SASKATCHEWAN COLLEGE OF PHARMACISTS

Newsletter

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Lessons Learned From the First Learning Portfolio Audit

Joan Bobyn, BSP, PhD, Audit Project Coordinator

The first audit of the Saskatchewan Pharmacists' Learning Portfolio took place in April 2005. Our sincere thanks go to all pharmacists who submitted their portfolios for review. The purpose of the first audit was 1) *to test, evaluate and confirm audit procedures*; and 2) *to ensure the Learning Portfolio is a useful tool for pharmacists to assess and meet their learning needs as part of the competency assurance process*. The process was a subjective/qualitative feedback procedure and not punitive. Feedback focused on ways to improve personal use of the Learning Portfolio for the process of self-assessment and professional development.

The audit consisted of two parts:

1. **Elements**: verification of appropriate documents and details of submissions.
2. **Standards**: evaluation of learning activities for acceptability, validity, adherence to criteria, and quality. Included in this evaluation were comments, feedback and constructive suggestions for improvement of quality of documentation.

During the development of the audit process, it became clear feedback on the quality of the activity itself could not truly be summative, and the portfolios would not be awarded a pass/fail type of evaluation. Peer-reviewers were therefore instructed to evaluate the adequacy of the individual Learning Project Records (LPRs), and provide formative feedback on the documentation of required elements in the recording process, particularly on the reflection notes.

Twelve peer-reviewers evaluated two hundred and thirty-nine identity-blinded portfolios. Each portfolio was independently evaluated by two peer-reviewers. The mean number of CEUs per submitted portfolio was twenty-one. Two hundred and twenty-two portfolios had fifteen or more CEUs. Most pharmacists fulfilled their CEUs with accredited live or self-study, and non-accredited self-study activities. Only six pharmacists completed non-accredited long-term activities.

In general, pharmacists submitted adequate supporting documentation, and appeared to be undertaking a variety of quality learning activities. Often, pharmacists did not identify a 'learning objective', but substituted the program titles. Many pharmacists summarized 'key learning points' very well, but many also used generic phrases such as 'good information' with no elaboration. Reflection notes on the LPRs were generally incomplete, in that most pharmacists did not adequately reflect on 1) how the activity would impact their daily practice, 2) whether the approach used was appropriate and 3) whether further learning was required. A few pharmacists did not complete or submit any LPRs, but submitted brochures and other documentation to support activities, such that attendance and completion of activities with adequate CEUs could be inferred, but not confirmed by the peer-reviewers. Most pharmacists completed only one LPR for an entire conference. The LPR for this type of activity does not clearly indicate, however, that one LPR is expected for each session of a conference to allow adequate opportunity for reflection.

Generally, the audit was felt to acceptably accomplish the first goal, *to test, evaluate and confirm audit procedures*. The second goal of the audit, *to ensure the Learning Portfolio is a useful tool for pharmacists to assess and meet their learning needs as part of the competency assurance process*, was less well-accomplished. Peer-reviewers could easily determine if a pharmacist was keeping adequate records and supporting documentation, and reflecting appropriately on learning activities, *i.e.* completing the LPR properly. The LPR did not, however, allow peer-reviewers to evaluate the quality and validity of learning, especially for non-accredited activities, or assess whether meaningful learning took place. On the other hand, the LPR may be a useful tool for individuals to assess their own learning needs and direct their learning activities. Providing feedback on the

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From the Desk of the Dean

Dr. Dennis Gorecki
College of Pharmacy and Nutrition

I am pleased to write the first ***Desk of the Dean*** since returning from Administrative Leave. My sincere thanks to Dr. Linda Suveges, who provided excellent leadership as Acting Dean during the past year. Dr. Fred Rémillard, Assistant Dean of Undergraduate Affairs, Dr. Shawna Berenbaum, Head of the Division of Nutrition and Dietetics and Dr. Yvonne Shevchuk, Head of the Division of Pharmacy have completed their respective terms. Many thanks to them for their invaluable contributions to the College, and to Dr. Marianna Foldvari in her first year as Associate Dean of Research and Graduate Affairs. Dr. Gord McKay will be our new Head of Pharmacy and Dr. Susan Whiting will take on the role of Head of Nutrition and Dietetics in January 2006, following a Sabbatical Leave. Until then, Dr. Gord Zello will serve as Acting Head.

The College received the Report of the Canadian Council for Accreditation of Pharmacy Programs in March 2005. We are delighted to report that the BSP program has been granted ***Full Accreditation*** for the next six-year cycle. Faculty, staff, students and practitioner representatives were pleased to hear that the Review Team was impressed with the documentation we provided and the visit itself. We were equally pleased with the positive interactions between the well-prepared members of the Review Team, which included Drs. Monique Richer (Université Laval), David Hill (University of Colorado), Lavern Vercaign (University of Manitoba), Jim Blackburn (CCAPP Executive Director), with Mr. Bill Paterson serving as SCP observer.

We were gratified to hear the team's comments regarding the progress made over the past five years and that we have largely dealt with concerns identified in the 1999 review. The team summarized our strengths:

- Definite evidence of continued improvements, and promising ongoing and future developments
- Strategic plan re-established and aligned with the University's integrated plan
- Successful implementation of new undergraduate curriculum, which has been well received by faculty and students; graduates are well prepared for pharmacy practice
- Dean has broad support and respect among faculty and University administration and the Acting Dean (Dr. Suveges) is well respected and maintained stability during the Dean's leave
- Faculty are committed and hard working
- Physical facilities are adequate and the Dean continues to seek additional space
- College has good relationships with University administration and regional health authorities

The Team confirmed our self-assessment regarding areas that we need to continue to address and enhance:

- Heavy faculty teaching workloads and deficiency of administrative support
- Ability of institutional practice sites to provide practice experiences as a result of increased enrolment (i.e., increased support is needed); more preceptor training; opportunities for preceptor input into SPEP planning
- Formal plan to evaluate the program and effectiveness of the curriculum in meeting expectations
- Increase interdisciplinary initiatives among health science programs, in parallel with planning for the new Academic Health Sciences Complex

Many thanks again to all who participated in the accreditation process. We are looking forward to Dietitians of Canada's accreditation review of the B.Sc.(Nutrition) program in April 2006.

Saskatchewan College of Pharmacists
Notice of District Meetings

Agenda to focus on the Pharmaceutical Information Program, including:

- Presentation and orientation from Saskatchewan Health on the Pharmaceutical Information Program
- Workshop on Standards and Guidelines for Members and Implication on Practice
- Proposed Changes to the Triplicate Prescription Program
- Opportunities to use the ADAPT Database

District Meetings will be held around the province as follows:

Monday, October 17	**Regina:** Travelodge – Burlington Room
Tuesday, October 18	**Weyburn:** Signal Hill Arts Centre – Studio (2nd Floor)
Wednesday, October 19	**Moose Jaw:** Heritage Inn – Jubilee Room B
Monday, October 24	**Prince Albert:** Marlboro Inn – Marlboro South Room
Tuesday, October 25	**North Battleford:** Tropical Inn – Cypress Room
Wednesday, October 26	**Kindersley:** Kindersley Inn – Oak Room
Thursday, October 27	**Swift Current:** Days Inn – Room "C"
Monday, November 07	**Saskatoon:** Saskatoon Inn – Courtyard Room
Tuesday, November 08	**Tisdale:** Tisdale Recplex – Hanover Room
Wednesday, November 09	**Yorkton:** Best Western Parkland Inn – Harvest Room

✓ **Mark these dates on your calendar.**

Meetings commence at 7:30 p.m.

Please participate in the affairs of your College.

Lessons Learned From the First Learning Portfolio Audit

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documentation process via the audit may be sufficient to help pharmacists assess and evaluate their own learning needs, thus accomplishing the second goal indirectly. Creating a mindset, process and framework for pharmacists to assess and meet their future learning needs is an important goal. Documenting that a specific topic was learned may be less important than developing the ability to determine what needs to be learned; how to structure the learning; where to seek the information; how to critically evaluate relevant information; how to assess adequacy and relevance of the learning; and how to apply the new knowledge to individual practice.

In summary, the first audit established a satisfactory review process. The peer-reviewers made some general recommendations to the CPDP Advisory Committee: 1) revise the Learning Portfolio binder material and re-design the LPR forms; 2) provide clearer instructions to pharmacists with examples of expected documentation; 3) provide blank LPRs at conferences and live programs, and encourage pharmacists to complete the LPRs during the sessions. In response to the first audit and the recommendations of the peer-reviewers and the CPDP Advisory Board, the revision of the Learning Portfolio is underway. For the second audit, pharmacists will be randomly selected in early fall 2005 to submit documents by March 2006, in preparation for the 2006/2007 membership year.

Regulatory Bylaw Amendments

Drug Schedules

The following Regulatory Bylaw Amendment came into effect May 20, 2005, upon publication in the Saskatchewan Gazette.

Schedule III is amended to delete:

"Nicotine and its salts (when sold in a form to be administered orally by means of an inhalation device delivering 4 mg or less of nicotine per dosage unit".

This means that such products may be sold from any retail outlet.

Discipline Committee Decision and Order

On June 14, 2005, the Discipline Committee conducted a discipline hearing to consider charges that the respondent, CK of Regina, Saskatchewan, was guilty of professional misconduct within the meaning of section 25 of *The Pharmacy Act, 1996* (the "Act").

The matter proceeded by way of an Agreed Statement of Facts. The particulars of the charges are that on or about January 4, 2003, while engaged as a pharmacist, the member provided a patient with medication in nine vials with each containing a hand written label which identified only the name of the medication with the only direction as to when it was to be administered being "P.M.". Further, the member provided a patient with three different medications in one vial containing a hand written label which identified only the names of the medication and the only direction as to when the medication was to be administered being "bedtime" and "HS".

The member admitted to the allegations in the charges and that the conduct described in those charges amounts to a breach of section 65 of the Act and the Bylaws, Standards and Guidelines as particularized in the Notice of Discipline Hearing.

The Committee ordered that pursuant to Section 34 of the Act:

(a) the member be reprimanded pursuant to section 34(1)(e) of the Act;

(b) the member pay the costs of the investigation and hearing of this matter, with such costs fixed in the amount of $7,000.00, payable on or before December 1, 2005;

(c) a copy of this Decision and Order be provided to the Complainant with the Home Care Division of the Regina Health District;

(d) an excerpt or a summary of this Decision and Order be published in the Newsletter of the Saskatchewan College of Pharmacists, identifying the member as "CK of Regina, Saskatchewan".

Tramacet®

Tramadol has recently been approved and released in Canada. Janssen-Ortho is marketing the drug in combination with acetaminophen (37.5 mg tramadol/325 mg acetaminophen per tablet) under the brand name Tramacet®.

Tramadol is a synthetic analogue of codeine. The drug is not an opioid but is a centrally acting synthetic opioid analgesic that binds to mu-opiod receptors (receptors involved in the euphorogenic response). It has pure opiate-receptor activity with no antagonist activity. Tramadol also inhibits the reuptake of norepinephrine and serotonin, thus increasing the concentrations of these two neurotransmitters in the CNS. The drug is indicated for short-term treatment (<5 days) of acute pain. Seizure has been a risk associated with tramadol. Also, despite not being an opioid, there is a risk of dependence especially among patients with a history or tendency for drug dependence. But generally speaking it has a low addiction potential.

Tramacet® and tramadol are listed in Schedule F and therefore require a prescription for sale to the public.

[Information received from the Ottawa Valley Regional Drug Information Service (via NAPRA) and the Saskatchewan Drug Information Service]

Sincere Thanks from College of Pharmacy and Nutrition ...

... to our many generous sponsors, donors, friends and participants who provided support for our ***20th Annual Golden Suppository Golf Classic*** held on July 15, 2005 in Saskatoon. The proceeds from this event are used to support the College Research Trust Fund for projects involving graduate student research and those of new faculty members, to assist them in establishing their research programs. This year we dedicated the tournament in memory of Ken Ready, an avid golfer and co-founder of this annual event. This year's tournament raised **$35,960** of which $27,000 will be used to support the *Research Trust Fund* and the balance of $8,960 will be dedicated to the *Ken Ready Memorial Scholarship Fund*. The College wishes to acknowledge and express its most sincere appreciation to the various companies and individuals who have helped make this tournament the 'fun' and success it is.

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Queries Regarding Prescriptions and Professional Judgement

Over the past few months we have been receiving reports of members using their "professional judgement" to cover many instances and sometimes this may not be appropriate.

- **Pharmacists changing prescriptions without contacting the prescriber**
  When a pharmacist identifies a likely medication error on a prescription, the member must contact the prescriber for clarification. If the pharmacist changes the prescription to what he/she "thinks" it should be, the pharmacist then becomes the prescriber, which is beyond the scope of practice (exception is Emergency Post-Coital Contraceptives).
- **Triplicate Prescriptions**
  Pharmacists are not to change the drug and/or date on a triplicate prescription. You should contact the prescriber to discuss the specifics of the situation. Should the prescriber wish to make changes to the prescription, a new triplicate form should be forwarded to the pharmacy for filling (facsimiles are allowed).

- **Faxing of triplicate prescriptions by private care home employees (not the prescriber or other health care professional)**
  The "Operational Guidelines for Facsimile Transmission of Prescriptions" document addresses this issue:
  "*Prescribers will be permitted to transmit a prescription written on a triplicate form. ...*" *The prescription must be sent directly from the prescriber's office or directly from a* ***health institution*** *for a patient of that institution.* [Emphasis is the writer's]
- **Refills authorized for one year**
  It is inappropriate to enter such an authorization as "unlimited" or "prn". The pharmacist would have to determine and enter a specific number of refills or the date at which the prescription expires into the pharmacy vendor software.
- **Prescriptions for Schedule II, III or Unscheduled drugs.**
  Pharmacists may not change directions, quantities, or refill authorization on prescriptions written by an authorized practitioner for non-prescription drugs. No prescription may be refilled without the authority of the physician. To continue to provide medication on prescription without the authority of the prescriber is unacceptable, regardless of the law pertaining to the drug in question. This request is often made by the patient (nursing staff or the patient's agent) in the case where they have third party drug coverage only if the medication is prescribed.

Options available to the pharmacist are to either contact the physician for authorization or sell the product to the patient over the counter.

Food and Drug Regulations Amendments

Effective June 15, 2005, Part I of Schedule F to the *Food and Drug Regulations* is amended by adding the following in alphabetical order:

Phenylpropanolamine and its salts and derivatives for veterinary use.

As you will remember, in 2001 Health Canada initiated a recall of all remaining phenylpropanolamine products from the wholesale and retail market. You will note the new Schedule F listing is for veterinary use only.

Health Canada Notices

For immediate notification of Health Canada advisories and notices please contact Cheryl Klein at the SCP office to connect to E-Link. These advisories and notices can be accessed at the NAPRA website, www.napra.ca on the home page, under the heading *Notices for Pharmacists.* The following notices have been posted recently. Please contact the SCP office today to connect to E-Link for this and other urgent information.

New Notices

- Iressa – (August 30, 2005)
- Adderall XR – (August 26, 2005)
- Zometa (Zoledronic Acid) and Aclasta (Zoledronic Acid) – (August 11, 2005)
- Concomitant use of Paxil or Paxil CR and pimozide (Orap) – (July 25, 2005)
- Co-administration of Videx and Viread, and either Sustiva or Viramune – (July 18, 2005)
- Depo-Provera (Medroxyprogesterone Acetate) – (July 7, 2005)

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Please submit resumé to:
Keith Sapara
P.O. Box 250
Esterhazy, SK S0A 0X0
306-745-6662/306-745-2450
Fax: 306-745-6654
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Pharmacy Visits by Nurse Practitioner Students

This notice is to advise pharmacy managers that after September 1, SIAST nurse practitioner students may be requesting to visit your pharmacy to fulfill a requirement for their pharmacotherapeutics for advanced practice class. Students are required to make arrangements to visit a pharmacy to observe and note all aspects of the pharmacy's practice, with particular attention to pharmacist responsibilities relating to record keeping, documentation and client interaction. These students should be properly identified to avoid misunderstandings while in the pharmacy.

The students and faculty of SIAST thank you in advance for your cooperation with this learning interaction.

Ketamine Preparation Update

All pharmacy managers would have received a notice by Health Canada regarding the reclassification of ketamine as a narcotic.

Ketamine has been used in extemporaneous products compounded by pharmacists. Health Canada has ruled that prescriptions for multi-ingredient extemporaneously prepared ketamine would be considered a "sales reportable narcotic" and require a written order and, therefore, a prescription.

Acquisition records of the pharmacy need to list all ketamine received. Ketamine dispensed or used in the preparation of a compounded medication must be entered in the prescription sales record for narcotics. In the case of the compounded product, the amount used and prescription number of the order, as well as all additional required information must be recorded with all other sales-reportable narcotics.

Concerns Raised by a Pharmacist

Reprinted with permission from the College of Physicians and Surgeons (the "College")

The College received a letter from a pharmacist who had tracked (over a period of a month) the number of times the pharmacy had to contact a physician either by telephone or by fax regarding concerns about a prescription. There were 31 calls, not counting call-backs because the physician was not in yet. Two of the 31 calls were because the prescription was illegible; 13 were because there was no dosage given or the dosage was changed and the patient wasn't aware and no notation was made on the prescription; four were situations where the pharmacist needed to apply for EDS and further information was required from the physician; six were because the pharmacist could not tell who the prescribing doctor was; and six were because the doctor did not specify the type of medication, e.g. SR v regular release.

The College would like to remind physicians of bylaw 53 which outlines the minimum standards for written and verbal prescriptions issued by physicians and which also states that safe patient care requires clear written or verbal communication between the physician and the pharmacist to minimize dispensing errors.

To meet the standard, a written prescription must include all of the following in a manner that is fully legible.

- The physician's name and signature
- The patient's name
- The full name of the medication
- The dosage
- The medication concentration or strength where appropriate
- The amount prescribed or the duration of the treatment
- The administration route if other than oral
- Explicit instructions for patient usage of the medication
- The number of refills where refills are authorized
- All information should be written on one side of the prescription.
- Notations such as "use as directed" do not meet the standards except where usage instructions are included on the manufacturer's packaging label.
- A physician who issues a prescription which prohibits drug substitution by the pharmacist must hand write those instructions or initial any pre-printed instructions to that effect.
- A physician who is issuing a prescription for the purpose of obtaining medications for office use must explicitly note on the prescription that the medications are for professional office use.
- Physicians who are in training, who are on the educational register of the College, and who may be authorized to issue prescriptions must clearly identify on the prescription the name of the fully registered physician who is his/her supervisor in respect to that specific physician/patient interaction.
- Physicians who issue verbal prescriptions must do so directly with a pharmacist as opposed to through agents for either the physician or the pharmacist. All verbal prescriptions must include all of the information described above.

The College would also advise physicians who do not wish to apply for exception drug status (EDS) on behalf of the patient *to request the patient's permission to provide enough information (diagnosis, etc.) to the pharmacist so that the pharmacist can apply on the patient's behalf.*