

Pharmacy Phile

University of Waterloo School of Pharmacy

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President and VP's Address

The final two months of the Winter term were as action packed as the anticipatory Game of Thrones episodes have been. Events such as the OPSIS conference, OPA cup, and the Pharmacist's Awareness Month were highlights amongst many other events.

The annual OPA cup was held in March at the University of Toronto this year, which saw the most exciting game ever played since this cup game has been held. It was the first time the game went into overtime, with Waterloo holding its title as champions with a narrow win. That's 4 years in a row, go Warriors! The annual OPSIS conference was also held in March at the Marriott on the Falls in Niagara Falls. This saw 36 students from each school come together over 3 days of

games, food, competitions, debates, and fantastic speakers.

The theme of this year's conference was "Expand your Horizons" and students left the conference with valuable knowledge gained on industry, hospital, community, and other fields pharmacists can work in.

March and April also saw many lunch and learn events held by CSHP, OPA, S2BN, Drug Information club, and the Journal club. RxPRN hosted a visit from service dogs as well as exam care packages to help re-

lieve midterm and final exam stress. The Mock OSCE club hosted their OSCEs which were a hit as usually and many students indicated how helpful it is for their professional development.



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President and VP's Address (cont.)

Pharmacy Awareness Month hosted by CAPSI was also a fantastic time, with events and competitions being held almost every day of the week. Athletics hosted a challenge basketball

pharmacy school as well as outside of it. Nothing could have been achieved without our fantastic council coming up with new ideas, hosting events, and being professional and motivat-

have made will no doubt, be carried with us our entire life. Congratulations to the Rx 2019 class on completing their class terms and having rotations as



match of Rx 2020 vs. Rx 2022, which saw the Rx 2022s beat the upper year class. Congratulations! We hope that all students thoroughly enjoyed these events and that they were great social and learning experiences for everyone.

Finally, it is with heavy hearts that we announce that this is our last Pharmacy Phile entry as your President and Vice President. It feels like just yesterday that we were beginning our terms. It has been an honor to be given this opportunity to help develop and advance student life and advancement in the

ed throughout the past year. We have all grown as individuals and a team. There were rough patches and fun times, but one thing that never changed was our passion to make sure every student had options to choose for events, as well as had support with academics.

SOPhS is more than just a council, just like the School of Pharmacy is more than a school. We are a family and we continue to grow and blossom every single year. We have grown as professionals and the lessons we have learned, and the memories we

their final hurdle to becoming pharmacists. We wish the Rx 2022 class best of luck in their 1B term, after conquering 1A, and we wish Rx 2020 the best of luck in their final co-op.

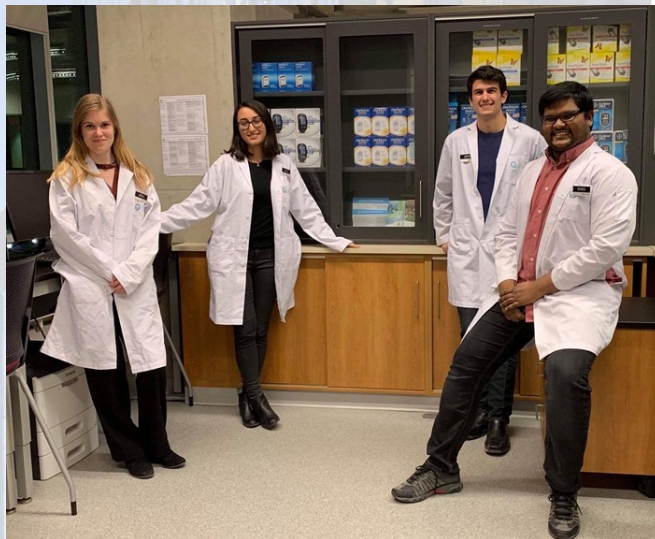
Enjoy your summer, Tarun and Alice signing out.

*- Tarun Fernandez and Alice Xu,
President and Vice President*

CAPSI Corner

This March, pharmacists from across Canada took part in the annual Pharmacist Awareness Month. UW CAPSI, alongside several other clubs at our school, took part in local events to promote pharmacy practice and celebrate the influential work of pharmacists. The outreach events we hosted were educational, social and included involvement in the Kitchener community. This month we hosted an IPE event related to HIV where students could work up a case and discuss the collaborative care process. We also hosted the Recent Grad Panel as well as the Pharmacist Meet and Greet for students to learn from practicing pharmacists. Joey Leung, the 2019 PAM chair, worked diligently to ensure there were all kinds of events to interest every pharmacy student. We hosted the Evidence Based Medicine Competition, a social media challenge, a pediatric focused dinner and learn as well as many other exciting

opportunities. Outreach events included opportunities for CAPSI members to teach kids in local elementary schools about allergies or the im-



portance of handwashing. Outreach at Conestoga Mall invited the community to take part in understanding the expanding role of the pharmacist.

UW CAPSI is welcoming a new

council for the 2019-2020 year. Thank you to each member of the 2018-2019 council for your contributions over the past year! We couldn't hold such high

quality, educational events without your support. And thank you to all the CAPSI members at our school who participated in CAPSI initiatives. We look forward to hosting all kinds of events in the upcoming year. If you would like to become a member of the CAPSI council, byelection applications will be released

shortly for the communications and the competitions positions, so stay tuned to SoPhs updates and the CAPSI Facebook page. There will also be subcommittee positions available throughout the year for larger events.

Best of luck this summer to all students, whether you're in class, on rotations

or on co-op!

- Mikaela Ney
UW CAPSI Council Senior Representative

**Photos courtesy of Mikaela Ney (Rx2020)*

CSHP: The Pharmacist's Role on Code Teams

"Code Blue"

If you've worked in a hospital or watched a medical drama before, you know what comes next. You step out of the way as a team comes sprinting down the hall towards a patient whose heart has stopped beating. Perhaps you've wished that you could join them, or maybe you'd rather not take on that responsibility. Either way, If you are a hospital pharmacist, participating in a code team may become part of your job in the near future.

You may be asking yourself – why would I want a pharmacist to be present in such an acute situation? How would they help, or what role would they play? The answer can depend on the institution, but in general pharmacists would be providing drug therapy recommendations and answering drug information questions, calculating doses and preparing them for administration, and helping nurses with the administration of the medications. Some institutions even have pharmacists performing chest compressions

and setting up infusion pumps.¹ While the exact role of the pharmacist depends on the institution, they will almost always be involved in drug information and preparation in some capacity if they are present on a code team.

Pharmacist presence on code teams has been associated with reductions in mortality, adverse drug reactions and medication errors, as well as higher rates of compliance with guidelines for advanced cardiac life support.¹⁻³ However, there is still a relatively small number of institutions in Canada that include pharmacists on their code teams (around 23% according to a recent study).¹ If having a pharmacist on the code team is so beneficial, why are so few hospitals implementing this practice? There could be several reasons – inadequate staffing, lack of advanced training, and lack of perceived need have all been reported as barriers to the uptake of this practice.⁴ However, a number of public bodies and advocacy groups are working to make this change. The Institute for Healthcare Improve-

ment has recognized the value that pharmacists bring to these situations in terms of improved patient safety outcomes, and the Pediatric Pharmacy Advocacy has called for increased pharmacist participation in pediatric code teams at hospitals.⁵⁻⁶ However, pharmacists may be their own biggest obstacle to inclusion on these teams. Many pharmacists don't feel comfortable in these acute situations and would rather not be involved. However, now that we have the evidence to back it up, pharmacists who are willing must push to have themselves included on these teams to achieve better outcomes for our patients who need it the most.

References

1. Bolt J, Semchuk W, Loewen P, Bell A, Strugari C. A Canadian Survey of Pharmacist Participation during Cardiopulmonary Resuscitation. *Can J Hosp Pharm.* 2015;68(4):290-295.
2. Bond CA, Raehl CL. Clinical pharmacy services, pharmacy staffing, and adverse drug reac-

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reactions in United States hospitals. *Pharmacotherapy*. 2006;26(6):735–47. doi: 10.1592/phco.26.6.735

3.Porter E, Barcega B, Kim TY.

Analysis of medication errors in simulated pediatric resuscitation by residents. *West J Emerg Med*. 2014;15(4):486–90. doi: 10.5811/westjem.2014.2.17922

4.Draper HM, Eppert JA. Association of pharmacist presence on compliance with advanced

cardiac life support guidelines during in-hospital cardiac arrest. *Ann Pharmacother*. 2008;42(4):469–74. doi: 10.1345/aph.1K475.

5.Pharmacists to the (Early) Rescue. Ihi.org. <http://www.ihl.org/resources/Pages/ImprovementStories/PharmaciststotheEarlyRescue.aspx>.

Published 2019. Accessed April 23, 2019.

6.Johnson PN, Mitchell-Van Steele A, Nguyen AL, Stoffella S, Whitmore JM; Advocacy Committee for the Pediatric Pharmacy Advocacy Group. Pediatric Pharmacists' Participation in Cardiopulmonary Resuscitation Events. *J Pediatr Pharmacol Ther*. 2018;23(6):502–506. doi:10.5863/1551-6776-23.6.502

- Rob Nunn, CSHP



OPA Update: Deliberating with the Ministry of Health and Long Term Care

Scope of Practice

The PC government remains very focused on expanding scopes of practice for several professions, most notably pharmacy. OPA has been assured that a common ailments initiative is being fast-tracked and the Ministry has indicated that they plan to meet with the Ontario College of Pharmacists and with OPA for further discussions as soon as possible. The Ministry also indicated that they are considering a reduction in the age threshold for flu vaccination from the current five years of age to the proposed two years of age. This, too, will require discussion with OCP.

Tiered Mark-ups

The 2019 Budget indicated that the Ontario Drug Benefit plan would be reconfigured to include a model based on tiered mark-ups.

Drug Cost Range	Current Mark-up	Proposed Mark-up	% of Total Claims to ODB Program
<\$100	8%	10%	~94%
\$101 - \$200	8%	8%	~4%
\$201 - \$500	8%	6%	~2%
>\$501	8% (6% if > \$1,000)	4%	~1%

Long-Term Care Pharmacy

Building on the Ministry's assertion that LTC pharmacy services in Ontario are approximately four times greater than in other jurisdictions, the government is proposing a capitation model similar to those in other provinces such as British Columbia, Manitoba and Prince Edward Island - with an implementation expected summer 2019. The proposed model is to be staged over five years - beginning in Year 1 with the capitation set at \$1,800 per bed, per year, followed by a reduction of \$200 per bed, per year until a bed fee of \$1,000 per year is achieved. OPA has been informed that the proposed capitation payment would be inclusive of all dispensing activities (drug cost and mark-up excluded) as well as all professional services currently being funded and provided. The model is expected to yield \$149M in savings to the Ministry.

Administration/Transaction Fee

While not identified in the budget, OPA learned recently that the Ministry is seeking to implement a strategy based on a recommendation from the 2018 Ernst and Young (EY) report and line-by-line review, that suggested that government seek opportunities to obtain cost recovery for certain services and processes used to provide services. The Ministry is proposing a 10-cent fee to be assessed to pharmacies for every transaction that results in a payment of a claim by the Ministry. This is expected to yield \$17.4 million in government savings according to Ministry data that suggests there are approximately 174 million claims made to Ontario Public Drug Programs. Collection would not be off an individual claim (i.e., as a subtraction off the dispensing fee) but rather would be taken off

OPA Update: Deliberating with the Ministry of Health and Long Term Care

bi-weekly remittance. The estimated monthly impact per store would vary based on the volume of prescriptions. It is expected that this could cost pharmacies between \$1,000 and \$9,000 per month depending on ODB prescription volume.

MedsCheck Modernization

In response to recommendations coming out of the EY report, going forward, and with a planned summer implementation, the Ministry is proposing to completely "modernize" the MedsCheck program with a sole focus on "transitions in care". As a result, this proposed change in health policy (no legislative or regulatory changes are required) would see the discontinuation of the MedsCheck Annual, its associated follow-ups (except for reconstructed versions of the service for pre-hospital admissions and post-hospital discharges), the MedsCheck At Home, and the MedsCheck for Diabetes and its follow-up. As for MedsCheck Long-Term Care, these consultations would be reconfigured and captured in the professional services offerings as articulated in the newly proposed capitation model for LTC pharmacies. **Note:** a call for stakeholder consultation on the MedsCheck program changes may be initiated later as they are not covered in either of the posted regulatory consultations.

- *Louis Wei, OPA Student Representative, Board Director*



OSCE Preparation Group Update

UW OSCE Preparation group was initiated in 2016, under the SOPhS umbrella with the motto of providing PharmD students a platform to practise their patient counselling and problem solving skills. The group has consistently grown due to popular demand, as many students requested two mock OSCEs every term, and the club has had a long waiting list for each event. During the past Winter 2019 semester, the group decided to try a new pattern of mock OSCE, where three cycles of OSCEs were run-

ning in parallel. The abundance of diverse complex cases designed by members of the group allowed pharmacy students to practise for their final exam. As students solve more complex cases during mock OSCEs, they find the real exam to be a much smoother experience and comparatively simpler in terms of complexity. This further allows students to gain the confidence they need for their coop term

ahead of them. With a strong team of willing volunteers, the group managed to organize a mock OSCE that catered to three times the number of students previously catered in previous mock OSCE events. More specifically, the three cycles of

mock OSCE with 9 different cases were repeated three times over 90 minutes, which allowed for 27 first year students to participate as standardized patients (SPs) and 54 pharmacy students as pharmacists. With the previous style of mock OSCEs, these numbers were much less; specifically 9 SPs and 18 Pharmacists. Additionally, this Winter, the interest from the class of Rx2022 was significantly higher;

the students enjoyed participating and understood the purpose of mock OSCE. The event concluded with many positive comments, and the continued support from the assessors (hard working faculty who volunteer their time in the evenings after a

long day of work) has allowed the group to provide relevant cases to the students. With another successful mock OSCE event completed and the current leadership being part of third year, the group is now in search for the next leaders to continu-

ously grow the group. Applications for all positions within the group are open for consideration.

- Urooj Advani, OSCE Preparation Club Organizer

*Photos courtesy of Urooj Advani



Co-Op Chronicle Interview with Stephanie Ho, Rx2021 Pharmacy Student at Costco Calgary Northwest

Interviewer: Alicia Dakins (Rx 2021)

PP: Tell us about a typical day on the job at your pharmacy:

SH: A typical day would revolve around entering prescriptions, counting pills, answering phone calls/faxes and manning the till. Occasionally I would mix compounds and counsel patients on new medications or blood glucose meters. If time allowed, I would shadow the pharmacists on what they were doing to get a better insight to what pharmacy is like for a pharmacist in Alberta.

PP: What lessons from our first year of pharmacy school were you able to put into practice while on your co-op?

SH: I used the therapeutic knowledge I gained from IPFC-2 and Professor Barrett and the counselling skills from professional practice the most while on co-op. Most of the patient consults I did were on antibiotics, so it was helpful having gone through those courses. As previously mentioned, I did some compounding (mostly ointments and creams) and so I applied the skills taught by Professor Simon in pharmaceutics 2 as well. It's quite satisfying to see the things you learn in school actually get used.

PP: What was the most interesting experience you had on the job during your term?

SH: The pharmacy I worked at was really busy and so at any given time, there were 1 or 2 registered technicians verifying prescriptions. I'd never seen technicians in a pharmacy before, so it was interesting to see how helpful they are to workflow. With all their responsibilities, it can be

easy for the pharmacists to get overwhelmed and having the registered technicians was essential to the team.

PP: In light of what you saw on co-op, what are you most looking forward to learning more about when we return to class in May?

SH: Since my co-op in Alberta, I saw a multitude of vaccines and drugs filled with the intention of being administered at the pharmacy. I was quite jealous of the pharmacy intern I worked with because they had the opportunity to practice injections, so I'm very much looking forward to injection training.

PP: As a pharmacy student in Alberta, what aspects of expanded scope did you experience during your co-op term?

SH: The pharmacists in Alberta use their expanded scope everyday and so often, that I completely forgot it was part of the expanded scope. Net-care, the online patient healthcare information hub, is used the most for sure. I couldn't check it myself since I didn't have a login, but indirectly through the pharmacists and registered techs I was able to access it. It's very useful because you can see things like current GFR/renal function, A1C values of diabetic patients, previous fills of narcotics or Gravol to prevent abuse, etc. Injection of drugs and vaccines is also huge (which I previously mentioned) but the one I saw the least was APA, the Additional Prescribing Authority. Only 1 pharmacist I worked with currently had their APA, and she didn't get to use it often since the volume of daily prescriptions was so high.

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But when she did prescribe, she would set it up like a visit to a physician's office and arrange an appointment with the patient so that she could sit down with them and make a proper assessment before writing a prescription. In class we were constantly told how the pharmacist is capable of doing more than just counting pills, and I'm grateful for the opportunity to see where that is a reality.

PP: What advice would you give to a student looking to arrange a co-op term out of province?

SH: I was able to get this co-op position through WaterlooWorks and the co-op recruiting process, but I do remember seeing quite a few out of province Costco locations when I applied, so there are a few opportunities that way. In terms of self-arranging out of province, my best guess would be to just put yourself out there. Just as if you were writing a cover letter, sell yourself to your potential employer and show them just how interested and willing you are to work for them. To all those interested in applying to Alberta or out of province in general, I wish you the best of luck!

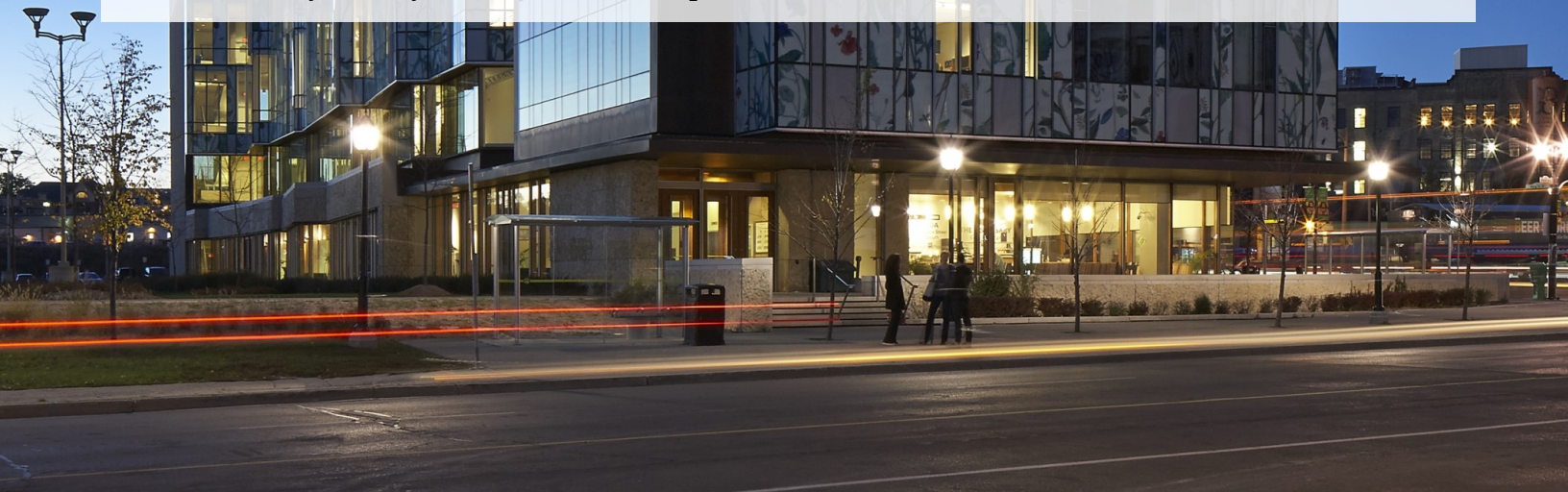
PP: How has your experience this term affected your views on the profession as a whole and/or your personal goals for the future?

SH: I would say I really learned how to respect

the resilience of pharmacists. Before co-op, my idea of a pharmacist was more of a gentle, pacifistic type of individual, but I can see now how firm they can be. One story in particular that stands out was when a patient was dropping off prescriptions for 2 different thyroid medications and the pharmacist helping her said they needed to contact the doctor to confirm which of the two to fill. The patient then insulted the pharmacist, claiming the drugs were the same and if they were indeed a pharmacist they should know better. This went back and forth for a while until she eventually stormed off in a huff, vowing to return to speak with the manager another day. Throughout this interaction, the pharmacist never raised their voice or gave the patient attitude; it was kind of amazing how calm they were. Co-op has shown me that the things patients sometimes say or do can be quite rude and/or entitled, but the way pharmacists can handle it in a firm but non-aggressive way is rather impressive. It's definitely a skill I need to work on.

PP: What is the best part about working in community pharmacy?

SH: I would say the unpredictability of it. Of course the job can get quite repetitive in the tasks that you do, but you see different patients every single day and so each day you get a new experience and a new story to tell.



SOPhS Communications: SOPhS Bowling Night, OPSIS 2019 and OPA Cup!



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!

If you have any interest in becoming involved with the SOPhS Communications Committee please send an email our way!

SOPhS 6 Week Calendar

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	May 12	13 SOPhS Meeting	14	15	16 HIPED (Rx 2021)	17	18
Week 2	19	20 Victoria Day (no class)	21	22	23	24 CAP Interviews	25 CAP Interviews
Week 3	26	27	28	29 Final Exam Schedules Released	30	31	Jun 1
Week 4	2	3	4	5	6	7	8
Week 5	9	10	11	12	13	14	15
Week 6	16	17	18	19	20	21	22

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.