



ALBERTA'S TRI-PROFESSIONAL FORUM
STRENGTHENING THE BOND
May 22 to 23, 2014

*A Tri-Profession Symposium review from
ACP Past President Kelly Olstad*



A doctor, a nurse, and a pharmacist walk into a room...

It may sound like the start of a joke, but, in fact, it was the start of the recent (May 22-23) Tri-Profession Symposium designed to help the three professions work together more effectively in the face of changing scopes of practice and a changing health system.

In past years, a tri-profession conference open to all members was held. This year, a symposium brought together board and administrative leaders from ACP, the Alberta Pharmacists' Association, the Alberta Medical Association, the College and Association of Registered Nurses of Alberta, and the College of Physicians & Surgeons of Alberta for a more focused discussion.

During the symposium, we discussed both examples of health teams working well and examples where there were challenges with working effectively together. Many of the challenges were a direct result of communication failures and misunderstandings between healthcare professionals, particularly where scopes of practice overlapped.

Where scopes overlap, clarify roles and responsibilities at the outset. When multiple professionals are providing care, ensure everyone is clear about who will be providing follow up. In all cases, it is

critical to communicate clearly and check for understanding with both patients and your healthcare colleagues. Clear communication can help:

- Mitigate confusion,
- Prevent duplication of services,
- Save time, and
- Ultimately lead to better patient care.

At the conclusion of the conference, the three professions agreed that we will continue to explore opportunities for more regular collaboration at board and organizational levels to create greater understanding about each others' challenges and perspectives. This understanding can filter down to help create and foster more collaborative working relationships at the front lines. We also expressed a strong desire to

continue to act and speak together when working with government to identify, understand, and solve problems in the health care system.

Resources

Looking for help with communication? Check out these resources on the ACP website:

- Transition Times, Oct 2008 – The Communication Issue
- *Understanding your pharmacist's role in renewing or adapting your prescription* brochure – available for download or as hard copies at no cost from the college office (email communications@pharmacists.ab.ca for copies).

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PEBC assessors needed

PEBC invites interested pharmacists and pharmacy technicians to apply as assessors. Exams are held in both Calgary and Edmonton on the following dates:

- OSPE (pharmacy technician exam) – Sunday, September 7
- OSCE (pharmacist exam) – Saturday, November 8

The *PEBC Assessor Application Form* provides further eligibility and application details. You can find the form on the ACP website under *Practice resources>Forms>Other*.

Two tips for getting better results with less effort

As pharmacists continue to expand their scope of practice, opportunities to become more involved in patient care are increasingly common. The biggest challenge for many is finding ways to add these activities to their practice without impacting other aspects of patient care. Fortunately, there are a number of small things that pharmacists can do that yield big results – these are what are known as vital behaviours. With 20% of the effort, vital behaviours will give you 80% of the results, meaning that you can do more with without having to drastically increase your workload.

So what do vital behaviours look like for pharmacists?

1 Connect with the patient at the start of the interaction

Take a moment to listen to patients, identify their needs, and set their expectations. This creates an environment where patients are prepared to participate in their care.

2 Confirm and document the indication, whether it is a new prescription or a refill

It can be as simple as saying, “There are many uses for this medication; can you tell me what you are using this for?” This lets the patient know that you are interested in being involved with their care, and will get you valuable information to help manage their medications.

Don't stop at asking, “Have you had this medication before?” and make assumptions. Keep going with your *Chat*, using the 3 Prime Questions.

An example of success

ACP Professional Practice Consultant Monty Stanowich shared a story of what this looks like in practice: “The pharmacist was inconsistent and not routinely gathering indication. We discussed the importance of this to the assessment process and, at her request, I provided her with a stamp [to document patient assessment]. When I returned, she had not only adopted the

stamp for antibiotics, as we had planned, but was using it for everything and consistently documenting indication for all new scripts. She has a scanner and all scripts are scanned after documentation occurs. She expressed that once she started using the stamp and it became part of her process she saw how easy it was and it felt natural to do it all the time. She found people were very willing to talk about it [the indication] and it really helped build rapport.”

Data and Assessment	
<input type="checkbox"/> Indicated	_____
	(e.g., condition will benefit)
<input type="checkbox"/> Effective	_____
	(e.g., medication, dose)
<input type="checkbox"/> Safe	_____
	(e.g., contraindications, interactions, s/e, toxicity, dose)
<input type="checkbox"/> Useable	_____
	(patient is willing and able to take drug)
Is therapy appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Example of stamp used



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