

Volume 34, Issue 3

CAPSIL



Spring 2021



CAPSI • ACEIP

In this Issue

	Page
President's Address	3
Editor's Address	4
Future of Pharmacy Award Feature	5
Pharmacist's Role in Primary Care	6-7
CAPSI SLC Winning Article	8-9
CAPSI Competition Winners	10-12
CAPSI School Showcase: Saskatchewan	12
CAPSI School Showcase: Waterloo	13
CAPSI School Showcase: MUN	14-15
CAPSI School Showcase: Toronto	16-17
Interview with Dan Burton	18-19
CAPSI Advocacy: From Aims to Action	20-21
End of Life Care	22-23

Sponsors

Thank you to our sponsors for making the CAPSIL possible!



CAPSI Translation Committee

Robyn McLean, Svetlana Litchmanova, Andrea Desalisa, Angelica Le, Danielle Larocque, Derek Bergeron, Emily Zerr, Gabrielle Sicotte-Mendoza, Hwiyeon Kim, Olivier Buteau-Verret, Panteha Borzooeyan, Paul Sanjab, Sandrine Tardiff, Stephanie Lau, Tiffany Duong, William Boudreau, Winnie Tran, Johanne Nguyen

President's Address

Hello CAPSI Members and Sponsors,

Welcome to the final CAPSIL edition of the 2020-2021 Academic Year. I want to start off by congratulating the class of 2021 graduates! Even though graduation isn't what you expected it to be, the achievement is still the same. You've all put in the same hard work and you've learned and grown immensely. On behalf of CAPSI, congratulations and welcome to the profession!

This issue of the CAPSIL highlights some of the initiatives that took place throughout the academic year from coast to coast. We want to celebrate what has been accomplished from Local and National competitions, to Pharmacist Appreciation Month, to Environment Week, and more. I hope you enjoy this trip down memory lane.

The Spring edition of the CAPSIL also marks the end of the CAPSI council's year. Your 2020-2021 National Council worked as a team to foster good relationships with national and international pharmacy associations, to modify all in-person activities in light of COVID, and to host new events online to interact with our members. This year we also created a national pharmacy peer mentorship program which we hope to continue for years to come.

CAPSI continues to strive to support our members and help them excel in their studies. This includes speaking up and advocating for their wellbeing. From October 2020 to March 2021, CAPSI continued to speak with PEBC, CPhA, and other associations to advocate for the Class of 2020 whom experienced delays in obtaining their practice license. We appreciated the support of our members and their patience as we discussed with the stakeholders to ensure all concerns were met.

As this is my last Presidential address, I would like to take a moment to thank you for your continued support. CAPSI is an incredible association, and the pharmacy profession is very lucky to have such a strong national student association. We couldn't do it without the love and support of our members and sponsors.

All the best,




Morgan Patrick

National President 2020-2021
 Canadian Association of Pharmacy Students and Interns
 University of Alberta
 Faculty of Pharmacy and Pharmaceutical Sciences
 PharmD Candidate, Class of 2021
 Email: pres@capsi.ca

Editor's Address

Dear CAPSIL Readers and Supporters,

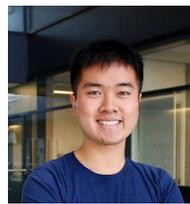
Welcome to our final issue of the CAPSIL for the 2020-2021 school year! Congratulations to everyone for finishing this school year and to the graduating Class of 2021 for completing your pharmacy degrees! This year has been very different from previous years and has presented its unique challenges, but you should be proud of yourselves for making it through. I hope you can take some time to relax, take a well deserved break, and enjoy the contents of this issue.

Within the following pages, you will find some initiatives that CAPSI has taken in the final stretch of the school year. Featured are highlights of Pharmacist Appreciation Month (PAM) across different schools. This was the first year that PAM was fully online and the first year that the word "Appreciation" was used instead of "Awareness" in PAM, which speaks to the important roles that pharmacists have had during the pandemic. Also featured are advocacy articles, a piece on end of life care, award winner features, and interviews with Yifan Zhou, the Future of Pharmacy award recipient, and Dan Burton, founder of Healthcare Evolution.

I would like to thank everyone who has helped make this issue of the CAPSIL possible. To Morgan, Yifan, Lexi, Melissa, Lauren, Emily, Lauren, Sasha, Kiarah, Caitlyn, Sandi, Kristina, Michelle, Dan, Marianna, Jamie, and Rachel: thank you for sharing your written articles to be featured in this issue. Thank you to the translation committee for all your hard work with translating all CAPSI material between English and French and for helping keep the bilingual status of our organization. And last but not least, thank you for your readership and support of the CAPSIL and for motivating me to do my best in putting together the issues for this year.

It has been a huge pleasure to be your CAPSIL Editor for the 2020-2021 year and to work with everyone who has been involved with the production of our three issues. With the 2021-2022 school year around the corner, I would like to introduce our incoming CAPSIL Editor, Winnie Tran from the University of Montréal. I am excited to pass the role onto Winnie and I am confident that she will do a great job managing the CAPSIL next year!

Wishing everyone best of luck on rotations and a happy summer!




Andrew Tu

CAPSIL Editor 2020-2021
 Canadian Association of Pharmacy Students and Interns
 University of Toronto
 Leslie Dan Faculty of Pharmacy
 PharmD Candidate, Class of 2022
 Email: capsil@capsil.ca

Future of Pharmacy Award Winner



Yifan Zhou

University of Toronto, Class of 2021

Initiatives through school (clubs, committees, positions)

IMAGINE Clinic

- o Executive Co-Director
- o Preceptor Recruitment Co-Chair

Undergraduate Pharmacy Society

- o 2T1 Class President
- o 2T1 Faculty Representative
- o 2T1 Vice President

IPSF

- o PARO Translations & Communications Subcommittee member

Pharmacy Pediatric Initiative

- o Communications & Outreach Co-Director

PharmaPride

- o Secretary

CSHP Ontario Branch

- o Metro-Toronto Chapter Student Co-Representative

What inspired you to become a pharmacist?

I actually got inspired by an almost irrelevant event. During my undergrad, I had a presentation on how to modify a drug's structure to improve its efficacy. This project prompted me to apply to pharmacy school, which I later realized was not the type of work pharmacists do. The great thing is, I learned more about community, hospital, industry and nontraditional work that pharmacists are capable of doing, and I am so glad that I'm in this profession.

What is your favourite memory during your pharmacy studies at the University of Toronto?

My favorite memory is every time we celebrate the end of exams every semester – there was always a big party and I loved chatting with my friends/classmates there. The pandemic is definitely making me cherish those memories more!

What do you hope to achieve during your career?

I am really interested in technology, business, and pharmacy advocacy. I hope to combine these interests in the future, where I can advance the profession through technology integration and advocacy as a pharmacy leader.

Any advice for current and incoming students?

Be proactive & always look for opportunities to expand and grow yourself! The PharmD is an extremely powerful and versatile degree. There are lots of different paths that you can enter, and you can start by exploring your interests.

Let us know a fun fact about you!

I have 4 dimples! But they are also considered facial deformities?!

The Pharmacist's Role in Primary Care in Canada

Lexi Symonds

VP Professional Affairs 2020-2021

Memorial University of Newfoundland, Class of 2022

Melissa Kieley

Student Exchange Officer 2020-2021

Memorial University of Newfoundland, Class of 2022

The scope of pharmacy practice in Canada is steadily expanding. Canadian pharmacists now take on an ever-increasing role in disease management and health promotion, creating opportunities for greater healthcare accessibility while reducing government spending. Many activities that pharmacists perform fall under primary care - a practice that has traditionally been restricted to physicians. Such activities include adapting prescriptions, administering vaccines, prescribing for minor ailments, ordering and interpreting lab tests, among others. In Canada, standards of practice are dictated by provincial legislation, which results in variable scope from province to province. Examples of activities discussed here may therefore not be representative of the entire country, but they provide a direction for how scope may evolve in years to come.

This past year, the International Pharmaceutical Students Federation Pan American Regional Office (IPSF PARO) created a regional resolution on the role of pharmacists in strengthening primary healthcare (PHC) through advocacy for an expanded scope of practice. This resolution highlighted the role that pharmacists can play in PHC and emphasized the importance of advocating for this expanded scope so that pharmacists are able to meet all of their patients' needs.

The Canadian Association of Pharmacy Students and Interns (CAPSI) acknowledges the role that pharmacists play in their communities and beyond. Furthermore, CAPSI believes pharmacists are ideally positioned to play a more prominent role within primary healthcare, including further prescribing rights, chronic disease management, and more. Therefore, the purpose of this article is to highlight how pharmacists' expanded scope of practice can improve health outcomes, increase cost savings within the healthcare system, and how we, as pharmacy students and interns, can advocate for this expanded scope.

Pharmacists taking on additional responsibilities in primary health provides extensive cost savings within the healthcare system. Pharmacists practicing with an expanded scope reduce hospital visits, increase vaccination rates, promote healthy living, and decrease the healthcare system's burden by engaging in direct patient care and collaboration with other healthcare professionals (1). For instance, pharmacists prescribing for minor ailments reduce physician appointments and visits to the emergency department, while increasing accessibility to prescription medication (2). According to the Canadian Pharmacists Association, minor ailments are considered "common or uncomplicated conditions that most patients can resolve with appropriate intervention, often with an assessment, guidance, and in some instances a prescription from a pharmacist" (4). Examples of minor ailments include cough, headache, or mild pain. One Australian study found that implementing a pharmacist-led self-limiting conditions service was more cost-effective compared to usual pharmacist care (3). A similar study in Saskatchewan demonstrated that pharmacists prescribing for minor ailments saved the province approximately \$546,832 in 2014 (2).

Moreover, pharmacists have the knowledge and skills to provide high-quality and cost-effective healthcare outside of the common minor ailments. For example, pharmacist management of uncomplicated urinary tract infection (UTI) has also been shown to have a cost-effective budget impact. UTIs are considered one of the most common infections treated in primary care settings and the emergency department. A study by Sanyal et al. found that pharmacist-initiated management of UTIs was less costly (\$72.47) than family or emergency physician-initiated management (\$141.53 and \$368.16, respectively) (5). Therefore, expanding pharmacists' scope of practice not only reduces the strain on an already overloaded system, but also introduces a cost-effective avenue for providing high-quality care to our patients.

Pharmacists are increasingly recognized for the essential role they play in improving health outcomes for their patients. Pharmacist-provided direct patient care has favourable effects across many patient outcomes and within various healthcare settings and disease states (6). However, pharmacists' expanded scope of practice has the opportunity to further improve patient outcomes, such as in the management of hypertension, anticoagulation services, and women's health (7,8,9). A randomized trial found that pharmacist prescribing for patients with hypertension resulted in clinically important and statistically significant reductions in blood pressure (7). In addition, involving pharmacists in these types of services have also produced high levels of patient satisfaction (10). Thus, expanding the role of pharmacists in primary healthcare, such as with increased prescribing authority and chronic disease management, will lead to better health outcomes, increased satisfaction, and greater cost savings within the healthcare system.

The evidence is clear - pharmacists are trained and in a position to alleviate the current pressures that are taxing primary care in Canada. Increased scope of practice reduces costs, improves health outcomes, and increases access to care. So how can we, as pharmacy students and interns, help continue moving the profession forward? It all comes down to patient care. Identifying gaps in healthcare either from personal conversations with patients and colleagues, health outcome statistics, or formal research can help us know where to start. Sometimes, extenuating circumstances provide an opportunity for advocacy, which we've witnessed during the pandemic. Temporary amendments of policies have allowed pharmacists to transfer and extend narcotic and controlled drug prescription to ensure continuity of care. This has demonstrated that pharmacists are more than capable of appropriately managing such prescriptions (11). Advocacy bodies in Canada are therefore proposing that these temporary changes become permanent (12). Students can join in such movements by staying involved in their associations, contacting their local government officials, and practicing best patient care while at work and on clinical practicums.

As pharmacy continues to evolve in Canada, the role of the pharmacist shifts further away from dispensing and more towards clinical services. Such services

can greatly lessen the burden currently placed on the primary care system, thus increasing patient access to healthcare. Pharmacists are trained to be the medication experts and provide excellent patient outcomes while also reducing health spending when allowed to manage chronic diseases and minor ailments. (1-3) Further nation-wide, unified expansion of pharmacist scope of practice would help provide such benefits to patients no matter where they live, thus filling in some very meaningful gaps in our current system. This cannot be achieved without changing the legislation that governs a pharmacist's standard of practice, which requires consistent, concerted advocacy. Pharmacy students and interns can absolutely help with such efforts while still in school, which not only makes a difference but teaches important advocacy skills that will aid them in pushing forward the profession they will be entering in the near future.

References

1. Dalton K, Byrne S. Role of the pharmacist in reducing healthcare costs: current insights. *Integrated pharmacy research & practice*. 2017;6:37.
2. Rafferty E, Yaghoubi M, Taylor J, Farag M. Costs and savings associated with a pharmacist prescribing for minor ailments program in Saskatchewan. *Cost Effectiveness and Resource Allocation*. 2017 Dec;15(1):1-1.
3. Dineen-Griffin S, Vargas C, Williams KA, Benrimoj SI, Garcia-Cardenas V. Cost utility of a pharmacist-led minor ailment service compared with usual pharmacist care. *Cost Effectiveness and Resource Allocation*. 2020 Dec;18(1):1-3.
4. Canadian Pharmacists Association. Minor Ailments [Internet]. 2021. Available from: <https://www.pharmacists.ca/advocacy/advocacy-government-relations-initiatives/value-for-services/minor-ailments/>
5. Sanyal C, Huserau DR, Beahm NP, Smyth D, Tsuyuki RT. Cost-effectiveness and budget impact of the management of uncomplicated urinary tract infection by community pharmacists. *BMC health services research*. 2019 Dec;19(1):1-3.
6. Blalock SJ, Roberts AW, Lauffenburger JC, Thompson T, O'Connor SK. The Effect of community pharmacy-based interventions on patient health outcomes: a systematic review. *Medical care research and review*. 2013 Jun;70(3):235-66
7. Tsuyuki RT, Houle SK, Charrois TL, Kolber MR, Rosenthal MM, Lewanczuk R, Campbell NR, Cooney D, McAlister FA. Randomized trial of the effect of pharmacist prescribing on improving blood pressure in the community: the Alberta clinical trial in optimizing hypertension (RxACTION). *Circulation*. 2015 Jul 14;132(2):93-100.
8. Hall D, Buchanan J, Helms B, Eberts M, Mark S, Manolis C, Peele P, Docimo A. Health care expenditures and therapeutic outcomes of a pharmacist-managed anticoagulation service versus usual medical care. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*. 2011 Jul;31(7):686-94.
9. Deja EN, Fink JL. Pharmacists prescribing birth control: improving access and advancing the profession. *Pharmacy Times*. 2016 Nov.
10. Beahm NP, Smyth DJ, Tsuyuki RT. Outcomes of Urinary Tract Infection Management by Pharmacists (RxOUTMAP): A study of pharmacist prescribing and care in patients with uncomplicated urinary tract infections in the community. *Canadian Pharmacists Journal/Revue des Pharmaciens du Canada*. 2018 Sep;151(5):305-14.
11. Controlled Drugs and Substances Act, CDSA, SC 56(1). 2020
12. Canadian Pharmacists Association. What Can Pharmacists Do Under the Controlled Drugs and Substances Act (CDSA) During the COVID-19 Pandemic? [Internet]. 2020. Available from: https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/CDSA-Accepting_EN.pdf
13. Canadian Pharmacists Association. Home [Internet]. Canadian Pharmacists Association. 2021 [cited 2021Mar28]. Available from: <https://www.pharmacists.ca/pharmacy-in-canada/scope-of-practice-canada/>

Potential Benefits of Pharmacist Intervention in the Detection and Therapy of Atrial Fibrillation

Lauren Adam

University of Alberta, Class of 2021

The scope of practice of pharmacists has expanded greatly over the years, providing patients with increased access to care and improved health outcomes. Pharmacist intervention has been shown to result in enhanced care in studies evaluating pharmacist management of conditions such as heart failure (1) and dyslipidemia (2). Atrial fibrillation (AF) poses unique challenges to the healthcare system, due to difficulties with diagnosis, potentially serious complications and a large economic burden. AF is the most common arrhythmia and has impacted as many as 200,000 Canadians (3). Globally, AF has affected approximately 37,574 million and in the next 30 years, its prevalence is predicted to increase by 66% (4). The Canadian Heart and Stroke Foundation has reported that AF imparts a 3 to 5-fold increased risk of ischemic stroke, with AF causing a quarter of all strokes in those 40 or older (3). This is a critical healthcare issue, as strokes resulting from AF are often more severe and debilitating than those due to other causes (5). These patients require comprehensive medical management and sometimes do not ever regain the same level of functioning. The physical and cognitive disabilities resulting from AF-related strokes affect not only the patient, but the healthcare system as a whole. The mean cost of an AF hospitalization is estimated to be \$4,735, with a median admission duration of 5 days (6). Even more shocking is the reported cost of stroke management, rehabilitation and resulting decreased productivity in Canada, totalling a staggering \$3.6 billion per year (7). Due to the devastating health and quality of life outcomes, in addition to the economic implications, employment of further stroke prevention strategies is of the utmost importance.

How can pharmacists help?

Implementation of arrhythmia screening by pharmacists in the community setting could greatly

reduce the physical and financial burden of AF, resulting in improved quality of life and reduced mortality for patients. Pharmacists can play a vital role in the identification and management of this patient population, through facilitation of early detection practices and regular monitoring of anticoagulation therapy.

Early detection through regular screening could expedite the timely implementation of proper management, potentially preventing detrimental outcomes. In 2014, an innovative mobile single-lead ECG device called AliveCor was developed and with it, the opportunity to screen for AF in remote settings, such as community pharmacies. As the most accessible healthcare professionals, pharmacists could play a key role in assisting patients presenting with paroxysmal AF obtain a proper diagnosis by recording their ECG within the pharmacy itself. The device is easy to use, portable and produces a quality ECG heart rhythm recording in as little as 30 seconds (8). Patients must simply place their fingers on the sensor bar and the device will produce a reading, with interpretation. This result, which is readily available in PDF format, can then be subsequently sent to the other healthcare professionals managing their care.

Multiple studies to date have examined the accuracy and reliability of the AliveCor system. This year, a systematic review by Hall et al. was published, which compared the results of 11 studies investigating the use of this novel ECG device. They assessed the feasibility and accuracy of the AliveCor system and presented their recommendations regarding its utility in community AF screening. While they found the sensitivity and specificity of the device to be variable, this heterogeneity was determined to be attributable to differences in study populations examined, prevalence of AF risk factors (such as the presence of chronic

diseases or older age) within these groups, and the methods followed (single-point-in-time recording vs. intermittent recordings) in the included studies. Of the research they examined, some studies found the sensitivity of this device to be > 98% and the specificity to be > 99% (9).

Addressing Current Care Gaps

Pharmacists can also play a vital role in ensuring patients diagnosed with AF are initiated and maintained on proper oral anticoagulant (OAC) therapy in the community. Research has demonstrated a 70-80% reduction in risk of stroke with the use of OAC therapy in this patient population (3). However, despite the demonstrated benefits, research has shown OAC medications to be under-prescribed in patients with AF. The PINNACLE Registry, cardiology's largest outpatient quality improvement registry, found that as many as 50% of high-risk AF patients (CHADS₂ score > 3 or CHA₂DS₂-VASc score > 4) were not prescribed OAC therapy (10). In patients initiated on OAC therapy, research has also shown that subtherapeutic dosing is common, with one study finding up to 20% of participants to be on inappropriate OAC doses for AF (11). Appropriate dosing is determined through consideration of the patient's weight, renal function, age, bleeding risk, and concomitant drug therapies (11), which provides an explanation for the increased frequency of inappropriate doses prescribed. This only further exemplifies why involving pharmacists more comprehensively in the management of patients with AF may help alleviate current gaps in care.

Recommendations

Hall et al. determined the most cost-effective means of implementing pharmacy AF screening using AliveCor ECG technology to be through prioritization of patient populations at greatest risk. It has been demonstrated that factors such as hypertension, diabetes, tobacco and alcohol use, obesity, and obstructive sleep apnea can increase the chances of developing AF (3,4). Advanced age appears to be one of the greatest non-modifiable risk factors, with an estimated lifetime risk of AF development between 22-26% for those aged 40-55 (12). Therefore, screening programs targeting older individuals with at least one potential risk factor may be the most feasible strategy for busy pharmacies to realistically provide this service, while maximizing the

likelihood of identifying the presence of arrhythmia in undiagnosed patients.

Conclusion

Research has shown that screening for AF using the AliveCor system can be performed easily, safely, and with relatively good reliability in the community setting. By involving pharmacists more actively in the identification and monitoring of patients with AF, it may be possible to mitigate some of the deleterious impacts of this increasingly common condition through early detection and implementation of appropriate OAC therapy.

References

- 1) Koshman, S. L., Charrois, T. L., Simpson, S. H., McAlister, F. A., & Tsuyuki, R. T. (2008). Pharmacist care of patients with heart failure: a systematic review of randomized trials. *Archives of internal medicine*, 168(7), 687–694. <https://doi.org/10.1001/archinte.168.7.687>
- 2) Charrois, T. L., Zolezzi, M., Koshman, S. L., Pearson, G., Makowsky, M., Durrec, T., & Tsuyuki, R. T. (2012). A systematic review of the evidence for pharmacist care of patients with dyslipidemia. *Pharmacotherapy*, 32(3), 222–233. <https://doi.org/10.1002/j.1875-9114.2012.01022.x>
- 3) Heart and Stroke Foundation of Canada. (n.d.) Atrial Fibrillation. Retrieved November 13, 2020 from <https://www.heartandstroke.ca/heart-disease/conditions/atrial-fibrillation>
- 4) Lippi, G., Sanchis-Gomar, F., & Cervellin, G. (2020). Global epidemiology of atrial fibrillation: An increasing epidemic and public health challenge. *International journal of stroke: official journal of the International Stroke Society*, 1747493019897870. Advance online publication. <https://doi.org/10.1177/1747493019897870>
- 5) European Heart Rhythm Association, European Association for Cardio-Thoracic Surgery, Camm, A. J., et al. (2010). Guidelines for the management of atrial fibrillation: The Task Force for the Management of Atrial Fibrillation of the European Society of Cardiology (ESC). *European heart journal*, 31(19), 2369–2429. <https://doi.org/10.1093/eurheartj/ehq278>
- 6) Kotowycz M.A., Filion K.B., Joza J., et al. (2011) In-Hospital Management of Atrial Fibrillation: The CHADS₂ Score Predicts Increased Cost. *The Canadian Journal of Cardiology*. 27(4), 506-513. <https://doi.org/10.1016/j.cjca.2011.01.002>
- 7) Heart & Stroke Foundation of Canada. (n.d.) Connected by the numbers. Retrieved November 13, 2020 from <https://www.heartandstroke.ca/articles/connected-by-the-numbers>
- 8) AliveCor (n.d.) Products: Kardia Mobile. Retrieved November 13, 2020 from <https://www.alivecor.com/kardiamobile>
- 9) Hall, A., Mitchell, A., Wood, L., & Holland, C. (2020). Effectiveness of a single lead AliveCor electrocardiogram application for the screening of atrial fibrillation: A systematic review. *Medicine*, 99(30), e21388. <https://doi.org/10.1097/MD.00000000000021388>
- 10) Hsu, J. C., Maddox, T. M., Kennedy, K. F., Katz, D. F., Marzec, L. N., Lubitz, S. A., Gehi, A. K., Turakhia, M. P., & Marcus, G. M. (2016). Oral Anticoagulant Therapy Prescription in Patients With Atrial Fibrillation Across the Spectrum of Stroke Risk: Insights From the NCDR PINNACLE Registry. *JAMA cardiology*, 1(1), 55–62. <https://doi.org/10.1001/jamacardio.2015.0374>
- 11) Sanghai, S., Wong, C., Wang, Z., Clive, P., Tran, W., Waring, M., Goldberg, R., Hayward, R., Saczynski, J. S., & McManus, D. D. (2020). Rates of Potentially Inappropriate Dosing of Direct-Acting Oral Anticoagulants and Associations With Geriatric Conditions Among Older Patients With Atrial Fibrillation: The SAGE-AF Study. *Journal of the American Heart Association*, 9(6), e014108. <https://doi.org/10.1161/JAHA.119.014108>
- 12) Andrade, J. G., Aguilar, M., Atzema, C., et al. (2020). The 2020 Canadian Cardiovascular Society/Canadian Heart Rhythm Society Comprehensive Guidelines for the Management of Atrial Fibrillation. *The Canadian journal of cardiology*, S0828-282X(20)30991-0. Advance online publication. <https://doi.org/10.1016/j.cjca.2020.09.001>

CAPSI Local Competition Winners

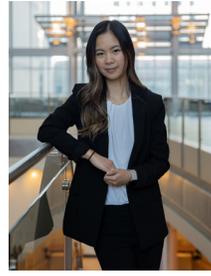
Advice for Life 1st Place



Kimberly Low
UBC



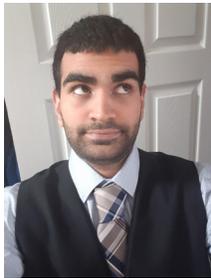
Kevin Lin
Alberta



Angel Nong
Alberta



Kassy Strautman
Saskatchewan



Robin Rai
Manitoba



Lisa Ros-Choi
Waterloo



Arnold Ruste
Toronto



Marie-Ève Dumas
Montreal



Philippe Brun-Cormier
Laval



Logan Ford
Dalhousie



Maria Josey
MUN

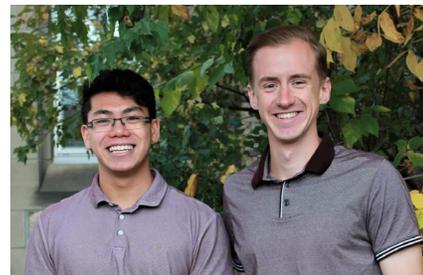
Advice for Life 2nd Place



Garrett Tang
UBC



Leah Feltham
Alberta



Japheth Bool Josh Nurkowski
Saskatchewan Saskatchewan



Eunice Valencia
Manitoba



Jace Hui
Waterloo



Al-amin Ahamed
Toronto



Kaitlyn Dwyer
MUN

CAPSI National Competition Winners

Student Literary Challenge



Lauren Adam
Alberta
1st Place



Emma Jane Peters
Waterloo
2nd Place



Peter Zhang
Toronto
3rd Place



Kaitlyn Dwyer
MUN
4th Place

Advice for Life



Kevin Lin
Alberta
1st Place



Angel Nong
Alberta
1st Place



Kimberly Low
UBC
2nd Place



Arnold Ruste
Toronto
3rd Place

Award of Professionalism



University of Toronto
1st Place



University of Alberta
2nd Place



University of Manitoba
3rd Place

CAPSI School Showcase



Pharmacy Appreciation Month 2021 at the University of Saskatchewan was unlike any other. Our event committees worked hard to convert all the annual events that are normally done in person into a feasible online format. We held all our synchronous events online through our WebEx platform and had great turnout. One event in particular even had participants from other pharmacy schools across Canada! We sincerely hope that we can have events in person again next year, partly since in person events are much more engaging and partly because of pizza!!!

Altogether, we held five educational events and shared a ton of information through our social media platforms throughout the month. We had amazing guest speakers ranging from NIHB Regional Directors to Multiple Sclerosis Clinic members to pharmacists who have completed hospital residencies! Special shout out to our Promotions and Outreach Committee for creating a Tik Tok account (@usaskpam2021) and increasing engagement for our PAM events! You rock!

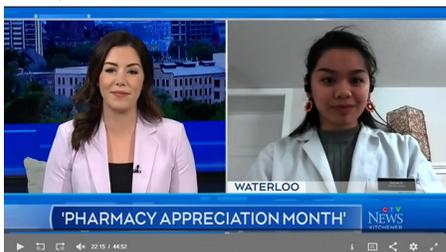
Our PAM Royalty, Kassy S. and Marlowe A. were selected in a random draw for their participation in the CAPSI PAM events and took home a gift card and tote bag to D'Lish by Tish, a local Saskatoon restaurant! We love PAM at USask and look forward to celebrating the pharmacists in our communities year after year!

CAPSI School Showcase



This year's PAM looked quite different from any before, taking place entirely online. Waterloo CAPSI's theme for 2021, "The Path Ahead," explores the future of the pharmacy profession throughout the month of March. Check out our official PAM 2021 website: <https://capsi-uw.wixsite.com/pam2021>

To build up the hype, we had a 3-day pre-PAM countdown as well as an Instagram story contest, where students reposted a BINGO card about pharmacy school life. On March 1st, we featured our PAM Chair, Celine Huab, the School of Pharmacy's Hallman Director, Dr. Andrea Edginton, and guest faculty members in a Kick-Off Video to introduce PAM. On March 3rd, our PAM Chair Celine Huab interviewed with CTV Kitchener to discuss UW CAPSI, virtual PAM events, life for pharmacy students during the pandemic, and challenges we face with online learning. Even after PAM is over, we encourage all pharmacy students to reflect on why we chose this profession as we continue our journey through our academic careers.



Throughout the month, UW CAPSI and many other clubs prepared virtual events for pharmacy students to engage in education, advocacy, and community outreach. On March 9th, CAPSI x OPA held the "COVID-19 Vaccine Workshop." Special thanks to Dr. Kelly Grindrod for her expertise in this ever-changing topic as well as Justin Bates and OPA for their generous sponsorship of the event. On March 17th, CSHP x CAPSI hosted the "Lessons Learned from COVID-19 Panel" which featured four pharmacists across different institutional settings on their journey through the pandemic. Thank you to our panelists Michelle Coelho, Shelley Parker, Kim Chvala and

Sam Dubinsky. On March 25th, OPhIG x CAPSI held the "IPE Cancer Symposium: Fighting Cancer during COVID-19" event where students from Waterloo, McMaster and Western discussed cancer patient cases. Shoutout to our interprofessional panel/moderators! On March 29, CAPSI x TIP hosted a "RxVigilance Demo" event where participants learned about these drug information softwares and received a free 30-day trial. Lastly, on March 31st CAPSI held a "First Nations Health Perspective" event featuring Kiarah FineDay, a Nehiyaw woman from Sweetgrass First Nation and full-time community pharmacist. In addition to all of these amazing collaborations, other clubs at the School of Pharmacy also hosted some great events throughout the month, leading to a busy and well-balanced month of pharmacy appreciation and awareness events!



Every Wednesday, CAPSI worked with SOPhS to create a Pharmacy Diversity Spotlight post which featured pharmacists who advocate for various groups and topics. Thank you to Jeffrey Wong, Ian Stewart, Ravina Sanghera, Andrew Schonbe, Samim Hasham, Tobi Obatusin, Ruth Ghebretatios, and Mariam Abduhalli for sharing your passions, insights, and advice for students interested in pursuing advocacy work in their personal and professional lives.

Lastly, we wanted to thank our sponsors OPA, University of Waterloo School of Pharmacy Student Success Fund, Pharmasave, and Whole Health Pharmacy Partners for making PAM possible. We also want to thank all the clubs and students who hosted and/or participated in the PAM events this term. We hope everyone learned something new and found another thing to appreciate in pharmacy!

CAPSI School Showcase



MUN Pharmacy Appreciation Month Planning Committee

- Caitlyn Coles - Chair
- Sandi Schuhmacher - Communications Director
- Erin Matthews - School Outreach Director
- Brianna Puddester - School of Pharmacy/University Outreach Director
- Rita Huang - Community Outreach Director
- Rebecca Bishop - Social Media Director
- Meaghan Wilson - Finance Director
- Csop Glew, Lisa Little, Marcia Porter – Faculty Liaisons

MUN Pharmacy Appreciation Month Events

Here is a look at some of the events we held throughout the month. All of our events were held virtually given the ongoing pandemic and the lock-down in our province at the time. Nonetheless, we were able to host a month full of events in order to raise awareness and appreciation for pharmacy staff throughout our province.

Lighting of Government House

The Government House was lit-up green on the first day of March to honour the start of Pharmacy Appreciation Month and the continuous hard work of pharmacy staff throughout the pandemic.



Social Media Takeovers

We hosted 5 social media takeovers throughout the month. They included:

“Sandi in Solitude”, “Rita on Rotation”, “PharmD for Working Professionals Students”, “Stephanie Burden – What Pharmacists Have to Offer” and “Ms. Arnold – Teaching Behind the Screen”.

Wellness Events

We hosted 6 wellness events throughout the month to provide an opportunity for pharmacy students, staff and the public to “de-stress”. We hosted a yoga session, a virtual movie night and a live fitness class. We also posted a mediation session by Dr. Bulmer from the MUN Faculty of Music, an art tutorial by Emma Power and a knitting tutorial by Meaghan Wilson.



Lunch and Learns

Each Thursday, we hosted a lunch and learn for students. We hosted an IPSF Smoking Cessation presentation by faculty member, Dr. Terri Genge, a GlaxoSmith presentation on acute pain topicals and we had a presentation by the Alzheimer’s Society. Students in attendance were entered to win Sobeys/Lawtons gift cards as door prizes. There was also a symposium held by the Canadian Society of Hospital Pharmacists NL Branch in which hospital pharmacists and residents spoke about their respective areas of practice.

Virtual Presentations

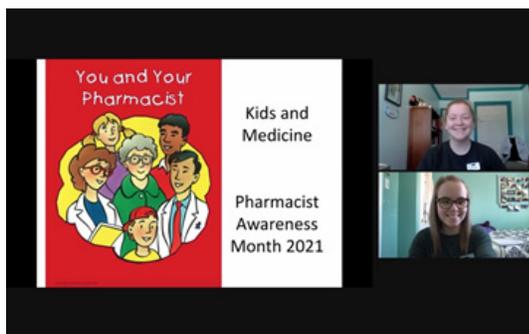
We hosted 15 virtual school presentations to 328 students and 19 STEM presentations to Girl Guides and Scouts groups across our province.

Social Media Campaign

We reached 90k people, had 11k post engagements and over 225 new likes on our “MUN Pharmacy Appreciation Month 2021” Facebook Page. We posted helpful information on our page in correspondence with theme days: Spotlight Sunday, Misconception Monday, Tip Tuesday, Wellness Wednesday, Thankful Thursday and Flashback Friday. We also hosted 5 social media contests, a scavenger hunt and a colouring contest.

Other Events

We hosted an IPSF Blood Drive and a hygiene drive in support of the St. John’s Women Center. Jill Ingram was also named NL’s Next Top Pharmacist for 2021 and MUN was named the Canadian school with the most participants and school spirit at the “Hidden Heroes – Be the Change” virtual event hosted by MEDISCA, LP3 Network and MEDISCA Network winning the grand prize of \$1,000 CAD credit note for SafeSense™ products.



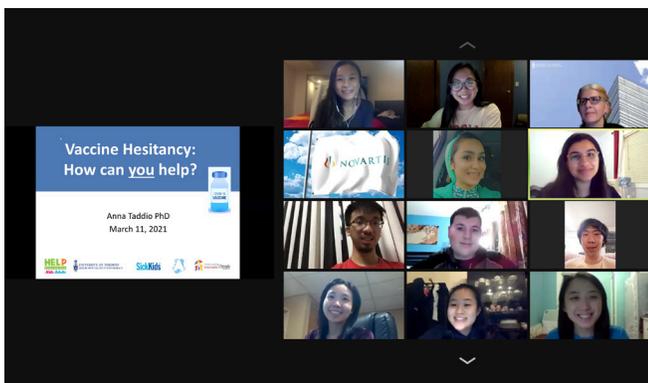
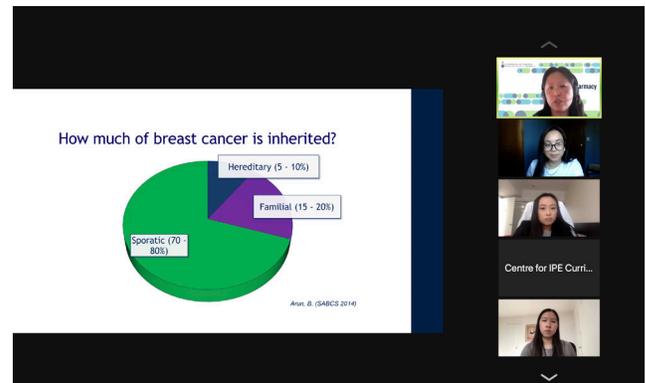
CAPSI School Showcase



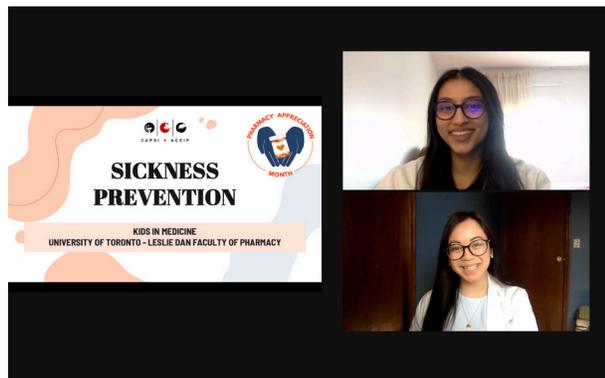
This March, UofT students joined together in a month-long celebration of the many accomplishments our profession has achieved within the past year! In the months leading up to Pharmacy Appreciation Month 2021, student leaders from a wide range of pharmacy clubs at the Leslie Dan Faculty were hard at work planning for UofT's PAM campaign. We were amazed by the diverse events offered by student groups and the participation of so many students in PAM initiatives!

To start off PAM, CAPSI UofT and the Undergraduate Pharmacy Society (UPS) held a PAM Kick-Off Week featuring videos from pharmacy leaders throughout the week, and daily challenges on the PAM Facebook Page! Throughout the week, students heard from our Dean, Lisa Dolovich, as well as representatives from the Ontario Pharmacists Association and Ontario College of Pharmacists, to motivate and celebrate with students. Furthermore, CAPSI UofT held a Symposium on "COVID-19 Vaccine Hesitancy: How can you help?", where students learned how to improve the acceptance of COVID-19 vaccines and increase vaccine uptake. We were ecstatic to see the amount of turnout and engagement at this event, and it is evident that UofT pharmacy students are embracing the role our profession plays in COVID-19 vaccine rollout.

We were also excited to offer an Interprofessional event in March in collaboration with the Institute of Healthcare Improvement and UofT's NCODA Chapter on "An Interprofessional Approach to Oncology Care". Students from a variety of healthcare professions were provided with an introduction to breast cancer and were given insight on delivering safe and high-quality care to cancer patients. Students also heard from a guest speaker and breast cancer survivor to provide the patient perspective on receiving treatment from an interprofessional team. Students worked together to determine interprofessional strategies for oncology assessment, management and follow up for a breast cancer patient case in the context of COVID-19.



We were amazed to see so many students interested in participating in outreach events this year, despite the limitations of the online environment. The focus of these outreach initiatives was for students to educate the community on the role of the pharmacist in the healthcare system and health management. CAPSI UofT hosted two main outreach initiatives including (1) Kids in Medicine where pharmacy students ran virtual presentations on Sickness Prevention for Toronto elementary schools and Sexual health presentations for high schoolers, as well as (2) Pharmacy Outreach Days, a public-facing social media campaign, with a focus on the topics of Pharmacists' Role in management of Diabetes, Opioids and Naloxone.

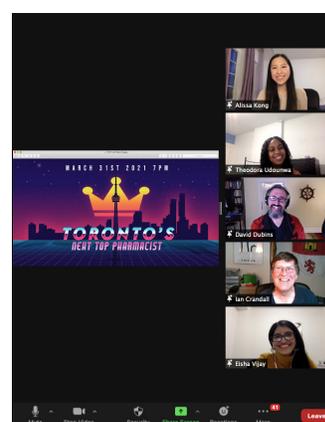
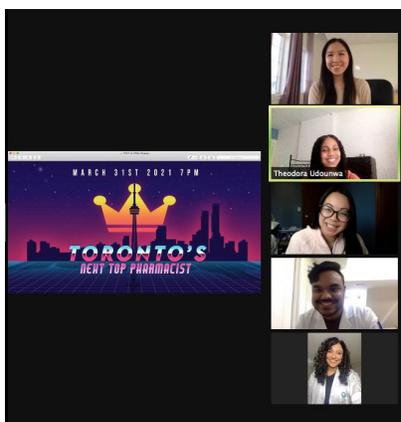


For PAM, CAPSI UofT also collaborated with Pharmacy Legislative Week (PLW) in the USA, on the month-long social media campaign “Health Disparities of Marginalized Communities” which covered topics such as Health Disparities of Indigenous Communities, LGBTQ+ communities, and COVID-19’s impact on various marginalized communities such as homeless communities and Asian Americans/ Canadians. Through this campaign, we hoped to ignite conversations surrounding these difficult topics and get students thinking about how they can help address these health disparities.

Our IPSF Representatives ran the Tobacco Awareness campaign in March, where they hosted an interactive workshop on how to lead a successful smoking cessation interview. The goal for the workshop was to give students the tools to confidently conduct these interviews in their community. To bring further awareness of tobacco use, IPSF collaborated with Pharmacy Awareness of Indigenous Health to educate students on tobacco use in Indigenous communities by putting together an infographic for students to recognize the cultural role of tobacco as well as learn how pharmacists can get involved in developing personalized smoking cessation interventions.

Finally, CAPSI UofT was excited to once again host a live Toronto’s Next Top Pharmacist (TNTP), where our contestants gave it their all through each of the surprise virtual challenges and in their performance in the talent competition. Our judges certainly had the incredibly difficult job of having to crown the winner, but ultimately, Laura Guirguis (2T2) came out victorious and was crowned TNTP 2021! Thank you UofT for an amazing PAM and thank you to all those who helped to promote, participated in our online initiatives, and helped in the planning in the months leading up to March! We were astounded by the engagement and sense of community demonstrated by our students this March and hope you enjoyed PAM as much as we did!

Sincerely,
 Kristina Mclat & Michelle Chaung
 Your 2020-2021 UofT CAPSI Representatives





Interview with Dan Burton

Dan Burton is a clinical pharmacist and the founder of Healthcare Evolution: an online behaviour based weight management clinic. His patients affectionately call him Dr. Dan. He completed his BSc in Pharmacy and Doctor of Pharmacy at the University of Alberta. Dr. Dan has an interest in obesity, diabetes and mental health and is a Certified Bariatric Educator (CBE) and Certified Diabetes Educator (CDE)

How would you describe your current role in the healthcare system? What are some of your day-to-day responsibilities?

My current role in the healthcare system is both unique and not unique. I definitely have a pharmacist-based role and I work at a number of pharmacies doing float work but I also work at a specialty pharmacy. I serve as a point of contact for family physicians and specialists to refer patients to me for the management of conditions, such as diabetes, obesity and mental health. When physicians fax over notes and prescriptions for patients, I work the patient up and provide ongoing monitoring and follow up through the duration of their treatment. This can include getting patients on treatment for Hepatitis C, or getting them on GLP-1 agonists for diabetes and weight management. In between visits with their specialists, I make sure they stay on meds, support lifestyle management and that all aspects of their healthcare are being taken care of. If necessary, I can adjust medications and send patients for blood work.

In terms of my business, it is similar, except the patients reach out to me on their own. The focus here is 2-fold: 1) Content creation for brand building. 2) Client care around lifestyle changes looking at how to help individuals change their behaviour and patterns. In terms of creating content, I make Youtube videos, write blogs, and even create videos on Tiktok and Instagram. Check out [@theofficialdrdan](#). In the mornings, I spend a lot of time preparing and putting together content to go out to people to attract clients and build my brand. During evenings, I work with patients who have reached out to me privately as a coach and mentor. The services I provide are specialized but there is still the patient care component of meeting with patients and getting to know them.

What was your career path like and what led you to where you are now?

My career path was a little all over the place. Before my fourth year in pharmacy school, I had thought about whether I should apply for a residency as it seemed like the next step after pharmacy school. I was not completely sure: I liked hospital pharmacy and had great experiences, but it didn't seem to be something that I wanted to do. And so, I held off on applying for residency and I applied to the PharmD program instead. After my 4th year, I worked at the Red Deer hospital and was mainly in the dispensary checking prescriptions, but I also got to float between units. It was there that I decided hospital pharmacy was not for me. I had worked in community pharmacy but was not super keen on the standard community pharmacy model either. I decided to continue with the PharmD program aiming to explore primary care environments during my rotations. I was interested in proactive care (i.e. how do we prevent a heart attack from happening rather than waiting for it to happen and then reacting with treatment). The PharmD was a great experience and was one of the hardest but best things that I have ever done. During my rotations, I got to see more primary care environments such as family medicine, primary care networks, and community-based pharmacies. I got a plethora of experience and found my passion for primary care: I loved creating patient relationships. I then got a position with the Calgary Foothills Primary Care Network after graduating from the PharmD program and worked with them for about 2 years. In this time, I came to realize I wanted to explore entrepreneurship but I did not know how to go about it. While at the primary care network, I got to work with Novo Nordisk and they allowed me to do some consulting work with them, specializing in obesity. I loved the experience and in 2019, I made the jump from PCN to a specialty pharmacy group and had the opportunity to create

for obesity and diabetes management while building my own brand. Since then, I have been continually trying to find a balance between the two as there are opportunities to do research, work with patients, and look at how to take different approaches on pharmacy practice. Initially for my business I was using spaces at pharmacies but switched to an online platform when the pandemic hit, and I have been building my online presence since 2020.

What interests and motivates you about your career? And what are some things you dislike?

What I love most about my career is that there is so much potential. I like the grey of medicine, business, new opportunities, and things that people have thought about but have not done whether it be due to doubt or fear of risk. I love to take on opportunities and I am hopeful everything works out. If not, I go back to the drawing board and think about the next opportunity. Pro tip: A vast majority of the opportunities I have been interested in never worked out: they either did not work or there was no interest. With pharmacy, the degrees and training provides people with knowledge and expertise that can open a lot of doors and specialized roles if people choose to do so. With these roles, you can go in and create what you want to create and really the possibilities are endless.

In terms of dislikes, it would be people/organizations who do not like the grey area. I find people who are very hesitant or who I need to get approval from tend to slow down progress. In healthcare, there is a lot of bureaucracy and lots of people who are in it for the money versus just helping people. I work a lot in my free time, and I do it because I love it. When the focus is not on the best interests of patients and society it bothers me. There are many obstacles that I have had to overcome and there are times where I thought about giving up my pharmacist license: there are many things I could have done without a license. Being bound by a college and restrained by a license does introduce some roadblocks which can limit or slow opportunities.

What advice would you give to current and future pharmacy students who are trying to find their professional paths?

My best advice that helped me be successful: Say yes to a lot of things. Even if you are not sure about something

but you are interested, say yes to it; give it a shot. Take the job on the other side of the country or in another country. Do not be bound and stuck in a set plan. You never know what the opportunities may be until you say yes or what is exactly out there and where you will fit. I find too many students get caught up in a 'plan'. You are still so young, and have years to figure out your 'plan', even if you are not young you still have years to find what you love! The older you get, the more responsibilities you will take on and the harder it will be to take risks and to find a practice that you really enjoy. If you work somewhere that you do not enjoy, you could be there for a long time and I believe that everyone should find a place where they love going to work every day. Sometimes you need to create these opportunities or keep looking for them. If there is an interesting professor or guest speaker, ask to shadow them and get their perspectives. Every bit you do builds on to the overall vision that you are aiming for, even if there is something you are not interested in, it is going to build and add to the picture you see for yourself. In my case, I built my own practice and went against the grain. As far as I know I am currently the only pharmacist in the world practicing in obesity medicine full time and I would have never found my way without taking opportunities and seeing what I really enjoyed and liked. My practice is going to change and evolve which I am open to. That being said, you can't say yes to everything, otherwise you may burn out due to taking on too much. As you gain experience you will be able to be more selective and learn to say 'No'. But when you are starting, saying yes can open more opportunities, and you can always leave if you find you don't like something.

Outside of pharmacy, what are your hobbies and interests?

That is an always moving target: I do not do a lot outside of work because my hobbies and interests lie in work. Even creating content allows me to be creative and I can learn more. My work does not feel like work, I'm just doing what I love. Outside of work though I started cross country skiing this year and am hoping to do a race at the end of next year so I will be training over the summer. During COVID, I bought rowing machines and have gotten into rowing; I am looking at lessons and joining my local rowing club. Again, I am always finding new opportunities to explore! Other than that, I enjoy mountains, hiking, swimming, hot springs, and traveling.

CAPSI Advocacy: From Aims to Actions

Pharmacare without Pharmacists? The Risks of Playing it Safe

Marianna Pozdirca

University of Manitoba, Class of 2023

One of our core CAPSI values is advocacy, providing a voice for pharmacy students and interns. Over the next few editions of CAPSIL, the CAPSI Advocacy column will feature advocacy ideas and actionable steps. We hope these empower students with tools to advocate for our patients and profession both collectively and independently

When the 2021 federal budget was released with no mention of universal pharmacare, I felt like most of us did not bat an eye. Perhaps some of us even breathed a sigh of relief. Pharmacare would mean big changes for pharmacy. It would be disruptive and likely implemented without much of our input. After all, although the Advisory Council on the Implementation of National Pharmacare consisted of seven qualified individuals, it did not include even a single registered pharmacist. Through their continued support of only minor modifications to fill in the gaps in the current pharmacare system, professional associations representing pharmacists seem to be mostly focused on continuing the status quo. But this lacks a long-term vision. Pharmacare may have been pushed aside this time, but it won't be avoided forever. We have an opportunity to be more engaged in the future of this conversation. If we continue to sit on the sidelines, it is likely that whenever pharmacare changes are discussed, pharmacists will continue to be absent from "the room where it happens."

Pharmacy is a healthcare profession unique in providing both a service and a product. While pharmacies profit off of prescription drug sales, they, more importantly, serve patients by reviewing their medications, consulting on proper drug use, catching and preventing any prescription errors, providing education, and so on. But because most insurance companies and provincial governments provide

very little compensation for pharmacy services, the profits still mostly come from filling prescriptions and dispensing medications. Some of these profits serve to fund or allow time for pharmacy services, which are then free for the patient. Understandably, it will be difficult for pharmacies to provide these free services and deal with the lower drug prices under universal pharmacare and its associated changes. Thus, professional associations try to call for the least dramatic adjustments to the status quo.

Unlike what some would suggest, the subtle fight to maintain the status quo is not rooted in a greed for profits. Rather, it is based in the fundamental will to survive and sustain the profession and the services pharmacists provide. So long as there is no significant compensation for pharmacy services, existing services will be cut back when prescription profits go down. Pharmacists know that a system in which vulnerable segments of the population are unable to afford or qualify for coverage is horrible. COVID-19 has only amplified this. But we also know that pharmacare is not limited to prescriptions and must also ensure access to the services pharmacists provide. Safe and sustainable universal pharmacare should invest in providing these services, to ensure positive public health outcomes and cut costs in the long run. While compensation for pharmacy services would be a new budget expenditure, there is overwhelming evidence demonstrating that pharmacy services reduce costs overall.

Currently, we're not seeing any hope that universal pharmacare will take this into account and compensate our services. We're not seeing any hope in a future that fails to recognize that, when pharmacies suffer, patients suffer too. Perhaps this is why our professional associations are clinging to the status quo in any way they can. Perhaps this is why, in response, many pharmacists are passive instead of calling for our professional associations to wholeheartedly embrace the most evidence-based version of universal pharmacare.

So, what can we do instead? We can start by advocating for a program that immediately provides coverage to those that do not have adequate private insurance, but this should only be started with the clear vision of growing and transforming this program into one that covers essential medications for all Canadians. Such a program can be implemented through a multi-stage process, which will allow pharmacies, insurance companies, government agencies, and, most importantly, hardworking, Canadian taxpayers, to adjust to the changes. When the end goal of universal, national pharmacare is reached, private insurance companies may still provide coverage for those opting to purchase drugs not covered by the universal program; however, fundamentally, Canadians across the nation will experience accessible and thoughtful drug coverage.

The optics of pharmacists perpetuating the status quo can lead to the perception of selfishness. It can make people think we don't have our patients' best interests at heart, but this is far from true. At the same time, it isn't right for us to stay silent. If this perception isn't true, we should change the perception! Perhaps this would get us a seat at the table.

Engaging in this discussion is important. Advocating for the compensation of pharmacy services is important. Advocating for universal pharmacare is important. It is part of the commitment we've made to our profession and our patients. We need to rise from the sidelines and focus on promoting a positive vision for the future of pharmacare. A vision that promotes equally accessible drug coverage. A vision that includes pharmacy services as well as drug coverage. A vision that promotes thoughtful implementation of a national pharmacare program. And we need to ask our professional associations to do the same. Rather than holding tight to the status quo and hoping these discussions pass away, we should be willing to risk the status quo for a better tomorrow. Unless we do that, pharmacists will be left in the past.



Marianna is a second-year pharmacy student who has worked in municipal politics for over three years. She is passionate about making advocacy approachable so that all of us can have a positive impact on our profession and communities.

End of Life Care is not End of a Conversation



Rachel Tandun is a recent PharmD graduate from the University of British Columbia and is currently doing her residency in Product Development Regulatory (Documentation) in Roche, as part of University of Toronto's Industry Pharmacy Residency Program.

Email: rachel.tandun@alumni.ubc.ca

LinkedIn: <http://www.linkedin.com/in/racheltandun>

What does end-of-life care mean to you? From our perspective, it is not a concept that is solely focused on death. It is about the decision on how one chooses to live up until the very end. It is about the values, beliefs, and preferences one wishes to uphold. It is a form of empowerment and a voice that we should learn how to utilize so that we can be heard.

In order to ensure that you receive the best care when you are unable to speak for yourself, creating an advance care plan is critical. Yes, it is not an easy conversation to have. But we realized how important and essential this is during our clinical rotations.

For instance, there was a patient in an outpatient hemodialysis ward who developed severe dementia but did not have any advance care plans in place and no Substitute Decision Maker appointed. Family members were conflicted on whether the patient should continue with dialysis, leading to heightened tensions, anxiety,



Jamie Park is a current 4th year PharmD student from the University of British Columbia and is actively involved in advancing pharmacy practice as a student leader, researcher and innovator.

Email: jamiiep@student.ubc.ca

LinkedIn: <http://www.linkedin.com/in/jamieyepark>

and pressure with conflicted views and no consensus decision.

The neglect and absence of advance care planning can potentially compromise the quality of care patients receive, possibly leading to greater uncertainty, confusion, and regret among family members and loved ones.

End-of-life care continues to be a taboo subject within the general public and feelings of uneasiness and fear may arise while engaging in such conversations. Until today, there is still a lack of awareness on advance care planning across all ages, and a greater misconception especially among younger adults that this is only reserved for the elderly or people who are diagnosed with certain terminal illnesses. There is still a great need for discussions around this topic, but how do we encourage people to initiate and engage in such tough conversations?



This has led to the birth of our initiative: “Hopeful Chapter of Life”. We wanted to tackle this issue through a creative and accessible method and developed an interactive [online website](#) that would provide a safe environment for the participant to reflect on two thought-provoking questions:

Participants' answers will generate Word Clouds based on the frequency of the words in their responses. We invite you to take time to self-reflect and participate as your responses will help enrich and grow our Word Clouds.

What are your fears about end-of-life?

On the “[Results](#)” page, participants will not only be able to view the generated Word Cloud, but are also encouraged to view other personal reflections, across varying ages and geographical locations. We hope that seeing the shared responses from others will allow one to not feel alone and fearful through this process, and be truly inspired and uplifted by one another.

Through our other online avenues ([Instagram](#), [Facebook](#), [Twitter](#)), helpful resources and easy-to-understand information are also shared to an audience across a variety of ages, cultures, and geographical locations.

What legacy are you hoping to leave behind?

The next step of this project will include an analysis of the collected, anonymized responses and the creation of a summary report highlighting key trends, patterns, and findings. We have also worked with BC Centre for Palliative Care to create two educational videos: [an introduction to advance care planning](#) and the [step-by-step guide of advance care planning](#).

Every book has a “The End” to it, and so does life - so let’s make the last chapter a hopeful one.



CAPSI • ACEIP