

HAMILTON & DISTRICT PHARMACISTS' ASSOCIATION

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Our Vision for 2010: Leslie Chappell



Welcome to the first Hamilton and District Pharmacists Association newsletter in 2010. Once again I'd like to take the opportunity to welcome our new HDPhA executive, as there are several new members this year. We have filled almost all of our executive positions, for the first time in a long time. The executive has already held our initial meeting, and we are excited to get started as there is a lot planned for the upcoming year.

At our first meeting, the executive

discussed the HDPhA mission statement. Our current mission statement was developed in 1977, when the organization was first created. The goals were "to improve the qualifications and standing of pharmacists; to promote a professional status for pharmacists; to provide an instructional and educational program for pharmacists and to hold conferences, meetings and exhibitions for the discussion of matters related to pharmacy."

We realize that this mission statement may not be as relevant as it was 30 years ago. And we also want to meet our members' expectations and priorities for this organization. We would like to develop a more formal strategic plan for the organization, including the type of activities and opportunities we pursue, the way we spend the membership money, the educational and social activities we hold, and the way our profession gives back to Hamilton.

Our profession is changing, through Bill 179, regulation of technicians, and reimbursement updates, and we want to make sure that the Hamilton and District Pharmacists Association also adapts to meet our members' needs. We'd like to hear why you are a member of HDPhA, the parts of your membership you find most valuable, and things we could provide or do to make your membership more useful.

We would appreciate any feedback you have. Please feel free to email me directly. We may be also sending out surveys or other tools to get your input, please let us know your suggestions. I can be reached through the contact link on HDPhA website at www.hdpha.ca or at lesliec@marchesehealthcare.ca.

It's Hamilton's Time to Get Healthy

In the first week of February the HDPhA collaborated with the Hamilton Academy of Medicine, Public Health, the Pharmaceutical Industry and the Family Health Teams to present the first joint initiative, "It's Hamilton's Time to Get Healthy... It's Time to Halt the Salt". This correlated to international salt awareness week, and Hamilton was the first Canadian city to provide a consistent message between pharmacists, physicians, and public health about the positive effects of decreasing salt intake.

Thank you to all pharmacists and pharmacies who placed posters in

their stores and provided tear off sheets to your patients. In total, 300 physicians and 150 pharmacies received tear pads and posters, along with 100 extra posters and pads to the Hamilton FHT and Public Health. This initiative was also featured in the Hamilton Spectator, CHCH news, and 3 local radio stations. The result was excellent exposure for such an important health promotion activity.

I was impressed to see all over Hamilton the same bright blue poster in pharmacies and physicians offices, providing citizens of Hamilton with the same message;

lower your intake of salt and lower your blood pressure and the risk of heart attack and stroke.

Next on the agenda for the Hamilton Pharmacist/Physician Collaboration is; "It's Hamilton's Time to Get Healthy... It's Time to Move". May is physical fitness and sports month, and around Mothers Day in May, will launch the second program in this campaign. We will keep you posted about details as they unfold.



President: Leslie Chappell-Marchese Health Care

After graduating from University of Toronto in 2001, Leslie started SPEP placements in the Hamilton region and has stayed ever since. She has worked in several areas of pharmacy practice including community practice, hospital, home care and finally primary care. Leslie currently works for Medlink/Marchese and the Hamilton Family Health Team. It is likely that through the diversity in her professional practice that she has gained an interest in collaborative care, and looks forward to working to help improve access to inter- and intra-professional collaboration in the future. My favourite medication and why: Ramipril... Why, you ask? I practice in Hamilton, and I “HOPE” to prevent CV events for my patients!



Past President: Faisal Kabir-Walmart

I have had the pleasure to meet many of you either at conferences, continuing education events and/or other pharmacy events. I graduated from the Faculty of Pharmacy in 2001. I began my profession in retail pharmacy shortly thereafter. I have been a Faculty of Pharmacy teaching assistant for the 3rd and 4th year professional practice labs as well as a Faculty Preceptor for the SPEP program. Further, I have enjoyed mentoring Canadian and foreign trained graduates, as interns for the Ontario College of Pharmacists. I have been on the Board of Directors for the Stoney Creek Chamber of Commerce. As a hobby and a stress reliever, I love aviation and have my pilot’s license.



Vice President: Philip Hosiassohn-Rexall

Represented the Pharmaceutical Society of South Africa as regional branch chairman and national executive committee member, He also founded and chaired the pharmaceutical electronics standards association of South Africa before moving to Canada in the 2000. He also has an Honours Degree in Information Technology (IT) and IT project management. Philip has specialized in compounded medication preparation, men’s health and diabetic education. He started practicing community pharmacy in Ontario in 2001 and hold the following association positions: Vice President of the Hamilton District Pharmacist association , Secretary and Treasurer of the Canadian Compounding Association



Secretary: Carolyn Whiskin-Brant Arts

Carolyn Whiskin, BSc. Phm, graduated from the faculty of pharmacy at the University of Toronto in 1986. She specializes in women's health and pain and is a certified menopause practitioner with the North American Menopause Society. She is also a compounding specialist at Brant Arts Dispensary in Burlington. During Carolyn’s career she has helped to write the initial first year communications course for pharmacy students at U of T, worked at St. Joseph’s Hospital and Mc Master Medical Centre, and speaks across Canada as a motivational speaker on various therapeutic topics and areas of personal growth. She is a past recipient of the Pharmacy Practice Commitment to Care Award in the area of patient care. Carolyn’s favourite medication is spironolactone because of its’ great “minty” smell.



Treasurer: Joe Giudice-Shoppers Drug Mart

Joe was born and raised in Hamilton. He received a combined degree in Biology and Psychology from McMaster University. After taking a year off to work he went back to school. This time it was the University of British Columbia’s Pharmaceutical Sciences program. He lived in Vancouver for 4 years. After graduation in 1996, he came back to Hamilton, got his license, and married the love of his life. He is currently the associate at the Shoppers Drug Mart on Mohawk and Upper Ottawa.



CE Coordinator: Antonietta Forrester-Marchese Health Care

She has been a pharmacist in the Hamilton Community for the past 20 years. She has been with the Hamilton & District Pharmacists’ Association for the past 14 years in different positions. She specializes in diabetes, women’s health and compounding. She loves to travel, cook and read. “Homeopathic” medication is her favourite type of drug.

Professional Relations: Harsit Patel-Hamilton Health Sciences



I am a recent graduate from the University of Toronto where I was active with the student body on the Undergraduate Pharmacy Society throughout my four years. In my student career, I worked at all three acute care sites of Hamilton Health Sciences (HHS) hospital system. Once graduated, I took on the position of Emergency Department pharmacist at both the Hamilton General and Henderson hospitals, as well as working part-time in an independent community practice. Recently, I have taken up teaching pharmacology for pharmacy technicians at Niagara College and have expanded into a project role in pharmacy informatics, focusing on electronic medication administration and bedside medication verification systems and updating the process of acquiring and utilizing allergy data for enhanced medication safety at HHS. If I were to pick a favourite drug, it would be Rivastigmine because... I can't remember why.

CE Assistant: Rosa Chow– Hamilton Health Sciences



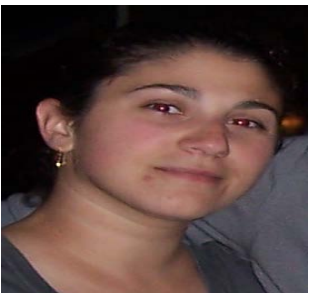
She has been a pharmacist for over 20 years. The last three years she has been an executive member of the Hamilton & District Pharmacists' Association. She specializes in oncology. In her spare time, she can be found baking or traveling.

Waste Management: Jeff Hanbali– Shopper's Drug Mart



The first time I joined the Hamilton and District Pharmacists' Association executive was in 1980. After a period, I left mainly because of the bad pay. This year I was drafted, not sure what draft pick I was. The question everybody is asking is: what is in the future for pharmacy? There is so much happening in pharmacy right now and we need to get through all these changes. I cannot recall a period of time when pharmacy stood still and that is one of its attractions. There are other attractions to pharmacy such as: the learning does not stop, feeling good after we help others, getting to know so many people and of course there is always work. Nature is where I recharge my batteries, the lakes, rivers, water falls, trees etc. I golf and snow mobile when I can.

Pharmacy Technician: Carmie Giglia– Marchese Health Care



Carmie has been a technician for 12 years at Marchese Health Care. She has been certified for the last six. Her favorite drug is Biaxin because she likes the smell.



Saheed Rashid: OCP Representative; Marchese Health Care



Giuseppina De Santis: Administrative Assistant- Marchese Health Care



Gary Fillmore: OCP Representative Dell Pharmacy

Hypertension Academic Detailing in the Hamilton Family Health Team: Margaret Jin



In the last couple of years, the pharmacy department of the Hamilton Family Health Team (HFHT) have been trained in academic

detailing to provide evidence-based information to the clinicians (family physicians and nurse practitioners). Academic detailing is a type of continuing education in which a trained healthcare professional (e.g., pharmacist) meets with a healthcare professional (e.g., family physician) in their practice setting to provide one-on-one evidence-based information with the intent of optimizing their practice.

In 2009, the pharmacists of HFHT (5.8 FTE) reviewed the clinical evidence of the 2009 Canadian Hypertension Education Program (CHEP) and developed a document to educate the clinicians. In January 2010, the pharmacists started detailing or educating the clinicians on the most current evidence in hypertension.

Pharmacists in the Hamilton area may notice some changes to patient's antihypertensive drug therapy such as more prescriptions for chlorthalidone or indapamide instead of hydrochlorothiazide; less ACEI plus ARB combinations; and less use of beta blockers in the elderly.

In summary, the five key messages given to the clinicians include:

1. As monotherapy, chlorthalidone has shown benefits in cardiovascular outcome and may offer better 24-h blood pressure control than hydrochlorothiazide. However, hydrochlorothiazide remains a convenient option since it is available in many combination products, which also enhances overall blood pressure lowering ability.

2. For the elderly population, target the lowest blood pressure possible without any symptoms of orthostatic hypotension, falls, dizziness, or lightheadedness. Angiotensin Converting Enzyme Inhibitor (ACEI) plus Angiotensin II Receptor Blocker (ARB) combinations often offer no additional outcome benefit, but increase adverse effects when used solely for hypertension. {Limited benefits noted in select patients with nephropathy or heart failure.} If choosing either an ACEI or ARB, in someone who tolerates both: consider extensive outcome evidence (especially cardiovascular) and lower costs with ACEI. If patient is on both ACEI+ARB, educate patient about signs of acute renal failure (decreased urine output) and consider stopping ACEI+ARB if experiencing flu-like symptoms, diarrhea, vomiting and/or dehydrated

Criteria for selecting a Beta Blocker (BB)

as first line therapy may include: (1) young pts < 60 yrs; (2) tachyarrhythmias' including atrial fibrillation; (3) post-myocardial infarction; (4) symptomatic coronary heart disease; and/or (5) heart failure—use carvedilol or bisoprolol in heart failure. Avoid atenolol in the elderly or hypertension with left ventricular hypertrophy. Atenolol has less favourable outcome data.

For patients with elevated blood pressure, please refer patient to the pharmacist for medication review.

By following the CHEP guidelines and the evidence-based information, the health care team (e.g., pharmacists, family physicians, nurse practitioners, nurses, dietitian, etc) are able to optimize the patient's blood pressure. All pharmacists have a role in helping patients lower blood pressure by encouraging home/pharmacy blood pressure monitoring, adherence to medications, medication reviews and lifestyle education for the patient.

A copy of the detailing document, as well as the drug chart and patient hand-out will be posted on the HDPHA website.

Margaret.jin@hamiltonfht.ca

Enhancing Relationships with Physicians: Small Steps: Jeffrey Wong

With the evolving role of pharmacists and the advent of new technologies, lines of communication between physicians and pharmacists are becoming increasingly complex. While there is much focus on projects that use the internet, fax, or electronic medical records, the Ancaster-Dundas Pharmacist Physician Collaboration took a different approach. They have created some recommendations that can be easily implemented today regardless of your preferred medium of communication.

Consider the following situations.

Scenario #1:

Mrs. Smith, 83y.o., presents at your pharmacy with a prescription from her family

physician (Dr. Harry) for simvastatin 40mg once daily. You notice on her profile that this medication and dose were first prescribed by Dr. Harry 6 months ago, but her cardiologist increased this to 80mg once daily 3 months ago. Mrs. Smith is unaware of any changes to her dose. Naturally, you wonder whether Dr. Harry knows of the cardiologist's intention to increase the dose.

In an effort to sort out the discrepancy, you contact Dr. Harry's office but learn that he will be out of the office until next week. You then try to call the cardiologist to inquire if he was aware of any reason for the change. His office confirms that simvastatin 80 mg once daily was pre-

scribed for Mrs. Smith and is confused as to why her Dr. Harry would reduce this dose when Mrs. Smith clearly requires additional LDL lowering to reduce her cardiovascular mortality risk.

You decide to send a fax to Dr. Harry and wait for his response next week. To her displeasure, you advance Mrs. Smith a few tablets of simvastatin 40mg and tell her to return to the pharmacy next week.

Next week, Dr. Harry faxes the pharmacy and reveals that the simvastatin dose was decreased back to 40 mg because he was concerned with Mrs. Smith's rising LFT levels. Mrs. Smith

HDPHA Executive Reflects Changing Landscape of Pharmacy Practice: Leslie Chappell

I would like to make a special welcome to the inaugural member to hold the position of pharmacy technician on our executive, Carmie Giglia. As pharmacy technicians will become regulated this year, the executive decided last year that it would be an asset to have this new profession represented more formally in our association. Pharmacy technicians have been encouraged to become members of the association for many years, however, this is the first time there has been an executive position dedicated to pharmacy technicians. This will start as a non-voting member of the HDPHA executive, and the role will become more clearly defined as it is developed.

Professionals Driving Change: seeking more efficiency and value: Eric Romeril

The Hamilton Family Health Team, in collaboration with the McMaster Family Health Team and the Hamilton District Pharmacists Association, is working to enhance communication between pharmacists and physicians. To this end: a task force of interested pharmacists and physicians, who meet on a monthly basis, has been created. Our goal is to design processes that increase the efficiency of the prescription refill processes for both physicians and pharmacies. We think this can be made practical by using the already-existing MedsCheck program effectively to reduce paperwork generated, optimize the refill process, and enhance patient safety.

The first meeting was on February 23, 2010. Workflows optimizing the prescription refill process were proposed to the task force. The group was then divided into 4 working groups, tasked with providing perspective and proposing solutions: community pharmacy, physician's office, hospital pharmacy, and MedCheck. This will enable focused interdisciplinary work, towards practical and value adding solutions, between monthly meetings. Our ultimate goal is to break down communication barriers, and improve how healthcare providers communicate with one another in the Hamilton area.

An executive summary of the minutes from the last meeting have been posted on the HDPHA website: <http://www.hdpha.ca>

Our next meeting will be on Tuesday April 20th. If you would like to be part of the task force and provide your input, please contact: antonyn.gagnon@hamiltonfht.ca.

Below, you will find an article derived from another recent inter-professional collaboration. It presents techniques and ideas to improve communication with our physician colleagues.

Enhancing Relationships: Jeffrey Wong Continued from page 4...

returns to the pharmacy to pick up the remainder of her simvastatin prescription.

What changes to communication between the pharmacist and Dr. Harry would have been helpful in this situation?

Recommendations

Physician action(s):

- Write on prescription intention to change dose of medication (e.g. ↑ or ↓ to indicate awareness of dose change)
- Dose changes told verbally to the patient should also be communicated to the pharmacist

Pharmacist action(s):

- Reinforce rationale for change to improve adherence
- Update patient profile

Scenario #2

A few months later, Mrs. Smith presents at the pharmacy with a prescription for fluconazole 100mg once daily for 2 weeks to treat oral candidiasis. She continues to be on simvastatin 40mg. You notice the potential harmful interaction: a theoretical increased risk of rhabdo-

myolysis. Concerned with this, you decide to call Dr. Harry to ensure he is aware of the potential interaction. Unfortunately, the clinic is closed for lunch and Mrs. Smith is becoming more and more impatient. You decide to tell Mrs. Smith that her physician may be unaware of this potentially serious interaction and to return to his clinic if she were to experience any muscle or joint pain, dark urine, or fatigue.

Alarmed that Dr. Harry would prescribe her something that might be harmful, Mrs. Smith goes back to him later in the afternoon and declares that "the pharmacist caught your mistake". Dr. Harry responds that he had planned to follow-up by phone with her in a few days, which was verified by a note he made in her Electronic Medical Record profile.

How could this situation have been handled differently?

Recommendations

Physician action(s):

- Write on Rx "aware of interaction - will monitor"

Pharmacist action(s):

- Encourage physicians to use the Rx as a means of communicating their intent
- Teach patients about potential signs and symptoms of interactions without negating the rapport developed between the prescriber and patient
- Offer to follow-up with patient to determine tolerance

The Hamilton Family Health Team, in collaboration with the McMaster Family Health Team and the Hamilton District Pharmacists Association, is working to enhance communication between pharmacists and physicians. If you would like to know more and get involved please contact: antonyn.gagnon@hamiltonfht.ca.

Ontario Pharmacists' Association Update: Gary Fillmore



The biggest thing on every pharmacist's or technician's mind is probably the government negotiations and wondering how they are progressing. At this time, there is very little that we are able to report on.

While meetings have been ongoing, because of confidentiality agreements, the people at the table are not able to tell us much. All teams that participated on the Ontario Community Pharmacists post-card campaign should be proud of their efforts. The government heard our voices and although it was a tough decision, we were forced to suspend the campaign during the discussions. We hope to have more to report in the next couple of weeks, which will decide what our next strategy will be.

On the professional side, OPA has submitted our recommendations to OCP as they develop the regulations to Bill 179 that will decide how we will deal with our expanded scope of practice, regulated technicians and remote dispensing. OPA is working on creating CE modules and practice tools that will make it possible for all pharmacists to participate in what will become the "new" practice of pharmacy.

We are pleased to announce that the new Hospital Representative on our Board of Directors is Hamilton's Marita Tonkin. Marita has already had an impact on the Board and we look forward to her ongoing efforts.

OPA has begun preparations for our annual AGM and conference, planned for June 17-19th in Niagara Falls. After a few years in the Fall season, we are going

back to the Spring timeframe and I hope to see many of you at this great networking and CE event.

As we move toward the conference, OPA will also be engaged in elections of District Representatives to the Board of Directors. We are moving to new districts that are based on postal codes. District "L", which extends from the Niagara region to Mississauga and then above Toronto, already has one representative from the Toronto area. We will be looking for another representative in the next few weeks and I wanted to take this opportunity to say that I have put my name forward to represent you at the OPA and will be looking for your support. Please contact me if you have any questions or comments on OPA's strategy and efforts.

Gary Fillmore
gfillmore@dellpharmacy.com
 905-385-5877 ext 34

Ontario College of Pharmacists update: Saheed Rashid

The year has brought much activity to the Ontario College of Pharmacists. Since Bills 179 and 175 received Royal Assent, the formation of regulations has begun. There will be focus groups throughout the province to help shape the direction of the regulations. If you have any comments, concerns or questions regarding these regulations please contact me at saheedr@marchesehealthcare.ca.

As of January 1st, the College has adopted the NAPRA Standards of Practice. The new standards replace the current standards. The advantage of the NAPRA Standards are that they are a national standard with every province adopting a version of the Standards. Although the NAPRA standards are similar to current standards, there are slight differences and I would encourage you to visit the College website and familiarize yourself with the new Standards.

There have been numerous questions and concerns about the OCP position on Non-Approved Marketed Health Products. At the December council meetings, Council approved the adoption of the NAPRA position statement:

"Pharmacists should not sell a mar-

keted health product without a Drug Identification Number (DIN), Natural Health Product Number (NPN) or Drug Identification Number for Homeopathic Medicine (DIN-HM)."

Pharmacists are advised not to purchase or accept for sale any marketed health products, including natural health products, that do not possess a DIN, NPN, or DIN-HM. There are many products still undergoing the process to gain DIN, NPN or DIN-HM and pharmacists should use their discretion with regards to the purchase, sale or recommendation of any marketed health product.

At the March Council meetings, Council ratified the proposed Regulation to Consolidate Regulation 551/90, 545/90 and 297/96 of the Drug and Pharmacies Regulation Act. The intent of the ratified document is to provide clarity with respect to the legislation pertaining to regulated technicians and technology.

June 2010 will see the retirement of Dr. Jake Theissen as Dean of the Faculty of Pharmacy at the University of Waterloo.

I would like to extend on behalf of the members of the HDPhA congratulations on his retirement.

This summer will see a change to electoral districts to reflect postal codes (replaces the current numbered geographic district). This means that Hamilton District 8 will be amalgamated into the "L" district which will stretch from the Niagara Region up to the Barrie area.

If you have any questions, comments or concerns about issues at the College please contact me at 905-528-4201 or at saheedr@marchesehealthcare.com



Why Pharmacies Should Have Public Access Defibrillators (PAD): Carolyn Whiskin

The Hamilton and District Pharmacists' Association would like to encourage all pharmacies and medical buildings to have Public Access Defibrillators. Pharmacies in Burlington have already started a campaign to encourage more Defibrillators and were able to secure a special pharmacy pricing. The Hamilton District is supporting this initiative and will be having a demonstration of the Phillip's PAD at an upcoming continuing education evening. The information below provides background as to why pharmacies are excellent locations for the placement of PAD.

Location

In any community one of the most common public locations for EMS to respond to cardiac related calls is small medical clinics and physicians offices. Rather than calling 9-1-1 at the first signs of heart attack, many people go to pharmacies, physician's offices and after hour clinics. Having Automated External Defibrillators (AED) available at these sites may save lives

Time

A key factor in surviving cardiac arrest is the time from patient collapse to the first shock with a defibrillator. Survival rates decrease by 7% to 10% with each passing minute. Improving response time (collapse to shock) by five minutes will improve an individual's chance of survival by 50%. PAD programs are most effective when the first shock can be delivered within two to seven minutes of patient collapse. Consistently achieving rapid response times in the two to seven minute range requires placing AED in the community close to where people live, work and play.

Survival Rate

The number of Cardiac Arrest patients surviving to hospital discharge has been trending upward across North America since 2005 when new international guidelines for both Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) were introduced. Studies show that the communities with the highest rates of bystander CPR and PAD, such as Seattle WA and Calgary AB, have the highest survival rates for cardiac arrest. Our committee's goal is to have our district join the list of cities with the highest rate of bystander involvement. In Halton Region there were 7 survivors in 2005 and 11 survivors in 2008. It is interesting to note that in 2008 four "saves" in Halton involved Public Access Defibrillation (PAD). Halton Region PAD Report M0-21-09

Liability

In Ontario people providing Basic Life Support to patients in Cardiac Arrest are protected from civil liability by two laws, The Good Samaritan Act, 2001 and The Chase McEachern Act, 2007. The Chase McEachern Act also provides civil liability protection for the corporate entity that places a defibrillator on their property.

How Easy Is It To Use?

Automated External Defibrillators are engineered to be intuitively easy to operate. Effective PAD programs incorporate targeted responder training however there are many documented cases of untrained responders using AED successfully. The AED is brought to the patient's side and turned "On". A series of voice prompts guide the user through proper pad placement and shock/no shock protocols. Many devices also provide CPR prompts as required.

Cost and Selection of PAD

After researching the market, the Executive of the Hamilton District Pharmacists' Association is recommending the Philips On-Site AED. Philips Medical Systems defibrillation technology is used in hospitals around the world. The On-Site AED was chosen by the University Hospital Group, Toronto for use in their public spaces. We have negotiated favourable pricing with Philips. The total cost of the unit with spare pads, spare battery and wall mount bracket is under \$2000. This special offer is being offered until June. Our Philips representative will be available to provide support and product demonstrations.

Getting Involved

Depending on where your pharmacy is located, there may be opportunities to jointly purchase a PAD with physicians in your building or other store owners in a plaza setting. Pharmacies who are part of a chain may be able to negotiate joint funding between head office and the local pharmacy. The purchase of a AED can also be used as a professional allowance expense.

All AEDs must be registered with EMS. This allows any calls to 911 from your address to be informed that an AED is available and its' exact location.

Order information

Our representative is Glen Burke. He has extended pricing for us. He can be reached at gburke@heartsafe.ca The order form can be found on the HDPhA website, www.hdpha.ca.



Upcoming CE Events: Antonietta Forrester

April 13:	Depression
April 19:	Dermatology
May TBA:	Depression (different topic)
May TBA:	Reviewing the Medication Literature
June TBA:	Women' and Men's Health



For more information, please go to our website at www.hdpha.ca

How do you like pharmacy? : By Kevin Tam

Reflecting upon my experience at the University of Waterloo, I can best describe it as a "pleasant struggle". Pharmacy school tested new limits. All of a sudden everything was more intense and overwhelming. Learning was now about understanding every detail and intricacy because one day a patient's life might depend on it. Nonetheless, after the endless projects, occasional all-nighters, and the fortune that Tim Horton made from us, I survived my first year. It was a tough year but I was accompanied by an amazing group of friends that I've met. The end of my first year brought with it excitement and anticipation to apply the concepts and theories I had learned in a practical setting.

It has been 11 weeks since I started at Dell and the experience has been amazing. I have participated in a three-site rotation and each site has offered a different speciality service such as veterinary compounding, compliance packaging, and methadone patient management. I further developed my interpersonal and communication skills by conducting MedsCheck interviews. I discovered it is almost impossible to predict which medication issues may come up during a session. In addition to accepting this degree of uncertainty, I also learned that the pharmacist must be very mindful not to come across as insincere or without compassion when discussing

health conditions with patients.

One of the best experiences I have had to date would be when I shadowed Dr. Antony Gagnon, a local Family Health Team pharmacist. I have a new heightened understanding of inter-professional collaboration since seeing it in action. I now have a new appreciation for the importance of a pharmacist's role in both a traditional community setting and in a clinical one.

With that being said, I think it is fitting to conclude with a statement one of my preceptors Joscelyn Gagnon said to me during my midterm evaluation, "As a pharmacist, the learning never ends".

"AS A PHARMACIST, THE
LEARNING NEVER ENDS"

A Glimpse into the Future; Julie Tram

After completing my first year at the University of Waterloo School of Pharmacy, I felt a load of relief. With a course load of 50% more than a regular program, community volunteering, staying active and other slightly important things such as eating and sleeping, I could barely believe I survived those 8 months.

We will be the 2nd class to graduate from Waterloo and so our journey has been rocky as the school faculty is working hard to formulate the new program. Our first year consisted of sci-

ence, pharmacy and pharmacology courses. With co-op incorporated in our program we have the opportunity to solidify and apply the knowledge from the classroom in the pharmacy community.

So, when we set off to our first co-op placement this September I was ready to be overwhelmed. Dell Pharmacy is the very first pharmacy I have worked in and it has been quite an adventure. Dell offers a unique experience to us because we travel between 3 sites and experience the different niches, communities and specialized staff that each store has. I began my experience at Dell

Pharmacy in Brantford, an incredibly busy store. I started with counting and quickly moved into other technician roles. I loved the busy atmosphere. For the first few weeks I kept busy learning how to use the computer programs and putting through prescriptions. As I became more comfortable I was lucky to have a recent University of Toronto graduate, take me under his wing. He often went over pharmacology with me and since the prescriptions and medications were right there, things from schooling began to fall in place. It was a wonderful feeling.

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