

# Pharmacy Phile

University of Waterloo School of Pharmacy

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## President and VP's Address

Exams are finally over and seem to be a distant past. Summer has officially began and the students are all out enjoying the nice summer rays. It has been a fun and eventful term but that's not to say it wasn't a grueling one as well. From back to back mid-terms and finals to late night study sessions, a break is well deserved.

July was jam packed with over 20 events hosted by various clubs. It started out with the CAPSI OTC week with daily social media challenges, a mock OSCE and ended with Trivia Night. It was great to see all of

the students' involvement and everyone rising to the challenge to some of these tough questions/scenarios. Within a week, CAPSI held another event: the yearly Beach Volleyball Tournament. The proceeds of this fundraiser event always goes to a charity and this year it went towards the Canadian Foundation for AIDS Research (CANFAR). The turnout for this event was tremendous, where we saw a sizeable amount of students from all the classes. It was a day filled with laughter and friendly competition. The students were also able to try their hands at a number of raffles where they

had a chance to win yoga lessons, coffee mugs and even gift cards for dinner. Closer to the end of the month, SOPhS Social also hosted their annual Beach Day to Grand Bend. It was a great opportunity for the students to retreat away from the city to a beach where they could relax. This is always a popular event amongst the students. The beach is a spectacular view in and of itself but it is surrounded by cute little shops and restaurants. Who can resist not going?! The month of July also saw lots of Dinner and Learns hosted by the various SOPhS clubs. It gave students a chance to learn topics like BPMHs (hosted by UW CHSP) or how a big corporation like Costco and particularly the pharmacy operates (hosted by UW PIC) while enjoying some food.



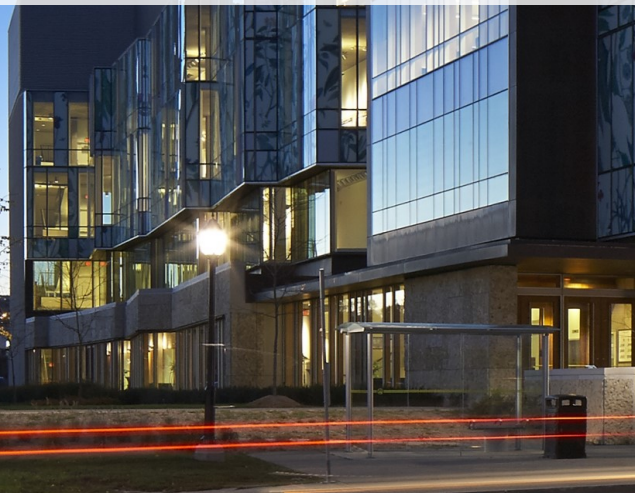
A huge congratulations are in order to the graduating class of 2018. It wasn't an easy four years but you all made it with your hard work and dedication. RX 2018 was a bright cohort filled with fantastic role models for the younger classes. We are so proud of everything you have accomplished so far and cannot wait to see what's to come. Good luck in all your future endeavours! To celebrate this momentous occasion, the Graduation Formal also happened in the month of August at the beautiful Whistle Bear Golf Club. It was a night of good company, good food and a whole lot of dancing. A special shoutout goes to Dani Thomas who was the recipient of the SOPhS Leadership Award. Congratulations!

August is always the month to host the Golf Tournament. The day started off with a drizzle but soon turned out to be a magnificent day. Students from all cohorts turned up, a hole in one was shot, many laughs were had, and money was raised for the Student Success Fund, which allows students to attend conferences at a massively discounted rate. A special thank you to all the sponsors that have donated towards the school which allows students

to attend conferences around Canada.

We hope everyone has a relaxing summer break and an enjoyable fall term whether it be returning to school or starting their new co-op placements. We hope to kick start next term at the UPS Boat Cruise hosted by the University of Toronto's School of Pharmacy. This is the first time we have seen such a tremendous interest from the University of Waterloo students and we hope that the connection between the two schools will only get closer and stronger. See you all there!

*-Tarun Fernandez & Alice Xu President & Vice President*



# CAPSI Corner



Welcome back, Rx2021 and Rx2019! Another fall term, another fresh class entering the gauntlet commonly known as IPFC. Best of luck, Rx2021!

We also send our best wishes to Rx2020, who are entering their second coop term; here's to new cities, 'outstanding' coop reviews, and a plethora of well-deserved #treatyourself instastories!

Before we all scurry off to our preferred IPFC-hibernation enclosures for the remainder of the term, here's a quick recap of some events from our most recent spring term:

## Succulent Sale

For UW CAPSI's first succulent sale, we sold a total of 74 plants! We'd like to thank everyone for their overwhelming interest and anticipate that we may be holding another succulent sale in the near future- stay tuned for up-

SMASH as always, SETting us up for a total donation amount of over \$700 to the Canadian Foundation for AIDS Research (CANFAR), CAPSI's charity of choice for this year's tournament. The winner of this year's tournament was team 'Straight outta bumpton', who bumped, set, and spiked their way to take the dub home. Congrats!

## OTC Week 2018

We hope everyone had as much fun as we did during this year's OTC week! From trivia night at the Tannery, to mock OSCE's, to the social media challenge, it was great to see all the participation from every class (even Rx2019, who contributed some great answers in our social media challenge, despite being on coop!). Looking forward to how we can make OTC week event better

dates!

## Beach Volleyball

Our annual beach volleyball tournament at Bobby O'Briens

was a

in the coming years!

That's all for now- we had a great time during this spring term! Stay tuned to our Facebook feed (UW CAPSI) for more exciting events coming this fall term!

- Larry Sheng

*UW CAPSI Communications/  
CAPSIL Director*



Photos: Larry Sheng (Rx2020), Alex Wong

# CSHP - Hospital Acquired Delirium

By: Kelsey-Ann Prior (Rx 2020)



Imagine this, you wake up in a hospital bed, no recollection of how you got there. Your Sunday clothes have been removed and replaced by a gown. You look around and see a blur of shapes and colours. When you open your mouth to speak, you do not recognize the words that come out. Someone is sitting by your bedside holding your hand and you cannot recognize his or her face. As an elderly patient admitted to a hospital, this state of confusion is a common occurrence known as hospital acquired delirium.

Hospital acquired delirium is a major issue effecting 30% of elderly patients admitted to hospitals.<sup>1</sup> This acute state of confusion develops during hospital care, starting within hours or days of admittance. Often over one third of patients with hospital acquired delirium are not diagnosed.<sup>2</sup> Presented as an acute disruption of attention and cognition, patients are of-

ten unable to orient themselves to time, place or person.<sup>2</sup> Delirium is more commonly seen in the intensive care unit, emergency departments, hospice units, and post-acute care settings.<sup>1</sup> Frail patients and patients undergoing complex procedures are at a higher risk of experiencing hospital-acquired delirium. As well, it has been observed that half of patients with delirium have underlying cognitive disorders like Parkinson disease, dementia, or stroke.<sup>1</sup>

Delirium has many different symptoms classified by the *Diagnostic and Statistical Manual of Mental Disorders*. A few symptoms include changes in: consciousness, ability to focus, attention, and awareness of environment.<sup>2</sup> Changes in cognition were noticed effecting: memory, language, and orientation. As well as disturbances in sleep patterns, hallucinations, and illusions.<sup>2</sup> The severity of symptoms can fluctuate daily.

To date, the mechanism of action for delirium is poorly understood. With the many possible causes of delirium there are many possible

mechanisms of action to be determined. One proposed mechanism outlines drug induced delirium involving the neurotransmitter acetylcholine.<sup>1</sup> When anticholinergic medications are given it can cause delirium in the healthiest of patients, while having a greater effect on elderly patients.<sup>1</sup> This mechanism was determined after noticing that some medical conditions that cause delirium also exhibited to have reduced acetylcholine production in the central nervous system.<sup>1</sup>

Pharmacists can help tackle this condition by completing medication reviews. 30% of delirium cases are caused by medication toxicity.<sup>1</sup> By completing a thorough medication review including over-the-counter products, medications prescribed by other doctors, and natural health products, pharmacists can aid in determining the root cause of hospital acquired delirium.<sup>1</sup>

Hospital acquired delirium is a common condition effecting elderly patients. By observing common symptoms and risk factors this condition does not need to go undiagnosed. With the help from hospital pharmacists and medication reviews, hospital acquired delirium can be reduced.

# CSHP - Hospital Acquired Delirium

By: Kelsey-Ann Prior (Rx 2020)

## References:

1. Francis J, Young G. Diagnosis of delirium and confusional states. In: Aminoff M, ed. *UpToDate*. Waltham, MA.: UpToDate; 2018. [https://www-uptodate-com.proxy.lib.uwaterloo.ca/contents/diagnosis-of-delirium-and-confusional-states?search=hospital%20acquired%20deliri-um&source=search\\_result&selectedTitle=5~150&usage\\_type=default&display\\_rank=5#H1](https://www-uptodate-com.proxy.lib.uwaterloo.ca/contents/diagnosis-of-delirium-and-confusional-states?search=hospital%20acquired%20deliri-um&source=search_result&selectedTitle=5~150&usage_type=default&display_rank=5#H1). Accessed Aug 10, 2018.
2. Inouye S, Schlesinger M, Lydon T. Delirium: a symptom of how hospital care is failing older persons and a window to improve quality of hospital care. *Am J Med*. 1999;106(5):565-573. <https://www-sciencedirect-com.proxy.lib.uwaterloo.ca/science/article/pii/S0002934399000704?via%3Dihub>. Published May 1999. Accessed Aug 10, 2018.



# Co-op Chronicle

By: Jodi Gallinger (Rx2019)

## Setting: Roulston's Pharmacy, Simcoe, ON

My final co-op placement was at an independent pharmacy in Norfolk County which is about an hour drive south of Kitchener. There are four locations but I mostly worked at the Wellness Centre which is in Simcoe, Ontario. There is a lot going on at the Wellness Centre including a busy retail dispensary, a home healthcare department, a natural supplements department, a long-term care department and a compounding lab. We also share the building with many other healthcare professionals including seven family doctors, two specialists, and a dental office.

Working at Roulston's was a great experience because they are a forward-thinking pharmacy that has embraced pharmacists' expanded scope. Most pharmacists at Roulston's have dedicated hours every week for clinical services which may include pre-booked MedsChecks (either in the store or at home), Long-Term Care MedsChecks, Care Conferences at one of the Long-Term Care Homes or one of the specialty services we offer at Roulston's. Some of these services include a pharmacist run smoking cessation program, specialty compounding, pain consultations and recommendations for compounded pain creams, community outreach and Naloxone training, and diabetes care. Roulston's also developed a pharmacist run

travel medicine program this summer which was the main project of my colleague Brittany working with me this summer.

## Tell us about the roles and responsibilities you took on in your co-op placement.

My role was about half project work and half working in the dispensary. One of my main projects was implementing a medication synchronization program which is a program to help align people's medications so that they come due on the same date. The goal of this program is to help improve our patient's adherence and to help better manage our workflow. Once a patient is enrolled in the program they will pick up all of their medications at the same time, usually once every three months. If there is a need for a medication review we will also book them

some time to sit down with the pharmacist when they come in to pick up their medications.

I spent about 1 or 2 days per week in a clinical role, mostly conducting medication reviews with patients and making recommendations to the prescribers. I really enjoyed this part of my job because I love sitting down and talking to patients and resolving any drug therapy problems (DTPs) they might have. It was great working so close to many of the prescribers in town because we can build relationships with them and it becomes much easier to communicate without having to rely on fax machines. The rest of my time was spent working in the dispensary checking prescriptions for clinical and technical accuracy, counselling on new and repeat medications and identifying and resolving DTPs.



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**What were some personal highlights that occurred during your co-op placement?**

One of my favourite thing that I did on co-op was to spread awareness about the opioid crisis and Naloxone. I worked with another co-op student and we developed an information pamphlet and presentation that we presented to the staff at a few of the nursing homes as an in-service presentation. We also did some presentations for our staff members once we realized that much of our staff did not know what Naloxone was for, how to obtain a kit and how to use one. I think that we receive so much information about Naloxone in pharmacy school that I started to think that most people would have heard of Naloxone. Conducting these presentations made me realize that many people still did not know what Naloxone is, how to obtain it and how to use it. As pharmacists, we are well placed to spread the word and it's very rewarding knowing that by spreading the word and handing out as many kits as you can it might save someone's life.

**Does one day in particular stand out to you?**

One of my favourite days was going to care conferences at one of our long-term care homes. Care conferences are held for each resident once a year. The whole inter-professional team and the resident

and/or their family gets together to discuss the resident's care plan. I worked with one of our long-term care pharmacists to work up a few patient cases using the information found in their chat and the EMR. Many of the residents in long-term care homes have dementia or are unable to communicate so we did not actually meet we any of the residents. I enjoyed the care conferences because the whole inter-professional team was together in one room so it became a very quick way to get everyone on the same page and develop a mutually agreed upon care plan.

**What lessons were you able to take from the previous school term(s) and utilize while on co-op?**

Working up patient cases for the care conferences was very similar to IPFC cases where we are provided with the patient's medical history and then develop a care plan. The patient care workup was very useful in this case because there was a lot of information in the EMR and patient chart so I needed a way to organize it and write out my thought process and my recommendations.

I also used a lot of skills from the professional practice labs during this co-op term The insulin demonstration lab was very useful and I would refer back to my notes from that lab when I had a patient with a new insulin start. Immunization/

injection training and the lab where we reviewed adaptations, how to document an adaptation and what we can legally adapt was also extremely useful.

**Any words of wisdom to fellow students?**

Don't be afraid to go outside of your comfort zone when you're applying for co-op jobs. I'd never even heard of Norfolk County before I applied to work at Roulston's and it turned out to be one of my best co-op experiences. Co-op is a great opportunity to try living somewhere new or to try an area of pharmacy that you've never experienced before and if you don't like it it's only 4 months long.

The third co-op is also a great time to be in direct patient care because you'll have completed 6 IPFC courses. You have much more therapeutic knowledge so you are able to work much more independently than you may be able to in earlier co-op jobs.




# SOPhS Communications



Have an opinion about our expanded scope of practice? Experience something on co-op that you'd like to share?

SOPhS encourages you to submit an article for the Pharm Phile newsletter! Submissions can be sent to [pharmsoc@uwaterloo.ca](mailto:pharmsoc@uwaterloo.ca) by the end of every month for inclusion in the next edition!

# SOPhS 6 Week Calendar

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1						September 1	2
Week 2	3	4	5	6 1st day of classes	7	8 Waterloo's Next Top Pharmacist	9
Week 3	10	11 Employer Job Posting Deadline	12	13	14	15	16
Week 4	17	18 Student job applications due	19	20	21	22	23
Week 5	24	25 Interview Day at Tatham Centre	26	27	28	29	30
Week 6	October 1	2	3 Cycle#1 Match results come out	4	5	6	7

**SOPhS Calendar Notes:** Please note that event dates may be subject to change Contact SOPhS if you are unsure of an event date. You may also find this information on the SOPhS Google Calendar (<http://tinyurl.com/jo3awk7>). If you would like to add an event to the SOPhS calendar please email the SOPhS secretary at [secretary@sophs.ca](mailto:secretary@sophs.ca).