

Read•Links

Online Edition

With
Expanded
Content

The future is ours

Jul/Aug 2005 Vol 1 No 3
OnLine Edition



It is a privilege and a thrill to be selected as your new Registrar. When I was 15 years old, stocking shelves at Langley Pharmacy, I dreamed of being a pharmacist. My career has been an adventure, taking me from Vancouver to northwestern BC, from the Okanagan Valley to the Kootenays and northern BC.

This adventure has involved me in hospital, long-term care and community pharmacy. I am proud to be part of a profession that is recognized for honesty, integrity and reliability.

Pharmacy today is so different from those early days in Langley. Technology now places current and relevant information from all over the world at a pharmacist's fingertips. Technology makes it possible for pharmacists to contribute to better health outcomes for people living in distant and isolated communities.

Much of this progress is due to the vision and hard work of previous Registrars, especially Norm Thomas, Registrar from 1978 to 1995, and Linda Lytle who recently retired after 25 years with the College, including ten years as Registrar. Their vision of empowered pharmacists contributed to the public's view that pharmacists are the most trusted profession.

I too have a vision, and it reflects our current Council's mission: "to ensure BC pharmacists provide safe and effective pharmacy care to help people achieve better health." I see a future where pharmacists, no matter where they practise, have access to all the important health information of the patients they service.

I see a future where pharmacists push the envelope of what they can do, and how things are done. Pharmacists' roles will become more and more clinical. Pharmacy technicians will become more and more involved in drug distribution. And technology will look after repetitive tasks safely and effectively.

Pharmacy will be involved in more and more areas of health like primary healthcare, and chronic disease management - areas where people need to see their most accessible health professional - their pharmacist.

I am excited to work with Council, College staff, pharmacists and other healthcare professionals to create an environment where pharmacists will excel. The future is bright. The future is ours.

Marshall Moleschi

Registrar, College of Pharmacists of BC

Court finds pharmacist accountable

A United States court recently ruled that a pharmacist can be held responsible for failing to warn a patient about drug risks, even when dispensing drugs prescribed by a physician.

In a tragic case where a woman died of an overdose, a Florida appeals court found that pharmacists have a duty to warn patients about drugs that could be harmful when taken repeatedly or in

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COLLEGE of PHARMACISTS
OF BRITISH COLUMBIA

Bi-Monthly OnLine Newsletter

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PDAP

Entering phase 2

Phase 2 of the Professional Development and Assessment Program (PDAP) starts on September 1, 2005. This part of the program lasts one year and offers a variety of options to the small group of pharmacists who weren't able to meet PDAP standards during phase 1.

If you belong to this group, you have four choices. Regardless of the option you selected in phase 1, you can take the Knowledge Assessment (KA), complete a Learning & Practice Portfolio (LPP), select a Practice Audit or take the Objective Structured Clinical Exam (OSCE).

The College also offers a mentorship program known as MentorLink which can help PDAP participants. Alan Samuelson, MentorLink Coordinator, says, "I'd be delighted to talk to any PDAP participants and put them in touch with a mentor."



Find more information about MentorLink on the College website:
www.bcpharmacists.org>Professional Development > MentorLink



Find more information about PDAP phase 2 options on the College website:
www.bcpharmacists.org>Professional Development > Professional Development and Assessment Program > PDAP Handbook

PDAP facts

- 1,295 pharmacists took part in the first cycle of PDAP
- 91% met the standard in the Knowledge Assessment
- 91% met the standard in the Learning & Practice Portfolio
- June 2005 - all LPP participants received feedback on their LPP

Learn the FPP Advantage

Looking for a way to improve your pharmacy operation? A new workshop shows you how to raise the quality of new hires, improve staff retention and build a productive pharmacy team.

"According to Role 3 of the Framework of Professional Practice, pharmacists are expected to contribute to the effective operation of the pharmacy," says President Rita Thomson. "That's easy to say, but how do you put it into practice?"

"We decided to invest College resources into developing a highly interactive workshop that turns the FPP into a powerful management tool," says Rita. "We're subsidizing the cost because we believe the FPP can help managers operate more effectively and improve patient care."

- Check out the *Learn the FPP Advantage* registration form included in this issue of *Read•Links* to see how you can develop creative, cost-effective strategies for your practice.
- If you register by September 22, you'll receive the early bird discount fee of only \$75 per person.
- Space is limited so register early to avoid disappointment.



www.bcpharmacists.org>professional development

Learn the FPP Advantage

Time 5:30 – 6:00pm light supper
6:00 – 9:15pm workshop

Date, Location

Vancouver, September 29, 2005
Burnaby, October 5, 2005
Abbotsford, October 6, 2005
Prince George, October 12, 2005
Victoria, October 18, 2005

COLLEGE MISSION

To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

Policy changes reflect pharmacist input

In response to requests from pharmacists working in government-licensed long-term care facilities, Council recently approved policy changes for multi-medication packaging:

- Each pouch no longer has to include complete directions
- Pharmacists can omit 'reminder' pouches

"Following a practice review, we decided to focus on outcomes instead of strict adherence to rules," says President Rita Thomson. "Each facility's Medication Safety and Advisory Committee is now responsible for making changes to the existing system after considering the 'pros' and 'cons' of doing so.

"This is in line with our commitment to consult and support pharmacists in their practice," says Rita. "We believe patient care will benefit if pharmacists work with their Medication Safety and Advisory Committees to develop systems best suited to their facility."

Here's the amended Professional Practice Policy 52:

"A facility's Medication Safety and Advisory committee may authorize the deletion of directions for use on each multi-medication package pouch and the omission of reminder pouches for non-pouch-packaged medications, provided that the pharmacist presents the committee members with the 'pros' and 'cons' of each option and the decision is documented in the committee's meeting minutes."

For more information please contact Margaret McLean, Quality Outcomes Specialist, at the College, email: mclean@bcpharmacists.org.

Court ruling continued from pg 1

combination. The patient, a 46-year-old waitress who suffered from neck and back pain, had been taking six drugs, including Diazepam, Percocet and Oxycontin.

"This is a major development in pharmacist accountability and could have repercussions in Canada," says Deputy Registrar Brenda Osmond. "Although it is troubling to see a colleague in this position, the decision reflects contemporary views on the roles and responsibilities of pharmacists."

According to the Framework of Professional Practice, pharmacists are responsible for gathering information about a patient's health needs and developing a care plan based on their knowledge of the patient and the drugs their physician has prescribed. "We are our patients' most accessible healthcare professional," says Brenda. "Patients have a right to rely on us to find and fix medication-related problems."

The Florida ruling follows cases in five other states where courts have found pharmacists have a duty to warn patients, physicians or both. "The U.S. is generally a few years ahead of Canada," says Brenda. "Publicity surrounding this case may result in a higher level of expectation of pharmacists by the public and other healthcare providers."

DRUG UPDATES AND ADVISORIES

For full details please check the National Association of Pharmacy Regulatory Authorities (NAPRA) website, www.napra.ca. You can also find drug information on the College website, www.bcpharmacists.org.

Apo-Omeprazole 20 mg capsules

Apo-Omeprazole 20 mg capsules have been reinstated. The safety and efficacy of the drug have not been in question. The issue before the courts relates to the technical interpretation of the patent regulations. www.bcpharmacists.org/pdf/Apo_Omeprazole.pdf

Ketamine

Health Canada has removed ketamine from Schedule F of the Food and Drug Regulations and listed it in Schedule I to the Controlled Drugs and Substances Act and the schedule to the Narcotic Control Regulations. www.bcpharmacists.org/pdf/Ketamine_cntrld.pdf

Refludan® (lepirudin)

Dosage and administration information for hospitals about the transition from Refludan® to oral anticoagulation when Refludan® has been used to treat HIT. www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/refludan_nth-ah_2_e.html

Tubersol® [Tuberculin Purified Protein Derivative (Mantoux)]

Information on risk of serious allergic reactions following Tubersol® administration www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/tubersol_hpc_e.html



NAPRA SUPPORTS BC PHARMACISTS

With a new Executive Director, Ken Potvin, and new staff, the National Association of Pharmacy Regulatory Authorities (NAPRA) is developing a new strategic vision for 2005/06.

Founded in 1995, NAPRA represents the common interests of pharmacists from across Canada to the federal government and federal agencies. It provides pharmacists with a national resource centre and promotes national pharmacy standards. Past Council President Erica Gregory and the Registrar represent our College at NAPRA.

Here are a few of the dozens of recent NAPRA activities which support pharmacy practice in BC:

- National Drug Scheduling Advisory Committee: reviewed the national drug scheduling system and found it was working well. A review of nicotine inhalers resulted in a recommendation to move the drug to unscheduled status. This recommendation requires approval by the BC government before it is in effect.
- Professional practice: revised standards of practice for Schedule II and III drugs; drafted guidelines for pharmacy compounding.
- Natural Health Products (NHP): ongoing discussions regarding NHP regulation implementation problems.
- International pharmacy services: ongoing consultation with the US, the federal Health Minister and senior Health Canada officials regarding cross-border export of prescription drugs.

Canadian pharmacy facts 2005

Licensed pharmacists	29,537
Pharmacies	7,860



www.napra.ca

High tech, high touch



Sean McKelvey

Can technology break down barriers of time and distance to make affordable pharmacy home care a reality? That's one of the questions Empowering Patients through Integrated Care (EPIC) hopes to answer by spring 2006.

A collaborative program involving the Pharmacist Network, BC NurseLine, Fraser and Northern Health Authorities and Ministry of Health Services, EPIC provides a 'pharmacist coach' for patients living at home with chronic disease.

"I'm excited to see pharmacists pushing the envelope of patient care," says Registrar Marshall Moleschi, who helped set up the EPIC project in his former position as Northern Health's Director of Pharmacy and Prince George's Health Services Administrator. "The College wholeheartedly supports using technology to empower pharmacists to help patients manage chronic illness."

Pharmacist Sean McKelvey, President of Network Healthcare, who helped bring together groups involved in the EPIC pilot project, says, "We know three out of four adverse events that occur when a patient goes home from hospital are drug-related." There's also plenty of evidence that pharmacist involvement improves care at home and reduces the number and severity of repeat hospital visits. The goal of the EPIC program is to demonstrate the value of involving pharmacists in home care.

"Our healthcare system needs to adapt to serve patients better," says pharmacist Barbara Ogle, Vice President Clinical Services, Network Healthcare. "We know patients with chronic diseases don't always take what they should, when they should. And we know it's hard for people to change daily routines," she says. "We need to find a supportive way to help patients at home.

"We're trying to find out if telehealth is the most effective way to deliver this service. Can regular telephone contact with a pharmacist help people develop the self-management skills they need to live better?"

From September 2005 through March 2006, EPIC plans to connect 800 patients and their primary care physicians with 20 pharmacists located all over the province. Cutting edge technology like Voice Over Internet Protocol (VOIP), webcams and high-speed internet access make it possible for EPIC to hold virtual face-to-face meetings with participating physicians and pharmacists.

Existing technology like PharmaNet and online drug information databases provide patient records and treatment options, while the low-tech telephone offers personal rapport between pharmacist and patient. "We're using high technology to raise the level of high touch," says Barbara.

For more information please contact Deputy Registrar Brenda Osmond at the College, email: brenda.osmond@bcpharmacists.org.

Expanding the role of pharmacy technicians

High demand for pharmacists, public sector wage controls and rising wages for community pharmacists are making it increasingly difficult for hospitals to attract and retain pharmacists.

Responding to this challenge, the College's Hospital Pharmacy Committee, chaired by Dianne Kapy, is working closely with pharmacy managers, pharmacists and the Canadian Association of Pharmacy Technicians BC Branch (CAPT BC), to expand the role of pharmacy technicians in hospital practice.

Their goal is nothing less than to sustain hospital pharmacy clinical practice. As hospital pharmacists become ever more scarce, there's an urgent need for them to focus on patient care, not spend their time dealing with the technical aspects of pharmacy practice. One way to make this possible is to empower technicians to manage drug distribution and data entry.

To date the committee has organized a brainstorming session with 40 hospital pharmacy managers, plus forums in the Lower Mainland and Salmon Arm that involved more than 100 hospital and community pharmacy technicians. The committee's work also builds on TechWise: Hiring Smart, a publication developed by Council that provides tools for community pharmacy technician training assessment, knowledge appraisal and job descriptions.

The committee is currently drafting proposed standards of practice for pharmacy technicians based on the model of the College's Framework of Professional Practice (FPP). Eventually this could lead to development of a competency assessment program similar in structure to the College's Professional Development and Assessment Program (PDAP).

Questions & Answers

Q I just received a prescription signed by a medical resident. The resident's preceptor's name is also printed on the prescription. Can a medical resident prescribe drugs? If so, do I process the prescription using the medical resident's name or the preceptor's name?

A A small number of medical residents have prescribing privileges. Enter these prescriptions using the resident's name as the prescriber. If you perform a practitioner search on PharmaNet using the resident's name or ID number, PharmaNet will either identify the prescriber's status or send an error message stating "prescriber not found."

The "prescriber not found" message means the medical resident doesn't have prescribing privileges. In this situation the preceptor needs to co-sign prescriptions and you input the preceptor's name as the prescriber's name.

Q One of our patients wants to buy pancreatic enzymes to help her digestion. She doesn't have established pancreatic insufficiency. May I sell pancreatic enzymes to her on a non-prescription basis?

A Yes. Pancreatic enzymes are unscheduled, except in products used to treat established pancreatic insufficiency.

Q Do midwives have prescribing privileges? If so, can they prescribe misoprostol?

A Yes, midwives do have prescribing privileges and they may prescribe misoprostol. You can confirm registration status of individuals as midwives by contacting the College of Midwives of BC at 604-875-3580.



You can find a complete list of the Midwives Prescribing Schedule from the College of Midwives of BC at www.cmbc.bc.ca

Q I know I need to make sure returned and expired fentanyl patches are made unusable or inaccessible until they can be appropriately destroyed, but I don't know how to do that? Do you have any suggestions?

A Wear surgical gloves and fold the patch in half, so it sticks to itself. Put it in an empty prescription stock bottle, add some bleach, a little water, and some Plaster of Paris®. This helps prevent any misadventure and toxicity.

Read-Links Online offers you everything you find in the printed Read-Links newsletter plus much more. Click on Resources on the homepage of the College website, www.bcpharmacists.org, to find Read-Links Online and back issues of newsletters.

Read-Links Online Edition

In the July/August Read-Links Online Edition

- **Resource Source** - order free brochures for your pharmacy
- **People News** - find out who's the next Council President
- **EventLink** - read about upcoming events on oncology, concussion and patient self-management

FORMER LILLOOET MAYOR HONOURED



Hal Strathers

Long-time Lillooet mayor Harold Stathers was recently honoured for a lifetime of community service. Hal, whose daughter Catherine now owns and manages the Lillooet I.D.A. Pharmacy that he operated for decades, recently received the Bowl of Hygeia Award presented by Wyeth Consumer Healthcare at the BC Pharmacy Association (BCPhA) conference.

Hal's dedication to public service started early. In the spring of 1945 he enlisted in the Canadian Army, but was discharged three weeks later for being underage. He was only 15.

Over the past five decades Hal has volunteered for a variety of community organizations. At various times he has chaired the Lillooet – Squamish Hospital Board, been a school district trustee and led the local Boy Scout troupe. He's been a member of the Kinsmen, Lions Club, Masonic Lodge, Board of Trade, Rod and Gun Club, and the Mile 'O' Riding Club.

He has also actively supported our profession as a member of various College committees and a charter member of the BCPhA.



Find more People News in Read-Links Online on the College website:

www.bcpharmacists.org>
Resources



Sharon McLachlan

You may never meet Sharon McLachlan, but her work touches every BC pharmacist. If you've ever filled in a self-assessment form, sweated over the right answer on a Knowledge Assessment exam or pondered what to include in a Learning & Practice Portfolio, you've experienced her particular creative talent.

As Administrative Assistant, Assessment Programs, Sharon creates a myriad of forms that need to work efficiently on many different levels. Is each form easy to read and understand? Is there enough room to include all the necessary information? Is it clear whether the user should mark an 'x' or fill in a circle? Can the software scan and read the answers accurately? Are the results in a form that statisticians can easily analyze?

These are just a few of the questions Sharon juggles as she works with Teleform, one of several highly demanding software programs. It's up to her to develop ways to capture and manage assessment data so that it's accessible, reliable and protects pharmacists' confidentiality. "It requires creativity and a bit of artistic flair to pull things together," she says.

"Every day is different. You never know what to expect," says Sharon who has about 50 forms in her database, project deadlines that range from a few days to many months, and multiple layers of information to juggle.

Originally from Australia, Sharon arrived in Vancouver on a working holiday 18 years ago. Since then she's acquired a husband and two teenagers. "It's a very busy life," she says.

With a background in planning and logistics, she joined the College in 1997. "I started when the assessment program was first being developed so I understand the history behind the program," she says. She works closely with the other members of the PDAP team including Director of Assessment Programs Doreen Leong, Assessment Programs Administrator Ashifa Keshavji, Administrative Assistant Lori Tanaka and Assessment Consultant Carol O'Byrne.



Sharon McLachlan

Recognizing excellent pharmacists

Nominations have flooded in for the new Awards of Excellence program. By the May 31 deadline the College had received 35 nominations including 16 for Five Star Pharmacist, 11 for Award of Excellence in Community Pharmacy, six for Award of Excellence in Hospital Pharmacy and two for Award of Excellence in Long-term Care Pharmacy.

"We're delighted to see so many nominations," says President Rita Thomson. "It's obvious from the glowing comments that our profession has many unsung heroes. We plan to review each nomination in detail to make sure we select pharmacists who are role models for our profession."

A unique aspect of the awards program is the "Five Star Pharmacist" award, given to one exceptional professional each year. "We'll make sure this pharmacist's name lives on in our profession by establishing a \$1,000 award which he or she will personally present to a pharmacy student," says Rita.

"We believe this special event will raise awareness of excellent practice in our profession." In addition, the College will issue a news release to the media announcing each excellence in practice award, along with a photo of the pharmacist.

At their June Council meeting, Councillors set up a nominations review committee to develop a short list of potential award recipients. President Rita Thomson will present the awards at the November 26 annual meeting.

what went Wrong

Dear College,

A pharmacist gave my eight year old son Ritalin® 20mg when his doctor had prescribed Ritalin® 10mg. This dispensing error happened twice - in December 2004 and in March 2005 and wasn't discovered until July 2005 - by our doctor. The pharmacy labels clearly stated "20mg" but the prescriptions were for "10mg."

In March, when I brought in a new prescription for Ritalin® 10mg, a pharmacist noticed it was different from what my son had been taking and wanted to confirm the dosage with the doctor. It was a weekend so he gave me a five-day supply of Ritalin® 20mg in the meantime. When I picked up the rest of the supply a few days later he told me the doctor confirmed that 20 mg was the correct dose.

In July, I took my son for a follow-up appointment to his doctor. I happened to have the medication vial with me and showed it to the doctor. The doctor discovered the dispensing error.

What's going on at this pharmacy? I'm alarmed that even after calling the doctor, the pharmacist made a mistake!

Rightly upset about Ritalin

The pharmacist involved reports:

In early January 2005, the boy's mother brought a prescription for Ritalin® 10mg to the pharmacy. Since the patient still had a supply left at home I logged the prescription - in error - as Ritalin® 20mg. In mid January 2005, I dispensed the logged prescription without retrieving the original hard copy from the files.

In March 2005, the mother brought a prescription for Ritalin® 10mg into the pharmacy. A pharmacist noticed that it was different from what had been dispensed earlier and called the doctor's office to clarify. When speaking to the doctor, the pharmacist asked if there had been a change in dosage for the boy's Ritalin prescription. The doctor said, "No change. Dispense the same as before." Therefore, the pharmacist went ahead and once again dispensed Ritalin 20mg.

What can you do to prevent such a situation happening in your pharmacy?

- When logging prescriptions, check the hard-copy with the labels that are generated with the same scrutiny you would use if you were performing a final check before dispensing a drug.
- When dispensing logged prescriptions, consider retrieving the original hard-copy to make sure the right patient gets the right drug.
- When taking verbal prescriptions or clarifying prescriptions on the phone, be sure to repeat the prescription to the prescriber, speaking clearly and slowly. In this situation, the pharmacist could have stated, "Just to confirm for (patient's name) you want me to dispense Ritalin 20mg (two, zero) twice daily?"

YOUR BEST BET FOR \$100

Activate your "E-Link - email for Canada's pharmacists" account, and you could be the next pharmacist to win \$100. It takes only a few minutes to set up your E-Link account and you're automatically entered to win.

That's what Richmond community pharmacist Lois Twardy did. Now she's \$100 richer. Here's what she says about E-Link.



Q. Why did you decide to use E-Link?

A. I always like to try anything new that involves the computer, as long as the learning curve is not too steep.

Q. How do you use E-Link as part of your practice?

A. I rely on the drug advisories as I work part time and frequently miss faxed/mailed advisories that come to my work place.

Q. Do you forward your E-Link messages to a personal email account?

A. Yes.

Q. What are the benefits of E-Link?

A. I like having an email address with my name in it. I like being

able to contact co-workers and classmates as the email addresses are standardized.

Q. How easy is it to use E-Link?

A. Very easy. One pharmacist older than me was hesitant as he only uses a computer at work. He sat down at his son's computer and was up and running in no time. He came to work the next day in awe of his abilities and the information available. He's a convert.

Q. How long have you been a pharmacist?

A. Don't make me say it ... 31 years.

One last word from Lois, "Like all pharmacists we have little time to read - just read this one piece - the instructions for getting online."

- E-Link is free for BC pharmacists.
- Every BC pharmacist has an "alias" E-Link email address already set up. Your E-Link address is: firstname.lastname@cpbc.napra.ca.
- You can automatically forward E-Link messages to your personal email.
- Accessing E-Link for the first time is easy. Go to the College website, www.bcpharmacists.org, click on the E-Link icon, log on using your diplomanumber@cpbc.napra.ca and password "happy 123". Click on "Options" to create a personal password and forward your E-Link email to your personal email address.
- Questions? Call the College toll-free, 800-377-8129.

Check out the latest
E-Link winner
on the College website & in *Read-Links*,
the College's bi-monthly newsletter

Being there

Pharmacists across BC can now watch and hear presentations recorded in real time at the 2005 Update Conference. Using innovative 'streaming media' technology, these events are now available on the UBC Continuing Pharmacy Professional Development (CPPD) website.

"We've received strong positive response from pharmacists across the province," says Janice Moshenko, Director CPPD. "People tell us it's almost as good as being there. One pharmacist says she rides her exercise bike while she reads and listens to the presentations."



[www.pharmacy.ubc.ca/cppd/streaming_media_files/soundpresentations%20\(revised\).html](http://www.pharmacy.ubc.ca/cppd/streaming_media_files/soundpresentations%20(revised).html)

New Presentations: Update 2005

- Dangerous Liaisons: Drugs That Interact
- New Canadian Diabetes Guidelines
- Pharmacotherapy of Depression
- Home Infusion Therapy
- Anticoagulation: Update for Pharmacists
- Hot Topics in Pediatrics: Are SSRIs Safe in Kids?
- What's New in Childhood Immunizations?



Find more continuing education and event information in *Read-Links Online* on the College website:

www.bcpharmacists.org > Resources

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The *Read-Links* newsletter provides important College and pharmacy practice information. All pharmacists are expected to be aware of these matters. Licensed pharmacies must have the last three years of *Read-Links* / Bulletin issues on file as per reference library requirements.

Your questions and comments about this newsletter are welcome and may be forwarded to the Registrar.

Pillar of Pharmacy

Linda Lytle, who retired as College Registrar on July 1, 2005, was honoured at a special Canadian Foundation for Pharmacy dinner held at the Vancouver Trade and Convention Centre. More than 160 pharmacists and friends from across Canada gave Linda a standing ovation when she received the prestigious Pillar of Pharmacy award in recognition of her life-long commitment to our profession. Linda was only the second BC pharmacist to be honoured in this way. Proceeds from the evening went to support the Foundation.

President-elect

Council unanimously chose long-time Council member, **John Hope**, as President-elect. John, elected by pharmacists from District 6 - urban hospitals, takes over as President from **Rita Thomson** at the end of the November 26 annual meeting.

Hospital pharmacist joins Board of Examiners

Hospital pharmacist **Raymond Jang** was recently appointed to the Board of Examiners. This brings the number of hospital pharmacists on the Board up to three, reflecting the ratio of hospital and community pharmacists across BC.

CSHP awards

BC pharmacists collected an armful of awards at the 2005 Canadian Society of Hospital Pharmacists Professional Practice Conference.

Kerry Wilbur received the New Hospital Pharmacy Practitioner award.

Mark F. Collins was awarded the Apotex award for management issues in pharmaceutical care for his study, "Measuring performance indicators in clinical pharmacy services with a personal digital assistant."

Robert M. Balen, Sumit Raybardhan, Nilufar Partovi, Peter Loewen, Gwen Liu and Dr. Peter J. Jewesson received the Bristol-Myers Squibb award for clinical pharmacy. This award recognized their innovative work in implementing a drug-related problem documentation tool using a personal digital assistant (PDA) for pharmacy practice in multi-site health care.

Dr. Ross Tsuyuki received the Novopharm award for developing an education video for patients with heart failure as part of a congestive heart failure outreach program education study. Ross who is registered as a pharmacist in BC, is also Associate Professor of Medicine, Division of Cardiology at the University of Alberta.

Dr. Suzanne Taylor received the Mayne Pharma award for oncology for her study, "Temozolomide for malignant gliomas in BC: a population-based cost-effectiveness analysis."

Dr. Karen Shalansky received the Merck Frosst national drug use award in recognition of achieving a complete switch to darbepoetin in a hemodialysis unit.

Resource Source

Physiotherapy and bladder control

Up to 1.5 million Canadians live with incontinence or difficulty with bladder control. That figure may double within 20 years as the population ages. Physiotherapy can offer an alternative to medication as a treatment for up to half of women and 15 percent of men with incontinence. Learn more from the Physiotherapy Association of BC website.



www.bcphysio.org
incontinence brochure

Safety tips brochure

The BC HealthGuide now offers a Patient Safety Tips brochure. The brochure supports the BC HealthGuide and promotes self-care and medication safety. Pharmacists can order bulk copies for use in pharmacies by calling the Health and Seniors' Information Line toll-free at 800-465-4911 or order by email or online.



email: HLTH.Health@gems1.gov.bc.ca
www.bchealthguide.org

Health & Yourself seminars continue

Council and local pharmacists continue to actively support the BC HealthGuide program through Health & Yourself seminars. If you know of a community group that would like to receive a Health & Yourself presentation, along with free BCHealth Guides, please contact your district Councillor.



www.bchealthguide.org

OnCall service popular with pharmacists

The College's OnCall pharmacists have logged more than 2,500 calls from pharmacists since September 2004, an average of more than 20 calls a day. OnCall pharmacists are ready to answer your practice-related questions at any time during regular College business hours.

Call toll-free 800-663-1940

attend

COLLEGE COUNCIL MEETINGS

Councillors welcome all BC pharmacists and the public to attend Council meetings of the College of Pharmacists of BC.

When: Fridays: September 23, November 25, 2005, January 20, 2006
Where: College office, Vancouver, BC
Contact: Samantha Lam, 866-676-4220 toll-free direct

experience

CONCUSSION ROAD SHOW

Specialists in brain injury, sports medicine and physical therapy present a free concussion education program.

Information & Registration: 604-512-2991, vcsregistration@soragroup.com

When: Saturday, September 24, 2005 8:30 - 11:30am
Where: Imax Theatre, Science World, 1445 Quebec St., Vancouver, BC
Click: [program brochure](#)

learn

NATIONAL ONCOLOGY PHARMACY SYMPOSIUM

Experience cancer treatment from the patient's point of view at the National Oncology Pharmacy Symposium coming to Vancouver this fall. Presented by the Canadian Association of Pharmacy in

Oncology (CAPH0), the conference theme is "From the patient's perspective".

When: October 28-30, 2005
Where: Sheraton Wall Centre, Vancouver, BC
Contact: Sarah Lowis, Conference Manager, sarah@seatoskymeetings.com
Click: www.capho.ca

explore

DISTANCE EDUCATION PROGRAM 2005

Learn at home with UBC Continuing Pharmacy Professional Development's home study program. Check out the Spring 2005 calendar to access new courses on Anticoagulation, Basics of immunization, Current and future issues in viral diseases

and non-HIV antiviral drugs, Applying pharmaco-economic principles in every day practice, and Patient assessment. Send your comments to UBC-CPPD at: infocpe@interchange.ubc.ca

Click: www.pharmacy.ubc.ca/cppd/index/html

attend

INTERNATIONAL CONFERENCE ON PATIENT SELF-MANAGEMENT

Learn about new perspectives in patient self-management from the world's leading experts. Find out what the future holds in the rapidly growing field of patient self-

management. Hear provincial, national and international leaders describe the latest research on how to develop and maintain self-management.

When: September 12 - 14, 2005
Where: Victoria Conference Centre, Victoria, BC
Click: www.newperspectivesconf.com