

PHARMACY PHILE

University of Waterloo Society of Pharmacy Students
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Rx2012 CONVOCATION

A Message from the Rx2012 Class Rep

First off, I want to give a BIG congratulations to Rx2012 on convocation! We did it! And we have a beautiful degree, hopefully framed by now, that represents 4 years of our lives. I find it pretty incredible how many memories are linked to one piece of paper.

So far, being out of school doesn't really feel like I'm out of school. It kind of feels like I'm on coop and in a couple more months I'll be able to see my classmates again. Unfortunately, that is not the case, but fortunately we are all moving on to bigger and better things.

I am currently completing a residency at St. Joseph's Healthcare Hamilton with my co-resident, Calvin Poon. It's been great so far and I've been lucky enough to see some of my classmates at residency nights and common rotations of the residency program. In speaking with other classmates of mine, who are completing their internships, they are also keeping busy with trying to balance all of the different assignments and PEBC studying.

As pharmacy students, we are used to dealing with stress and busy schedules. For this reason, I have no doubt that Rx2012 will do great on PEBCs!

However, it is only natural to feel a bit anxious, but it is important that we stay positive and believe in ourselves. We need to understand that there is no way we can know or remember everything we've learned in 4 years, but as long as we prepared as best we can, I am sure we will pass.

For current students, here's some tips that I've been told from pharmacists and residents are:

- Read Therapeutic Choices
- Reread chapters that you think you have more trouble with
- Focus on the drug charts
- Don't forget about management, federal laws and ethics
- Start studying early!

I am extremely proud of Rx2012 and I wish everyone the best of luck on PEBCs and with their internships and residencies.

Dianna Sabbah

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PRESIDENT & VP's MESSAGE

October is always an exciting time at the School of Pharmacy, and this year was no exception - we had a lot going on!

We started off the month with our favourite warm and fuzzy holiday: Thanksgiving! Although those of us on campus had to study for IPFC, many got the chance to spend time with our families and/or our 'phamilies' over the long weekend. Regardless of where we were however, it's safe to say that menopause and osteoporosis was discussed by all! During a season that inspires gratitude, October also allowed us to give back to our community at the soup kitchen hosted by Ray of Hope Community Centre. On October 18th, our enthusiastic pharmacy team cooked, prepared, and served a delicious meal to over 150 Kitchener residents.

October also marked the month where the 2012 class officially became alumni. Proud parents and guests watched our newest pharmacists walk across the stage and receive their long awaited Bachelor of Pharmacy degrees. The convocation ceremony was followed by a reception held on our school campus to honour the recent grads. Rx2012 was able to revisit their old stomping ground, as well as take their parents around the building to show them their favourite study spots, and where they sat during lectures. Although we're sad to see you go, we wish you congratulations and best of luck on the PEBCs!

The spirit of giving continued throughout October with the Footprints gallery fundraiser hosted in support of STIMMA. We wish our students who are venturing off to

Haiti in November all the best on their trip. Other interesting events that happened this month include an inter-professional case study, a visit from Value Mart, the CEO of Shoppers Drug Mart and the University of Toronto Pharmacy Class of '82 reunion. A special THANK YOU to all the students involved with these events; you continue to represent our UW Pharmacy community well and always seem to impress those that you meet! :)

The end of the month brings us to that spooky time of year, and this October 31st, we celebrated Halloween by supporting CAN's 'Trick or Eat' initiative! Our students exchanged their non-perishable items for candy-filled treat bags, and we were successfully able to gather three full boxes of canned goods to be donated to our community. Rx 2014 also dressed for the occasion - Halloween style. We had a flapper, a ballerina, a group of scrabble tiles, and even a big bowl of spaghetti! Hope everyone had a great Halloween!

We can't believe it's already November, but we're pumped to bring about some long awaited changes to the school. Firstly, we are proud to announce that we will now officially have a 24/7 Prayer and Reflection Room. The room is located in Library, in the corner passed the study rooms. Thank you to the steering committee involved for your dedication to this endeavour. Secondly, SOPhS will be investing in conference tables, chairs and a brand new fridge for our students! The funding from this will come from the Student Life Endowment Fund provided through Feds. Last but not least, it's November - the



month dedicated to socially acceptable (debatable) facial hair growth. Led by Rx2014's Class Rep, Jeff Baxter, our pharmacy team will collaborate with the University of Waterloo's initiative to raise funds and awareness for men's health, specifically prostate cancer and male mental health initiatives. We can't wait to see all those (not so) beautiful staches!

With only a couple months to go in our term leading the SOPhS student council, we would like to remind you that your voice is important to us, and we encourage any feedback or ideas you have.

Let's get growing gentlemen! :)

Saleema & Danielle



Congestive Heart Failure: An Inter-professional Case Study Workshop

The Waterloo Health Professions Committee, a new committee of only 3 years is a council of student representatives and participants from the faculties of pharmacy, optometry, social work, medicine and family medicine residents. This student organized council works to bring educational and social networking events among students of the various faculties at Waterloo, including community outreach opportunities, inter-professional case studies and code blue socials.

On October 17th, students from the different faculties gathered to work together on a case regarding congestive heart failure. Groups were assigned and cases were lead by family medicine residents as students contributed their knowledge from their respective fields to solve the case. Dinner was provided, and great discussion was generated as the individually assigned groups came back together for a large group discussion to review the findings of the case. With 2nd year pharmacy students showing a strong presence, it was a good head start to IPFC 4 (which as we have come to find out, any little bit of extra help is always a plus!).

As the school term continues, the Waterloo Health Professions Committee will be hosting a Code Blue social event at a local Kitchener/Waterloo pub. Keep an eye out for more information coming soon!

It's never too late to get involved so if you're interested in joining the Waterloo Health Professions Committee then feel free to contact Robyn McArthur, at r3mcarth@uwaterloo.ca for details on upcoming meetings and events!

Jessica Karam
Vice President, Waterloo Health Professions Committee



IT'S TIME FOR TIMES TO CHANGE

Written By: Arpita Desai, Rx2015

Ontario is gradually catching up to the other provinces (Alberta, New Brunswick and Nova Scotia) in expanding the role of pharmacists, a vital part of the health care team.¹ With the new regulation officially in effect pharmacists can administer flu shots; prescribe smoking cessation medications; demonstrate and administer injections like insulin and asthma inhalers and renew and modify existing prescriptions. These changes will offer convenience and continuity of care to the patient. However, in order to utilize the expertise of the pharmacist to its fullest potential and achieve an efficient, patient-centered health care system, further changes need to be implemented in the scope of pharmacists.

Patients visit the pharmacy on a weekly basis but see their doctors on monthly or quarterly basis. Pharmacists are probably more aware of the nature and severity of their patient's chronic and acute conditions than their family doctors because of the time and patience that pharmacists can offer their patients.

In a letter to Minister David Caplan, OPA had proposed that pharmacists be able to order relevant laboratory tests to monitor and adjust chronic medications as needed.² Pharmacists have the knowledge and skills needed to interpret laboratory tests. Granting them this right would minimize phone calls and fax messages to doctors.

The pharmacy I work at in Peterborough is saturated with elderly patients living with diabetes, high cholesterol and cardiovascular diseases. Many of these patients get their medications weekly in compliance packaging. There have been several instances where we had to hold off making the weekly compliance pack because we were waiting for the doctor to fax back with dose change information or confirm a "sig" for a prescription. Such holdbacks are nothing but inconvenience to the patient.

Many diabetic patients take multiple long acting and rapid acting insulin. Most of the times, the doctor prescribes a specific number of units that the patient needs to take upon their visit and patients simply follow instructions until their next appointment. From conducting diabetes MedsChecks with these patients, I came to know that at least half of the diabetic patients at my pharmacy experience hypo-glycemic attacks from time to time. These patients see their diabetes educator and family physician every three to six months. Insulin and medication

needs may change frequently during this time period.

I have also come across Diabetic patients that were unaware of their H1b%. Physicians do not always have the time to discuss and explain the significance and outcome of all test results to their patients. This is where Pharmacists can lend a hand.

Through annual and follow up MedsChecks, pharmacists can conduct more frequent kidney tests, blood tests, cholesterol tests and H1b% test and modify patients' therapy regimen as necessary. Pharmacists will be able to educate the patient on the importance and outcome of test results, which may assist in drug therapy adherence.

Furthermore, I have had exposure to a newly diagnosed diabetic that was very unhappy with the service provided by the physician. The patient was frustrated because the doctor did not provide enough information on the new insulin prescribed. Moreover, the patient was not able to use the insulin pen recommended by the physician due to poor vision. My pharmacist not only helped calm the patient down, but also educated the patient on the basics of diabetes, recommended an appropriate blood glucose monitoring system and suggested that the patient get a nurse.

The onset of diabetes will reach 3.7 million by 2018-2019.¹ Our health care system can prepare itself for this and help manage this issue by granting pharmacists the right to prescribe diabetic supplies for reimbursement under drug plans.³ This will enable pharmacists to work in collaboration with physicians to provide patients with the most current blood glucose monitors, strips, needles, insulin and medication regimens that are individualized to each patient. Diabetes educator courses and other continuing education lessons provide pharmacists the skills and knowledge they need to prescribe or modify diabetic supplies for patients.

Pharmacists are ongoing learners and very adaptable, thus, even if new skills and further education is required for these services, pharmacists would be an optimal choice.

Finally, another change that would benefit patients is approving the recommendation to allow pharmacists to initiate Schedule I, II, and III drugs pursuant to a Minor Ailments Program, subject to defined protocols.² The curriculum at both pharmacy schools in

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Ontario puts great emphasis on counselling and self-care. From first year pharmacy, future graduates are trained to thoroughly assess, diagnose and recommend appropriate self care products for self care patients. Students are also well-informed on prescription medications for minor ailments and the extent of monitoring patients require. Pharmacists should be able to use this knowledge acquired in school.

Physicians are often hard to get a hold of due to their busy schedule. Thus, with this recommendation in effect, pharmacists prescribing these medications will also be able to follow up with patients via phone calls and closely monitor for adverse events or ineffective treatment. It will also eliminate long wait times at the doctor's office for minor bacterial and viral infections.

Health behaviours of patients are strongly related to susceptibility, the barriers of taking that action and benefits of taking preventative action. Adherence with medication regimens remains a problem. Motivation and consistent interventions are crucial to adherence.⁴ Granting pharmacists the right to order lab tests; prescribe insulin supplies and schedule I, II and III drugs for minor ailments as needed will provide patients with the interventions and support needed to properly adhere to their medications.

Approval of these services may cause physicians to feel that pharmacists are intruding their scope of practice. However, granting these rights to pharmacists would allow more time for physicians to focus on diagnoses. This will help to minimize diagnosis and medication errors, reduce healthcare costs ultimately result in improved access to individualized patient care.

References

Amenta C. The Blueprint for Pharmacy: Integrating Pharmacy Services and Canadian Society. *Blueprint for Pharmacy*. March 6, 2012. Available at <http://blueprintforpharmacy.ca/docs/pdfs/waterloo---march-6-2012.pdf>. Accessed October 20, 2012.

Perlman T, Darby DA. OPA's Submission to Minister Caplan - Feb 27, 2009. *OPA Today*. Available at http://www.opatoday.com/files/public/documents/advocacy/OPA%20Submission%20to%20HPRAC%20Final%20Report_Feb27_09.pdf. Accessed October 20, 2012.

OPRA's Response to HPRAC's Final Report Executive Summary. *OPA Today*. February 23, 2009. Available at <http://www.opatoday.com/files/public/documents/advocacy/Executive%20Summary%20of%20OPAs%20final%20submission%20to%20Minister%20Caplan%20Feb%2023%202009.pdf>. Accessed October 20, 2012.

Keller V et al. Choices and Changes: A new model for influencing patient health behavior. *Journal of Clinical Outcomes Management* 1997; 4(6):33-6.

CAPSI CORNER

Student Exchange Program (SEP)

Applications are now being accepted for the Student Exchange Program (SEP) for the upcoming year! SEP is an amazing opportunity for pharmacy students to travel to another country to broaden their pharmacy experience, gain new insights into the profession and experience new cultures. Opportunities are available in over 50 countries in a variety of practice settings. Be sure to check your pharmsoc emails and the CAPSI LEARN group for more details about the program and application process. The deadline to apply through the SEP database (<http://sep.ipsf.org>) is **December 9, 2012**. Feel free to contact Carly Stoneman at cstone-ma@uwaterloo.ca with any questions

CAPSI Competition Results

Congratulations to all of our 2012 CAPSI Competition winners! The first place winners will be representing Waterloo at the National Competitions this January at PDW in Montreal. Good luck!

The results for the PIC Competition are as follows:

First place: Victor Tsang
Second Place: Mitchell Zorzit
Third Place: Saleema Bhaidani

The results for the OTC Competition are as follows:

First place: Mitchell Zorzit
Second Place: Kacie Lunn
Third Place: Victor Tsang

The results for the Compounding Competition are as follows:

First place team: Carly Stoneman, Lisa Sunstrum, Caroline Wojcik, Kacie Lunn
Second Place: Victor Tsang, Leonard Chan, Andrew Cornacchia, Jeff Baxter
Third Place: Karthi Chandrakumaran, Sariem Getchaw, Arpita Desai

The results for the SLC Competition are as follows:

First place: Kacie Lunn
Second Place: Karthi Chandrakumaran
Third Place: Arpita Desai

CAPSI competitions occur every October, don't forget to participate next year! Here are the top ten reasons to participate in the CAPSI competitions:

10) It is a great reason to come back and

visit the KW area if you are on co-op (you know you miss the pharmacy building) or for those in school, it is a great reason to go to the school for a non-class related event.

9) You can participate from the comfort of your own home (or your parent's home). The Student Literary Challenge allows you to submit your essay online!

8) It is a great way to get some extra practice and brush up on some skills you may not have used in a while!

7) Its stress free! This is probably one of the only compounding and counselling events that occurs in pharmacy school that you do not get marked on, so take advantage!

6) The compounding competition gives you a chance to participate as a team and enhance your teamwork skills (which we all know will come in handy).

5) If you win a competition, you get to represent the University of Waterloo in the national competitions and show others how great UW Pharmacy really is!

4) Also, if you win, you get \$250 towards PDW which will be held in Vancouver, BC in 2014!

3) You get valuable feedback from profs as well as upper year students. This will definitely help as your prepare for PEBCS!!

2) It is a great way to show off your skills and make your professors proud (they did train you and all)!

1) Lastly and most importantly, it's a great way to learn while having fun!!

**Ludmila Tan and Holly Meginnis
CAPSI Senior and Junior Competition
Coordinators**



HELPING THE PUBLIC HELP PHARMACY

Kacie Lunn, Rx2014, was the winner of the 2012 University of Waterloo CAPSI Student Literary Challenge. This article will be UW's submission in the national competition at Professional Development Week 2012 in Montreal, QC this coming January.

Across the country, regardless of differences in scopes of practice and reimbursement models, pharmacists can agree upon one thing: we deserve better. Whether you're in Ontario fighting for more professional privileges to compensate from a recent drug reform, or in Alberta providing services with limited reimbursement, the idea is the same. Pharmacists provide essential and beneficial services that better peoples' lives. We spend our days dispensing drugs, making recommendations, and solving countless drug therapy problems, all to advocate for our patients. And yet we struggle with prolonged negotiations, awaiting the government to change regulations and policies, to improve our reimbursement models, and to finally realize our true potential. Perhaps the key to improving our profession lies not with the government, but with someone we see every day: our patient.

While it may be difficult to accept that our government is not our savior, it's time to look to the other source of our income. The fact is the private sector (consisting of insurers and patients paying out of pocket) pays for more prescription drugs than the government¹, and if better compensation is what we're looking for, we should direct our strategies here.

In order to increase revenue from the private sector, we must address a serious issue: the lack of public awareness regarding the profession of pharmacy. As of now the public has very limited knowledge as to what pharmacists do and are trained for, and how valuable our services can be. In a recent *Globe and Mail* article regarding the reimbursement of pharmacy services and expanding scope in Alberta, responses from the public illustrated how little some people know about pharmacy. One commenter sarcastically stated, "\$90k/year to start is [a] lousy salary for someone who needs to know how to read [a] prescription, read a pill bottle, count the pills, and operate [a] computer to print [a] patient information sheet"⁶. Another commenter declared, "Most pharmacists are people who failed admission to medical school. For years they have been trying to play the part of doctors."⁶. If the public continues to view us in

this outdated, unknowledgeable manner, it would be foolish to expect them to pay for our services, let alone respect our profession at all.

By educating the public on what pharmacists are capable of, we can anticipate not only more respect, but also an increase in desire for our services. The more people know what we have to offer, such as immunizations, medication reviews, or smoking cessation counseling, and the more they are aware of how these services can benefit their health, the more people are going to utilize them. Consider the "Dr. Oz Effect": after people watch an episode of Dr. Oz and hear him rave about a particular health product's benefits, sales for that product skyrocket². Gantt Bumstead, co-president of United Supermarket, stated they often run out of stock of the most recent product mentioned by Dr. Oz, and are unable to replenish the stock until the next craze emerges². Granted, Dr. Oz is a celebrity, and that certainly factors into this so-called "Dr. Oz Effect". Perhaps we could see a similar phenomenon if the public were more aware of the impact pharmacy services can have on their health. For example, a study found that almost a quarter of hospital admissions were due to a drug-related problem (DRP), and of these DRP-related admissions, 72% could have been prevented⁴. The most common of these preventable admissions were the result of adverse drug reactions, improper drug selection, and non-compliance⁴, all of which could be resolved in a medication review with a pharmacist. Enlightening people as to how much these services could benefit their health, or the health of those they love, would enable them to be proactive about their health and utilize these services, just as they purchase more health products once made aware of why they are good for them.

Increasing public awareness about the profession of pharmacy can increase the likelihood of the public appreciating and utilizing our services. However, it is important to educate on the financial value of these services, so people will be willing to pay for them. In Ontario, anyone interested in receiving a MedsCheck (a 30-minute medication review with the pharmacist) should expect it at the cost equivalent to what the Ontario Drug Benefit plan reimburses at \$60³. It's important to ensure the public is aware of how services like this can reduce hospital visits and other adverse health events. The more people feel they are entitled to these services, the more they will

demand their drug plans cover the costs, which opens the next door for our reimbursement strategy.

It's important to educate employers on how coverage of these services can be financially advantageous for them. According to a confidential government report, almost \$2 billion is spent on sick days in the federal, private and public sectors⁵. In theory, if one MedsCheck, costing \$60, could prevent an average full-time employee from needing just one sick day, it would have paid for itself and saved the employer additional costs. Demonstrating this potential to employers provides the opportunity to have pharmacy services covered by drug plans, which would increase the number of people receiving the services, as well as increase revenue for pharmacists.

As pharmacists, we take great pride in what we do. We enjoy helping our patients and ensuring their health, and that of their families, is optimized. However, the public's misconceptions regarding our profession sincerely interfere with the harmony of our work environment.

By increasing public awareness about our profession and educating individuals on the benefits of our services, we can enhance their appreciation for our knowledge, increase their desire to use our services, and improve our own financial reimbursement.

So let's change things up, take a different approach, and consider that our patients, who have been here all along, are the keys to solving our problem.

References:

- (2011). Drug expenditure in Canada, 1985 to 2011. *Canadian Institute for Health Information*. Pg. 18. Retrieved from https://secure.cihi.ca/free_products/DEIC_1985_2011_EN.pdf
- Gallagher, J. (2012, June 18). Retailers prepare for the dr. oz effect. *Supermarket News*. Retrieved from <http://supermarketnews.com/center-store/retailers-prepare-dr-oz-effect>
- Ontario Ministry of Health and Long-Term Care, (2012). *Medscheck*. Retrieved from Queen's Printer for Ontario website: http://www.health.gov.on.ca/en/pro/programs/drugs/medscheck/medscheck_original.aspx
- Samoy LJ, Zed PJ, Wilbur K, Balen RM, Abu-Laban RB, Roberts RB. Drug-related hospitalizations in a tertiary care internal medicine service of a Canadian hospital: a prospective study. *Pharmacotherapy*. 2006; 26:1578-86. Retrieved from www.pharmacists.ca/cpha-ca/assets/.../Translator2008V2-2EN.pdf
- Weston, G. (2012, June 20). Public sector sick days cost \$1b a year. *CBC News*. Retrieved from <http://www.cbc.ca/news/health/story/2012/06/20/pol-weston-sick-days-public-service.html>
- Wingrove, J. (2012, March 13). In alberta, pharmacists have a bitter pill to dispense. *Globe and Mail*. Retrieved from <http://www.theglobeandmail.com/news/national/in-alberta-pharmacists-have-a-bitter-pill-to-dispense/article533797/comments/>

CO-OP CHRONICLE

Holly Meginnis, Rx2015 Setting: Family Health Team AntiCoagulation Clinic

Trina McFarlane (TM): Tell us about the roles and responsibilities you took on in the Family Health Team (FHT) at Pharmasave, Delhi.

Holly Meginnis (HM): In general my role is to run an anticoagulation clinic. In this anticoagulation clinic I receive INR results from the doctors and I work together with the family health team pharmacist to adjust each patient's warfarin dose in order to get their INR in range. I also do INR tests on patients, which are very similar to blood glucose tests. When I'm not running the anticoagulation clinic, I work in the pharmacy dispensing.

TM: What are some barriers or challenges that you encountered working in the FHT?

HM: The main barrier was that I had never really learned about warfarin and INRs. Since my job is to run an anticoagulation clinic I had to quickly learn about warfarin and dose adjustments as well as the new anticoagulants to the market.

TM: Not having covered anticoagulants in first year, how did you cope with the challenge to learn this?

HM: Well I knew going into the job that I did not necessarily have the knowledge to do the job. I made sure to do some research before starting, and luckily I had a third year coop student who had run the clinic before and he taught me a lot very quickly. The pharmacist also was helpful as he knew I did not cover anticoagulants yet.

TM: What are some highlights of working at this Pharmasave?

HM: One part about the job that is great is being in the FHT. I work in the same building as doctors and get to collaborate with them often. I also have access to electronic medical records, which I use to reinforce the anticoagulation clinic and it has been a huge help in trying to switch patients from warfarin to Xarelto or Pradax.

TM: What was the biggest lesson you learned from this FHT co-op?

HM: I learned that it is important to have extreme clarity when talking to patients. Since warfarin is a drug that needs to be in the exact dose all the time, it is important that when I talk to patients and tell them about dose changes, I do it so they understand. If they do not understand what I am

saying, there could be extreme consequences with their blood.

TM: If you had to be an anti-coagulant, which would you be and why?

HM: I suppose I would have to be Rivaroxaban (Xarelto), its new and exciting and way less of a commitment than warfarin. Commitment scares me, INR tests and constant dose adjustments.....not for me.

TM: What clinical case/patient scenario has been the most interesting?

HM: Well every patient is different and lets just say there have been some interesting ones. One that may apply to pharmacy students is one patient that constantly "had a good time with alcohol" on the weekends. When he would come in for his Monday INRs they would be through the roof (as alcohol is a natural blood thinner). We were able to switch him over to Xarelto so he can have his weekend fun and not but in as much anticoagulation danger!

TM: Any words of wisdom to fellow students?

HM: Apply for this job! Haha. It is a great experience and offers the family health team setting. Also, never underestimate warfarin! It is an intense drug that needs to be monitored closely.



Rx2011 INTERVIEW: GREG BECOTTE, RPh

Greg Becotte was a member of the Vanguard (Rx2011) graduating class. Nick Malian, Rx2013, had the opportunity to check-in with him and ask a few questions about his pharmacy career.

1) Tell us a little bit about your place of employment and your role as a pharmacist:

I work in a mix between community pharmacy (Pioneer Park Pharmacy in Kitchener) and primary clinical care (Waterloo Region Nurse Practitioner Led Clinic, or WRNPLC, in Kitchener/Cambridge).

Pioneer Park Pharmacy is a typical community pharmacy in south Kitchener with mainly residential surroundings. The WRNPLC is a primary care family medicine facility that is run by Nurse Practitioners, rather than physicians.

At the pharmacy we host a variety of services such as a point-of-care INR clinic, MedsCheck Services, Smoking Cessation, Diabetes Counseling and diabetes clinic-days. We always have two pharmacists on staff between 9-5 to ensure enough overlap to spend a proper amount of time with our patients.

The WRNPLC has everything that a typical FHT or family physician's office could offer: 4 nurse practitioners, 2 physician consultants, pharmacist services, social work services, diabetes educator, dietician, etc.

I spend most of my time performing services (<50% in a dispensing role). However, our dispensing pharmacist is key in setting up MedsChecks or performing follow up interventions that this often leads to indirect patient care services as a result - leading to billable services like pharmaceutical opinions and MedsChecks.

I run an INR clinic twice a week through a medical directive from the WRNPLC nurse practitioners, as well as medical directives from various local physicians. This allows me to have full responsibility of warfarin therapy. Through my contacts, I have been able to have access to patient EMR's to communicate with providers and to document my progress.

At the WRNPLC, aside from my INR responsibilities, I see patients regularly and team up with Nurse Practitioners to manage medications and to assist with prescribing.

I also lead educational events and best

practice presentations for our staff members. Now that expanded scope has been approved in Ontario, we are in the works of altering my role to be more involved in more independent patient care.

2) How did you find your job? Was it difficult?

It was not easy. Neither of my positions were posted anywhere online or through the conventional methods of job-searching. I knew I wanted to work in a clinical setting or in a community pharmacy willing to offer services. While working full time completing my internship, I spent almost all of my off-hours making phone calls to independent pharmacy banners and making contacts who could guide me in the right direction. Through these methods I met my current employer, who was in immediate need for a pharmacist willing to perform services and assist in a busy community pharmacy. This was right around the holiday season, and 3 days later (instead of going home for Christmas), I started working.

My WRNPLC clinic job came about from mostly luck. I was working at Pioneer Park when we were approached by a Nurse Practitioner who was spreading the word that she would be opening an office in our area. A few phone calls and meetings later over the course of 2 months, they had funding for a part time pharmacist position. With help from both my pharmacy employer, and WRNPLC director, we negotiated a split between the two locations with a "bridging" of services between the two.

3) How has your pharmacy coped/thrived with the legislative changes to pharmacy?

During the last year at my pharmacy, we have undergone extensive dispensary renovations including a brand new medication services room, a bigger work area for support staff, and improved our private counseling areas.

We had extensive training for pharmacist and support staff to improve upon our MedsCheck services - and in the last 10 months revenue from services has increased exponentially.

4) How have you been expanding your scope of practice?

Working with Nurse Practitioners has been great, as their scope has been expanded within the last year as well. This allows a lot of flexibility and understanding of roles/responsibilities that may not have been immediately accepted in other settings.

At the pharmacy, being able to have two pharmacists on at once has really given us the time to spend with our patients that allow us to effectively assess problems, research solutions, and propose drug therapy recommendations to patients. **Extending refills, adapting prescriptions, and seeing patients on a regular basis to monitor their health progress is daily part of job.** I have also been certified for injections to provide flu shots this fall, and am looking forward to registering as a diabetes educator next spring.

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*“Interview with Greg Becotte”
Continued from Page 7*

5) What are key things you learned on coop that prepared you for “real-life” employment?

Everything I know, I learned during my coop rotations. I worked with a pharmacist (George Jansen, from West End Pharmacy and STAR Family Health Team in Stratford), who had a dual role in a community pharmacy and family health team. The experience I learned from that position is very difficult to mirror through academic learning - and I would not have the current op-

portunities that I have today without that valuable experience.

6) It’s been a year since you graduated, what advice do you have for:

Rx 2015 (1st year students) - Don't spend the next 4 years in your life buried in PDF files and endless Dropbox folders. Be social, play sports, get involved in something, and have fun. You'll be much better off.

Rx 2013 (graduating next year) - New graduates don't need my advice. You're more than prepared for what lies ahead. Go out there and do what you know.



Put The “Act” Back In Distracting

If you're anything like me, you probably have an innate ability to **distract** yourself while in class or working on coop (shhhh don't tell my boss). And you probably feel a little guilty that you're not using your time wisely; wasting it on Facebook, Pinterest, or Project Free Tv.

So rather than spending countless hours playing bejeweled, pinning pictures, or watching Who's The Boss reruns, **do something constructive** and browse the websites below. For some of you, this may be old news but for Rx 2015 you might find some of these links useful and interesting.

Canadian Healthcare Network
(www.canadianhealthcarenetwork.ca)

- This is a great resource for ANYTHING health care in Canada. Membership is free and you get access to healthcare news and blogs from prominent health care practitioners across Canada.

RxBriefcase (www.rxbriefcase.ca)

- Are you a practical learner? Do you despise memorizing? RxBriefcase is a free online continuing education website. They provide relevant case studies in a variety of topics to help you craft your therapeutic skills while in class or on coop!

Medscape (www.medscape.com)

- An American website that houses a variety of health news articles as well as education resources.

I would be remiss if I did not include the Ontario Pharmacists' Association website that links you to several complimentary and fee for service continuing education programs. Of particular interest to those of you on coop is the complimentary Smoking Cessation education program. This is an accredited program that is recognized by the Ministry of Health and Long-term Care in order for pharmacists to enroll patients in a smoking cessation program. For more information, visit www.pharmacisteducation.ca.

Finally, if you've ever been in a situation where a patient says (generally speaking of course), "I heard on Dr. Oz that Tylenol causes erections when taken with brussel sprouts, is that true?" and have no idea what to say? Check of the **Pharmacist's Letter**.

The Pharmacist's Letter is a Canadian publication that provides straight-to-the-point, unbiased, clear, and concise medical and drug information. They also offer insights into hot topics and address myths in health care. OPA members get free access to the Pharmacist's Letter online through the OPA website

If you do not know your OPA number, email Wendy at wfurtenbacher@opatoday.com. The password to enter the OPA website is your last name.

Take care and keep expanding!

Nick Malian, Rx2013

OPA Student Representative

Pharmacy Residency – To Pursue or Not to Pursue?

Niki Bajic, CSHP Communications Committee Representative

My first days as a pharmacy student are difficult to remember. Although our Phrosh week was not even two years ago, the amount of change which has taken place (both personally and academically speaking) in my life since January 2011 is immense. In particular, trying to remember what my career ambitions were at that innocent time is an especially hazy area. However, as our pharmacy educations tumble (sometimes, almost literally) onwards, the realization that we are not going to be within the four walls of 10 Victoria Street South begin to trickle in. Soon, our most immediate worry will not be where our next co-op placement is going to be, but where we are going to begin the rest of our working lives. No doubt, many of you have considered pursuing a residency upon graduation. And while this is a career path pharmacy students ponder while in pharmacy school, many may actually not be of aware of the residency process, its significance, or, in some cases, what a residency actually is.

A pharmacy residency is an accredited program which builds upon the competencies provided through an accredited pharmacy education¹. It focuses on direct patient care, pharmacy operations, project management and personal practice aspects of pharmacy practice¹. In Canada, a pharmacy residency is a 12-month rotation that trains pharmacists to become competent clinicians in a variety of hospital practice settings, as well as provides the pharmacy resident with an opportunity to become published through completion of a research project. Applying for a pharmacy residency occurs through the Canadian Hospital Pharmacy Residency Board matching system, much like applying for a co-op position through Jobmine.

Currently, there are 39 available positions for a residency in Ontario². Understandably, this makes the residency matching process quite competitive. Additionally, the pay a resident receives is about 50% that of a full-time pharmacist³, which is discouraging considering the debt load amassed during pharmacy school. That being said, a residency is the way to go if you have seen yourself utilizing the most of your hard-earned pharmacy education, and CSHP

Fresh from the Pharm

A Culinary Blog by Chelsea Barr, Rx2013

I've been thinking a lot lately about how this is my last co-op, which means that I'll soon be in my last year of pharmacy, which means I'll soon be...a grown-up? Well, if I (and my classmates) are going to be grown-ups soon, I guess there are a few things we need to learn! One of those things is how to make a roast chicken. This classic dish will impress house guests, your parents and anyone else who you want to convince that you're a grown-up. You could pair it with a salad, roasted vegetables and a classy bottle of white wine for a real meal! Trust me, this easy-to-do dish will make you seem more grown up than your first real paycheque!

Roast Chicken

AKA...the meal you need to know how to make before you truly become a grown-up.

3-3.5 lb whole chicken

2 tsp. kosher salt

1 tsp. cracked black pepper

Handful of fresh thyme

1. Unwrap the chicken and rinse under cool tap water. Pat the chicken dry thoroughly with paper towel. The drier you get the chicken, the better!! Place the chicken in a roasting pan (or on a baking sheet covered with tin foil).

2. Preheat the oven to 450 degrees.

3. Take the salt and pepper and sprinkle

all over the dry bird.

4. Place the bird into the preheated oven for 50-60 minutes. Do not open the oven or baste the chicken while cooking - hands off!

5. After the time is up, remove the bird from the oven, take a handful of fresh thyme and place it into the pan with the drippings from the chicken. Whisk around and spoon on top of the bird.

6. Let the chicken rest for about 15 minutes to retain it's juices.

7. After 15 minutes, pull the leg away from the bird. It should come to you willingly and appear cooked (not pink!).

8. Impress everyone with your grown-up skills!!

Hint: If you want to extra-impress everyone, look up a YouTube video of how to properly carve the chicken!



2015`'s goal is to have 100% of new hospital and other primary-care pharmacists complete a residency.

With these considerations in mind, the decision to pursue a residency is no light matter. The workload faced by a resident can be daunting, and is not something that should be sought unless the student is truly passionate about the position. In addition, students in any professional setting can get caught up in the competition, and seek certain positions just so they can say they did as much as the person sitting next to them in class. A career as a hospital pharmacist should not be based on pride or ego, but on willingness to learn, contribute to the progression of clinical pharmacy practice as a profession, and most importantly, help patients when they are in need. That

being said, the caliber of pharmacists-to-be coming from the University of Waterloo is truly impressive, and I have no doubt that our school will produce leaders in any aspect of pharmacy practice, be it hospital or otherwise.

References:

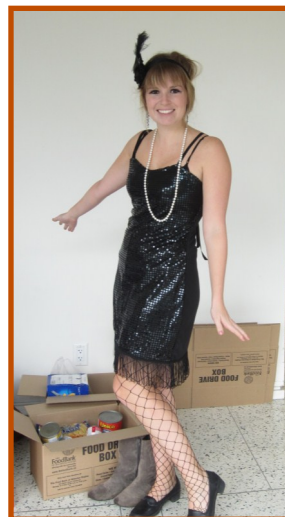
1. Canadian Society of Hospital Pharmacists, Canadian Hospital Pharmacy Residency Board Accreditation standards: January 2010 [Internet] Ottawa (ON)Canadian Society of Hospital Pharmacists; 2009. [cited 2009 Feb 11]. Available from: http://www.cshp.ca/programs/residencyTraining/CHPRB_Standards_2010_-_FINAL.pdf

2. Canadian Society of Hospital Pharmacists. Residency Training: CHPRB Accredited Programs. Last update 2012. http://www.cshp.ca/programs/residencytraining/accreditedprograms/index_e.asp. Accessed on November 3rd, 2012.

3. Canadian Society of Hospital Pharmacists. Residency Training: General Information. Last update 2012. http://www.cshp.ca/programs/residencyTraining/info_e.asp. Accessed on November 3rd, 2012.

4. Image Source: John Hopkins Medicine, Department of Pharmacy. About the Pharmacy Residency Program: Pharmacy Practice Rotations. <http://www.hopkinsmedicine.org/sebin/z/l/36c.jpg>. Accessed on November 3rd, 2012.

PHARMERS DO OKTOBERFEST & HALLOWEEN





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 by the end of every month for inclusion in the next edition!

Pharmacy Phile
ISSUE 39 | October 2012

Please check out the calendar on the next page, or the weekly SOPhS Updates, for information about all of our events. If you have an event coming up that you would like to inform students about, please submit an article for a SOPhS Update to pharmsoc@uwaterloo.ca using the guidelines available on the SOPhS website (Communications, under Student Resources).




Society of Pharmacy Students (SOPhS)

10A Victoria Street
Kitchener, Ontario N2G 1C5
www.sophs.ca



SOPhS 6 WEEK CALENDAR

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
 Week 9	Nov 4	5 LHSC Personalized Medicine Presentation	6	7	8	9 UW-UofT Social, Grace O'Malley's Pub (Toronto), 8pm	10 Rx 2016 Meet n' Greet
Week 10	11 Remembrance Day	12	13 11:20-12:00: CAPSI Student Exchange Program Information Session SOPhS meeting, 7pm	14 Interprofessional Case Showcase	15	16	17
Week 11	18	19	20 Town Hall, 7pm	21	22	23 SPEC2012 Deadline	24
Week 12	25	26 CAPSI Christmas Candy Grams Sale Begins	27	28	29	30 CAPSI Christmas Candy Grams Sale Ends	Dec 1
Exam Period	2	3 Last Day of Classes Rx2014 PDW Info Session 12:30-1:30pm Bubble Tea Celebration, 6pm	4	5	6 Exams Begin	7	8
Exam Period	9 CAPSI SEP Applications Due	10	11	12	13	14	15

SOPhS Calendar Notes

Please note that event dates may be subject to change. Contact SOPhS if you are unsure of an event date.

We are currently in the process of adding class calendars to the website and it is our hope that these calendars will provide you with all of the event and deadline information you need during each term.