

Winter 2011



CANADIAN ASSOCIATION OF PHARMACY STUDENTS AND INTERNS LETTERS

CAPSIL - JACEIP

LE JOURNAL DE L'ASSOCIATION CANADIENNE DES ETUDIANTS
ET DES INTERNES EN PHARMACIE



In this Issue:

Methadone: What the News Won't Tell You

A Day in the Life of a Hospital Pharmacy Resident

The PDW Experience

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necessarily the opinions of CAPSI or its sponsors.

Please email your comments and articles to:

Yin Hui - capsil@capsi.ca

Please contact your local rep for information on how to contribute

A Message From the President

Dear CAPSI Members,

Like sands through an hour glass, the school year for most of us has reached past its half way mark (except for Waterloo). Since Professional Development Week (PDW) in Saskatoon earlier in the 2011 year, I hope those of you that attended, took away the same excitement & motivation and channeled the energy into getting involved with pharmacy organizations or initiatives to move the profession forward.



From the end of 2010 up to PDW, CAPSI National had been working alongside the PDW 2011 planning committee to ensure the success of PDW, as well as maintaining the CAPSI local initiatives. At the National Council meetings that took place in Saskatoon, you as a member, were represented in discussions that involved issues affecting pharmacy students across Canada. Furthermore, the CAPSI National Executive work in conjunction with various sponsors and other pharmacy & non-pharmacy organizations to ensure a continuation of membership benefits, stimulating competitions, exciting international opportunities and venues outside of academia to enhance professional development.

Whether this is your first year in pharmacy, or your last year, like me, I urge you to learn more about the pharmacy profession, and work as a team with your future colleagues in this exciting time in pharmacy.

From now until the end of my term, I will continue to work behind-the-scenes with CAPSI National Council (both present and incoming) in providing ongoing communication & professional development initiatives with you, the members, and your representation amongst other organizations.

“Be the change you want to see in the world” – Gandhi

Sincerely,

Polly Kwok

Polly Kwok
National President
4th Year Pharmacy Student, University of British Columbia

Mots de la Présidente

Traduit par Kayla Castonguay

Chères membres d'ACEIP,

Tout comme le sable dans un sablier, l'année scolaire pour plusieurs d'entre nous dépasse déjà sa mi-marque (exception pour Waterloo). Depuis la semaine de développement professionnelle (PDW) à Saskatoon au début de l'année 2011, j'espère que ceux qui étaient présents, ont saisi la même excitation et motivation et ont canalisé cette énergie afin de s'impliquer dans les organisations reliées à la pharmacie ou de prendre l'initiative de faire avancer la profession.



À partir de la fin de l'année 2010 jusqu'au PDW, ACEIP national avait travaillé conjointement avec le comité de planification du PDW 2011 afin d'assurer le succès du PDW, ainsi que de maintenir les initiatives locales d'ACEIP. Lors des réunions du Conseil National, qui ont eu lieu à Saskatoon, vous en tant que membre, avez été représenté au cours des discussions, qui ont impliqué des issues affectant les étudiants de la faculté de pharmacie d'un coin à l'autre du Canada. En outre, l'exécutif national d'ACEIP travaille avec les divers commanditaires et les organisations reliées et non-reliées à la pharmacie pour assurer une continuité des bénéfices aux membres, des compétitions stimulantes, des occasions internationales excitantes et des lieux de rendez-vous à l'extérieur du milieu universitaire afin de rehausser le développement professionnel.

Que ça soit votre première année d'étude au programme de pharmacie, ou votre dernière, tout comme moi, je vous invite à apprendre davantage au sujet de la profession de pharmacie, et de travailler en équipe avec vos futurs collègues dans ces temps excitants de la pharmacie.

À partir de maintenant jusqu'à la fin de mon terme, je continuerai à travailler à l'arrière scène avec le Conseil National d'ACEIP (présent et futur) en fournissant de la communication continue et des initiatives de développement professionnelle avec vous, les membres, et votre représentation parmi les autres organisations.

*"Be the change you want to see in the world" – Gandhi
(Soyez le changement que vous désirez dans le monde)*

Sincèrement,

Polly Kwok

Polly Kwok

Présidente nationale

Étudiante de 4^{ème} année en pharmacie, Université de la Colombie-Britannique

Words from the Editor



As most of us come out of reading week, feeling just a little guilty about not studying harder, we bring you a new issue of the CAPSIL!

For the future hospital residents, a preview of your day is available on page 10, aptly titled “**A Day in the Life of a Hospital Pharmacy Resident**”, written by a current hospital resident. For those wanting to learn more about non-traditional pharmacies, take a gander at “**Methadone: What the News Won’t Tell You**” on page 14, and “**Specialty Pharmacies**” on page 24.

PDW 2011 was a huge success -- the sweet fruit of labour of the Saskatoon PDW planning committee. Check out “**The PDW Experience**” on page 21, and the CAPSI awards and competition winners on page 23. You will also find the winning article for CAPSI Literary Challenge, **The Impact of Electronic Prescribing and the eDrug Project on Pharmacy Practice in British Columbia**, by Derek Cho, on page 24. Speaking of PDW, get a sneak peak of PDW 2012, which will take place in the beautiful Halifax, on page 22.

For those interested in becoming the next CAPSIL editor, please feel free to email me at capsil@capsil.ca, for more information about the position or visit <http://www.capsil.ca> to apply.

Yin Hui

Yin Hui
CAPSIL Editor
4th Year Pharmacy Student, University of Toronto



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Executive Council Updates

Past President

Bradford Elliott



It was great to see many of you at Professional Development Week 2011 in Saskatoon! It was extremely successful with many well-attended educational seminars and ample networking opportunities for students from across Canada. I would like to take this opportunity to commend the hard work of the PDW 2011 Planning Committee, their volunteers and the supporting school of the University of Saskatchewan. This dedicated team invested two years to prepare a rewarding experience for all of those involved. Thank you!

In the weeks since PDW, I have continued to work with the current President and President – Elect in order to provide guidance and support for all initiatives. As a council we have worked to ensure that we are able to fill all positions for the 2011 – 2012 CAPSI National Executive Council. The position of CAPSIL Editor is still available. If you think this may be of interest, please feel free to contact your local CAPSI representative or the current CAPSIL Editor, Yin Hui at capsil@capsil.ca for more information.

Please read on throughout this issue of the CAPSIL in order to see reports from your CAPSI national executive and some of the recent accomplishments of pharmacy students nationwide!

If you have any questions, concerns, or comments, please do

not hesitate to contact your local CAPSI representatives, or myself directly at pastpres@capsil.ca. For more information regarding the CAPSI National council and some of our initiatives, please visit <http://www.capsil.ca>



President-Elect

Jillian Grachalsky

It's hard to believe a month has gone by since PDW. What a week it was! Since my last update in the fall edition of the CAPSIL, I have spent much of my time working with the Constitutional Review Committee. Together we reviewed and prepared various documents including the Association's Bylaws and Operating Manual, which were both approved at this year's conference. Updated versions of these documents can be found at www.capsil.ca. The committee also updated the PDW Educational Policy that was successfully implemented this year and reviewed the PDW Letter of Agreement that will act as a guide for subsequent PDW Planning Committees.

The Website Committee has continued to fine-tune the new design of the website. Stay tuned to the homepage for many exciting announcements and updates on current initiatives.

As a new initiative this year, I was also involved in preparing letters addressed to each School's Dean or Director, which highlighted the successes achieved

at PDW this year. A special mention of all of our National Competition and Award Winners was also included. Feedback has been extremely positive thus far, and we hope to continue this initiative in future years.

Aside from my committee work, I will also be attending this year's American Pharmacists Association Conference in Seattle along with our current President Polly. I look forward to the opportunity to meet with and strengthen the relationship between CAPSI and our American counterparts. Be sure to read the next issue of the CAPSIL for updates regarding this exciting opportunity!

Executive Secretary

Megan Riardon



Since the last issue I finished the Fall Teleconference minutes, which were approved at PDW. During Christmas Break I prepared the slides for the AGM and National Elections. I organized the AGM and elections at PDW in Saskatoon and took minutes at our general council meetings, which will be approved at our Spring TC. As Chair of the Membership Committee, I have been updating the membership database and am working with the committee to improve member benefits. As a member of the Translation Committee and Constitution Review Committee, I helped revise several documents that were approved at PDW. Of course I am

Executive Council Updates

still busy responding to emails from the local reps, national council, pharmacist members, and pharmacy students from other countries! Since PDW I am currently coordinating bielections for the National Executive. Please visit the CAPSI website for more information on the position descriptions and contact your local rep or myself for more information on getting involved with CAPSI.

Vice President Communications

Maria Zhang



Since my last update in the October issue of the CAPSIL, I've been working with our sponsors, local and national councils to maintain and bring about new benefits for you! I've also been working with our media agency to bring in revenue through ads in our agenda, our website etc. Professional Development Week (PDW) 2011 in Saskatoon this past January went incredibly smooth in terms of operation, execution and outcomes! Keep your eye out on an AGENDA COVER CONTEST for your chance at top bragging rights and a sweet prize pack!

Additionally, I'm looking for feedback from YOU in two areas: if you have any ideas on what kind of membership benefits you'd like to have for next year AND/OR a charity that you'd like CAPSI to be involved with on a national level, please feel free to let me know at vpcom@capsil.ca!



Vice President Education

Jeannine Oliver

Hello CAPSI Members!

I would like to start by expressing my appreciation for the PDW 2011 Planning Committee! Once again, I was extremely impressed by how well the entire week went and I would thank all those involved for their time and hard work over the past couple of years. While the temperatures in Saskatoon were almost unbearable, the endless stream of amazing speakers, networking opportunities and social events kept things in check. As VP Education, I had the opportunity to work closely with a couple of individuals, specifically Nasreen Bandali and Collette Minish, who did an exceptional job of organizing, coordinating and running the National competitions. All of the competitions went smoothly and competitors did an excellent job at identifying the DRPs and mixing up some pharmaceutically elegant compounds!

While the complete list of national competition winners can be found on page 23, I would like to highlight the first place winners here; Congratulations to Tiffany Kan, Jonathan Fung, Ken Dong, and Kwon Ma from the University of Toronto for a first place win in the Medisca Compounding Competition! Congratulations to Derek Cho from the University of British Columbia for winning first place in the CAPSI-CPJ Student Literary Challenge! Congratulations to Philips Ngo

from Université de Montreal for a first place win in the Pfizer Consumer Healthcare OTC Competition. Congratulations to Ashley Young from the University of Alberta for winning first place in the Pharmasave Patient Interview Competition. In addition, I would like to congratulate the University of Saskatchewan for ranking in the top four for all of the National CAPSI Competitions this year! If you competed in any of the competitions and have comments or suggestions, please do not hesitate to send me an email at vped@capsil.ca. All feedback, both positive and negative is welcome and will be used to improve future competitions!

Finally, I would like to congratulate the University of British Columbia for holding the most organized and professional Pharmacy Awareness Week activities and being selected as the recipient of the 2010-2011 Award of Professionalism.

Working with the 2010-2011 CAPSI National Council as your Vice President of Education has truly been a rewarding experience and I thank each of you for giving me this opportunity. I would like to wish you all the best for the future, both as students and as practitioners in the evolving profession of Pharmacy!

Vice President Professional Affairs

Lara Wang



I hope you had a chance to attend PDW and had an amazing

Executive Council Updates

time in Saskatoon!

Symposia through the schools have been running smoothly so far, with some schools scheduled to host their symposia in the second term. I hope you have all enjoyed it, and have found it to be beneficial in your professional development.

For your interprofessional development, I have been in contact with the Canadian Interprofessional Student Network (CISN) via teleconferences, and we will be meeting at the National Health Science Students' Association (NaHSSA) conference in Toronto to discuss initiatives across multiple disciplines. This will happen in March, and I will represent you, as the national Pharmacy representative, to the best of my ability. I have also been in contact with the representatives from the Canadian Nursing Students' Association (CNSA) and Canadian Federation of Medical Students (CFMS) in possibly developing an interprofessional handbook for students.

Locally, I have been involved with the Pharmacist Awareness Week at UBC to initiate a new Interprofessionalism 101 workshop for all health discipline students. Icebreaker games and speakers await students for this pilot event.

New initiatives for Community Outreach is being researched and compiled right now. You may be able to see your schools participate in these new events soon!

If you have any questions or comments, please do not hesitate to contact me at vppa@capsil.ca



Finance Officer

Amy Wong

Since the Fall CAPSIL issue, CAPSI has implemented a 5-year investment strategy in order to keep the organization viable and fiscally responsible. Big shout out to the PDW 2011 Planning Committee for hosting a fabulous PDW in January! It was great to see all of council together again and to meet other fellow pharmacy students from all the faculties. In terms of Finances, all awards cheques have been given out, and reimbursement for PDW conference costs for council is about 95% done, leaving Student Exchange Program refunds on the to-do list, which I will be working on with Kendell.

Student Exchange Officer

Kendell Langejans

Since my last update, I've been busy preparing for the 2011 IPSF Student Exchange Programme (SEP) year. The Canadian SEP deadline was December 31, and the SEP Selection Committee reviewed the applications at PDW. We are sending 24 students this year (more than ever before), and have a waiting list as well. I'm currently working on placing the Canadian students with the SEOs of their countries of choice, as well as recruiting host sites and placing international students with pharmacists in Canada.

If you missed the deadline and

are interested in SEP, there are still many opportunities to be involved. There may be a second round of applications in late March or early April (to select countries only). Watch for more information from your local IPSF or CAPSI reps. Or get involved with SEP students in your home city/province – students who find a host site get priority in the selection process the next SEP year, and the selection committee also looks favourably on helping with accommodations, airport transportation, and/or social events for the incoming international students. More host pharmacists are always needed in all practice areas, anywhere across the country. If you or someone you know is interested in showing an international student what pharmacy practice is like in Canada, please contact me at seo@capsil.ca.

Outside of SEP, I had an amazing time at my last PDW as a student. A highlight was the presentation of the CAPSI-IPSF Health Campaign Award sponsored by Walmart – congratulations to UBC for putting on a great Diabetes/Healthy Living Campaign and earning \$1000 for IPSF events at their school, and \$500 to a globally-minded charity, yet to be determined.

I'm looking forward to my last semester of involvement with CAPSI and IPSF. Registration for the 58th IPSF World Congress in Thailand is now open, and although I won't be able to represent you there this year, I encourage everyone to attend. Viva la Pharmacie!

Executive Council Updates

IPSF Liaison

Suzanne Seneff



Since the last CAPSIL edition, I have been busy with the IPSF/CAPSI Health Campaigns! This year's Health Campaign was Diabetes/Health and Wellness. I am happy to say 5 schools were able to hold campaigns in the fall, with another 3 schools holding their campaigns in the spring. This year, Wal-mart graciously sponsored the Health Campaign Award – they not only gave \$1000 and a beautiful glass trophy to the winning school, but \$500 to a charity of the winning school's choice. We had three applicants for this year's award – UBC, UofT and UofS. All the campaigns

were extremely well done and it was very difficult for our judges to pick a winner.

However, in the end, we were happy to announce UBC as the winning school.

In addition to the health campaigns, I have been busy promoting the various internships available from the WHO and UN (for more information on internship opportunities, e-mail me!). Finally, since Jan 15th, the registration for the 2011 World Congress has been open. Registration is 350 euros until March 31st, so if you are interested in attending, e-mail me (it's in THAILAND!!!)

For more information, questions or comments, Please email me at: ipsf@capsil.ca



CAPSIL Editor

Yin Hui

Since my last update, I have been soliciting articles with the help of my wonderful CAPSIL reps in each school. I have also continued my role as the chair of the translation committee, and coordinated translations of several documents. A big thanks goes out to all the committee members for their hard work and dedication!

Last but not least, I've been work to put together this issue of the CAPSIL!

The CAPSIL editor 2011-2012 position is still open. If you are interested in running, please visit the CAPSI website at <http://www.capsil.ca>



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INDUSTRIAL PHARMACY RESIDENCY PROGRAM

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Original application forms, letters of reference and transcripts for the one-year Industrial Pharmacy Residency Program, sponsored by the Leslie Dan Faculty of Pharmacy, University of Toronto, in cooperation with the Faculty of Pharmacy, University of Montreal and participating companies, should be sent to the coordinator of the program 144 College Street, Toronto, ON. M5S 3M2 during the period of November 1, 2010 to January 31, 2011. The participating companies for the 2011 – 2012 term are expected to be: Eli Lilly Canada Inc., ESI Canada Inc., GlaxoSmithKline Inc., Hoffmann-LaRoche Ltd., Merck Frosst Canada Ltd., Patheon Inc., ratiopharm and Takeda Canada. **For further information, please contact the coordinator, J. Graham Nairn at 416-978-2881 or the assistant, Diana Becevello at 416-978-2880. Full information is provided at the website www.pharmacy.utoronto.ca**

Student Perspective

A Day in the Life of a Hospital Pharmacy Resident

BY: ANNA HUISMAN, PHARMACY RESIDENT

While at PDW in Saskatoon this past January, the CSHP booth at the health fair was bombarded with questions from students about hospital pharmacy practice and hospital pharmacy residency programs. From this experience I realized that as a profession we do a less than satisfactory job of promoting hospital pharmacy practice to students and having them understand the role of the hospital pharmacist. So I decided to write this article to give students from across Canada a glimpse of what a typical day for a pharmacy resident is like.

A residency in hospital pharmacy practice is a one-year structured, post-graduate learning experience that will prepare pharmacists for challenging and innovative pharmacy practice¹. The resident is provided practical training in: monitoring, assessing and providing direct patient care, drug distribution and intravenous admixtures, drug information and evaluation, hospital pharmacy management and drug use control, and research skills development¹. Accredited programs are available in hospitals across the country.

Hospital pharmacists work in all patient care areas and are recognized as the medication experts within multidisciplinary health care teams². They provide direct patient care in many different settings. Pharmacists

are also involved in teaching and research². Simply put, hospital pharmacists practice 'pharmaceutical care.' Yes, what seems to be a cliché pharmacy term is actually what I do every day! We identify drug therapy problems (DTPs), develop care plans and monitor our patients.

Below is just a small snapshot of what a typical day is for me as a pharmacy resident.

Currently, I am in the middle of my cardiology rotation. I am splitting my time following patients in the Coronary Care Unit (CCU) and Cardiology medicine unit. I arrive to work a little before 8am so I have time to print and review the patient roster and identify any newly admitted patients that I would like to follow. From here I head up to CCU to review the patients' charts, vitals, blood work, culture and sensitivity results, nursing kardex and MAR, and medications for the patients I am following. Using this information, I identify DTPs, decide on the therapeutic plan and discuss them with my preceptor. By the time the cardiologist arrives and rounds begin, I am ready to make most of my interventions. The cardiologist I am working with this week is a good teacher and takes the time to discuss his assessment of the patient with me. We discuss the plan of care for each patient and when deciding on drug therapy,

he asks for my input and I provide my recommendations. Once rounds are complete and all CCU patients have been reviewed, I head up to the cardiology medical floor. Again, I review the charts, blood work etc for the patients I am following, identify any DTPs, and make my recommendations to the physician responsible for that patient. I also take some time to identify any patients that require medication teaching. During this rotation I am counselling patients on warfarin, smoking cessation and post-myocardial infarction medications on what seems like a daily basis.

In the afternoon, I lead a therapeutic discussion with two 4th year SPEP students.

Teaching is also a component of the residency program. Over two weeks, we covered 4 topics: acute coronary syndromes (ACS), arrhythmias, heart failure and acute decompensated heart failure and cardiogenic shock - discussing pathophysiology, drug therapy and monitoring plans. Finally, I end my day by reading and critically appraising the trial evaluating the use of prasugrel in ACS in preparation for a discussion with my preceptor as it will be the topic of my next journal club presentation. ■

Visit the CSHP website for more information on residency!

See appendix for references



**You told us that you want a strong
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We hear you

THE ISSUE: **DRUG SHORTAGES**

OUR ACTIONS:

- Updated Drug Shortages: A Guide for Assessment and Patient Management (www.pharmacists.ca/resources)
- Conducted a national pharmacist survey and published the Canadian Drug Shortages Survey Final Report on drug shortage causes, effects and recommendations
- Shared report with governments, health stakeholders and Canadians
- Extensive media coverage
- Led meetings with drug manufacturers, wholesalers and Health Canada to develop strategies to prevent future shortages

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FEDERAL GOVERNMENT REACTION:

“Health Canada is encouraging industry to consider opportunities to better communicate drug shortages to health-care professionals and the public, and to work more collaboratively with industry counterparts and regulators to identify appropriate alternatives.”

– spokeswoman for Health Minister, Leona Aglukkaq, on CPhA's drug shortages report

Sponsor Message

I would like to extend a warm welcome to my fellow pharmacy students who are returning for another semester in their respective faculties. I hope you all had a restful and enjoyable holiday season and that the transition back to classes has been relatively smooth!

For those students who made it out to the prairies for PDW 2011 Wide Open Futures in Saskatoon, I trust you were able to embrace the many opportunities presented throughout the week to expand your knowledge of our profession, listen to engaging speakers and make a few new friends along the way! Often we lack the opportunity to interact with other pharmacy students across Canada, and PDW serves as the perfect solution to this dilemma. This year's conference was no exception; it was a great success and the University of Saskatchewan's PDW 2011 planning committee did a fantastic job hosting the event.

CPhA was very excited to be involved with PDW this year and really enjoyed connecting with the students. We were very impressed by the high level of engagement and enthusiasm. One of our senior staff members, Jeff Morrison, gave a presentation on CPhA's government relations efforts. Jeff provided detailed insight into the many advocacy efforts undertaken by CPhA. These efforts enable the association to advocate for and represent Canadian pharmacists. Such efforts include a response to the H1N1 pandemic. CPhA formally presented recommendations to governments, which included strategies to allow pharmacists' knowledge and skills to be utilized more effectively in a public health emergency. CPhA is also taking leadership on drug shortages, another top issue of concern to all pharmacists. Through extensive media coverage on the issue and meetings with the Minister of Health, other politicians, manufacturers, and the broader health community, CPhA is working hard to address drug shortages now and into the future.

Furthermore, thank you to all students who stopped by our booth at the Health Fair and to those who filled out our surveys. CPhA has made students a priority and we are eager to gain insight on what is most valued by students. As your professional advocacy body, CPhA wants to support students not only throughout your education, but throughout your pharmacy careers. Your input will help make CPhA's student membership program even better.

If you're looking for summer employment, don't forget to check out www.Pharmacy-Jobs.ca. CPhA, in collaboration with CAPSI, has developed an online pharmacy employment resource which is easily accessible, provides free confidential resume posting and offers many employment opportunities for practising pharmacists and students.

I hope you all survive the rest of the cold winter months and the labs, midterms and assignments that this semester will bring!

Sincerely,

Leah Phillips
CPhA Student Board Member
3rd year student - College of Pharmacy and Nutrition
University of Saskatchewan

Publicité

Je voudrais souhaiter beaucoup de succès à tous mes collègues, étudiants en pharmacie, qui commencent un nouveau semestre dans leurs facultés respectives. J'espère que vous avez tous passé de belles vacances reposantes et que le retour en classe ne vous semble pas trop difficile!

Les étudiants qui se sont rendus dans les Prairies pour visiter le Salon du développement professionnel (SDP) 2011, Un avenir sans limites, qui s'est tenu à Saskatoon, ont pu, je l'espère, saisir les nombreuses occasions qui se sont offertes à eux au cours de cette semaine pour élargir leurs connaissances sur notre profession, participer à des conférences intéressantes et se faire quelques amis dans la foulée! Très souvent, nous n'avons pas l'occasion d'interagir avec des étudiants d'autres facultés de pharmacie du Canada, et le SDP nous donne la parfaite solution pour sortir de ce dilemme. L'événement de cette année n'en a pas fait exception : la réussite a été totale et le comité organisateur du SPD 2011 de l'Université de la Saskatchewan a accompli à cet égard un travail extraordinaire.

C'est avec beaucoup d'enthousiasme que l'APhC a participé au SDP de cette année et ses délégués se sont montrés enchantés de rencontrer les étudiants. Leur degré d'engagement et d'enthousiasme nous a réellement impressionnés. Un des cadres supérieurs de l'Association, Jeff Morrison, nous a parlé des démarches faites par l'APhC auprès du gouvernement. Il nous a expliqué dans le détail les nombreuses activités d'intervention poursuivies par l'APhC. Grâce à ces efforts, l'Association peut défendre les intérêts des pharmaciens du Canada et les représenter. Parmi ces efforts, citons la prise de position en réponse à la pandémie de H1N1. À cet égard, l'APhC a formellement présenté des recommandations au gouvernement, incluant des stratégies visant à utiliser plus efficacement les connaissances et compétences de pharmaciens dans l'éventualité d'une urgence sanitaire. L'APhC prend également la direction des opérations en vue de résoudre le problème des pénuries de médicaments, qui fait partie des préoccupations majeures de tous les pharmaciens. Par le biais d'une importante couverture médiatique et des réunions avec la ministre de la Santé, autres politiciens, fabricants et divers représentants des professions de la santé, l'APhC s'efforce à résoudre le problème des pénuries de médicaments, maintenant et à l'avenir.

L'APhC tient à remercier tous les étudiants qui ont visité son stand du salon professionnel et ceux qui ont répondu à son sondage. Pour l'APhC, les étudiants sont une priorité et elle cherche à mieux connaître leurs principales préoccupations. En tant qu'organisme qui défend nos intérêts, l'APhC veut soutenir les étudiants non seulement pendant leur formation, mais aussi tout au long de leur carrière. Vos commentaires l'aideront à rendre encore meilleur le programme d'adhésion des étudiants.

Si vous cherchez un emploi d'été, n'oubliez pas de consulter www.Pharmacy-Jobs.ca. En collaboration avec l'ACEIP, l'APhC a mis au point une ressource en emploi dans le secteur de la pharmacie, facile d'accès en ligne, qui permet l'affichage gratuit et confidentiel de curriculum vitae et offre de nombreuses occasions d'emplois aux étudiants et pharmaciens en exercice.

J'espère que vous survivrez tous aux rigueurs des mois d'hiver qui nous restent, avec leur lot de travaux pratiques, examens de mi-parcours et devoirs à rendre!

Sincères salutations,

Leah Phillips

Représentante des étudiants au conseil d'administration de l'APhC

étudiante en 3^e année - College of Pharmacy and Nutrition

Université de la Saskatchewan

Student Perspective



Methadone: What the News Won't Tell You

BY: JENNIFER MACLEAN, MEMORIAL UNIVERSITY OF NEWFOUNDLAND

When we told the young couple in our waiting room that, after about a year on our waitlist, the young man was finally able to start methadone maintenance treatment (MMT), they teared up. “You have no idea how much this means to us” whispered the young woman, herself on MMT and pregnant with their third child.

That’s when we

teared up.

And so, one young man begins his journey to fight opioid dependence with the help of MMT. It’ll be a rough journey:

appointments up to twice a week, daily trips to the pharmacy and frequent supervised urine testing... To those, add the challenges of overcoming a

“It’s like I’m a kid seeing the world for the first time again... every tree, every snowflake. It’s so beautiful and when I was high, I never noticed it.”

most clients beginning MMT for the first time (and, really, most healthcare professionals) don’t realize the extent of what they’re committing to. Physician

physical dependence, of replacing a familiar coping mechanism and of walking away from the lifestyle necessary to support a several hundred dollars a day habit. Finally, consider the weight of the stigma associated with substance dependence and the consequences of the several hundred dollars a day habit supporting lifestyle. It should come as no surprise that many individuals need two or more tries before successively overcoming their dependence, even with the help of an MMT program.

Some Background on Substance Dependence

Forget your preconceptions and prejudice around substance



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dependence. Contrarily to popular belief, substance dependence doesn't discriminate. It will affect individuals of all socio-economic status, of all education levels and of all ages, and it will strip most of them of their belongings, social support, judgment and freedom.

The DSM-IV defines substance dependence by seven criteria, three of which are required for a diagnosis: tolerance to the substance (lessened effect or need for larger amount of the substance), withdrawal (characteristic symptoms when not using the substance or use of the substance to avoid withdrawal symptoms), using more and more of the substance or for longer periods of time, constant desire or unsuccessful attempts to stop using the substance, spending a lot of time performing activities required to obtain the substance, loss of social, educational or occupational activities due to use of the substance, continued use of the substance despite recognition of important negative consequences.

Each person partaking in an MMT program has an individual beginning to their story. Some were escaping physical or psychological pain, others were frustrated at an unrecognized learning disability, some were looking for a distraction to boredom, others believed they'd found a route to social acceptance. In the early stages of use, recreational drugs provide rapid and intense pleasure, followed by a period of painful withdrawal.

As the cycle of substance abuse accelerates, the substance is taken more to avoid the devastating feeling of withdrawal than for its pleasurable properties. Acquiring the substances becomes an obsession. An obsession so overwhelming that a person will neglect their health, their dignity, their belongings, their safety, their lives, even their own children, in their attempts to escape withdrawal.

Some Background on Methadone

"I want people to learn about methadone, to know what it's about" explained a young woman. After nearly three years on the

It allows daily contact with health care professionals for a clientele who ... rarely receives the medical attention they require

program, she has rebuilt most of her life, but still struggles daily with the consequences of her past dependence.

Methadone is a long acting, pure opioid agonist used to minimize the symptoms of opioid withdrawal, including both physical symptoms (sweating, chills, muscle pain, etc.) as well as cravings. It also takes advantage of opioid cross tolerance to reduce the effects of other opioids, removing some of the incentive for continued abuse.

A dose of methadone is usually consumed in liquid form as a mixture of methadone powder and a flavored vehicle such as Tang. A person beginning MMT will

drink their dose of methadone in the presence of a pharmacist. As they progress with their treatment by consistently taking their dose, providing urines for drug testing, attending physician appointments and no longer using illegal substances, they may obtain "carries", subsequent doses that may be taken at home. The longer a person has been successful with their treatment, the more carries they may obtain, to a maximum of 5 or 6 carries each week.

On its own, methadone is only effective for opioid dependence and won't be helpful in treating cocaine, amphetamine, alcohol, benzodiazepine and other substance dependence. Nevertheless, an MMT program has benefits that extend beyond simple withdrawal symptom treatment. It allows daily contact with healthcare professionals for a clientele who,

due to a history of drug seeking behavior, rarely receives the medical attention they require. It provides access to counseling, legal services and other community resources. It introduces structure to a previously chaotic existence. All in all, it offers the tools necessary for a committed and motivated individual to regain control of their life.

When Good Methadone Goes Bad

The media will rarely show MMT success stories, preferring rather to share those tales with

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tragic endings.

There's no denying methadone's narrow therapeutic index. Even in individuals with a high tolerance to opioids, a dose normally used for maintenance can be deadly. In a clinical, controlled setting, methadone treatment is started at a low dose and increased very slowly. But when administration errors occur, or when the medication is sold on the street, the consequences are often fatal.

Carried doses, which highly increase a person on MMT's quality of life, are unfortunately suspected to be a major source of diverted methadone. As a result, some pharmacists are reluctant to dispense carries, worried that they may play a part in an overdose.

On the rare occasions where healthcare professionals themselves are responsible for diversion, the consequences are devastating. When a Newfoundland pharmacist was recently arrested for inappropriate behaviour while dispensing methadone as well as for drug diversion, the reaction among some patients on MMT went beyond the vague anger displayed by the general public. They felt not only angry, but betrayed. After years of marginalization, they had slowly developed a feeling of trust towards the healthcare professionals they regularly interacted with. That trust was abused and the injury ran deep.

Even when use is properly controlled, the respiratory depressant effect of methadone is aggravated by a number of drug interactions, notably with benzodiazepines, zopiclone, alcohol and other opioids. In a

population with a high prevalence of chronic pain, anxiety and sleep disorders and who is often desperate for rapid relief, convincing patients/clients to avoid these drugs while on MMT is a challenging task.

Harm Reduction Philosophy

Behind the MMT program is the philosophy of harm reduction. In other words, taking a dose of methadone daily is not the same as complete abstinence from drug usage. However, given the nature of substance dependence, for most individuals, transitioning directly from dependence to abstinence is unlikely. These individuals need another option: a state of usage less dangerous than uncontrolled narcotic intake, but more realistic than complete abstinence.

Enter methadone. The risks of mortality and injury as well as the cost to society of an individual in the MMT program are far smaller than of an individual with an opioid dependence. For some, the MMT program allows complete abstinence to become a possibility. For others, complete abstinence will never be possible, however, treatment creates the option of a productive and otherwise healthy life.

Overcoming Barriers and Challenges in MMT as a Pharmacist or as a Pharmacy Student

During your work terms, summer or part time pharmacy employment or your future career, you will undoubtedly encounter individuals following an MMT program. The best way to help these individuals is to become

informed about MMT and the nature of substance dependence.

Too often, persons recovering from substance dependence are judged negatively, given inadequate medical attention and treated with disrespect. Individuals following an MMT program deserve the same level of respect and of confidentiality as any other patient. Avoid making assumptions or attributions about a person on MMT's health, appearance or whereabouts. Investigate complaints made by these individuals. Show interest in their progress and congratulate them for their successes.

At the same time, remember that upon beginning MMT, each person reads and signs an agreement regarding expectations and non-tolerated behaviour. When expectations are consistently unmet or non-tolerated behaviour is observed, appropriate consequences must be (respectfully) carried out. MMT is a demanding commitment and, in some cases, the required lifestyle changes are enormous. Relapse is the norm rather than the exception and old habits die hard. It is to be accepted that not every person will succeed with MMT on their first try and there are some who not benefit from MMT.

For those who do benefit from MMT, however, progress and recovery are amazing to observe. And on the same day that the young man from the waiting room began methadone treatment, another young man finished after a personal journey of several years. "It's like I'm a kid seeing the world for the first time again," he said, "every tree, every snowflake. It's so beautiful and when I was high, I never noticed it." ■

Student Travels

An Alternative Spring Break

By: YOLANDA YEUNG, DALHOUSIE UNIVERSITY

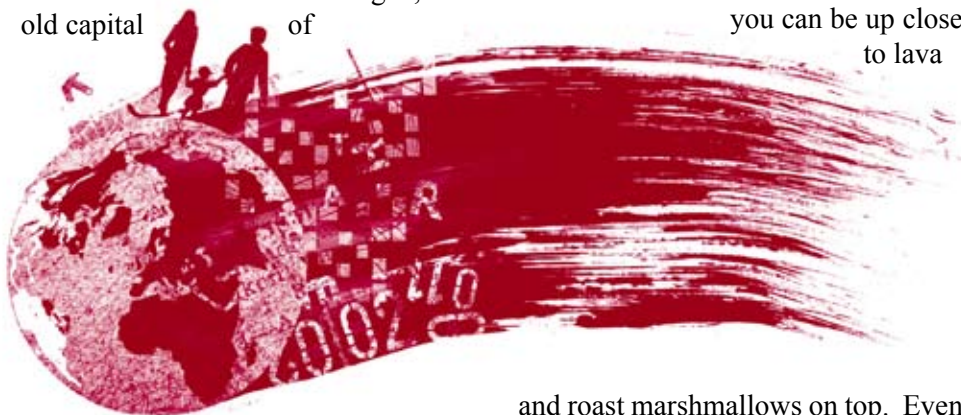
It's that time of year again where School is busy and work seems to never end! This is the time when everyone starts to think about spring break plans for their big break from school. Some of us like to take advantage of the winter months and plan an adventurous snowboarding/skiing trip. Others prefer to move away from the cold and head down south for some relaxing beach time. Even so, there are a few of us who would like to do a good deed by participating in a charitable non-profit organization. Well...what if you could do all three in 1 week?

During spring break of 2010, a group of 8 of us went down to Guatemala where we built a house for a family. Each of us stayed with a host family that provided us with food and shelter. They were very warm and welcoming, and their hospitality was greatly appreciated.

For 5 full days we worked hard on building the house, which was made out of brick. We started right at the beginning where we dug a large hole and finished to the end where we placed an aluminum roof on top. Of course, there was an expert who directed us on how to build the house,

but we all participated in building the foundation and walls. We even made the mortar and cement ourselves manually without any mixing machine. In the evenings, we would take a bus into Antigua, the old capital of

was nice to know that the children would have a roof over their heads to shield themselves from the rain. We rewarded ourselves by hiking Volcane Pacaya. This is one of the few volcanoes in the world where you can be up close to lava



Guatemala. There, we would explore the old colonial buildings and visit the market where we could bargain for various items. What is most fascinating about Guatemala is how half of their population still practices the Mayan culture. These people even dress in the traditional clothing and speak a local language that has been preserved for centuries.

It was a lot of fun building the house and to see the end product. The family was very grateful, and it

and roast marshmallows on top. Even the hike up was fascinating- you got to see cooled magma and volcanic rock along the way.

I highly recommend volunteering in a developing country. You are not only helping those who are in dire need, but you are gaining a greater understanding of the different cultures, values and problems that occur globally. It makes you more open-minded, where you interpret things on a global perspective. In addition, it gives you a further appreciation of the opportunities we have in the first world, and the many items (including education) we take for granted. This is a life-changing, rewarding experience that will stay with you forever.

If you are looking for an alternative spring break trip like this, visit www.encountour.com. They are currently looking for a Dalhousie trip leader to lead a group to Guatemala. You can also google "alternative spring break trips" for other companies that organize these kinds of trips to various developing countries. ■



IPSF Congress

56th International Pharmaceutical Students' Federation World Congress - An Unforgettable Congress

BY: SHIRLEY YEUNG

LJUBLJANA, SLOVENIA

I have been to two other International Pharmaceutical Students' Federation (IPSF) World Congresses and the Slovenian congress would be my third. Canada was well represented at this international event with twelve Canadians from four pharmacy schools.

I was the Chairperson of Professional Development and as an executive member, this was the most important event. Not only does this mean ensuring smooth operation for the ten days, but also the development of engaging workshops and events for the world congress participants. For me, this included the Leaders-in-Training (LIT) Program, Patient Counselling Event, Clinical Skills Event, and Professional Pharmacy Awareness Campaign workshop. Eric So (UBC 2009), Pamela Fu (UBC 2010), and Suzanne Soneff (UBC 2012 and current IPSF Liaison on CAPSI) participated in the LIT, which was a multi-day workshop designed to empower students and young professionals to become future leaders. Pamela also represented UBC in the Patient Counselling Event and successfully qualified to the final rounds in the advanced level.

Public health awareness is

extremely important; therefore, there were public health workshops held at the congress. This was an opportunity for students to share their successful campaigns with each other, to increase their knowledge and to return home with new ideas. And as the congress was attended by students and young pharmacists, pharmacy education was a key component of this congress. This year, the theme of the Education Symposium was Leadership in Practice and the Scientific



Kendell Langejans and Suzanne Soneff, official delegates for CAPSI in the general assembly

Symposium was Gene Therapy: Use or Abuse. Again, students had the chance to engage in small group discussions to gain some insight on these topics.

IPSF is also known for the Student Exchange Programme (SEP). Every country has a student



exchange office who coordinates all of the incoming and outgoing students. These officers work hard each year to arrange not only for an exchange position but also accommodations and social program for all incoming students to their home country. The congress was a great opportunity for students to network with others and to further explore where to go for an exchange placement.

Another important part of the world congress is the General Assembly (GA) sessions, where the official delegates of each member country join together to make decisions for the future of the federation. There were some heated discussions at times, but in the end, everyone knew that it was necessary for the benefit of the federation.

In between all the workshops, symposiums, and GAs, there was a day trip to Bled, sports activities, salsa dancing, basketball shows, and nightly social events. The

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two down
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one

Samila Mermaid 2011

THE 57th IPSF WORLD CONGRESS
HATYAI, THAILAND



3-13 AUGUST 2011

“THE LARGEST WORLD CONGRESS
FOR PHARMACY STUDENTS”

REGISTRATION FEES

1 st REGISTRATION PERIOD	JAN 15 th – MAR 31 st , 2011	350 EURO
2 nd REGISTRATION PERIOD	APR 1 st – MAY 31 st , 2011	450 EURO
3 rd REGISTRATION PERIOD	JUN 1 st – JUL 15 th , 2011	550 EURO
LEADER IN TRAINING (LIT)	JAN 15 th - MAY 31 th , 2011	150 EURO
POST CONGRESS TOUR (PCT)	JAN 15 th - MAY 31 th , 2011	400 EURO

WWW.IPSF2011.ORG



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social aspects served as an opportunity to socialize and network with global pharmacy students at a professional and social level.

Of course, there were the traditional events of IPSF, the Development Fund (DF) Auction and International Night. The Auction night successfully raised money for the DF by selling various items from the different countries. This was followed by the International Night, where everyone proudly represented their country. All the countries also brought treats to share with everyone else; this was truly an international event. The congress always closes with a formal gala evening, where farewells were said. Without a doubt, this was the best IPSF World Congress

that I have attended. It was an amazing journey and I loved every moment of it.

In closing, I encourage all students to become involved with IPSF. This federation has had a huge impact on my pharmacy life

and I can promise the same for you. It is definitely a wonderful experience and along the way, you will make life-long friends from around the world. This is definitely an experience of a lifetime. ■



The Canadian delegation on International night (plus one Dutch friend) - Vancouver Olympics was our theme

A Chance to Win \$1500: CAPSI Award of Professionalism

The Award of Professionalism is awarded annually to the school that holds the most organized and professional Pharmacy Awareness Week (PAW) activities. PAW is held every year during the first full week of March! You should get involved because the winning school shall receive a \$1500 cash prize! The money will go straight to those students involved! Deadline for submission is May 18, 2011. It's really easy to apply, simply get a committee together to organize PAW activities and then tell us about them! Don't forget to include pictures! Contact your local CAPSI Representatives for more details and for your application form! Good luck to everyone!

Sponsored by Wal-Mart



PDW 2011

The PDW Experience

By: BRITTANY CHURCHILL, MEMORIAL UNIVERSITY OF NEWFOUNDLAND



Attending PDW 2011 in Saskatoon was an excellent experience. The speakers were both inspiring and educational, and the social events were entertaining. Despite flight delays and sub-zero temperatures, I am glad that I decided to make the trip to Saskatoon to experience my final PDW as a student.

Saskino Royale was held during the first evening. The casino-style setting lent itself to a fun evening of ice-breakers and games-of-chance. Later, bachelors and bachelorettes from each university were auctioned off to lucky bidders to be their dates for the Fairytale Gala which was held on the final evening of PDW.

On the first morning of the conference, attendees heard from Steven Lewis, the keynote speaker. He spoke about upcoming changes in healthcare and how these changes may affect practice. Later that day, a panel discussion entitled "Private Conscience vs. Public Responsibility" was one of the highlights of the conference. In particular, a case concerning the provision of emergency contraception resulted in some heated discussion. It definitely provoked attendees to consider their own views on the topics discussed. Afterwards, Jeff Morrison gave a great talk on lobbying government for change and on CPhA's efforts to advocate

on behalf of pharmacists. Later, everyone dressed in their best cowboy gear for Wild West Night. The dance floor was packed, and everyone had a great time.

Even after a late night of dancing, the CAPSI elections were well attended. Everyone who decided to run should be proud. Next, doctor and comedian Russ Kennedy presented his talk "A Refill on your Perception" which gave attendees a new perspective on our thought processes while being thoroughly entertaining and interspersed with jokes throughout. Later, the health fair took place and our afternoon was filled with more breakout presentations. In particular, a highlight was Dr. Scott Napper's discussion on the development of prion vaccines. The talk was interesting and easy to understand (considering the amount of biochemistry involved) and was especially relevant to future practice considering the increasing role of vaccines in healthcare. Overall, each presentation served to educate and enlighten all in attendance.

That evening, the "Last Saskatchewan Pirate" night was fantastic. The event included eye patches for all, balloon animals (including crocodiles and octopuses) and swords made by a talented balloon artist, and a pirate ship near the dance floor. A highlight of the evening

was a dance competition, won by Memorial University's own Jessica Guy!

The final day of the conference began with a talk by Dr. David Hill about the Blueprint for Pharmacy, giving insight into the development of the Blueprint and its application in the future. Next, Catriona Le May Doan gave an inspiring talk about her experiences as an athlete and Olympian. PDW 2011 closed with the Awards Gala and Fairytale Formal. Many PDW princesses and princes were dressed in their finest attire, as well as a few other fairytale characters including Red Riding Hood, the woodsman and the Wolf (dressed in Grandma's night gown).

Overall, the PDW 2011 organizing committee did a superb job at putting together this conference. The past three PDW conferences that I have been fortunate enough to be able to attend have all been unique, fantastic experiences. The best reason for attending is the opportunity to interact with pharmacy students from across Canada. I'm sad that this will be my last PDW as a student, but I look forward to potentially attending future conferences as a pharmacist. I would encourage each of you to attend PDW Halifax 2012 and experience this conference for yourself! ■

PDW 2012 Dalhousie

Oceans of Opportunity...

A Sneak Peak at PDW 2012

As most of you now know Dalhousie is going to be hosting PDW in January of 2012 and the planning committee has been hard at work organizing an exciting week of educational and social activities for pharmacy students from across Canada – we wanted to give you a sneak peak of what we have coming. The theme of the week is “**Oceans of Opportunity**” and will focus on opportunities in the pharmacy profession right now and taking advantage of these opportunities as a student and directly after graduation. Opening night on Wednesday, January 11th is a “**kitchen party**” themed opening gala, with casual clothing and Signal Hill performing this is bound to be an amazing opening and welcome to

the Maritimes. Thursday – Saturday will be filled with professional speakers (many of which from right here in Halifax) talking about everything from immunizations to mental health. Thursday night we have booked the entire bar at Pacifico to play host to our “**sociables**” themed night with 3 different DJ’s and 4 separate bars exclusively for PDW delegates and Dalhousie Pharmacy alumni. Friday night we have a comedian booked to give everyone a great laugh and have the night to explore our beautiful city. Saturday we will say goodbye with a “**Haliwood**” themed closing gala where we will throw on our classiest outfits and dance the night away. ■

Joanne McNair

Chair – PDW 2012
joanne.mcnaire@dal.ca



Awards and Competition Winners



Student Literary Challenge

- 1st **Derek Cho**
UNIVERSITY OF BRITISH COLUMBIA
- 2nd **Brett Edwards**
UNIVERSITY OF ALBERTA
- 3rd **Brittany Churchill**
MEMORIAL UNIVERSITY OF NEWFOUNDLAND
- 4th **Jessica Gagatek**
UNIVERSITY OF SASKATCHEWAN



OTC Competition

- 1st **Philips Ngo**
UNIVERSITÉ DE MONTREAL
- 2nd **Jen Lamont**
UNIVERSITY OF MANITOBA
- 3rd **Kris Scott**
UNIVERSITY OF BRITISH COLUMBIA
- 4th **Roger Loor**
UNIVERSITY OF SASKATCHEWAN



Patient Interview Competition

- 1st **Ashley Young**
UNIVERSITY OF ALBERTA
- 2nd **Kris Scott**
UNIVERSITY OF BRITISH COLUMBIA
- 3rd **Jessica Gagatek**
UNIVERSITY OF SASKATCHEWAN
- 4th **Guillaume Lamarre**
UNIVERSITÉ DE LAVAL



Compounding Competition

- 1st UNIVERSITY OF TORONTO
Tiffany Kan
Jonathan Fung
Ken Dong
Kwon Ma
- 2nd UNIVERSITY OF WATERLOO
Julie Tran
Dajanna Domazet
Bojana Banovic
Agatha Dwilewicz
- 3rd DALHOUSIE UNIVERSITY
Ashley Sharpe
Lauren Hutton
Sarah Estabrooks
Kelly Foster
- 4th UNIVERSITY OF SASKATCHEWAN
Mandi Halter
Dan Thompson
Mike Wilson
Adrian Chow



Pfizer Guy Genest Passion for Pharmacy

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|----------------------------|---------------------------|
| University of Alberta | Tim Leung |
| University of Saskatchewan | Kaitlyn McMillan |
| University of Manitoba | Kristina Jandavs |
| University of Waterloo | Jenny Seguin |
| University of Toronto | Tina Hwu |
| Université Laval | Alix-Anne Gendron |
| Université de Montreal | Christine Boudreau |
| Dalhousie University | Kathleen Moran |
| MUN | Amanda Teti |

Walmart IPSF Health Campaign Award: UNIVERSITY OF BRITISH COLUMBIA

Teva Award of Professionalism: UNIVERSITY OF BRITISH COLUMBIA

CSHP-CAPSI (presented by CSHP Rep)

Jessica Gagatek, UNIVERSITY OF SASKATCHEWAN

Timothy Leung, UNIVERSITY OF ALBERTA

Student Perspective



Winner of the Capsi Student Literary Challenge

The Impact of Electronic Prescribing and the eDrug Project on Pharmacy Practice in British Columbia

BY: DEREK CHO, UNIVERSITY OF BRITISH COLUMBIA

The PharmaNet medication management information system is recognized worldwide as a secure electronic network that connects community pharmacies in British Columbia to a central database, recording all prescriptions dispensed in the province. PharmaNet is now in the midst of a significant transformation that will affect the fundamental infrastructure of the health care system in B.C. The eDrug Project is set to improve patient safety and medication management in B.C. by upgrading the current PharmaNet system. The project is part of the larger eHealth Project, a ten-year initiative that began in 2009, that will eventually connect pharmacists, physicians, and other health care professionals by providing a secure, shared electronic health record (EHR) for each patient. (1) This essay will outline the basic components of the eDrug Project, with special emphasis on electronic prescribing (ePrescribing), and describe the impact that these new technologies will have on the profession of pharmacy.

The new PharmaNet system, called PharmaNet-eRx, will add the following three main features:

1) more comprehensive patient

medication history information with broader authorized access by health professionals,

2) ePrescribing, and

3) automation of the Pharma-Care Special Authority process. (1)

The most exciting aspect of the eDrug Project, in my opinion, is the movement towards ePrescribing and the use of electronic medical records (EMRs). Currently, only 23% of Canadian doctors use EMRs, compared to 98% in the Netherlands, and 89% in the United Kingdom. (2) The first step in the ePrescribing process involves the physician entering prescriptions into the patient's EMR, followed by transmission of this information to PharmaNet-eRx. (3) Within seconds, PharmaNet-eRx will check the prescription against the patient's medical record and return information on drug-drug interactions, drug-allergy interactions, and other drug-related problems, such as contraindications. (3) After the prescriber has reviewed the information, he or she will confirm the prescription, and the pharmacist can retrieve the prescription electronically from PharmaNet-eRx. (3)

Implementation of ePrescribing and the eDrug project will have many important influences on health care and the practice of pharmacy in B.C. One of the most significant benefits of this technology is improved patient safety. With ePrescribing, illegible prescriptions will no longer be an issue, significantly reducing the number of dispensing errors and the need to contact prescribers to clarify prescriptions. Electronic prescriptions are much easier to interpret as they use a standard form, and since the process is entirely online, faster delivery of care to the patient is possible. Patient safety will also be improved by the warning system built into PharmaNet-eRx, which checks possible interactions and drug-related problems specific to each patient. According to a study by the Canadian Institute for Health Information, 23 000 Canadians die each year in hospitals from adverse events, and many of these deaths result from missed drug interactions, inappropriate medications, and deficits in the coordination of care. (4) Currently, many physicians do not have complete lists of all the

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Competition Winner

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medications a patient is taking, and must contact the pharmacy if they wish to obtain this information. The PharmaNet-eRx system provides this information to the physician during the prescribing process, and thus potential problems can be identified right from the start, greatly reducing the risk that a patient will experience an adverse reaction.

I believe the eDrug initiative will also save time and enhance pharmacy practice efficiency. Many traditional pharmacy tasks, such as refill requests and authorizations, can be automated and streamlined using the online system. Physicians will be able to submit special authority requests electronically and obtain a response while the patient is still present. Shortening of special authority approval times means that patients can begin therapy sooner. Prescribers will also have access to the PharmaCare benefit status of drugs, (1) so they can select the drug with the least cost to the patient, minimizing affordability issues at the pharmacy and increasing patient adherence. With ePrescribing, prescriptions no longer need to be typed into the computer system by the pharmacist, saving time by eliminating routine tasks and allowing pharmacists to

focus their efforts on providing pharmaceutical care to patients. Finally, with eHealth technology, the pharmacist can avoid asking the patient unnecessary questions, as a comprehensive EHR is available for consultation.

eHealth information technology will have a profound effect on the way in which health care professionals communicate. I think the system has the potential to both improve and hinder collaborative medication management between physicians and pharmacists. On one hand, PharmaNet-eRx provides an additional tool for communication using a shared patient file. Both pharmacists and physicians have access to a lot of the same information and are well connected, and thus can collaborate and work towards providing “seamless care” for patients. On the other hand, the physician now has access to detailed medication history that was once reserved only for the pharmacist. Consequently, the physician may feel that he or she no longer needs to consult the pharmacist for medication history or drug advice, because the information can be obtained online. While the latter is possible, I think the vast majority of health care professionals understand the importance of

collaborative work in maximizing therapeutic outcomes and providing efficient and effective health care to patients. Having access to all the information and tools that pharmacists use may actually improve the physician’s understanding of the pharmacist’s role and how collaboration can be useful.

Pharmacy is truly a profession of lifelong learning, not only in terms of new drugs and treatment options available, but also for the tools used in practice. I believe the implementation of ePrescribing and the eDrug/eHealth projects in B.C. will help facilitate the shift toward a more patient-centred profession that is focused on maximizing therapeutic outcomes for patients. This technology will improve the significance and relevance of pharmacists’ interactions with prescribers and patients, helping to solidify their role as medication specialists. While the eDrug/eHealth project is a massive undertaking that requires time, money, and acceptance, I believe that once it is established, it will have a positive impact on safety, efficiency, communication, and collaboration in health care and the profession of pharmacy. ■

Please see Appendix for references.

Winner of the Capsi Student Literary Challenge

For more information on the CAPSI Awards and competitions, and how to enter, please contact the VP Education at vped@capsi.ca

Student Perspective

Specialty Pharmacies

BY: DAVE WADDEN, DALHOUSIE UNIVERSITY

One of the fastest growing areas in pharmaceutical innovation includes high-cost infusion drugs such as chemotherapy and biologics. With the advent of these drugs we are seeing amazing improvements in patients that were traditionally difficult to manage. For example, patients with severe Crohn's disease, who in the past would have been debilitated by their disease, are now able to maintain a relatively normal lifestyle with the use of infliximab. The popularity of infusion drugs poses a problem for



traditional community pharmacies, as these drugs are very expensive and distributed at low volumes, which is at odds with traditional low cost high-volume drugs. There are also complex payment structures associated with infusion drugs. Multiple third parties often need to be involved with the payment process to cover the high costs. One must also consider drug stability with infusion drugs, as they need careful preparation and adequate storage environments. Increased demand is also placed on the patients themselves when prescribed infusion drugs. Patients must contact their pharmacy in advance of their infusion appointments, as

most community pharmacies do not regularly stock these drugs. Patients must also ensure optimal storage from the time they pick up their drugs until they are infused at the clinic. To circumvent some of these aforementioned difficulties, a handful of pharmacies, known as specialty pharmacies, have opened.

Specialty pharmacies focus primarily on high cost injectable drugs and thus are better able to manage the complications that arise when dealing with these drugs. I recently met with Winston

Singleton, a Dalhousie grad who manages a local specialty pharmacy, Bioscript, to gain some insight into how specialty pharmacies function. Bioscript's setting is markedly different from a traditional pharmacy. It is located in a professional centre sharing the same floor with a doctor's office and a law office. There are not countless products on its shelves; instead large fridges replace shelving units where products are kept at optimal temperatures. There is an area in the back where a part time technician prepares drugs. Even though this pharmacy deals primarily with infusion drugs, there are some similarities to a traditional pharmacy, as it

still needs to operate within the same rules and regulations as any community pharmacy. Singleton explained, "We applied for exemption status [from the Nova Scotia College of Pharmacists], but since this type of pharmacy is rare we could not get it." So, like a regular pharmacy, the top 100 drugs are located in the pharmacy (albeit only one container of each) and a pharmacist must always be present during operating hours. Duties for the pharmacist vary from typical community practice. Singleton says that, "You have much less contact with the patients themselves and often spend your time communicating with nurses in the infusion clinic. It's kind of like a mix between hospital and community." A disadvantage of working in this type of pharmacy



according to Singleton is that "you deal with fewer drugs than you normally deal with in a community setting making it difficult to keep up to date with all therapeutics". One of the reasons

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that Singleton still practices in a traditional community pharmacy on weekends is to stay up to date on current drug therapies.

For patients, there are some clear advantages to dealing with specialty pharmacies. Because they deal with only infusion drugs, the required drugs are usually on hand or can be obtained relatively quickly. The pharmacy will also ensure that the patient's drugs are at the infusion clinic when they need them, alleviating worry about storage. Even with these advantages, many patients who receive infusion drugs are unaware of the services a specialty pharmacy can provide and they still rely on community pharmacies to obtain their drugs. According

to Singleton, Bioscript "mainly gets new patients through word of mouth from patients talking to one another at their infusions clinics... Sometimes we will be contacted to fill prescriptions in emergency situations and then the patient decides to keep their refill prescriptions with us." As more infusions get prescribed, however, we can anticipate increased awareness of specialty pharmacies.

The growing popularity of infusion drugs has sparked the development of specialty pharmacies to help patients and pharmacists deal with these expensive and hard to manage drugs. Specialty pharmacies make treatments

easier on patients by stocking most infusion drugs and storing them for the patients up until the time of their infusions. Specialty pharmacies benefit physicians and infusion clinics as well because they can now refer a patient to a pharmacy that is specialized to deal with infusion medication and avoid associated difficulties (multiple third party plans, storage, appointments, etc.).

With the ongoing development of infusion drugs, we can expect increased numbers of specialty pharmacies in Canada. This exciting new branch of pharmacy may mean new opportunities for both pharmacists and pharmacy students. ■



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Le prix du professionnalisme de l'ACEIP est remis annuellement à l'école qui organise la semaine de sensibilisation à la pharmacie (SSP) la plus professionnelle. La SSP se déroule à chaque année durant la première semaine du mois de mars! Vous devriez participer parce que l'école gagnante recevra un prix en argent de 1500 \$. L'argent sera remis directement aux étudiants participant! La date limite d'inscription est le 18 mai 2011. C'est très simple, rassemblez un comité et organisez des activités pour la SSP. Ensuite, faite parvenir votre inscription et n'oubliez pas d'y inclure des photos! Veuillez contacter vos représentants de l'ACEIP pour plus de détails et pour recevoir votre formulaire d'inscription! Bonne chance à tous!

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Your CAPSI Disability Insurance Plan Top 10 FAQ's

By: MARTIN MARETZKI, RHU - PRESIDENT AX/IZ FINANCIAL SOLUTIONS INC.

It has been a pleasure to speak to many of the graduating classes across the country regarding the benefits of Disability Insurance and why you need this very important form of protection. We are also please to reveal the exclusive **CAPSI Guaranteed Standard Issue Disability Insurance Program** which you have access to as a Graduating Pharmacist.

There were many questions after the presentations and I thought I would cover them in an article so that they can be addressed.

Why is this Disability Insurance Plan so unique?

There are many advantages to having a personal disability plan. This particular plan has been brought to all the Pharmacy Grads by CAPSI. Specifically, under this plan, you do NOT HAVE TO PROVIDE ANY PROOF OF GOOD HEALTH. Traditionally, this type of insurance is the MOST difficult to qualify for. Many applications are issued with exclusions or extra premium charges for pre-existing conditions. Just because you think you are healthy, does not mean the insurance company agrees. Therefore many applicants are surprised when they are approved for coverage with modifications or declined for coverage outright. Under the CAPSI plan, there is no proof of health required so there is

no danger of you having specific conditions excluded or having to pay an extra premium. Also, you eliminate the risk of being declined for coverage altogether. This is a TREMENDOUS advantage especially given the fact that you are being offered a GUARANTEED, NON CANCELLABLE plan at a discounted premium.

What is a Guaranteed Non-Cancellable Disability Plan?

This type of plan is the best form of disability insurance available. This can only be purchased privately (i.e. not part of your group/association benefit plan). A "guaranteed non-can" plan means that once the coverage is in place, the insurance company cannot cancel the coverage, change the contract wording, increase the premium or add any restrictive clauses to your plan during the non-cancelable period which is to age 65. So, if you change jobs, or go on claim, your contract will remain the same as it is today...no change.

What is the definition of Disability?

There are two definitions. One is for Total Disability. In order to be totally disabled, you must be unable to perform the important duties of your own occupation. This is referred to as a TRUE OWN OCCUPATION definition. For instance, if you are disabled as a community pharmacist but can

work in another occupation, you would receive your full benefits for total disability in addition to what you are earning in your new job. The other type of disability is Partial Disability. This will pay you 50% of your benefit (which scales down each year you are partially disabled) if you can work half your normal time OR you can perform 1 or more but not all of your important duties. You have the best definition of disability in the marketplace under your CAPSI plan.

Do I have to be a member of CAPSI to have access to this Disability Insurance Program?

No, you just have to be a graduating pharmacist and enroll within the enrollment window (between October 2010 and May 31, 2011).

Why is there an enrollment window?

An enrollment window is required for the insurance company to make sure that there is no anti-selection. Since there is no proof of health required for this plan, the insurance company wants to monitor the enrollment. There is plenty of time to enroll, but a deadline is required to control the insurance company's risk of taking on individuals who may had a

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health change after the enrollment deadline and now decide to get on the plan. This has happened every year, where people were late enrolling and they had to be approved medically as a result. Subsequently they were approved, sometimes without modifications. Some individuals were even declined for coverage. The word to the wise is to enroll during the enrolment window to avoid this risk of being declined or having a modified offer.

Can I cancel the coverage at some point in time?

Yes. You own the plan and you control it.

What does the plan design encompass?

Right away, you are eligible for \$3000 per month of tax free benefit. The waiting period is 90 days (the number of days you must be disabled before the claim is paid). The benefit period is to age 65. Also, your benefits are protected from inflation with the Cost Of Living Adjuster feature. Furthermore, you have the right to increase your coverage also without proof of health, with the Future Insurability Option. If you wish you can also add the Return of Premium Feature.

What is the return of premium feature?

This feature refunds 50% of all your premiums if you decide to cancel your coverage at age 55 or age 65. If you were paid any claims during the time you had the coverage, the amount of claim that was paid is deducted from the refund of premium amount.

What is the Future Insurability Option?

At the moment, your benefit amount allows you to claim \$3000 per month tax free if you are disabled. Each year, you have an option to increase your coverage by an additional \$1000 per month (to a maximum of \$5000/month tax free). Think of this as a refill on your prescription. In this case, you have 5 refills of \$1000 to add to your current plan. If you exercise all of the options, you would end up with a total of \$8000 per month of coverage tax free.

Why should I enroll now?

You should take action on this asap. Your local representatives will be contacting you to arrange an appointment to go over your plan design options and the enrollment form. It is vital that you take action on this before you are too distracted by other commitments and miss the boat. Every grad that has enrolled has been very glad they did. As you go out in the workforce, it is necessary for you to make sure that your income is replaced with the BEST possible plan at the BEST price. No one else will pay your living expenses if you are disabled

for the long term. At your age, it is very inexpensive. Think of it as a 1% solution to protect your future income ability. You are spending 1% of your income to make sure that 100% of it is replaced if you are sick or injured and cannot work. That is a good deal!

Also, through the CAPSI plan you eliminate 4 significant risks:

- a) The risk of income loss (through a disability insurance policy)
- b) The risk of being declined for the coverage. (no proof of health required)
- c) The risk of having a modified offer for the coverage (no proof of health required)
- d) The risk of getting older. (your premiums are locked in and fixed at your current age). The younger you are, the lower the cost.

This will be one of the best financial decisions you will ever make!

With Confidence,

Martin Maretzki
Martin Maretzki, RHU

Martin Maretzki, RHU is the President of ax/iz financial solutions. He works specifically with Healthcare Professionals across Canada, prescribing solutions for their good financial health. Martin, his wife Janice (also a Pharmacist) and their 4 children reside in Hamilton, Ontario. He can be reached at 1 877 522-7394 or martin@axizfinancial.com