



# IN REVIEW

Canadian Society of Hospital Pharmacists



Société canadienne des pharmaciens d'hôpitaux

## HOSPITAL PHARMACY IN ONTARIO

FALL ISSUE 2019

- 1 Presidential Address
- 3 Incoming President Elect for CSHP Ontario Branch
- 4 Chapter Corner: Southwestern Chapter
- 8 Chapter Corner: Metro Toronto
- 12 Chapter Corner: Northwestern
- 16 Resident's Corner
- 18 Don't Forget to Provide Your Practice Site Information

## TABLE OF CONTENTS

### [PRESIDENTIAL ADDRESS NOVEMBER 2019]

**W**ell I can't believe that a year has come and gone. As I come to the end of my term as your President, there are a few items that I would like to share.

We have had some major movement on the rejuvenation of CSHP. National conducted a membership survey which had a 29% response rate from all

members, 9% of those were from people who had let their memberships lapse. National intends to resurvey annually to ensure that they are staying on track and so that they can identify upcoming priorities as they arise. So, what were the top 3 issues? The top issue was that most members want to belong to a professional association that represents high practice standards. Second, they want to stay on

top of news and developments in hospital pharmacy; and third, they want access to information that will ensure that they are the best they can be at their jobs. Items and services that currently exist that were of the least importance to members were: that membership was needed for a residency; access to member discounts; and that the employer pays the dues. The majority of members felt that CSHP is



Debra Merrill

[NEXT](#)

[HOME](#)



## PRESIDENTIAL ADDRESS continued

most known for education, excellence in professional practice and advocacy, with 98% indicating that the Society was the voice of hospital pharmacy in Canada. There were obvious areas where work needs to be done. Only 79% said (either completely or somewhat) that it had value for the cost of membership; this was only 67% in Ontario. CSHP OB is therefore poised to look at what our branch would look like if we reduced our operating costs so that we could lower the OB portion of the membership fee. From the results, National has identified the top 3 priorities for both advocacy and for professional practice. For advocacy, they are scope of practice, drug shortages and national pharmacare. For professional practice, they are opioid crisis, deprescribing and antimicrobial stewardship. Other initiatives that have arisen from the rejuvenation initiative include the development of a

Pharmacy Technician membership model, strategies to increase membership, strategies to increase engagement (e.g. social media, etc), and a possible name change. Nationally, 63% of respondents did not want a name change and in Ontario 68% did not want a name change but if the name was changed the preferred new name was 'The Canadian Society of Hospital Pharmacy'. There will also be a move to changing the membership cycle. The move will be towards a flexible membership year as well as auto-renewals. In addition, there have been some changes in roles at CHSP National and we now have a new Chief Pharmacy Officer. Christina Adams has been hired as our very first Chief. Congratulations Christina!

From the Ontario Branch perspective, the Branch has been approached and will be looking to be involved in the development

of a diversion risk assessment tool in collaboration with HumanEra & ISMP Canada. Our President Elect, Samantha Yau has attended a Fireside Chat with the Deputy Minister of Health, Helen Angus and participated in the Opioid Summit held in Toronto. We were approached and were interviewed by the Toronto Star with regards to diversion of controlled substances in the hospital setting.

And now we are heading into our 71st Annual General Meeting, being held in Toronto on November 16, 2019. The Education Session program is once again, outstanding! Looking forward to seeing everyone there.

**Debbie Merrill,**  
BSc(Pharm), PharmD  
President, CSHP-OB



## INCOMING PRESIDENT ELECT FOR CSHP ONTARIO BRANCH

Please join us in welcoming Olivia Ng as CSHP Ontario Branch's Incoming President Elect. Olivia has been a member of CSHP Ontario Branch Council for many years. Her most recent role was Education Committee co-chair, finishing her term in 2016-17 and continuing as a member of the Education committee. Olivia will officially be assuming the Internal portfolio in November 2019 at the Annual General Meeting.



Olivia Ng

# CHAPTER CORNER: SOUTHWESTERN CHAPTER

PERSPECTIVES FROM A PAIN PHARMACIST | CLAIRE HOOPER & MARISA RAMANDT

Denise Kreutzwiser is a pharmacist at the St. Joseph's Hospital outpatient [Pain Management Program in London, Ontario](#). Here she works full time alongside a team of physicians, nurses and allied health care professionals to support patients living with chronic pain. We sat down to talk to her about her role in the clinic and to understand how we can better manage our chronic pain patients.



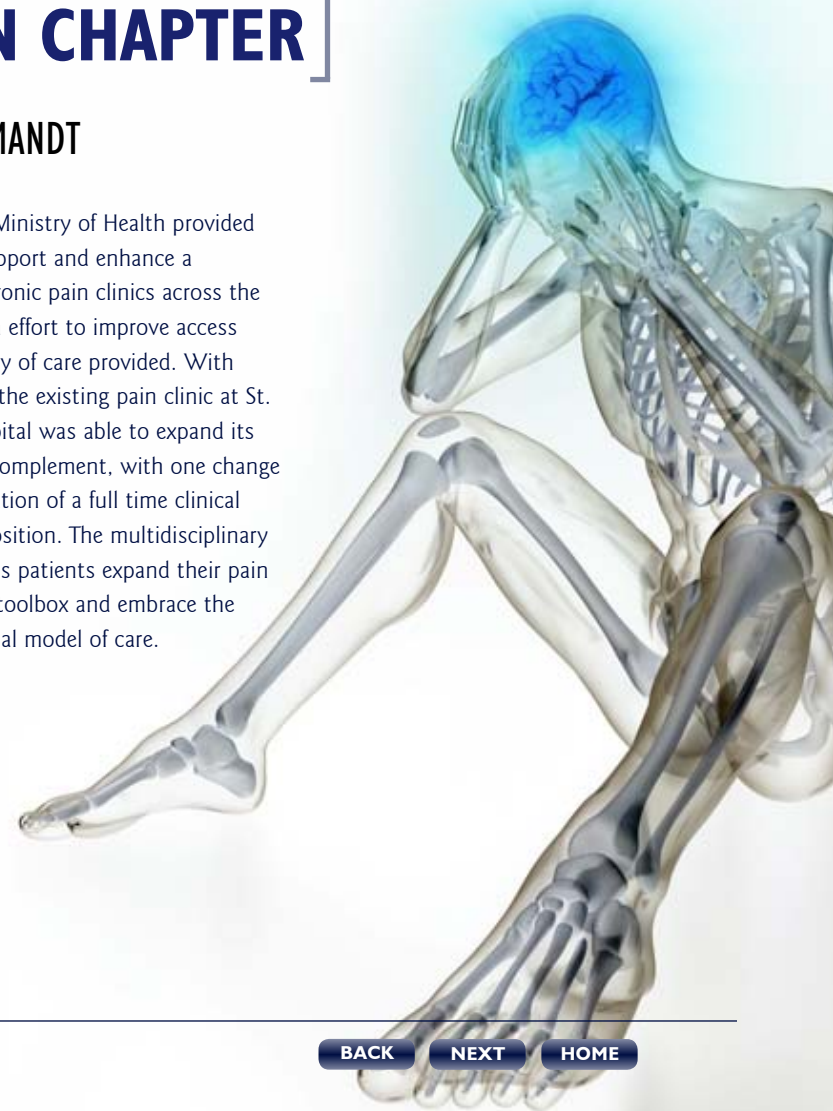
Denise Kreutzwiser

## Can you tell us more about the Pain Management Program and how your role came to be?

Our clinic team is composed of 10 pain specialists with backgrounds in anesthesia, physiatry, and neurology, registered nurses, as well as a variety of allied health care professionals,

including psychologists, physiotherapists, occupational therapists, a social worker, and a pharmacist. We also have a wonderful administrative team that keeps our clinic flowing. Our goal is to build a comprehensive pain management plan for the patient which may then be carried forward by his or her general practitioner.

In 2016, the Ministry of Health provided funding to support and enhance a number of chronic pain clinics across the province in an effort to improve access and the quality of care provided. With that funding, the existing pain clinic at St. Joseph's Hospital was able to expand its allied health complement, with one change being the creation of a full time clinical pharmacist position. The multidisciplinary approach helps patients expand their pain management toolbox and embrace the biopsychosocial model of care.



## CHAPTER CORNER continued

I joined the chronic pain clinic team in January 2017, coming from a background in outpatient HIV care. In order to meet the needs of the clinic team and patients and to support an evolving pharmacist practice role, I tried to pull all the successful and valuable aspects of the pharmacist's role from my prior academic ambulatory clinic experiences together.

### What does a typical day look like for you?

Every day is different! Each physician I work with has different questions for me or tasks to assist with. I help with opioid tapering, opioid rotations, switches to methadone, managing polypharmacy in elderly and medically complex patients, drug coverage, and navigating backorders of controlled drugs (especially since all those prescriptions can't be transferred!). I provide one-on-one medication counselling support and pain medication focused

consultations to patients who have been referred to me by the physicians, nurses, or other allied health care professionals. I am also the most readily accessible health care provider when patients call in with concerns about not tolerating a new medication or managing drug interactions. Some days I can be found participating in or facilitating one of the many group programs/workshops we offer for our patients.

### What educational sessions does the clinic provide?

We hold a 2 hour long "Pain 101" session which is an introductory education focused event where patients and their family members learn about chronic pain. All patients referred to our clinic are expected to attend this event. This session introduces patients to the services offered by our clinic, teaches patients about building a pain management toolbox to enhance their self-management skills,

and helps clarify/set realistic expectations around the management of chronic pain. We also have a Pain Management Group run by our allied health which is a 10-12 week long program to help patients better cope with their chronic pain. One week of this group program is dedicated to learning about pain medications, which is the session I facilitate. Another group program our clinic offers is the Depression Treatment Group. I facilitate the discussion around antidepressant medications in the third week of this program. We also offer themed workshops, such as: Strategies to improve your sleep; Chronic pain, illness and sexual functioning; and Weight loss for pain and disease management.

### What do you like most about your job?

Every case is unique. Even though patients may present with similar pain conditions, they may have very different pain

experiences due to the subjective nature of pain. Sometimes the treatment plan that works really well for one patient, doesn't work for another patient with the same diagnosis. This can serve as a challenge. There is never a dull day in the pain clinic!

### How do you deal with patients who would likely benefit from an opioid taper but are resistant?

I tend to use motivational interviewing techniques, involve the patient in a discussion around management options and the use of adjunct medications that can support the taper, and lastly I try to meet the patient where they are at. Even getting patient buy in to decrease by 5 mg of oral morphine equivalents is a win sometimes. I offer phone support to patients before their next dose decrease to ensure they are ready to take the next step. We are also fortunate to have a psychologist as part of our allied health

## CHAPTER CORNER continued

team, so they may be involved to help with understanding the mood and behavioural aspects of their resistance.

### What is the role of cannabis in your clinic?

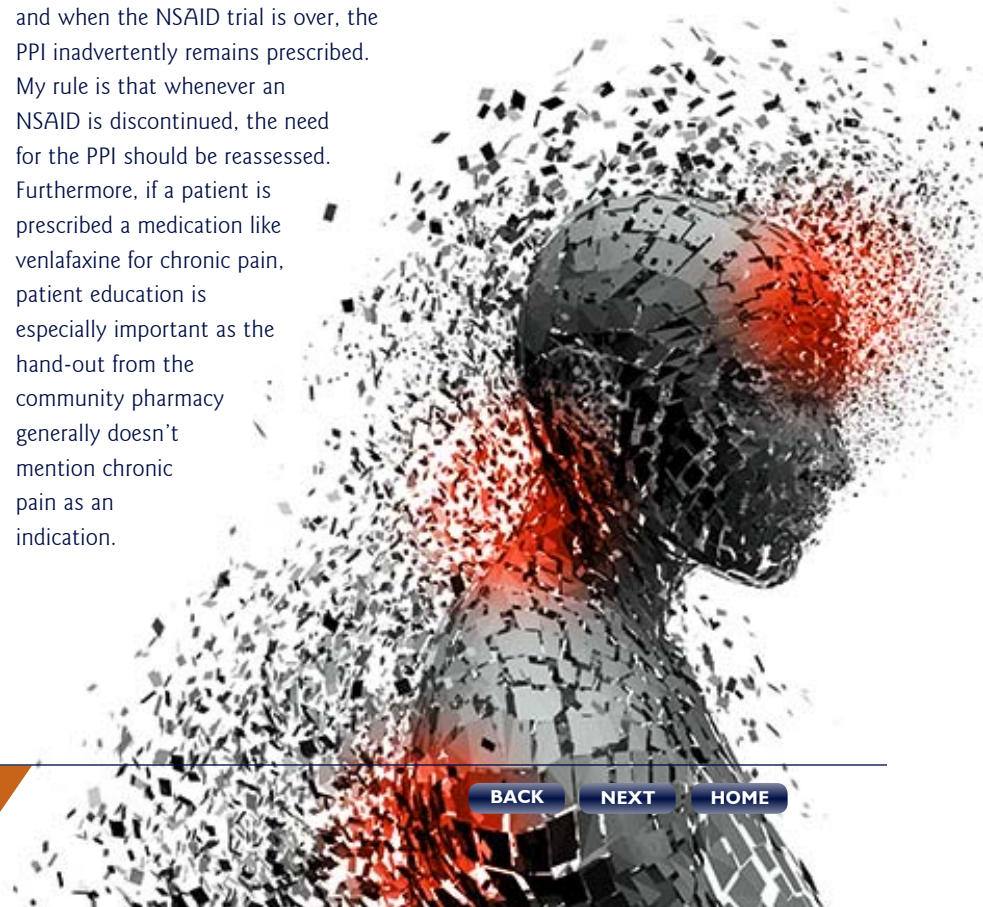
The stance is prescriber dependant as the research in this area is still in its infancy. I am seeing fewer requests and questions about cannabis since the Cannabis Act came into force on October 17, 2018, likely because patients are trying it on their own rather than going through the medical cannabis route. If patients are considering cannabis for pain management purposes, I like to make sure we have trialed the first and second line options for their type of chronic pain before selecting an option without robust evidence supporting it. If patients choose to go forth with a cannabis trial, we recommend using the oils sublingually over smoking or vaping. The other consideration is the cost, as

it can easily reach at least \$300-400 per month when a patient is using it regularly for chronic pain management.

### Do you have any tips for managing patients with chronic pain?

Setting realistic patient expectations around drug therapy is very important, especially in terms of efficacy and a reasonable timeline to see this effect. We want patients to understand that functional improvement is the goal and that a 30% reduction in pain intensity is considered a good outcome for an analgesic medication. I often see patients abandoning pain medications without a proper trial at a therapeutic dose for a sufficient duration. We need to ensure we have given it a good try before abandoning an analgesic medication because there are not that many options to choose from! Seamless medication communication from all ends (general practitioners, specialists, pharmacists, patients, etc.)

is essential. Medication communication about the indications for new medications is imperative. For example, I see many patients started on an NSAID and PPI and when the NSAID trial is over, the PPI inadvertently remains prescribed. My rule is that whenever an NSAID is discontinued, the need for the PPI should be reassessed. Furthermore, if a patient is prescribed a medication like venlafaxine for chronic pain, patient education is especially important as the hand-out from the community pharmacy generally doesn't mention chronic pain as an indication.



## CHAPTER CORNER continued

### Where do you see pain management going in the next 5-10 years?

I believe we will see less emphasis on drug therapy and more on the biopsychosocial management of pain. I hope we will see more access to psychology, physical therapy, occupational therapy, and social work professionals for patients living with chronic pain.

### Are there any pain resources you recommend for pharmacists?

#### Chronic Non-Cancer Pain Resources:

- [2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](#)
- [ISMP's Opioid Stewardship recommendations](#)
- [Centre for Effective Practice's Management of Chronic Non-Cancer Pain Tool](#)
- [Rx Files Tapering Opioids](#) document, which explores motivational interviewing and can help you frame your discussion with patients

#### Low Back Pain Resources:

These resources are important as the lack of evidence for a number of the commonly used options is surprising and many patients with chronic low back pain are over-medicated.

- Qassem et al. [Noninvasive treatments for acute, subacute, and chronic low back pain: A clinical practice guideline from the American College of Physicians](#). *Ann Intern Med*. 2017;166:514-530.
- Chou et al. [Systemic pharmacologic therapies for low back pain: A systematic review for an American College of Physicians Clinical Practice Guideline](#). *Ann Intern Med*. 2017;166:480-492.

#### Resources for Patients:

- University of Waterloo's [Cannabis 101](#) infographic
- University of Waterloo's [Beware of Serotonin Syndrome](#) infographic



Claire Hooper  
Southwestern Chapter Co-Chair



Marisa Ramandt  
Southwestern Chapter Co-Chair



# CHAPTER CORNER: METRO TORONTO

## 2019 PHARMACY RESIDENTS' RESEARCH NIGHT FOR THE METRO TORONTO AND LAKE ONTARIO WEST CHAPTERS

BY: JENNIFER LO, BSCPHM, PHARM.D

CSHP-ONTARIO BRANCH - METRO TORONTO CHAPTER CHAIR

On June 19, 2019, this year's pharmacy residents from the Metro Toronto and Lake Ontario West Chapters had the opportunity to share their work at the annual residents' research night. This year, nineteen projects were presented in a facilitated poster format, and we had a record attendance of more than 130 guests!



Jennifer Lo  
Jennifer Lo  
Metro Toronto Chapter Co-Chair







## CHAPTER CORNER continued

Congratulations on your great work, and good luck with the next steps in your careers!

### **JOSEPH BLOMMESTEYN**

#### **St Michael's Hospital**

Opioid Prescribing at Discharge in General Surgery Patients: A Prospective Study  
*Joseph Blommesteyn, PharmD; Elizabeth Leung, PharmD, MsCI, BCPS AQ-ID; Winnie Chan, BSc(Pharm), ACPR, PharmD*

### **HUYEE CHAN**

#### **Sinai Health System**

Drug interaction alert suppression to reduce alert fatigue in CPOE: Lessons learned  
*Huyee Chan, PharmD; Andrew Wyllie, BScPhm, ACPR, PharmD; Crystal Thwaites, BScPhm, ACPR; Cristina Zanchetta, BScPhm, ACPR; Brenda Coleman, BScN, MSc, PhD; Tabitha Chiu, BEng, MHSc; Janice Kwan, MD, MPH, FRCPC*

### **MELIKA BOZORGI**

#### **Sunnybrook Health Sciences Centre**

Optimization of Management of Heart Failure: Diuretic Therapy at Discharge  
*Melika Bozorgi, PharmD; Claudia Bucci, PharmD, BScPhm, ACPR; Stephanie Poon, MD, MSc, FRCPC*

### **AMANDA CARROCCIA**

#### **University Health Network**

Development of a Canadian national clinical pharmacy key performance indicator (cpKPI) registry and implementation of national cpKPI reporting, measurement and pooled analysis  
*Olavo Fernandes, PharmD; Kent Toombs, BScPhm; Andrea Meade, BScPhm; Sean K. Gorman, PharmD; Richard S. Slavik, PharmD; Sean Spina, PharmD; William M. Semchuk, PharmD; Donna Lowe, PharmD; Gary Wong, BScPhm; Sandra Porter, BScPhm; Philip Lui, PharmD; Steve Shalansky, PharmD; Bob Maclean, PharmD; Nadia Facca, MHS; Tania Bayoud, PharmD; Winne Seto, PharmD; Douglas Doucette, PharmD; Jean-François Bussi eres, MSc*

### **CLEMENT CHAN**

#### **William Osler Health System**

Evaluating Empiric Ertapenem Use in the Emergency Care Setting  
*Clement Chan, PharmD; Ehsan Haghshenas, BScPhm, ACPR; Thomas Havey, MD*

### **SAMANTHA DIAS**

#### **Sunnybrook Health Sciences Centre**

Dissemination and Evaluation of the "Direct Oral Anticoagulant (DOAC) Monitoring Tool" in Family Health Team Pharmacy Practice  
*Samantha Dias, BSc, PharmD; Claudia Bucci BScPhm, PharmD, ACPR; Karen Lam BScPhm, CGP*

### **SONJA LI**

#### **Trillium Health Partners**

Calcium Use in Dialysis Patients with a History of Hypercalcemia, Cardiovascular Calcification, and/or Calciphylaxis  
*Sonja Li, PharmD; Aflora Huen, BScPhm, ACPR; Vincent Ki, MD, ASH, ABIM, FRCPC; Veronica Silva, MD, ASH, FRCPC*



## CHAPTER CORNER continued

### MARIA MORENO

#### University Health Network

Asparaginase activity levels and tolerability following IV pegaspargase in adults with acute lymphoblastic leukemia receiving multi-agent chemotherapy

*Maria Moreno, PharmD; Amanda Wolfe, BScPharm, ACPR; Celina Dara, BScPhm, ACPR, PharmD; Karen Yee, MD, FRCPC; Andre Schuh, MD, FRCPC*

### KHUSHBU NAIK

#### Hospital for Sick Children

Effective methods/techniques for health care professionals to educate patients and family members about health information: A systematic review

*Khushbu Naik HonBSc, PharmD; L. Lee Dupuis MScPhm, ACPR, FCSHP, PhD; Sabrina Boodhan HonBSc, BScPhm, ACPR*

### MARK PRYJMA

#### Trillium Health Partners

Utilizing PDSA cycles for implementation of vancomycin area under the curve dosing in a hospital setting

*Mark Pryjma BScPhm; Lilianna Yonadam PharmD; Christopher Graham MD*

### CASSANDRA MCLELLAND

#### University Health Network

Choosing Wisely in geriatric patients: A retrospective review of benzodiazepine and sedative-hypnotic prescribing practices at the Toronto Western Family Health Team  
*Cassandra McLelland, PharmD; Patricia Marr, BScPhm, PharmD; Christine Pappoushek, PharmD; Kori Leblanc, BScPhm, ACPR, PharmD; Debbie Kwan, BScPhm, MSc, FCSHP; Karen A. Ng, MD, FRCPC; W. Kirk Lyon, MD, CCFP, FCFP*

### DARIO MOSCOSO

#### Sinai Health System

Lithium Therapeutic Drug Monitoring: Once Daily vs Twice Daily Dosing and the Impact of Renal Function

*Dario Moscoso, PharmD, Virginia Fernandes, HonBSc, PharmD; Ashlie McGuire, PharmD, ACPR; Evelyn Craig, BSc, BScN, MSc; Gloria Dearlove, BSc, BScN; Danielle Kennedy, BScN, CPMHN(c); Melanie Ramiro, BScN, MN; Gregory Chandler, MD, FRCPC*

### MEIKO PENG

#### Trillium Health Partners

The Effectiveness and Safety of Stroke Prevention Therapy in Hemodialysis and Peritoneal Dialysis Patients with Atrial Fibrillation at Trillium Health Partners

*Meiko Peng, BSc, PharmD; Rose Liao, BScPhm, PharmD, ACPR*

### TAYLOR RAICHE

#### Women's College Hospital

Adopting a quality improvement approach to deprescribing proton pump inhibitors at Women's College

*Taylor Raiche, BSP; Lisa Fernandes, BScPhm, PharmD; Jessica Visentin, PharmD; Natalie Crown, BScPharm, PharmD; Lisa McCarthy, BScPhm, PharmD, MSc*

### STEPHANIE RANKIN

#### Sunnybrook Health Sciences Centre

Opioid Prescribing Practices at Transitions of Surgical Care

*Stephanie Rankin, BSc, PharmD; Sharon Yamashita BScPhm, ACPR, PharmD, FCSHP; Romina Marchesano, BScPhm, ACPR, MSc*



## CHAPTER CORNER continued

### ROBERT TAGLIONE

#### University Health Network

Quality Improvement Assessment of Discharge Medication Reconciliation For Surgery Patients

*Olavo Fernandes, BScPhm, PharmD, ACPR, FCSHP; Robert Taglione, PharmD; Claudia Summa-Sorgini, BScPhm, ACPR; Cindy Natsheh, BScPhm, ACPR, PharmD; Donna Lowe, PharmD; Jennifer Harrison, BScPhm, MSc; David Laughren, BScPhm, MASC, ACPR*

### ADAM ROMANOWSKI

#### University Health Network

Validation of a Restless Leg Syndrome Treatment Algorithm in Patients with Chronic Kidney Disease and End Stage Kidney Disease

*Adam Romanowski, PharmD; Jessica Ragazzo, PharmD; Annemarie Cesta, BScPhm; Marisa Battistella, PharmD*

### VINCENT VUONG

#### Trillium Health Partners

Pharmacist Modification of Medication Orders in a Hospital Setting: Are Ontario Pharmacists Ready?

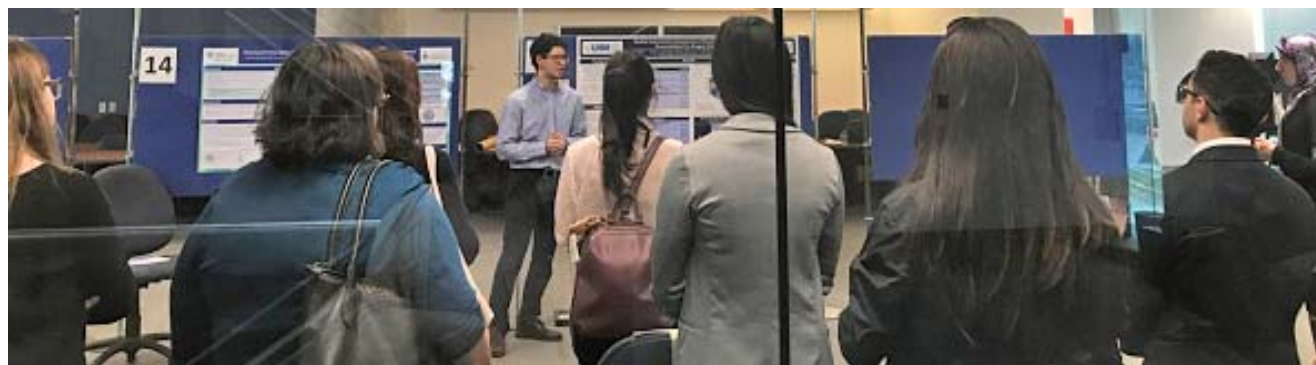
*Vincent Vuong, BSc, PharmD; Ramola Bhojwani, BScPhm, PharmD; Anjana Sengar, BScPhm, PharmD; Allan Mills, BScPhm, PharmD*

### IVY ZOU

#### Hospital for Sick Children

Use of Dexmedetomidine in Neonates with Hypoxic-Ischemic Encephalopathy Undergoing Therapeutic Hypothermia in the Neonatal Intensive Care Unit

*Ivy Zou, HonBSc, BScPhm, MSc; Erin Chung, HonBSc, BScPhm, MSc, ACPR; Wendy Chen, BSc, PharmD, ACPR; Livia Beysovec, BScPhm; Mandy Hung, BScPhm, ACPR; Carol McNair, RN(EC), MN, PhD(c), NNP-BC, NP-Paeds; Diane Wilson, RN (EC), MN, NP-Paeds; Steven Miller, MDCM MAS; Martin Offringa, MD, PhD; Winnie Seto, BScPhm, PharmD, MSc, ACPR*



# CHAPTER CORNER: NORTHWESTERN

## MEMBER SPOTLIGHTS

BY MARIA MARCHESE

**Profile:** Angela Heintzman

**Area of practice:** Internal Medicine, Cardiology

With a BScPhm from the University of British Columbia, Angela has been a clinical Pharmacist at TBRHSC since 2010, and prior to this practiced in community and geriatric/rehab hospital settings. She is an active member of our pharmacy department, including member of Pharmacy and Therapeutics committee, providing as needed education and seminars to clinical staff, co-coordinating Pharmacy Awareness Week, participating in Opioid Stewardship through Project ECHO, and giving evidence-based medicine lectures for rural practitioners. She is passionate about providing diverse and high quality experiences for PharmD students that rotate through the region. Likewise, her



Angela Heintzman

strong work ethic and dedication to the patients she serves are remarkable. In the fall, Angela will embark on her concurrent post-baccalaureate Doctor of Pharmacy degree. We congratulate Angela on her admission to this program and look forward to her continued contributions to the pharmaceutical care of Northwestern Ontarians in this advanced role.



Maria Marchese  
Northern Chapter Chair

## CHAPTER CORNER continued

**Profile: Marianna Khabad**

**Area of practice: Specialty Pharmacy  
(on site to TBRHSC)**

Marianna has worked both in community pharmacy and in the inpatient hospital setting (antimicrobial Stewardship and hemodialysis). Her role now aligns with her interests in providing specialized outpatient oncology care. Notable career achievements include conducting a study in conjunction with orthopedic surgeons to define clinical efficacy and safety outcomes of patients who receive vancomycin intravenously in the community. Marianna also serves as a preceptor for many University of Waterloo students in their fourth year rotations. The students appreciate the unique opportunity the rotation provides, as it is a learning experience for conducting thorough patient assessments and follow ups.

Open as of the summer of 2018, Specialty



Marianna Khabad

Pharmacy caters to outpatients requiring specialized oral chemotherapy and those requiring supportive medications alongside their infusion chemo. The pharmacy team works closely with the patient's team of oncology providers, which offers a streamlined approach for obtaining medications and monitoring response to therapy. Strong communication ties are kept with the patient's community pharmacist to share medication history and assist pharmacy providers with monitoring and follow up.



## CHAPTER CORNER continued

### Recognition

Congratulations to Deb Emery on her Retirement from Thunder Bay Regional Health Sciences Centre where she has led the organization as Pharmacy Manager and Director over the past six years. Deb was a dedicated hospital practitioner, and was involved in numerous volunteer roles with CSHP over the span of her career. She served as Ontario Branch Chapter Chair, President, Treasurer and Director of Finance for CSHP, in addition to her active roles on numerous committees. We graciously thank Deb Emery for her commitment to CSHP's mission and values over the past thirty years and wish her all the best.



Deb Emery

## CHAPTER CORNER continued

### Student Showcase

Thunder Bay Regional Health Sciences Centre is a site for pharmacy student learning, affiliated with both provincial pharmacy schools. This year, we had three students complete PharmD rotations at our site, in both inpatient and specialty chemo pharmacy settings.

- 1) Kirsten Maclean, a true Northerner from Thunder Bay, plans to return to her hometown to practice pharmacy. She completed a rotation on an inpatient surgical floor and went on to complete a rotation in oral outpatient chemo pharmacy and one in community pharmacy.
- 2) Katarina Vuckovic had some demanding inpatient rotations in oncology, cardiology, and the ER. She is pursuing a Residency in Industry with AMGEN in the fall and hopes to pursue hospital pharmacy upon completion of her residency.



Katarina, Angela, Jenny, and Kirsten meet with Ken Manson, Experiential Coordinator for Waterloo School of Pharmacy's Patient Care Rotations

- 3) Jenny Bao is from Winnipeg and completed a Specialty Pharmacy rotation, a community pharmacy rotation and one in cardiology/ICU.

We wish our students the best of luck as they write their licensing exams in November and are thankful for their contributions to our department, organization, and community.



## [ RESIDENT'S CORNER ]

### A JOURNEY THROUGH RESIDENCY APPLICATIONS - #ASKAPHARMACYRESIDENT

DR. CHEYENNE MATINNIA, HBSC, PHARMD, PHARMACY RESIDENT 2019-2020, THE HOSPITAL FOR SICK CHILDREN | TWITTER: @CMATINNIA

Residency applications can be a very stressful part of your pharmacy experience. But don't forget – it is an *experience*. Applying for residency is a long and intensive process, and it can help you learn more about yourself, your interests, and your objectives/goals for the future. Through this article, I hope to share my experience applying for residency with you to provide a better insight into the process, as well as share advice I learned and received along the way. Please keep in mind my experience and advice is based on my *own* experience applying to hospital pharmacy residencies in Ontario and thus may not reflect the experience of others or represent the process as a whole.

#### **Tip #1: Figure out why you want to apply to/pursue a residency**

Are you looking to further develop your clinical skills? Do you want to become a well-rounded clinician or specialize your practice? Whatever your reason for applying may be, spend time before beginning your applications to find the words to articulate this for yourself. Figuring out why you want to apply to residency *before* you start applying can help make your writing more intentional, clear, and have an overall stronger impact on the reader! Referring back to your 'why' during stressful times can also help keep you motivated. I spent some time reflecting on my reasons before starting my applications, and it allowed me to better express my values, my reasons for pursuing residency, and what I hoped to learn from the experience. Whatever your

'why' is, make it yours and refer back to it throughout the residency application process.

#### **Tip #2: Start early and plan ahead**

I learned this lesson from one of my preceptors shortly before starting residency applications. I couldn't have predicted how much this advice would help, especially as deadlines were fast approaching and clinical rotations increasingly became busy. Working on the essay and cover letters early saved me time and provided me the opportunity to edit my work multiple times, allowing for an overall stronger product. Start early, create a schedule/plan for your drafts, and find people you trust/know well to edit. Most importantly, starting early provided me time to reflect on my application and submit a product



Dr. Cheyenne Matinnia

that reflected *who* I am. It's okay to be nervous about the writing component of the application, but the earlier you start the better the product can be! Giving yourself enough time will make this task more approachable.





## RESIDENT'S CORNER continued

### **Tip #3: Attend open houses with intent and purpose**

Open houses are your opportunity to meet and get to know the hospitals before applications are submitted. Not only are you given an opportunity to learn more about the hospital/program and ask questions, you are also provided an opportunity to gain a 'feeling' for the program and see if you connect. Applications typically include a hospital-specific cover letter for each program, thus using the information you've gathered from the open house will improve your letter and application. I started the cover letter for each program right after attending the open house, which helped me to complete the cover letters early while the information was still fresh. Bring questions based on what is important to you in a residency program, and participate and interact with the department. The open houses are also fun because you have the

opportunity to meet different pharmacy professionals, so don't forget to enjoy the experience!

### **Tip #4: Be yourself/bring your best self**

Bring your best self to all aspects of your residency application! I received this advice many times before I started, and it helped me throughout the process. Sticking to your skills, passions, experiences, and values allow you to remain focused and not get overwhelmed. If you're looking for help or feedback on being genuine, recruit the help of people you trust, who know you well, and those who can provide feedback, especially during your interview prep. I was lucky to be able to rely on my family and friends for help, and their feedback gave me a renewed sense of confidence in my abilities and as a person. Don't worry about trying to fit into the stereotype of a 'traditional' or 'ideal' resident; just be yourself!

### **Final thoughts:**

At the end of the process, whether you match or not, applying for residency is a learning experience. Don't forget: the residency application process can be an opportunity for you to reflect on yourself. You may learn something you didn't know before! For me, the application process forced me to reflect on my professional goals, why I wanted to complete a residency, and better articulate my goals for personal growth and development. Most importantly, after submitting your application, remember to celebrate! You will be putting a lot of yourself into your application, and each step you take is important and a success on its own.

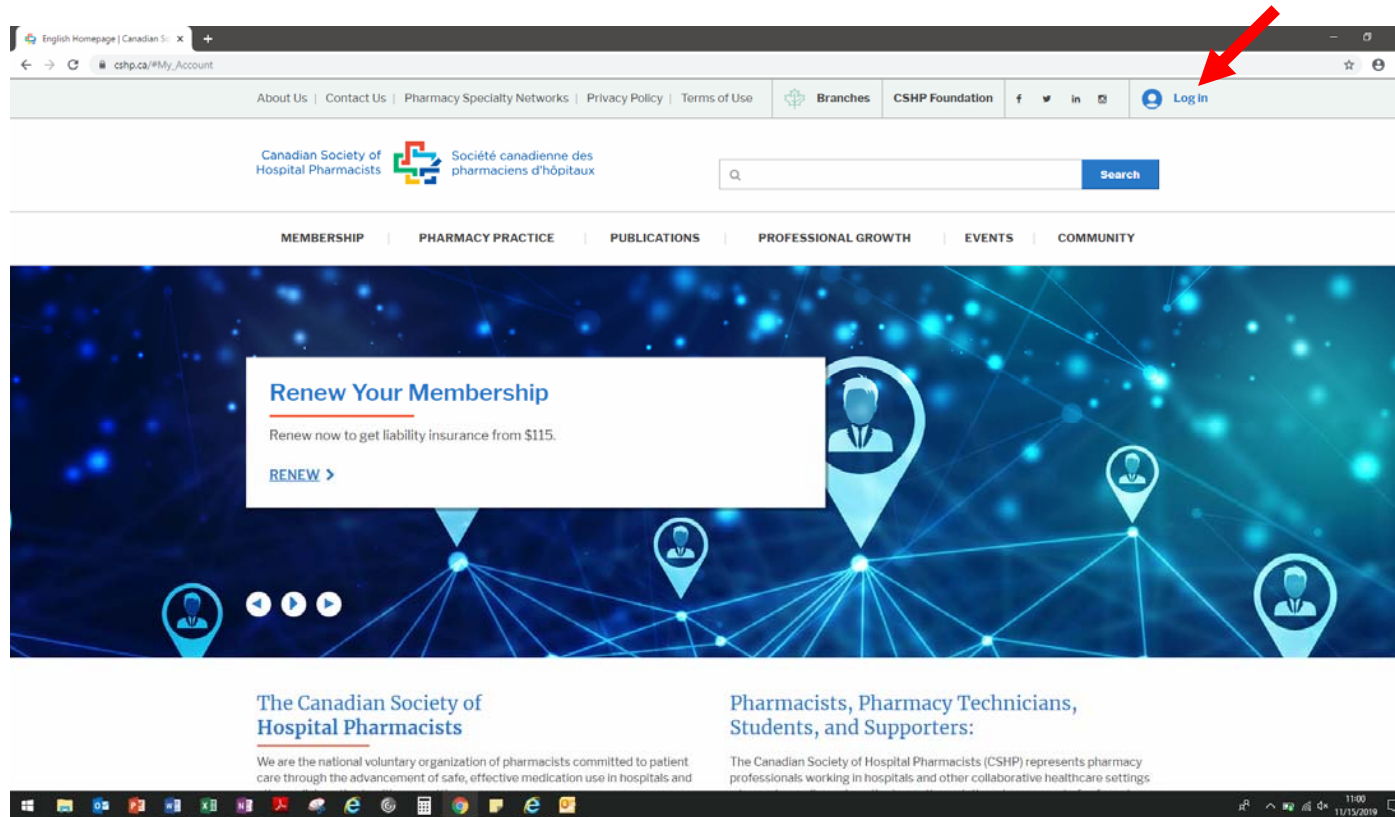
Feel free to reach out for further advice or help through twitter using the hashtag [#AskAPharmacyResident](#), where I will be sharing tips and my experience throughout residency. Visit [@cmatinia](#) on twitter to view the infographic of this article. Best of luck!



# DON'T FORGET TO PROVIDE YOUR PRACTICE SITE INFORMATION!

YOU CAN DO THIS IN 3 EASY STEPS!

STEP I: LOG IN TO YOUR CSHP ACCOUNT PROFILE AT WWW.CSHP.CA





# [ DON'T FORGET TO PROVIDE YOUR PRACTICE SITE INFORMATION! ]

STEP 2: GO TO THE ACCOUNT TAB





# [ DON'T FORGET TO PROVIDE YOUR PRACTICE SITE INFORMATION! ]

STEP 3: SCROLL TO THE PRACTICE INFORMATION AND UPDATE YOUR INFORMATION!

## Practice Information

Select the Primary Site and Areas of Practice that best describe your current practice. This information will be used for strategic planning, communication, and networking.

### Primary Site

- Community Pharmacy
- Community-Based Clinic
- Consulting
- Government



### Areas of Practice

- Gastroenterology
- General Surgery
- General/Family Medicine
- Geriatrics
- Hematology/Oncology





**STERIMAX** INC.

*The HPO Newsletter is supported by TEVA and STERIMAX and published on behalf of the Ontario Branch, Canadian Society of Hospital Pharmacists.*

*All published articles including editorials and letters reflect the opinions of its contributors and not necessarily representative of TEVA or STERIMAX, the editor, nor CSHP.*



[BACK](#) [HOME](#)

**HOSPITAL PHARMACY IN ONTARIO**

**EDITOR**

*Jessica Robinson,  
The Ottawa Hospital, Ottawa, On.  
jessrobinson@toh.ca*

**COMMUNICATIONS COMMITTEE**

*Lindsay Dryden - Co-Chair  
Jessica Robinson - Co-Chair  
Matthew Lau  
- U of Toronto rep  
Kelsey-Ann Mae Prior  
- U of Waterloo rep  
Victor Lam*

*Shreeya Thakrar  
Robert Nunn  
Reem Abaza*

*Design Rework & Layout  
Brian Graves  
BriKen Graphic Design*