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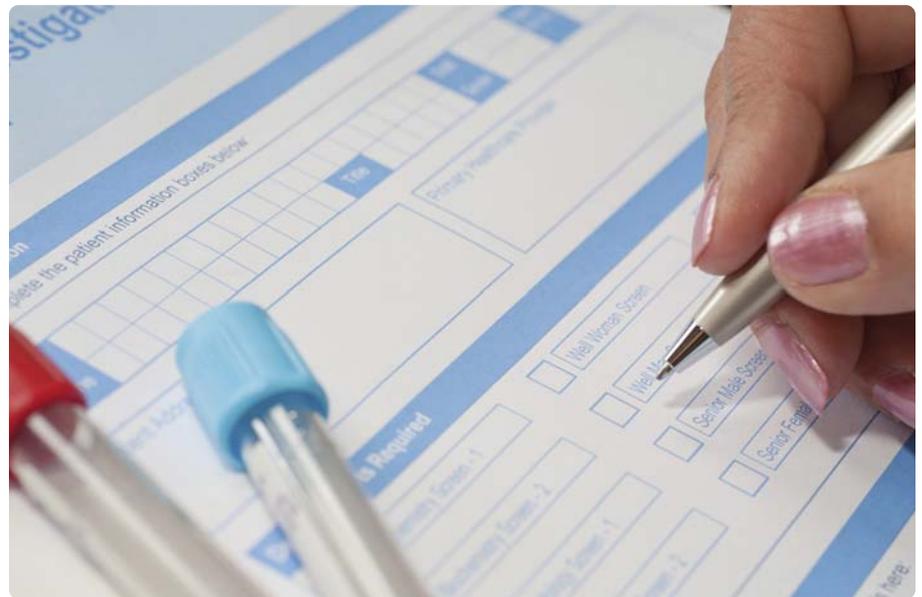
Alberta
College of
Pharmacists

*Healthy Albertans
through excellence
in pharmacy practice*

Message from the registrar

Just because you can, doesn't mean you should

Part 3: Laboratory testing and results



In articles appearing in the last two editions of *acpnews*, I discussed considerations that pharmacists should make when adapting, and in the case of those having additional prescribing privileges, when initiating or managing ongoing drug therapy. Laboratory information is a consideration, vital to pharmacists making informed decisions about many treatment decisions. ACP encourages all pharmacists to complete the requirements to order laboratory tests; however, once authorized, this resource must be used wisely. Just because you

are authorized to order laboratory tests, it doesn't mean you should!

Standard 3.5 identifies laboratory values as "additional information" that a pharmacist may need to consider to meet their duty in determining the appropriateness of drug therapy. Standard 3.6 provides direction to pharmacists when it is determined that laboratory values are required to inform decisions about the appropriateness of drug therapy.

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Message from the registrar *continued from page 1*

When determining the need for laboratory information you must consider:

- your personal competency in interpreting and applying the information;
- why you require the information;
- the nature of the decision that you will make upon assessing the information; and
- where you can best access the information.

Understand the limitations of your competency in using laboratory information, and only make decisions using those results that you are competent and confident to use. This goes beyond simply observing whether a value is in a normal range, but extends to understanding a result in context with other indicators important to your patients' health status. Know when an episodic result requires an intervention, as compared to when trending results are more important. As with prescribing, don't order or use tests that are beyond your personal competence to interpret. Just because you can, it doesn't mean that you should!

Laboratory testing can be expensive; therefore, it is important that this resource be used prudently and purposefully. Prevent redundancy by checking your patients' laboratory profile on Netcare and determining whether it includes information relevant and current to the problem that you are considering.

Laboratory results can be used for screening populations (health promotion and disease prevention), monitoring treatment and adjusting therapy (physiological indicators and/or therapeutic blood values), and for diagnosing (microbiological assays). Results can be obtained through different

sources such as personal point of care tests (performed by the patient), point of care tests conducted at the pharmacy, or medical laboratory tests conducted through accredited laboratories.

It is important that you understand the relative value and limitations of each of these sources of information. Significant is the purpose for which you plan on using the information. The appropriate selection of your source of laboratory results is equally important to your consideration about when and whether you require laboratory results, and whether you are competent and confident in applying the results. Just because you can, it doesn't mean that you should!



Greg Eberhart, Registrar

Point of care testing

Understanding the role and responsibilities of pharmacists and pharmacy technicians



ACP is undertaking a project over the next year to develop a framework to assist pharmacists and pharmacy technicians in making informed decisions about using point of care technologies. Advances in technology are expected to make these more available to health professionals and patients. Our goal will be to assist you in making more informed decisions before using a point of care test, and to provide guidance when using the tests. Until then, pharmacists choosing to use point of care tests, and technicians who train patients to use personal point of care tests, should consider the following guidance, and comply with the stated standards:

Guidelines

Complementary to ACP standards for pharmacists who prescribe:

1. Only perform tests for patients with whom you have developed a professional relationship.
2. Do not perform tests for the screening of populations where there is not a

pharmacist-patient relationship or where there are not preliminary indicators for such screening.

Standards of Practice for Pharmacists and Pharmacy Technicians

1. Standard 3.7
 - Only perform tests that you are personally competent to perform and interpret.
 - Only perform tests that are indicated to assist with the management of drug therapy for a patient.
 - Record each test performed and record the results obtained on the patient record.
 - Discuss the results of tests and any decisions made (including the rationale for the decision) with the patient and include this in your communication with other members of the patient's health team.

2. Standard 16.1
 - Have in place and be prepared to implement policies for handling emergencies.
3. Standard 16.3
 - Ensure the environment in which the test is performed is clean, safe, appropriately private and comfortable for the patient.
4. Standard 17.1
 - Obtain informed consent from the patient prior to performing the test.
5. Standard 17.3
 - Observe routine precautions for infection control, including – but not limited to – handling all body fluids and tissues as if they were infectious, regardless of the patient's diagnosis.

Standards of Operations for Licensed Pharmacies

Pharmacy licensees must ensure that the following standards are complied with:

1. Standard 3.5
 - Ensure appropriate education, experience, and training to perform the duties assigned.
2. Standard 4
 - Ensure the physical facility and the equipment in the pharmacy provides a suitable environment for practice in accordance with the standards.
3. Standard 6
 - Implement a quality assurance program to monitor and improve processes and to minimize risk.

Other resources that pharmacists performing point of care testing should

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Point of care testing
continued from page 3

consider prior to introducing them into their practice are:

1. **Standards of Practice for Testing – Nova Scotia College of Pharmacists**
http://nspharmacists.colourdigital.to/wp-content/uploads/2015/07/Pharmacist-Testing-Standards-of-Practice-2015_04_15.pdf

2. **Unaccredited Point-of-Care Laboratory Testing Guidelines for Physicians – College of Physicians and Surgeons of Alberta**
http://cpsa.ca/wp-content/uploads/2015/03/Point-of-Care_Testing_-_Guidelines_for_Physicians.pdf

Finally, technological advancement in laboratory testing is rapidly changing. The types and scope of tests are expanding and the sensitivity of tests is improving. In forthcoming years there will be rapid escalation in the availability of point of care tests for consumer use and health professional use. Defining the human genome has opened the door to genetic testing, and the use of this information to make personalized drug and treatment decisions. This invites additional ethical complexities that must be considered by our profession in collaboration with others. These issues will be considered in the development of the framework for point of care technologies. Remember, just because you may be able to order or perform a laboratory test, it doesn't mean that you should!

We welcome your thoughts. Send your comments to communications@pharmacists.ab.ca, or tweet us at @ACPharmacists.

Immunizations

Preparing for the 2015/16 influenza campaign



In August, Alberta Health released its Influenza Immunization Policy (IIP) 2015/2016.

www.health.alberta.ca/documents/AIP-Influenza-Immunization-Policy-2015.pdf

ACP reminds pharmacists participating in the influenza program to review the policy thoroughly.

While you have a responsibility to comply with the entire policy, we encourage you to pay particular attention to those sections important to patient safety as outlined in our Standards for Practice for Pharmacists and Pharmacy Technicians (SPPT) and the Standards for the Operation of Licensed Pharmacies (SOLP). These include, but are not limited to:

- SPPT – Standard 16 – Ensure proper procedures and environment when administering a drug, blood product, or vaccine

- SPPT – Standard 17 – Ensure patient safety when administering a drug, blood product, or vaccine

- SOLP – Standard 5.2 and 5.3 – Duty in relation to storing drugs

- SOLP – Standard 6 – Quality assurance program to monitor and improve processes to minimize risk

We also draw your attention to Appendix E of the 2015/16 policy which is new. The introduction of this new requirement resulted from findings and recommendations from ACP through our inspection and findings into incidents that occurred during the 2014/15 campaign. We invite you to review the article on "Injection errors – Learnings arising from ACP's inspection of incidents occurring at an off-site immunization clinic" on page 8 in this issue of *apnews*.

Influenza Immunization Policy Update

Alberta Health will no longer be distributing a hard copy form for the Influenza/Pneumococcal Immunization Record or NCR. Instead pharmacists may access a fillable pdf version of the Influenza/ Pneumococcal Immunization Record at www.albertahealthservices.ca/frm-09826.pdf.

The first page of the form provides all the necessary information to collect for the patient's record and the second page provides important aftercare instructions for patients.

Clarifying the scope of practice for Alberta pharmacy technicians

Approved September 2015



Critical to advancing pharmacy practice in Alberta is integrating pharmacy technicians into practice teams and allowing them to take responsibility for roles they're authorized to perform.

ACP in partnership with the Pharmacy Technician Society of Alberta and the

Alberta Pharmacists' Association, developed a reference document designed to identify the pharmacy technicians' scope of practice. (See table below). Regulated pharmacy technicians are responsible and accountable for the activities they perform related to prescription preparation and processing.

In their practice, pharmacy technicians promote safe and effective drug distribution and, in relation to that, do one or more of the following under the direction of a pharmacist: (a) receive, gather, enter and store prescription and patient information, (b) store and repackage products, (c) participate in the management of systems for drug distribution and inventory control, (d) participate in the research, development, implementation and evaluation of quality assurance and risk

management policies, procedures and activities, (e) provide restricted activities authorized by the regulations, (f) instruct patients about the use of health aids and devices, and (g) teach the practice of pharmacy technicians

Health Professions Act
Schedule 19 3 (2)

A pharmacy technician must only engage in restricted activities that the pharmacy technician is authorized and competent to perform, and that are applicable to the pharmacy technician's practice and the procedure being performed

ACP Standards of Practice for Pharmacists and Pharmacy Technicians (1.8)

Scope of Practice for Alberta Pharmacy Technicians

Task	✓ Yes ✗ No	Reference
PATIENT CARE		
Gather and document information required to provide pharmacy related services and create a patient record	✓	Std 2.2; 18.3; Appendix A
Assist the pharmacist in identifying the patient's health needs and expectations	✓	Std 2.2
Answer questions from patients that require therapeutic knowledge, clinical analysis or assessment	✗	Std 1.8
Gather information required to assess the appropriateness of drug therapy	✓	Std 2.2
Determine appropriateness of drug therapy	✗	Std 3; 4; 5
Identify actual or potential drug therapy problems and determine appropriate response	✗	Std 5
Refer actual or potential drug therapy problems to a pharmacist	✓	Std 1.8; 5.2
Prescribe a schedule 1 drug	✗	Std 11
Administer a drug or vaccine	✗	Std 16;17
Witness ingestion of methadone	✗	ODT Guidelines
Order and interpret laboratory tests and results	✗	Std 3.7

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Scope of Practice for Alberta Pharmacy Technicians *continued from page 5*

Task	✓ Yes ✗ No	Reference
RECEIVING ORDERS & TRANSFERRING CARE		
Receive a verbal order from a prescriber for a schedule 1 drug, reduce to writing and sign or initial	✓	Std 6.8
Document changes to prescriptions as a result of an authorization from the original prescriber	✓	Std 5.4
Receive a verbal order from a prescriber or document changes to prescriptions for a narcotic or controlled drug	✗	NCR
Transfer prescriptions that can legally be transferred to another pharmacy on behalf of a pharmacist	✓	Std 20.9; 2.7; 2.8
Determine additional information that is required to ensure continuity of care when care of a patient is transferred	✗	Std 2.8
DISPENSING		
Determine that a new or refill prescription is current, authentic and complete	✓	Std 6
Determine that it is appropriate to dispense a new prescription	✗	Std 6
Determine that it is appropriate to dispense a refill prescription	✗	Std 3
Dispense new or refill prescriptions following appropriate procedures	✓	Std 7
Respond to alerts generated by the pharmacy software system during entry or processing of a prescription that require therapeutic knowledge, clinical analysis or assessment	✗	Std 1.8
Perform a final check of new or refill prescription to ensure that each step in the dispensing process has been completed properly. Including verification that: <ul style="list-style-type: none"> ■ the drug, dosage form, strength, and quantity dispensed are correct according to the prescription ■ the prescription label is accurate according to the prescription and contains the information required by standards and legislation ■ appropriate auxiliary labels are affixed to prescriptions 	✓	Std 7.14
Perform a final check of a prescription for a narcotic, controlled drug or targeted substance	✓	Std 7.14
Document activities completed in the dispensing process to create a clear audit trail	✓	Std 7.16; 7.17
Create a written transaction record for each drug dispensed	✓	Std 18.1
PRESCRIPTION RELEASE AND PATIENT COUNSELING/TEACHING		
Release a prescription or a schedule 2 drug to a patient after ensuring a pharmacist has assessed the patient, evaluated the prescription or the sale and provided required information	✓	Std 8.1; 8.2
Refer patients to a pharmacist when appropriate	✓	Std 1.8; 2.2; 5; 8.2(c); 9.3
Identify patients who require assistance or may face a risk from the selection or use of a schedule 3 drug, health care product, aid or device and refer to pharmacist	✓	Std 9.3
Answer questions from patients about schedule 3 drugs, health care products, aids or devices that do not require therapeutic knowledge, clinical analysis or assessment	✓	Std 1.8
Enter into a dialogue and provide assistance to patients choosing health care products, aids or devices	✓	Std 9.4
Provide instruction to patients about how to operate or use health care products, aids or devices	✓	Std 9.4

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Scope of Practice for Alberta Pharmacy Technicians *continued from page 6*

Task	✓ Yes ✗ No	Reference
COMPOUNDING AND REPACKAGING		
Create a formula for compounding drugs	✗	Std 10.3
Compound drugs according to a written formula and preparation process	✓	Std 10.1;10.2
Deviate from a written compounding formula or preparation process	✗	Std 10.5; 10.6
Assign a beyond use date based on reputable sources of information	✓	Std 10.9
Determine an appropriate beyond use date when one is not available	✗	Std 10.10
Perform sterile compounding in an environment and according to procedures that meet ACP requirements	✓	Std 10.12; 10.13
Perform a final check to ensure that each step in the compounding process has been completed accurately and according to the written formula and process. Including verification that: <ul style="list-style-type: none"> ■ the drug, strength, manufacturer, and quantity compounded are correct ■ that calculations and measures were completed accurately ■ the label is correct and includes the required information ■ the package and packaging material are appropriate 	✓	Std 10.14
Repackage drugs following appropriate procedures	✓	Std 21
Perform a final check of repackaged drugs. Including verification that: <ul style="list-style-type: none"> ■ the drug, strength, manufacturer and quantity packaged are correct ■ the label is correct and includes the required information ■ the package and packaging material are appropriate 	✓	Std 21
DOCUMENTATION		
Document an account of involvement in any drug errors as part of the Quality Assurance Program of the pharmacy	✓	Std 1.9; SOLP 6.4
Document the pharmacy technician's activities in the patient record	✓	Std 18.2; 18.8; 18.9
Make corrections in patient records when required	✓	Std 18.5
Act as a witness when a pharmacist destroys narcotic or controlled drugs based on authorization from Health Canada	✓	HC communication
SUPERVISION		
Supervise a provisional pharmacy technician or a student pharmacy technician in the performance of restricted activities	✓	Std 20.4; 20.5
Supervise a pharmacy student or a provisional pharmacist in the performance of restricted activities	✗	Std 20.3; 20.4
Supervise an employee engaged in compounding or providing drugs for sale	✓	Std 20.6; 20.7; 20.8

Reference Key:

Std = ACP Standards of Practice for Pharmacists and Pharmacy Technicians

SOLP = ACP Standards for the Operation of Licensed Pharmacies

NCR = Narcotic and Controlled Drugs Regulations

HC = Health Canada

OPT = Opiate Dependency Treatment

Injection errors

Learnings arising from ACP's inspection of incidents occurring at an off-site immunization clinic

Background

In October 2014, an influenza immunization clinic was held in Edmonton. The clinic was conducted by a non-licensed company that provided outreach pharmacy services on behalf of a licensed, Edmonton-based pharmacy. During the course of the clinic, an incident occurred where standard infection control protocols were not observed by one of the student injectors and multiple patients could have been exposed to compromised vaccine. The protocol breach was observed by one of the patients who brought it to the attention of the clinic management and Medical Services Department Staff of the institution. Through ACP's inspection of the incident, it was identified that multiple other incidents had occurred at the clinic.

This influenza clinic had the potential for serious negative consequences to the health of those involved. Fortunately, because of the low risk status of the source patients in the needle stick incidents, serious harm did not occur.

A major contributing factor to this case was the inexperience of all parties who organized and conducted the clinic. Patient assessments and immunizations were performed by third and fourth year pharmacy students under the supervision of two pharmacists. Organizers had limited experience in performing a clinic of this magnitude, and both supervising pharmacists were new graduates who had very limited supervisory experience. Because of these factors, the pharmacy did not adequately plan or prepare for the clinic, as demonstrated by the lack of policies and procedures, training, and student supervision.

A clinic of this nature should have been modeled on the *Standards of Practice for Pharmacists and Pharmacy Technicians* and the *Standards of Practice for Licensed Pharmacies*.

Learnings resulting from ACP's inspection of these incidents

ACP inspectors found that the errors could have been prevented if the clinic was organized and operated in compliance with ACP's Standards for Pharmacists and Pharmacy Technicians (SPPT), and Standards for the Operation of Licensed Pharmacies (SOLP). All pharmacists and pharmacy licensees who participate in Alberta's Influenza Immunization Program, and particularly those who provide training opportunities for students and/or who deliver services at a distance from their licensed pharmacy, should incorporate these learnings into their operations and practices.

Key Learnings

1. Clearly define relationships, roles and responsibilities

- a. Do not offer pharmacy services through an alternate entity operating on behalf of the licensed pharmacy.
- b. Enter into a formal contract with organizations for which you provide immunization clinics. This contract should clearly outline the roles and responsibilities of all parties involved.
- c. Develop comprehensive, written policies and procedures that:
 - i. contain clinic specific information including, but not limited to: cold chain procedures, patient assessment procedures, injection procedures (multi-dose vial and pre-filled syringes) (SPPT 16)



- ii. ensure all clinic staff wear nametags that identify their role to the public (SOLP 3.3)
- iii. clearly outline the duties, responsibilities and limitations of pharmacy students in each role at the clinic (SPPT 20.3)
- iv. include emergency protocols and list emergency contact numbers. This information must be individualized for the specific facility in which the clinic occurs and must be communicated to, and coordinated with, the resources at the facility
- v. provide an appropriate quality assurance system for recording, documenting, evaluating and investigating drug incidents and near misses. This system should be non-punitive and all staff should be directed to report any occurrences so supervisors can respond promptly and appropriately and make corrective measures to prevent similar incidents (SOLP 6.1-6.5)

2. Training, education, and orientation

- a. Ensure that all staff members have appropriate training, education and orientation to the policies and procedures regarding the restricted activities they are to perform. (SOLP 3.5,3.6)
- b. Review the most current Alberta Influenza Immunization Policy 2015-16 and ensure complete understanding of requirements and obligations, specifically about employees immunized in the workplace setting.
- c. Develop comprehensive patient assessment procedures for pharmacists that are based on the *AHS 2014-2015 Influenza Immunization Orientation* and *AHS 2014-2015 Influenza Immunization Orientation Workbook* (or subsequent versions of that

document) and any other appropriate reference material that includes, but is not limited to:

- i. developing a standard list of questions for patient assessment (SOLP 6)
- ii. developing methods to allow documentation of assessment and the rationale for any clinical decisions (SPPT 18)

3. Engaging and supervising pharmacy students

- a. Ensure all pharmacy students are competent to perform any activities assigned to them and that restricted activities are performed under *direct supervision*.
- b. Provide appropriate training for staff and students involved in assessment and injection of influenza vaccine. This training should be mandatory and include an assessment of knowledge and skills.
- c. Develop policies and procedures to:
 - i. ensure students and supervising pharmacists understand what *direct supervision* is
 - ii. ensure that there is an

appropriate supervisor to student ratio that provides a training environment in which students can be *directly supervised* at all times

- iii. ensure that all supervising pharmacists have a level of experience appropriate to *directly supervise* students in a manner that allows them to meet the requirements of the ACP structured practical training program
- iv. ensure supervision includes continual assessment of the technique, pace and assessment skills of the pharmacy students to ensure that it is being conducted in a safe and effective manner
- v. clearly outline criteria when pharmacy students are required to refer to the pharmacist

4. Privacy

- a. Ensure that the privacy of each patient is maintained and that, if required, facilities exist to provide additional privacy to those that request it. (ACP Code of Ethics, Principle 4)



Passion for patient-centered practice

Future of Pharmacy award recipient Tyler Watson



*Tyler Watson, Clinical Operations Manager
Pharmacare Specialty Pharmacy*

The APEX Awards recognize excellence in pharmacy practice in Alberta. In this issue of *aφnews*, we continue our regular feature to highlight the 2015 APEX award recipients, and continue celebrating their outstanding contributions to the pharmacy profession. In this issue, we are pleased to introduce you to Tyler Watson, recipient of the Future of Pharmacy award.

A passion for patient-centered practice, a commitment to continuing education, and a desire to teach future pharmacists is what makes Tyler a Future of Pharmacy Award winner.

In his current role as a Clinical Operations Manager for Pharmacare, Tyler has successfully developed a practice that highlights a patient-centered focus and incorporates the pharmacy services framework as well as new models and approaches to care while safeguarding high-quality and ethical

dispensing and monitoring practices.

In order to provide this patient experience, Tyler strongly believes in maintaining a high level of professional competency. "I think the realization that practice is constantly changing motivates me to stay up-to-date with best practice guidelines. If I don't maintain professional competencies through continuing education, I will quickly be left behind and will not provide optimal care to the patients I serve," explains Tyler.

In the future, Tyler aims to work towards a more proficient practice in mental health and addictions, an area he is currently studying as part of his MSc and is particularly passionate about. "My research involves incorporating technology into practice, particularly in the mental health population, so teaching in this area would be ideal."

Shine the light on someone you admire

Nominations now open for the 2016 APEX Awards

ACP and the Alberta Pharmacists' Association (RxA) are once again teaming up on March 3, 2016, for the ninth annual APEX Awards. These awards recognize excellence in pharmacy practice in Alberta and we want your nominations!

Submit your nomination(s) today to recognize role models, celebrate great patient care, and raise the profile of pharmacy in Alberta. Recipients are publicized at events, in print, and online across the province.

Nominations are being accepted online until October 30, 2015. This year the nomination process has been streamlined. Now, a robust letter of nomination addressing the award criteria, along with supporting documentation (if available), is all that it takes.

For complete submission details and award categories, please visit pharmacists.ab.ca/apex-awards.



Sue Allen achieves highest mark Hinton pharmacy technician nails the PEBC Qualifying Exam

When Sue Allen received an unexpected voicemail from the Alberta College of Pharmacists one evening this summer, she was – understandably – a little worried.

“It was outside of work hours and I wasn’t expecting a call, so I was quite concerned,” laughed the Hinton-area pharmacy technician.

However, when she called back, Sue discovered she was the Alberta candidate with the highest mark on the Pharmacy Examining Board of Canada’s (PEBC) Qualifying Exam for Entry to Practice as a Pharmacy Technician.

For her accomplishment on the PEBC exam, Sue was honoured with an ACP award and a \$1,000 cheque on September 18, 2015, at the Pharmacy Technician Society of Alberta Conference in Edmonton.

“I was so pleased. It’s nice to be recognized,” said Sue. “The path to registration was an expensive process, so this is going to help.”

While Sue says the exam was challenging, she wasn’t nervous as she has a breadth of experience working in the field.

After graduating from Red Deer College’s Pharmacy Technician program in 1996, Sue worked in Edmonton for five years at a variety of retail and hospital pharmacies

before settling down on an acreage west of Hinton with her family and joining the Hinton Health Care Centre’s pharmacy team.

“When I went into the exam I had the mindset that the PEBC wanted to ensure that I could practice safely. I’ve been taking courses online and constantly learning so I had a learning mindset. And I had a lot of experience to draw from,” she said.

Her current position includes preparing drugs for cancer

patients at the Hinton Community Cancer Centre, a job that Sue says she enjoys as it involves seeing first-hand how they make a difference for patients.

“It’s a big part of what we do. All of the chemotherapy IVs are custom-prepared for the patients that day. It’s really nice because patients don’t have to drive all the way to Edmonton for treatment,” said Sue.

“Most people don’t realize that hospitals have pharmacies, let alone how we impact health care since we work mostly behind the scenes. And working in a small town hospital is wonderful. It’s funny – when my daughter was younger, she used to ask me, ‘Mommy, do you have to go to work today?’ I explained to her that I don’t have to – I get to.”



Nothing like getting a head start!

Continuing Competence Program activities 2015-2016



As pharmacists, you are responsible for evaluating your individual practice and continuously improving your level of professional knowledge and skill.

Last year, a new Continuing Competence Program (CCP) was implemented, and based on the CCP survey, 82 per cent of pharmacists “strongly agreed/agreed” that the program helped them meet their responsibility to maintain/improve their professional competence.

The 2015-2016 cycle is now activated and you may start to plan and document your learning activities.

As a reminder, every year, all pharmacists on the clinical register are required to:

1. Complete at least 15 continuing education units (CEUs) during the Continuing Education (CE) cycle and document each learning activity on one or more Learning Records;
2. Implement at least one CEU worth of learning into their practice and document this on an Implementation Record; and
3. Complete any required learning that has been assigned by the Competence Committee.

Prescribed activity for the 2015-2016 CE cycle

For the 2015-2016 CE cycle, pharmacists must complete the Jurisprudence Self-Assessment tool found in the Self-Assessment/Prescribed Activities section of the CCP portal. This self-assessment tool will test your jurisprudence knowledge and help you identify potential learning needs. The Alberta College of Pharmacists will NOT be monitoring or keeping track of your self-assessment results. This is for your own continuing professional development.

Jurisprudence is not only about drug schedules and prescription regulations – it is about your everyday pharmacy practice, patient care, and prescribing. As a pharmacist, it is your responsibility, regardless of where you practice, to be aware of and understand the current Standards of Practice, Code of Ethics, and federal and provincial legislation that pertain to pharmacy practice.

In addition to the Jurisprudence Self-Assessment, there are optional self-assessment and planning tools available in the Self-Assessment/Prescribed Activities section of the CCP portal. Using these tools may be a great way to start a CE cycle to help you assess your practice and learning needs and plan your learning and implementation objectives accordingly.

Jurisprudence Learning Module – A potential learning activity

Last year, ACP introduced an online jurisprudence learning module that reviews the Standards of Practice, the Code of Ethics, and federal and provincial legislation that pertain to pharmacy practice. The jurisprudence learning module provides a highly-interactive e-learning experience and was a finalist the "Best in E-Learning" category at the 2014 Digital Alberta Awards. It provides between 9-10 hours of study material that includes self-study questions and scenario-based interactions. This module is not a competence program requirement but a great resource for pharmacy professionals who wish to review the Standards of Practice and pharmacy legislation and a potential non-accredited learning activity. This module is available on the ACP website: [Resource Centre > Standards and legislation](#).

“Through the self-assessment questions, I decided to go through the Jurisprudence Learning Module, as I found that I need more information in this area to ensure I am practising according to the standards.” – Alberta Pharmacist

Peer tips for documenting your learning activities

Feedback from your peers regarding the Learning Record:

- *“After completing the CPP, I now have a better understanding of its use and I will be able to use the CCP more effectively in the next CE cycle. Starting June, I will upload learning records as I go, rather than collecting them for recording in May.”* – Alberta pharmacist
- *“The new program promotes reflection on each CE completed as we have to state key knowledge that we gained. This is beneficial as revisiting the CE to complete the learning record helps to solidify knowledge gained.”* – Alberta pharmacist

In order to claim CEUs for a learning activity, you must reflect and document your activity on a Learning Record. Based on your feedback, we have increased the character limit for the section where you document your key learning elements. Please note, you only need to list the key learning elements. This may be a summary of what you've learned or only specific information you wish to highlight or implement; you do not have to document everything you've learned.

Can I implement learning that was completed in a previous CE cycle?

We encourage you to continuously build upon your knowledge and skills. You may implement learning that was completed in a previous CE cycle; however, your implementation still needs to be tied to one hour (one CEU) worth of learning completed during the current CE cycle. Therefore, if you choose to implement learning that started in a previous CE cycle, you just need to complete one CEU in the current CE cycle that is related to your objective. Perhaps you could review your notes or read a related journal article to supplement your learning.

Did you know reading ACP news may be claimed as non-accredited learning?

Reading *acpnews* is an excellent way to keep current with your pharmacy profession. Document what you've learned from this issue or a past issue of *acpnews* on a Learning Record and claim non-accredited CEUs (to the nearest quarter of an hour) for the time spent reviewing the newsletter.

In the Implementation Record, we have added an optional box where you may reference learning that was completed in a previous CE cycle.

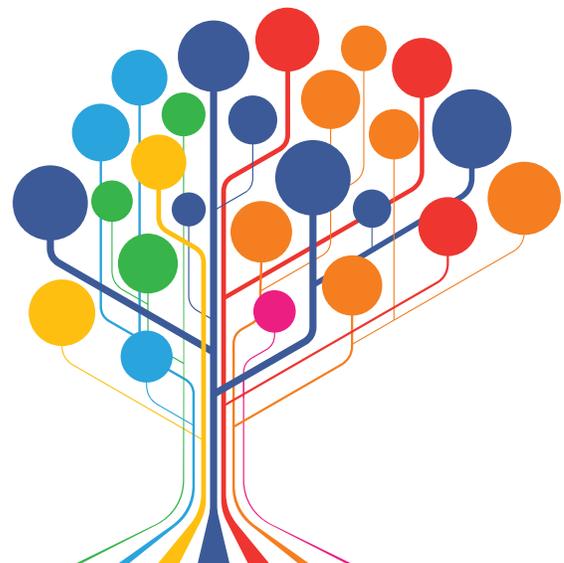
CCP audit and feedback

Portfolios for 10 per cent of pharmacists have been selected and are currently being audited. The audit is comprised of an administrative audit of your Learning Record, Implementation Record, and supporting documents, and a criterion-based assessment of your Implementation Record by at least two peer (pharmacist) assessors. If selected, you will be notified by email in

Precepting – a potential learning and implementation opportunity

Attending a Preceptor Workshop is a great learning activity and may be claimed as non-accredited learning in the Continuing Competence Program. Furthermore, implementing your newly acquired precepting skills into practice may be a potential implementation objective. To view examples of Learning and Implementation Records related to precepting, please refer to the ACP website: *Resource Centre > Competence > CCP requirements*.

October, after the audit has already been completed. You will be informed whether your portfolio has met the established standards and you will receive feedback on your portfolio based on the seven key indicators of a successful Implementation Record. For more information about the audit process, please refer to the ACP website: *Resource Centre > Competence > CCP audit*.



Thank you from the Faculty of Pharmacy and Pharmaceutical Sciences!

By guest contributor Ann Thompson, Clinical Associate Professor and Director, Experiential Education, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta

The faculty and students at the University of Alberta's Faculty of Pharmacy and Pharmaceutical Sciences are very grateful to our preceptors.

We are so proud to acknowledge your contributions to the development of future pharmacists in Alberta. In the past year, over 600 preceptors participated in the education of U of A Pharmacy students.

Students travelled the province, visiting 59 communities, which included 167 community pharmacies and primary care networks, 67 institutional sites in both acute and long term care. We invite you to visit <https://pharm.ualberta.ca/preceptors/preceptor-faculty> to view the complete list of dedicated pharmacists from 2014/2015 who've made the program such a huge success.

Thank you for mentoring our students to become trusted care providers and contributing members of health care teams. Your participation as a preceptor provides tremendous learning opportunities beyond the classroom: from complex treatment recommendations to methods for patient counseling and modelling professional behaviours across diverse situations. You've led by example and forged the future of pharmacy in this province by shaping our students' professional practice and identity.

Through the sponsorship of Teva Canada, we are fortunate to be able to award Preceptor of the Year to four deserving recipients this year. Students have nominated outstanding practitioners who have been supportive and impactful mentors, through their experience(s) in the following courses: Pharm 305/Pharm 315/Pharm 425.

Please join us in congratulating the following leaders in experiential education:

■ Pharm 305 – **Trish Molberg**

■ Pharm 315 – **Victoria Fong**

■ Pharm 425 (community practice) – **Morenike Olaosebikan**

■ Pharm 425 (institutional practice) – **Peter Macek**

What preceptors are saying

We're elated to know that your experience is as fulfilling for you as it is our students! Here's what some preceptors have said:

"Learning is ongoing. My students learn from me and I learn from them. It is a wonderful opportunity from which preceptor and students benefit. It is a symbiotic relationship."

"Precepting rejuvenates me! Both in the field of pharmacy and in my job."

What students are saying

Our students also acknowledge that their practical experiences are invaluable to their development as a pharmacist. From numerous comments, we have selected a few brief quotes to highlight;

"My preceptors were very approachable, and if I had any questions they always ensured I had an adequate amount of patient interaction to improve my knowledge and skills."

"My preceptor was enthusiastic about my learning and interested in affording me as many learning opportunities as possible. The learning environment was safe ... I felt comfortable asking questions."

We believe preceptors are the heart of the profession and of great importance to the mentoring of future practitioners. Thank you so much for your significant contributions to our program, and the development of future pharmacists.



Faculty of Pharmacy and Pharmaceutical Sciences graduating class of 2015

Preparing for fall/winter placements

University of Alberta Pharmacy and Pharmaceutical Sciences preceptor workshops

Mark your calendars and join the Faculty of Pharmacy and Pharmaceutical Sciences for some fun, interactive and very informative learning opportunities. Whether you are new to precepting or ready to take your precepting to the next level; our workshops are designed to benefit everyone. If you have already committed to precepting in the upcoming months, we strongly encourage you to attend a live workshop. Please note that the retired AHS preceptor workshop is considered equivalent to the Level I workshop or UBC E-Tips. Based on your own learning needs, you are welcome to attend the Level I workshop as a refresher.

Registration is now open for all 2015 workshops! Please see the next column for course offerings. All participants must register in advance of the seminar by completing the following form www.cognitofirms.com/Phexedualberta.ca/WorkshopRegistration.

The Faculty is beginning strategic planning for workshops in 2016. If you are located outside of the Calgary/Edmonton area and are interested in hosting a workshop in 2016, please contact us. We require a minimum of 8-10 registrants from hospital/community/LTC sites, in order to facilitate.

Thank you for your support and ongoing contributions to the next generation of pharmacists in this province. We welcome your feedback, questions or concerns. Please contact us at phexed@ualberta.ca.

Grande Prairie

September 24

Level II: 12 - 4 p.m.

(lunch at 12:15 p.m.)

Location: Queen Elizabeth II Hospital, Room 0-4 South (lower level, south of cafeteria)

Calgary

October 8

Level I: 9 a.m. - 12 p.m.

Level II: 1 - 4 p.m.

Location: Alberta Children's Hospital Conference Room 04, 4th floor

Edmonton

October 15

Level I: 9 a.m. - 12 p.m.

Level II: 1 - 4 p.m.

Location: TBD

Online Lync

AHS/Covenant/Capital Care employees only

November 19

Level I: 12:30 - 4 p.m.

December 3

Level II: 12:30 - 4 p.m.



In memory...

 **Walter W. Maday** of Edmonton died on June 27, 2015, at the age of 95.

Walter graduated from the University of Alberta with a B.Sc in Pharmacy in 1943. He was on the council of the former Alberta Pharmaceutical Association (APhA) from 1958-65 and was the first hospital pharmacist to become president. He was also the first president of the Alberta Branch of CSHP. He served as Director of Pharmacy at the University of Alberta Hospital from 1948 to 1976 where he was instrumental in establishing the Hospital Pharmacy Residency Program, and worked on a computerized pharmacy inventory control system based on the American Hospital Formulary System. Mr. Maday received Honorary Life Memberships to both APhA and CSHP, and was recognized as a Fellow of CSHP for his assistance in preparing and presenting briefs to both the Royal Commission on Health Services and the Restrictive Practices Commission. Mr. Maday was a member of the first group of Fellows in Canada and actively advanced the Fellow program. Additionally, he was honoured with a Certificate of Merit from CPhA and was awarded the Alberta Pharmacy Centennial Award of Distinction in 2011.



Thank you for your service and outstanding contributions to our profession.

Connect with us!

At ACP, we invite you to join in on the conversation and follow us on Facebook and Twitter. Social media allows us to connect with a wider audience and engage in conversations about pharmacy practice in Alberta. We discuss ACP's mandate, our expectations of pharmacy practitioners, current news stories, local and international events and the standards that both pharmacists and pharmacy technicians follow. ACP is a trusted resource for people when they have questions or concerns about pharmacy practice.

We welcome your questions and comments via social media. Our goal is to provide a community where individuals can share content, ideas and experiences and find helpful information.

Visit us at www.facebook.com/ACPharmacists or Tweet to us @ACPharmacists



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.