

# CAPSIL

Canadian Association of Pharmacy Students and Interns Letter

winter 2022



CAPSI • ACEIP



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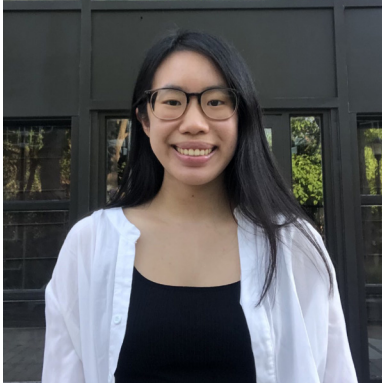
## translation committee

William Boudreau, Panteha Boorzooyan, Kevin Chen, Ricky Chung, Samantha Hui, Angelica Le, Hassan Lyoubi, Léa-Mai Savard-Lyth, Winnie Tran and Vinh Vu.

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## editor's address

BY WINNIE TRAN

Dear members and supporters,

Welcome to the Winter 2022 edition of the CAPSIL! I hope everyone had a relaxing holiday time (despite the Omicron variant ruining a lot of plans) and a good start to the semester.

February is a special month, filled with love and new beginnings. On this Valentine's day, I wish you to receive all the love you deserve, whether you're spending the day with your significant other, your best friends, your family or alone. For those that need it, I also wish you to learn to love yourself, to take care of yourself and to be unapologetic about who you are.

In this issue, you can find the first interview of the Career Series initiated by Angel Nong, CAPSI's Webmaster, where Chris Voss and Jenna Jenkins talk about their work as pharmacists in Iqaluit (p. 6). You can also learn more about the creative and informative pharmacy blog that is *The Dosette* via an interview with

Mirabella Chan (p.10). If you ever wondered if advocacy is for everyone, even those who are more introverted, you can find the answer in Marianna Pozdirca's article (p.12). You can also read the winning article of the Student Literacy Challenge written by Autumn Chen about the proactive dispensing of naloxone in community pharmacies (p. 26) as well as many other articles!

I would like to thank those who helped make the CAPSIL possible. To Angel Nong, Chris Voss, Jenna Jenkins, Mirabella Chan, Marianna Pozdirca, Steven Huynh, Michael Coombs, Celine Huab, Hannah Saunders, Autumn Chen and Jason Chenard: thank you for sharing your written pieces to be featured in the pages of this issue. To Angelica Le, Panteha Borzooeyan, Hassan Lyoubi, William Boudreau, Samantha Hui, Vinh Vu, Ricky Chung, Kevin Chen and Léa-Mei Savard-Lyth: thank you for helping me translate CAPSI

material between English/French and for maintaining CAPSI's status as a bilingual organization. Lastly, I would like to thank you for supporting the CAPSIL with your readership and for motivating me to do my best in preparing those issues.

Enjoy reading this issue!

Best wishes,

**Winnie Tran**  
*CAPSIL Editor*



# president's address

BY WILLIAM BOUDREAU

Dear members and supporters,  
Already February 2022!

The school year has been passing fast, and I have no doubt that your knowledge is piling up as quickly! I take this opportunity to wish you all the best for this new semester and that you will seize the new opportunities you have to get out of your comfort zone and surpass yourself personally and professionally.

Also, congratulations to all the winners of the national and local CAPSI competitions! It is always a pleasure to see a competitiveness between the different schools which pushes your limits and allows you to learn more. Through our competitions, CAPSI helps develop the excellence and pharmaceutical knowledge of students across the country. If you were unable to join us at the Awards Ceremony on February 3rd, 2022, you can watch it here: <https://capsi.ca/>.

CAPSI National works hard to

represent you and diversify its activities for you. Preparation for Pharmacy Appreciation Month in March is well underway, and you will be able to take advantage of the various activities that will be organized on your campus. We are also in an election period! If you have a passion for pharmacy or just want to get things moving, CAPSI National has a place for you. Contact your local representatives to find out which positions are still available for 2022-2023. February is also the month when we will launch our elections for the IPSF World Congress Organizing Committee! We are therefore looking for committed and dedicated individuals to invite our overseas colleagues to discuss Canadian pharmaceutical practice in Montreal. All students in Canada are welcome to apply for these positions. We are constantly working to improve the student situation for you, so do not hesitate to contact us with any questions, requests or other!

Thank you to all our sponsors who are supporting CAPSI through this year. Your contribution has a direct impact on our students!

Take a moment to be able to testify to the quality of the articles written by our friends and colleagues. It is always so exciting to learn and be educated in different ways and CAPSI is definitely one of them! Thank you to the entire CAPSI team for your extraordinary work.

And above all, have fun reading!

**William Boudreau**  
*President of CAPSI*

# CAREER SERIES #1

## AN INTERVIEW WITH CHRIS VOSS AND JENNA JENKINS

### **Describe your career path leading to your current position and the responsibilities associated with your current position.**

**JENNA:** I graduated from the PharmD program at the University of Waterloo in 2019 with Chris. I currently work at the Qikiqtani General Hospital (in Iqaluit), where I am the only clinical pharmacist. This position is a territorial position, which means that aside from retail pharmacist, I am the only clinical/hospital pharmacist in the territory [of Nunavut]. This is my first job after graduation and I felt that I was really thrown into the position as staffing is very limited up North. My role is very diverse and not the typical clinical pharmacist position. At our hospital, we don't currently have a Director of Pharmacy. As such, I feel that my role is split between clinical roles (verifying orders, working up with patients in various wards, working with other healthcare practitioners) and a management and logistic role. My hospital, being the only hospital in the territory, we also service all the communities in Nunavut by providing medications to them. I currently manage the COVID-19 vaccine

distribution in both my hospital and the surrounding communities. This means that I ensure the supply, shipping [by plane], and storage of the vaccines into our surrounding communities. This logistical role was something I didn't expect when first stepping into the position and in more recent times, it has been a big part of my daily responsibilities. My pharmacy at the hospital is currently short of technicians (there's only 3 of us in the pharmacy) and I occasionally have to fulfill technician duties as well. It's a very diverse practice, and I would consider myself more of a generalist [in terms of specialty].

**CHRIS:** I work at the Northmart Pharmacy, which is a retail pharmacy in Iqaluit. For me, our practice is somewhat similar to other retail pharmacies, but we also service the 12 community health centers around Iqaluit and are responsible for providing medications to them. Because of the high turnover rate of staff up North, many of the health centers we service don't have physicians. Without consistent physicians to follow up, chronic conditions are especially hard to manage. Oftentimes no one has reviewed the labs or the medications of some of the patients I see and they are

not on indicated therapy. One common condition that often goes unmanaged is psychiatric and mental health disorders. As such an important part of my job is also helping blister pack and deliver psych[iatric] medications to both the hospital and Psych Center in Iqaluit. One difficult part about working in Iqaluit is the limited scope of practice we have, but this challenge allowed me to develop better connections and professional relationships with physicians with whom I collaborated frequently. Physicians and nurses in the clinics that we service always text me when they have questions about patients. Being one of three retail pharmacists in the city, I feel that I've developed a strong collaborative practice with physicians and they value my clinical judgement and input in regards to our mutual patients. Working with a limited scope of practice in Iqaluit is difficult, but I feel valued in my community because physicians often consult my advice and my clinical experience still makes a difference in patient care.

**What is the day-in-the-life of your work? Please paint a picture with words of what you do every day.**

**CHRIS:** The first part of my day is often doing paperwork and more specifically relating to getting coverage for OTC products under NIHB. Once we open the pharmacy, things become rather chaotic since I'm both fulfilling the needs of patients in front of me and answering calls from the 25 surrounding health centers that we service. I often answer drug inquiry questions from the health center nurses that do not have physicians on site. One particularly memorable question I've received was what to do if a patient was injected with Invega rather than Abilify. Because there is such a high turnover rate of staff and especially physicians here in Iqaluit, I feel that I have become a trusted source of information for the nurses in our surrounding health clinics and it is a really rewarding feeling to have that kind of professional

relationship with them. Unfortunately, we don't have registered technicians in my pharmacy, so 25% of my day is spent doing clinical verification, but a lot of it does include technical verification like ensuring we've picked the correct medication. It is still a very busy job since I'm still filling hundreds of prescriptions a day while managing the calls from other healthcare practitioners. My hours are still the typical 9 AM to 6 PM and I don't find it to be too stressful now that I've gotten into the rhythm of things.

**JENNA:** I start off my morning by checking up on the patients I'm following as well as checking orders in the pharmacy. My hospital is a bit old fashioned since we still do everything by paper (charts, labs, MAR and orders) because of that, errors are often

made and I have to ensure that I input everything correctly. Depending on how busy the day is, I will then check in with physicians and nurses who follow the patients I'm responsible for. A large portion of my day right now, because of my involvement with COVID vaccine distribution, is spent on the phone and in meetings coordinating vaccine supply and ensuring they are stored properly. Aside from that, I also liaise with our 2 technicians who are packing orders for the 25 communities we service as well as our hospital. I sometimes go to Northmart (retail pharmacy) to pick up medications. I've even driven to the airport to deliver medications and ensure patients in the communities we service are able to get what they need. I really do a bit of everything in my day.



**“Working with a limited scope of practice in Iqaluit is difficult, but I feel valued in my community because physicians often consult my advice and my clinical experience still makes a difference in patient care.”**

**What do you like about your current role? What is most challenging?**

**CHRIS:** I find it really rewarding when my patients or other healthcare practitioners ask to speak to me by name. Because there is such a high turnover rate in staff, I’m considered to be one of the more consistent faces even though I’ve only been here for 2 years. I’ve built trusting relationships with patients and it makes me happy when they ask for me at the pharmacy and trust me with all their medication questions. Initially coming into my role, it was really challenging because there was no scope of practice essentially, but I was still able to use my clinical knowledge by building rapport and relationships with the physicians and nurses around me.

**JENNA:** Coming into my current role and being the only hospital pharmacist in Iqaluit allowed me to really be exposed to lots of areas of practice that I didn’t experience in school. Especially now where I’m in charge of COVID vaccine distribution, this is something that I never would’ve had the opportunity to be involved in if I worked in a

larger city. Because my role is so diverse and changing everyday, I feel that it makes the days pass by very quickly. Coming into this role was very challenging because there was no job description or guidance since no one held this role before me. I had to figure out how to fit in my knowledge and expertise as a pharmacist into the hospital system. As a new grad, I felt a lot of imposter syndrome coming into this role but it also helped me become more confident in my capabilities and stand up for myself.

**Why did you choose to work in Iqaluit over other cities?**

**JENNA:** We got exposed to the opportunity to work up North because of a career fair where we met a representative from the Northwest Company (parent company for Northmart Pharmacy). The conversation sparked our interest and after being in communication with them for a year we got placed in Iqaluit, which is a bigger city compared to the others that Northmart serviced. Chris was initially placed in Northmart and I was supposed to be placed in another pharma-

cy that was going to open. Unfortunately, the opening of this pharmacy got delayed and out of a whim we decided to call the hospital and see if they needed a pharmacist. Luckily, the hospital didn’t have a pharmacist and things fell into place. Another part of it is that Iqaluit is a part of Canada that not everyone gets to see and it’s still a beautiful and amazing place. In the summer, we get close to 24 hours of sunlight and we can see the northern lights right outside frequently.

**What is one piece of advice you would give to current students or newly graduated students?**

**JENNA:** Try something and push yourself. Chris and I are both from Waterloo [where we went to school] and lived at home during pharmacy school. This isn’t bad in any way, it was actually amazing, but we were both ready to try something new. It was initially a big culture shock coming into the city, from the dark winters to plumbing issues and the water crisis, it was a lot to adjust to initially however, we’re glad we’ve had this experience.





the

d o s e t t e

AN INTERVIEW WITH MIRABELLA CHAN,  
4th year pharmacy student at the University of Waterloo





### **What is *The Dosette*?**

*The Dosette* is a pharmacy blog created to educate both patients and health care professionals on a variety of health-related topics through comprehensible articles and bite-sized infographics that are easy to digest. The name “*The Dosette*” stems from the idea that all of our health content is organized in one convenient location. We also run a merchandise shop where you can purchase pharmacy stickers and buttons!

### **What motivated the creation of *The Dosette*?**

*The Dosette* initially started out as a passion project. I discovered that I had a passion for writing, so I decided to combine it with my interest in patient education. I also recognized how overwhelming it can be trying to find information about certain health topics online, especially with the immense amount of complex information circulating the web, so I wanted

to fill that gap. The hope is that by providing visual infographics to accompany each article, the information is easier to understand and less overwhelming.

### **What kind of content is posted?**

We create content for both health care professionals as well as patients, tailoring the language to the specified audience of course. Our writers typically cover topics that are in their clinical area of interest, ranging from minor ailments to women’s health to endocrinology and beyond. We’ve also written on medication safety, pharmacy student rotation experiences, digital health, and diverse populations. Additionally, we try to determine what patients are curious about and what topics are most relevant at the time – the most recent one being COVID vaccines. We are always open to suggestions if there is a specific topic that you would like to see!

### **What are your proudest accomplishments with the creation of *The Dosette*?**

Since *The Dosette* launched, we have received an overwhelming amount of positive feedback from patients who enjoy learning about different pharmacy topics as well as pharmacists and pharmacy students who use our posts as a learning refresher. I would say that the value we are providing to the community is an accomplishment in and of itself, because it means we are succeeding in our goals. Another accomplishment

we are proud of is our feature in *The Lancet and Financial Times Commission’s* “Governing Health Futures 2030” campaign. We are grateful for the opportunity to help shape the digital health world and combat misinformation.

### **What are the future plans for *The Dosette*?**

This is a great question! It has been just over one year since *The Dosette* launched and our team has been focusing much of our time on consistently releasing relevant and timely content. However, we would love to scale *The Dosette* to eventually hire more writers, produce more content, and reach even more readers. We hope to get pharmacists involved as well, as our current team is solely comprised of pharmacy students. This will take some time but we are hopeful that we can get there!

### **What advice would you give to current pharmacy students?**

I’ve quickly learned that pharmacy is a very small world, and networking can open the door to a lot of opportunities. No matter where you plan to end up after graduation, take the time to build strong relationships with your colleagues, professors, and preceptors. Also take advantage of additional learning opportunities outside of the classroom such as joining pharmacy clubs or attending pharmacy conferences, and create your own opportunities when you see a chance. That’s how *The Dosette* started after all!

# IS ADVOCACY ACTUALLY FOR ALL OF US?

BY MARIANNA POZDIRCA

There's a common misconception that advocacy is reserved for those who are the most bold, confident, charismatic, well-spoken, and extroverted among us. While there's some common agreement that everyone should have an input on advocacy goals or an opportunity to share their needs through various channels, I've encountered a pervasive notion that the presentation of these goals to the public or decision-makers, and their ultimate achievement, is best left to a singular personality type. That's a troubling view. We need people

of all backgrounds and types, not only in the idea-forming stages of advocacy, but also in the "advocating" itself – in the far-reaching conversations and outreach.

The idea that advocacy is best left for one type of person can come from a notion that it's simpler if there are fewer people speaking to advocacy issues with members of the public or decision-makers. I think this is linked to a "vertical view" of advocacy (shameless self-promotional reference to "The Aim of Our Advocacy" in

CAPSIL's Winter 2021 edition), where we place all our focus on who we *perceive* to be decision-makers (usually politicians and bureaucratic officials) and unfortunately leave behind those who stand to our side – our other healthcare colleagues, our patients, our families, our friends, and the broader community. If we view advocacy as merely a negotiation between pharmacy leaders and our provincial leaders, we may be inclined towards some form of elitism, but I hope we can appreciate that advocacy is larger



than that, and in the face of large, meaningful tasks, we cannot succumb to exclusivity.

But this can also be the result of self-inhibition – an imposter syndrome of sorts, where you can feel like you’re not the best person to speak on a matter or not confident enough to get involved in advocacy. Maybe you feel you don’t have enough time or experience or don’t feel comfortable speaking to new people or are never in an obvious setting where impactful change can be sparked. Even if you’re encouraged to advocate, hear relentlessly about moving our profession forward or expanding scope, it can be difficult to see how all of us fit into the advocacy “mosaic”.

One of the things I’ve appreciated through working in municipal politics is that advocacy takes many diverse and even unexpected forms. While much of the advocacy we see may be through media interviews or speeches or open letters, this is only the tip of the iceberg and much goes on beneath the surface. So, if you identify as an introvert, or don’t feel confident about the loudest forms of advocacy, here are a few meaningful advocacy steps you can take:

**- Talk to those closest to you, who you are most comfortable around, about what pharmacists do and what more they could do.** I can’t count the number of times people who don’t live in our constituen-

cy have reached out to my City Councillor’s office, because of an issue they’ve heard about from someone they care about. This pattern repeats itself at any level of decision-making. When we talk about issues important to us – regardless of who we’re talking with – we open up new doors for advocacy and sow seeds and thoughts that can spring into action at the right time. Never underestimate the impact of any conversation.

**- Learn more about the efforts of your provincial pharmacy advocacy body or regulatory association.** Amidst the busyness of our email inboxes, take at least a quick skim over the regular updates these associations send out. Is there any piece of legislation currently before the government that’s related to pharmacy practice? The more you know, the easier it is to drop an advocacy tidbit or two into the conversations you have.

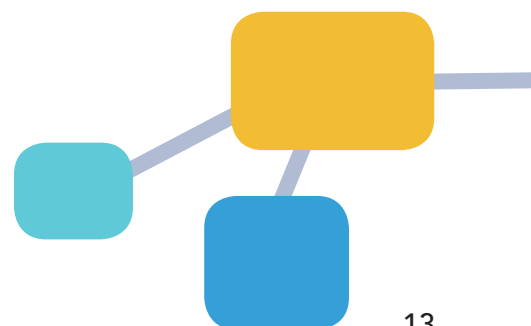
**- If you’re comfortable writing a letter or email to an elected official but don’t want to start a conversation, you can let them know that.** In the body of the email, simply state you don’t require a response or meeting and that you’d want the elected official to instead use that time to consider a specific piece of legislation or talk to their local pharmacist or an advocacy body.

**- You can also reach out to your local pharmacy advocacy body and offer to link them**

**with your elected representative through a meeting.** Even if you’re not the one presenting or the main person speaking at the meeting, having you, a constituent and potential voter, in the (virtual or in-person) room, changes the nature of the discussion and elevates the conversation.

**- Don’t feel like you must have all the answers.** Many people are afraid of meeting with their elected official or talking about a pharmacy issue because they’re afraid of being asked a question they don’t know the answer to, but often saying that you don’t have a full answer right away and promising to get back with a response later can work just as well, if not better. This demonstrates your thoughtfulness and diligence in providing accurate and well-researched information. It also provides an opportunity to keep the conversation going – just don’t forget to actually follow-up with an answer.

Advocacy is *actually* for all of us. While the most vocal forms can get lots of attention, durable improvements to our healthcare systems – and beyond – often come from the quieter, analytical minds, the short but consistent conversations, and the extended reach from making sure everyone has a place in advocacy efforts.



# COLLECTING KMS FROM COAST-TO-COAST

BY STEVEN HUYNH

A National Pharmacy Student Look Into  
150 Minutes of Weekly Exercise



## EVENT DETAILS

Collecting KMs from Coast-to-Coast is a national athletics competition that occurs between pharmacy schools in Canada. Each school recruits a roster of students to run, walk and bike as many kilometres as they can throughout a 3-week period (Sept 27 - Oct 17). Each km ran/walked counts for 2 points, whereas each km biked counts for 1 point. The points contribute towards a student's individual score along with the school they're affiliated with. In our inaugural year (2021), we had 110 students from 7 Canadian pharmacy schools participate!

## INSPIRATION

Collecting KMs from Coast-to-Coast was inspired by cardiology lectures from the University of Waterloo. In all our cardio-related mini cases and counselling in clinical practice, we recommend, without hesitation, 150 minutes of weekly exercise for prevention of future cardiovascular events. However, how many of us actually know what that feels like? By motivating students to experience this type of sustained activity for themselves, we become better educators because we can inform patients about our own experiences. For example, we have a better idea of how we prefer to split up our weekly exercise goals, what options are available to those who are beginners, how to incorporate small amounts of exercise into a busy schedule, along with many more lessons that we simply can't learn unless we try it on our own.










<b>7</b>	<b>110</b>
SCHOOLS ACROSS CANADA ÉCOLES À TRAVERS LE CANADA	STUDENT ATHLETES ÉTUDIANTS ATHLÈTES
<b>7042</b>	<b>4786</b>
KM'S COLLECTED OVER 21 DAYS KM ACCUMULÉS EN 21 JOURS	KM'S WALKED/RAN KM DE MARCHÉ/COURSE
<b>2255</b>	<b>\$1233</b>
KM'S BIKED KM CUMULÉS EN VÉLO	RAISED FOR CHARITY RÉCOLTÉ POUR DES ŒUVRES DE CHARITÉ

## RESULTS

In total, 110 students from 7 schools collected 7042 km over 21 days. 4786 km were collected on foot (walked/ran) and 2255 km were collected on wheels (biked).

Congratulations to the **University of Manitoba** for winning our team challenge (most points per student). The prize for 1st-place was a plaque designed and sponsored by CAPSI National (see Manitoba team photo with the plaque below).

**FINAL SCHOOL STANDINGS**  
**CLASSEMENT FINAL DES ÉCOLES**

<b>1</b>	 <b>Manitoba</b>	<b>181.30 pts</b>
<b>2</b>	 <b>UBC</b>	<b>160.65 pts</b>
<b>3</b>	 <b>Toronto</b>	<b>142.35 pts</b>
<b>4</b>	 <b>Dalhousie</b>	<b>106.19 pts</b>
<b>5</b>	 <b>Memorial</b>	<b>102.05 pts</b>
<b>6</b>	 <b>Waterloo</b>	<b>93.12 pts</b>
<b>7</b>	 <b>Montreal</b>	<b>70.70 pts</b>

AVERAGED BASED ON POINTS PER ATHLETE  
MOYENNE BASÉE SUR LES POINTS PAR ATHLÈTE











CONGRATS UNIVERSITY OF MANITOBA FOR  
THE MOST POINTS PER SCHOOL!



FÉLICITATIONS À L'UNIVERSITÉ DU MANITOBA  
POUR LE PLUS DE POINTS PAR ÉCOLE!

Congratulations to **D'arcy Arends** for winning our individual challenge (most points accumulated). For her efforts, D'arcy received a customized T-shirt designed by Alice Lau (see T-shirt photo below).

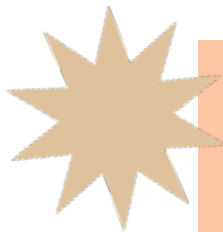
**FINAL INDIVIDUAL STANDINGS  
CLASSEMENT FINAL PAR INDIVIDU**

1	 UNIVERSITY OF WATERLOO	D'Arcy Arends	673.52 pts
2	 UNIVERSITY OF BRITISH COLUMBIA	Mel Tsai	387.88 pts
3	 UNIVERSITY OF TORONTO	Sam Kinahan	357.00 pts
4	 UNIVERSITY OF BRITISH COLUMBIA	Jonald Chan	347.20 pts
5	 University of Manitoba	Brittany Cross	299.52 pts
6	 University of Manitoba	Matthew Exner	288.42 pts
7	 UNIVERSITY OF TORONTO	Linda Kang	287.76 pts
8	 DALHOUSIE UNIVERSITY	Annie Li	280.66 pts
9	 University of Manitoba	Tori Hubbard	254.32 pts
10	 UNIVERSITY OF BRITISH COLUMBIA	Kelvin Wong	253.60 pts



Other individual accomplishments we recognized include (see Honourable Mentions photos below):

- Fastest 3k, 5k and 10k run
- Fastest 10k bike
- Longest run, bike and walk



## CHARITY WORK

Each participant was asked to download a phone app called "Charity Miles" which prompts the user to choose a non-profit organization that they would like to raise money for. Charity Miles tracks each user's activity and donates 25 cents for each mile walked/ran and 10 cents for each mile biked.

**HONOURABLE MENTIONS**

FASTEST 3K RUN	TIME (MIN)	FASTEST 10K BIKE	TIME (MIN)
Matt Kinahan	11:05	Eleni V	27:21
Brittany King	11:50		
Joey Gamba	11:59		
FASTEST 5K RUN	TIME (MIN)	LONGEST BIKE	DISTANCE (KM)
Brittany King	19:22	Courtney Ng	55.57
Vincent Liang	22:56	Cameron Prouse	54.61
Kevin Huynh	23:45	Eleni V	51.75
Steven Huynh	24:36	Camille Huo	25.47
Joey Gamba	26:41		
FASTEST 10K RUN	TIME (MIN)	LONGEST WALK	DISTANCE (KM)
Sam Kinahan	31:27	Briana Kops	20.09
Matt Kinahan	42:05	Joey Gamba	19.51
Kelvin Wong	43:54	Julie Lac	17.75
Annie Li	46:54	Mel Tsai	15.52
Vincent Liang	48:55	Valerie Tremblay	15.51
		Layne Liberty	15.14
		Matt Kinahan	15.14
		<i>* walk = average above 7min/km*</i>	
LONGEST RUN	DISTANCE (KM)	GREAT WORK EVERYONE! THANK YOU TO ALL WHO PARTICIPATED AND HELPED ORGANIZE THIS EVENT!	
Kelvin Wong	25.14		
Sam Kinahan	23.52		
Vincent Liang	21.42		
Brittany King	15.01		
		<i>*run = average below 7min/km*</i>	



In total, everybody raised \$883.72 from Charity Miles in just 21 days! In addition, each of the seven participating schools agreed to pool together \$50 each for a \$350 donation to a charity of the winning school's choice. To go along with CAPSI's HIV theme, the University of Manitoba students decided to direct the \$350 donation to Nine Circles Community Health Centre, a clinic in the heart of Winnipeg that specializes in the treatment of HIV, hepatitis C and other sexually transmitted diseases.

## ORGANIZING COMMITTEE

Special shoutout to everybody involved in the planning process, the daily operations, and the design work for the social media posts and prizes!

### Planning Team

- Founder/Coordinator: Steven Huynh (Waterloo)
- Operations: D'arcy Arends (Waterloo)

### School Reps

- Dalhousie: Nolan Barkhouse
- Manitoba: Matthew Glass
- Montreal: Maude Bourgault
- MUN: Josh Griffin
- Toronto: Cindy Tran, Jonathan Platt
- UBC: Sunny Singh, Owen Li, Chris Xi
- Waterloo: Mousa Gawanmeh, Ethan Foster

### Design team

- Social media posts: Camille Huo (Waterloo)
- French translations: Kyla Agtarap (Waterloo)
- Winner's T-shirt: Alice Lau (Waterloo)
- Winner's plaque: CAPSI National



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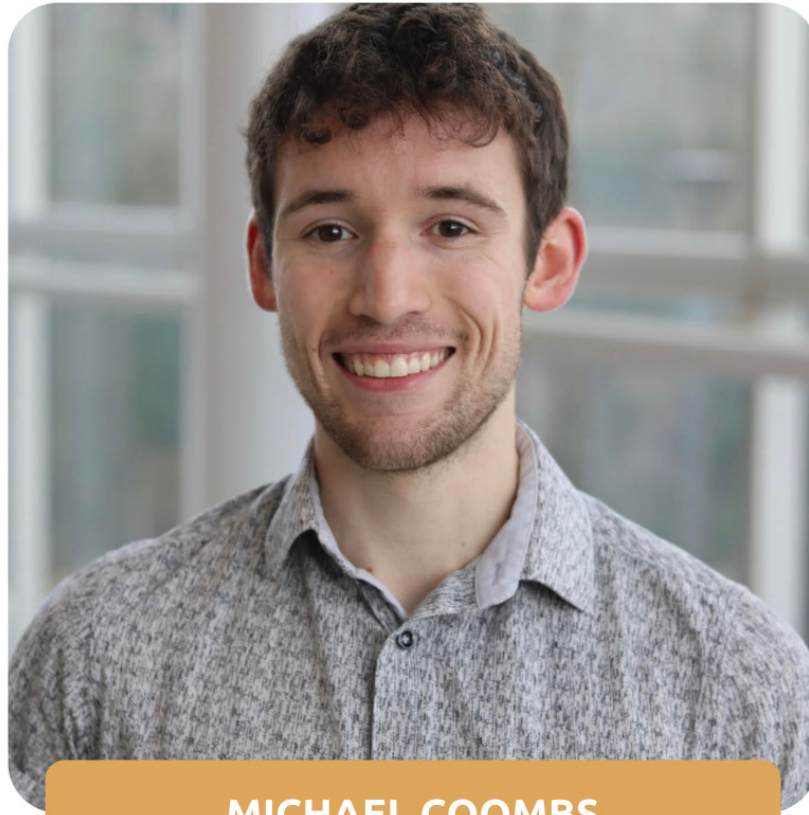
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**MICHAEL COOMBS**

**FUTURE OF PHARMACY  
EXCELLENCE AWARD**

**SUMMER 2021**

## GENERAL INFORMATION

- Pharmacy school: Memorial University of Newfoundland
- Year of pharmacy school: 4
- 3 things that you like: Travelling, Photography, Astronomy

## WHAT ARE YOUR INITIATIVES THROUGH SCHOOL?

Throughout pharmacy school, my initiatives include IPSF Senior Representative (previously IPSF Junior), CAPSI Mentorship Program, Pharmacist Appreciation Month's Community Outreach Committee, and the University Student Summer Research Program.

## WHAT ARE YOUR INITIATIVES OUTSIDE OF SCHOOL?

Outside of the School of Pharmacy, I am involved with the MUN Mentors Program, mental health organization Jack.org, advocate for HIV/AIDS Awareness in Canada through the Atlantic Blended Leadership Committee, and sit on the Premier's Youth Council.

## WHAT INSPIRED YOU TO BECOME A PHARMACIST?

Becoming a pharmacist was my career choice as it allows me to become a life-long learner in a world where evidence is consistently evolving. As well, pharmacists' medication knowledge allows us to uncover issues in complex patient cases – something that has been rewarding from day 1.

## WHAT DO YOU HOPE TO ACHIEVE DURING YOUR CAREER?

During my career, I hope to better the lives of minorities and other vulnerable populations by advocating for improved physical and mental health outcomes. I also hope to advocate for a continuously growing scope for our profession through various initiatives throughout my career.

## WHAT ADVICE WOULD YOU GIVE TO CURRENT PHARMACY STUDENTS?

I would tell pharmacy students to get involved with opportunities no matter how unattainable or daunting they may appear. It's never too early to get involved and several networking opportunities can arise from unexpected roles!

UW CAPSI PRESENTS:

# HIV/AIDS *Awareness Week* 2021

BY CELINE HUAB



Advancements in detection, prevention, and treatment of HIV/AIDS during the past years has provided individuals living with these conditions with increased life expectancy and quality of life. For example, HIV pre-exposure prophylaxis (PrEP) is now funded under all Canadian provincial and territorial formularies as of October 2021. These funding decisions address the barrier of cost, which often prevents individuals from accessing highly effective medication to reduce their risk of contracting the virus, and represent further steps towards increasing the accessibility and quality of HIV/AIDS care. Sadly, many people living with HIV or AIDS report that stigma and discrimination from healthcare providers continues to be a significant barrier to treatment. Since treatment is lifelong and relies heavily on medication adherence, pharmacists have a duty to ensure that they create safe spaces for patients in addition to providing person-focused care.

**UW CAPSI presents...**

## HIV/AIDS Awareness Week 2021

**November 1 - 5** → **Virtual Scavenger Hunt**  
Find each days' item(s) related to HIV/AIDS!

**November 1 - 6** ← **Counselling Challenge**  
Explain HIV/AIDS to a patient in patient friendly language!

**November 1** → **5:30 - 7:00 pm**  
**Specialization Opportunities: HIV and Beyond**  
By: Denise Kreutzwiser

**November 3** ← **5:30 - 7:00 pm**  
**ACCKWA: HIV 101**  
By: Erin and Jack

**November 4** → **5:30 - 6:30 pm**  
**PrEP 101**  
By: Dr. Andrea Chittle

**ACCKWA**

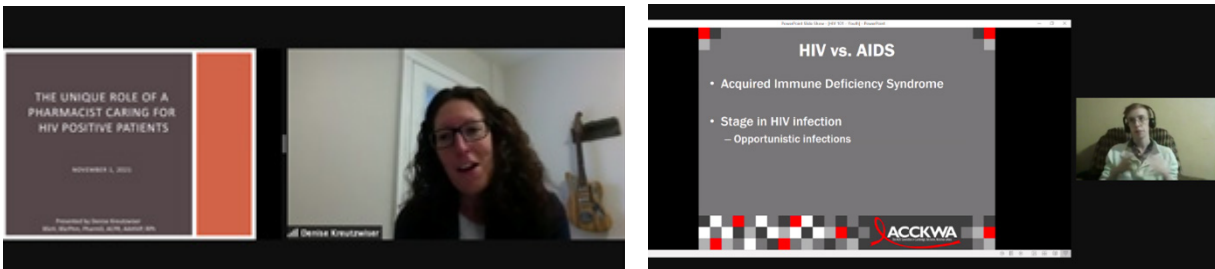
CAPSI • ACEIP

In conjunction with the International Pharmaceutical Students' Federation (IPSF) Health Week 2021 topic, UW CAPSI hosted "HIV/AIDS Awareness Week" last year from November 1st to 5th. IPSF Representatives Iryna Zhyrnova (Senior) and Kristy Wong (Junior) planned an incredible week of educational events, interactive social media challenges, and sharing of resources with University of Waterloo pharmacy students to better educate future pharmacists in providing appropriate care for those living with HIV/AIDS.

UW CAPSI's HIV/AIDS Awareness Week started with the introduction of a week-long Virtual Scavenger Hunt, where participants were challenged to submit pictures of objects relating to different aspects of HIV/AIDS care, such as an antiviral medication drug monograph or a brochure about HIV/AIDS. Additionally, the Counseling Challenge tasked students to submit their own explanation of HIV/AIDS in patient-friendly language.

We had a wide breadth of speakers and presentations during this week, starting on November 1st with pharmacist Denise Kreutzwiser, who shared her experiences in HIV care specialization during her residency and advice for

students interested in pursuing a specialization during their pharmacy career. UW CAPSI collaborated with our local advocacy group ACCKWA (AIDS Committee of Cambridge, Kitchener, Waterloo & Area) for a presentation on November 3rd featuring ACCKWA's Youth Sexual Health Coordinator, Erin, and advocate Jack. Erin and Jack shared patient perspectives on HIV/AIDS and provided students with advice in creating safe spaces for patients in health-care settings. Lastly, on November 4th Dr. Andrea Chittle, a physician working in the local Sanguen Health PrEP Clinic, provided us with an "HIV PrEP 101" education session, allowing students to better familiarize themselves with the medications used to prevent HIV transmission.



*Pharmacist Denise Kreutzwiser (left) presenting on HIV specialization opportunities, and ACCKWA Youth Sexual Health Coordinator Erin (right) presenting about HIV/AIDS.*

ACCKWA provided patient-friendly brochures which were shared both virtually (on UW CAPSI social media pages) and physically at the School of Pharmacy campus, so that students can incorporate these tools into the HIV/AIDS education provided to patients in pharmacy settings. UW CAPSI also donated \$100 to ACCKWA to thank them for their involvement with HIV/AIDS Awareness Week and to support their advocacy and community health efforts.

The UW CAPSI Council is grateful to our speakers who helped our students learn more about HIV/AIDS care, our students who participated in our events, and IPSF Representatives Iryna and Kristy who planned this comprehensive and informational week for students. As future pharmacists, we are responsible for providing stigma-free, person-focused care for individuals living with HIV/AIDS, and we must recognize the huge impact that we have on the quality of life and health outcomes of our patients.



# NATIONAL COMPETITION AWARD WINNERS

## OVER THE COUNTER COMPETITION

**1st place:** Stephanie Lau, University of Toronto

*Stephanie Lau is a 4th year pharmacy student at the Leslie Dan Faculty of Pharmacy at University of Toronto. She is passionate about personalized medications, medical education, and health promotion – in particular, vaccinations. Throughout her Advanced Pharmacy Practice Experience (APPE) rotation at her local community pharmacy, Stephanie encountered various unique circumstances in which patients have had many concerns and misconceptions about the COVID-19 vaccinations. As a pharmacy student involved in the operation of vaccination clinics, she was able to directly address these issues by improving access to and providing objective information about the vaccines, as well as implementing counselling methods such as motivational interviewing to help patients make informed decisions about their health. Although discussions were sometimes challenging, Stephanie found it rewarding to be able to hold the necessary conversations to ultimately improve the health of others during the pandemic. In the future, Stephanie hopes to build upon these experiences to improve patient care and health literacy across various pharmacy settings.*

**2nd place:** Rebecca Bishop, Memorial University of Newfoundland

**3rd place:** Parisa Safavi, University of British Columbia

**4th place:** Maria Anton, University of Waterloo

## LOBLAW PATIENT INTERVIEW COMPETITION

**We would like to thank Loblaw for making the Patient Interview Competition (PIC) possible.**



**1st place:** Suzie Lalopoulou, University of Manitoba

*Hello, I'm Suzie Lalopoulou, a 3rd year PharmD student at the University of Manitoba. I love books, movies, the French Horn, being outside, and a good souvlaki. I have always had an interest in science, and knew I always wanted a profession where I could help people. Pharmacy turned out to be the natural first choice for me in this regard. My favourite part about pharmacy is getting to know and help the people in my community. There are also so many exciting opportunities in the field of pharmacy, and it only keeps on growing. I'm excited for the future in this career and am looking forward to interviewing many more patients!*

**2nd place:** Rebecca Bishop, Memorial University of Newfoundland

**3rd place:** Parisa Safavi, University of British Columbia

**4th place:** Laura Gunter, Dalhousie University

## STUDENT LITERACY CHALLENGE

*We would like to thank CPhA for making the Student Literacy Challenge (SLC) possible.*

**1st place:** Autumn Chen, University of Toronto

*My name is Autumn Chen, University of Toronto PharmD Candidate – Class of 2T3. I am honoured to be given various learning opportunities and to be represented during the CAPSI Competitions. Extracurriculars and associations such as CAPSI are amazing because it allows for collaboration and provides a setting to meet motivated and like-minded individuals. I look forward to participating and seeing how else pharmacy can grow in the future! Some of my interests beyond pharmacy include baking and listening to podcasts on walks.*

**2nd place (tie):** Randilynne Urslak, University of Waterloo

**2nd place (tie):** Jessica Noseworthy, MUN

**4th place:** Manel Nedjari, Université de Montréal



Canadian Pharmacists Association  
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## PHARMACHOICE ADVICE FOR LIFE COMPETITION

*We would like to thank Pharmachoice for making the Advice for Life (AFL) Competition possible.*

**1st place:** Stephanie Lau, University of Toronto

**2nd place:** Ashley Burghali, University of Saskatchewan

**3rd place:** Ayush Chadha, University of Alberta



## GUY GENEST WINNERS

*We would like to thank CFP for making the Guy Genest Award possible.*

**MUN:** Caitlyn Coles

**Dalhousie:** Nawal Fatima

**UdeM:** William Boudreau

**UofT:** Christine Tan

**UW:** Steven Huynh

**Laval:** Kevin Demers

**UofM:** Simran Diocee

**UofS:** Lauren Lueken

**UofA:** Ayush Chadha

**UBC:** Jennifer Liang and Marcus Lo



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*My name is Jennifer, a third-year pharmacy student from Vancouver studying at the University of British Columbia. I chose to pursue a career in pharmacy because I have always been interested in working in the healthcare field. Previously studying Microbiology and Immunology, my desire to work in a career that would allow me to help patients improve their health made me ultimately decide to become a pharmacist. Outside of school, I am involved with various student organizations that raise awareness about different healthcare careers for undergraduate students and bring healthcare to medically underserved communities around the world.*



*Hi, my name is Marcus Lo and I am a 3rd-year pharmacy student from the University of British Columbia. Growing up, I always had a close relationship with healthcare and healthcare professionals. From embarking on multiple clinical research studies to being one of the vice presidents of the pharmacy undergraduate student council, I have set a goal for myself to help enrich and advocate the pharmacy profession by participating in any opportunities that present themselves to me. Wherever the road in the future leads me, let it be community, hospital, industry, or any other path, I strive to give back to the community by helping people, one patient at a time!*

## AWARD OF PROFESSIONALISM

**We would like to thank CPhA for making the Award of Professionalism possible.**

**1st place:** University of Toronto

**2nd place:** University of Alberta

**3rd place (tie):** Memorial University of Newfoundland

**3rd place (tie):** University of Waterloo



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Pharmacists  
Association

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du Canada

## IPSF HEALTH CAMPAIGN WINNERS

**1st place:** Jenna Melanson and Aileen Liu, University of Toronto

**2nd place:** Michael Coombs and Rita Huang, Memorial University of Newfoundland

**3rd place:** Kaitlyn Baldwin, Rocky Lam, University of Saskatchewan

## CFP PAST PRESIDENT AWARD

**We would like to thank CFP for making the Past President Award possible.**

**1st place:** Morgan Patrick



Canadian Foundation  
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*My name is Morgan Patrick and I am honored to receive the Past President Award, funded by the Canadian Foundation of Pharmacy (CFP). Currently, I am completing my hospital pharmacy residency at Island Health in Victoria, BC. Prior to this, I lived in my hometown of Edmonton, AB while completing my PharmD at the University of Alberta. In my spare you'll find me on the mountain bike trails, craft breweries, off leash dog parks and local ice cream shops. Congratulations to all the award winners!*

## CHSP-CAPSI HOSPITAL PHARMACY STUDENT AWARD

**1st place:** Christine Vaccaro, University of Manitoba

# Increasing Proactive Co-Dispensing of Take-Home Naloxone with Prescription Opioids at Ontario Community Pharmacies

BY AUTUMN CHEN

When asked to comment on a subject of current interest to pharmacy practice, numerous topics come to mind. Whether it be about the implementation of national Pharmacare, changes in pharmacists' scope of practice, or emerging therapies such as medical cannabis, there are a plethora of subjects that pharmacists are fundamental to. I decided to draw on my own experiences in a community pharmacy and highlight a deficiency in opioid management, specifically the lack of naloxone dispensing alongside opioids.

According to data published by the government, opioid-induced respiratory depression (OIRD) is a public health crisis<sup>1</sup>. From January to September of 2019, there were 3799 opioid-related deaths in Canada and 3663 hospitalizations due to opioid-related poisoning<sup>1</sup>. In Ontario, about 1/3 to 1/4 of opioid-related deaths involved prescription opioids<sup>2</sup>. This presents an area for possible intervention with take-home naloxone (THN), distributed from pharmacies that are already dispensing opioids. The cost-effectiveness of THN at reducing opi-

oid-related deaths is proven and led to its publicly funded distribution. Despite this, an Ontario study found only 40.7% of patients on prescription opioid agonist therapy (OAT) and 1.6% of patients on prescription opioids received THN<sup>2</sup>. My experience at the pharmacy also confirms that naloxone dispensing is inadequate. I was utterly confused the first time I was asked by a patient for THN. I was unaware of how to process it through the pharmacy management system and where the THN is located. Naloxone was so rarely dispensed that it was not included in the regular onboarding training.

Given the stigma surrounding opioid and naloxone use, as well as the difficulties in assessing the risk of OIRD, current guidelines suggest *all patients receiving an opioid should be dispensed take-home naloxone and counselled by a pharmacist*<sup>3</sup>. Pharmacists can play an essential role in combating this public health crisis: by co-dispensing naloxone with opioids, we can improve patient and population health while also lowering costs associated with opioid-related man-

agement and hospitalizations. Thereby, it helps to achieve the Quadruple Aim in Healthcare for better outcomes, lower costs, improved patient experiences, and improved clinician experiences. Furthermore, this aligns with the Ontario College of Pharmacists (OCP) updated Quality Indicators for Pharmacy that aims to focus on opioid management, reduce hospital visits for opioid poisonings among patients that are actively treated with an opioid prescription, and improve patient/caregiver experiences and outcomes<sup>4</sup>. Many patients do not perceive their need for THN or consider the risk of opioid exposure to those around them, therefore creating a need for a pharmacist-initiated intervention.

Considering this, I propose a quality improvement initiative to increase proactive co-dispensing of THN with opioids at community pharmacies. Individual pharmacies should assemble a team with varied expertise to support the project. There needs to be buy-in from the executive authority, pharmacy manager, and the pharmacy staff. Senior man-

agement support can provide resources, overcome barriers, and implement necessary workflow changes to allow increased naloxone dispensing. Pharmacists must validate the opioid prescription, co-dispense naloxone, and counsel patients on the safe use of opioids and administration instructions for THN. Other pharmacy staff members will also interact with the patient and the pharmacy system to identify opportunities for THN distribution. For example, they may be situated at the drop-off or pick-up lane and can refer patients for a pharmacist consultation if they notice an opioid prescription without THN.

An AIM statement with SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) criteria is vital for a successful project. For example, the aim can be to increase the co-dispensing of THN with prescription opioids at the pharmacy from 40% to 80% in 6 months. Ways to evaluate the success of the project need to be in place,

such as establishing data collection methods to report outcomes, processes, and balancing measures. Interventions are planned, completed, analyzed, and reflected on for improvements. A possible intervention is to add an actionable alert for active opioid prescriptions on the pharmacy management system. Advancing further in the dispensing process will not be allowed until the pharmacist addresses the alert to co-dispense THN. However, any intervention needs analysis for its advantages and shortcomings. In this case, would there be alert fatigue and desensitization if the intervention were to create a THN co-dispensing alert? Would it be possible to minimize nuisance alerts so that pharmacists can focus on clinically relevant ones? Another intervention is to create a comprehensive patient educational pamphlet about naloxone and to include them with all opioid prescriptions. These pamphlets may prompt more patients to inquire about naloxone and increase its subsequent dispensing. Regardless of the

intervention selected, it must be feasible, pharmacy-specific, and regularly assessed for continuous engagement.

Pharmacists have an obligation to educate patients and their caregivers on the effectiveness and safety of medication therapy. By not offering THN with opioid prescriptions, we may be jeopardizing patient safety as opioids are associated with several adverse events including significant sedation, respiratory depression, and death. Consequently, adequate dispensing and counselling on naloxone is needed for any individual using an opioid. With a proactive pharmacist-led approach and structured implementation process, increasing rates of THN co-dispensed with prescription opioids are highly achievable.

## REFERENCES

1. Government of Canada [Internet]. Opioid-related harms in Canada. 2020. [cited 2021 October 30]. Available: <https://health-infobase.canada.ca/substance-related-harms/opioids/maps?index=15>
2. Choremis B, Campbell T, Tadrous M, Martins D, Antoniou T, Gomes T. The uptake of the pharmacy-dispensed naloxone kit program in Ontario: a population-based study. *PloS One* 2019;14(10):e0223589-e.
3. Tsuyuki RT, Arora V, Barnes M, Beazely MA, Boivin M, Christofides A, Patel H, Laroche J, Sihota A, So R. Canadian national consensus guidelines for naloxone prescribing by pharmacists. *Can Pharm J (Ott)* 2020;153(6):347-351. DOI: 10.1177/1715163520949973
4. Ontario College of Pharmacists [Internet]. Quality Indicators for Pharmacy. 2021. [cited 2021 October 30]. Available: <https://www.ocpinfo.com/about/key-initiatives/quality-indicators-for-pharmacy/>



# BIG GAME FIRST

BY JASON CHENARD

*A hunter can spend all day and night hunting small-sized animals and sustain himself on the calories. He has the intelligence, skill, agility, weapons and patience to do so. He would feel the glory of success multiple times that day and feel accomplished, having won several times.*

Alternatively, he could spend that same energy on hunting one large-sized animal. He has the intelligence, skill, agility, weapons and patience to do so. The downside: he would have to defer immediate gratification. It would mean not winning multiple kills that day. It would mean finding gratitude in executing the systems required for one kill. The upside: he could feed not only himself, but also his entire tribe for days on the sustenance.

Having a big game first mentality means that you tackle the most worthy challenge first, while physical and mental energy is highest. It means holding out on the dopaminergic reward of winning now, for possibly winning later. It means tackling the task of highest importance, instead of the task of highest enjoyment. It means taking on the hardest homework first,

placing the exercise you hate most up front in your gym circuit, paying off the biggest loan first or making the hardest phone call first.

The dispensary can be a pinball machine of interruptions that unproductively exhaust our minds, raise stress levels and encourage errors. Having a big game first culture ensures the right things get sequentially done to completeness, in the right order.

In a world that has our profession in a crisis of “thought interruption” with a plethora of forces wanting our attention, it is critical that we have a big game first mentality. Understanding the mentality deeply and explaining the metaphor to our staff will set us for success in a world that changes the rules on us almost daily. Our patients need us focused instead of distracted and our staff need us disciplined instead of scattered.

Once a big game take is completed, a confidence of newfound energy will allow the smaller game tasks to be completed, resulting in a positive feedback loop of compounding success. Not only will you have the energy to move through

the less-daunting tasks, but you will navigate without the weight of the big game stifling you.

No matter how long it takes to chase the big game first, it is well worth it in the end.

What big game are you currently deferring?

*Jason is a Pharmacist and independent pharmacy owner in Ontario.*

*Check out more of Jason's writing at [layeredleadership.ca](http://layeredleadership.ca), where you can subscribe to the free weekly newsletter. Follow on social media*



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