



IN REVIEW

Canadian Society of Hospital Pharmacists



Société canadienne des pharmaciens d'hôpitaux

HOSPITAL PHARMACY IN ONTARIO

SUMMER ISSUE 2019

1 Presidential Address

3 Summary of the CSHP Ontario Branch Joint Council Meeting

5 CSHP Ontario Branch Annual General Meeting and Education Conference
Save the Date

6 Chapter Corner: Ottawa Valley Chapter

7 OPRA Liaison Report/Update

8 Resident's Corner

TABLE OF CONTENTS

[PRESIDENTIAL ADDRESS JULY 2019]

We waited a long time for summer but it is finally here with a vengeance! I hope everyone is enjoying the hot weather, as it won't be long before we are wishing for its return.

Much has happened since my last message. On a national level, CSHP National, under the vigilance of our new

CEO, Jody Ciufo, has been very aggressive in their attempts to revitalize the Society especially on the front of how to bring greater value to members and being their voice. As a Society right across Canada, all branches have embraced a 3-year plan to rejuvenate CSHP's value to its members through improved products and services. Everything is on the table and we are already seeing changes

such as an improved practice insurance provider that offers rates competitively with those offered by other associations. Communications platforms are being looked at so as to enhance educational sessions and improved access, whether you live in Moosonee ON, St John's NFLD or downtown Vancouver. In addition, changes on how you pay your membership (for example, if you pay in



Debra Merrill

[NEXT](#)

[HOME](#)



PRESIDENTIAL ADDRESS continued

June, your membership goes until the following June, etc) is also underway though this one will take a bit more time. Also, keep an eye out for the Membership Survey that will be coming late this summer (August/September time frame) to ensure that your voice is heard – if you don't speak up, we may miss an excellent suggestion!

The Excellence in Pharmacy, a multi-year program that is focused

on assisting members in their efforts towards fostering excellence and innovation in their patient-centered care, has a Steering Committee and Ontario is well represented with Maria Moreno (Toronto), Ali Elbeddini (Winchester) and Christine Landry (Ottawa).

On a provincial level, we have also been busy. We had a very successful Ontario Hospital Pharmacy Management Seminar, held in May in Huntsville. With a

sold out attendance, we had Dr Karyn Gordon guide us through strategies for confidence and resiliency in today's work environment and presentations that ranged from the impact to hospital pharmacies when implementing an organizational-wide electronic health record, to opioid stewardship & human factors approach to management of controlled substances, to implementing the cpKPIs for clinical pharmacists. The College also came and presented on the Pharmacy Technician Assessment pilot.

Everyone should also be aware of the recent publication 'Pharmacy in the 21st Century: Enhancing the Impact of Pharmacy on People's Lives in the Context of Health Care Trends, Evidence and Policies' by Ontario Pharmacy Evidence Network (OPEN) under Lisa Dolovich et al. Our College was heavily engaged in

discussions around the content of this paper (<https://www.open-pharmacy-research.ca/wp-content/uploads/Future-of-Pharmacy-White-Paper-REVISED-for-posting-Jan-2019.pdf>). It is worth reading if you haven't already.

Until the Fall, safe holidays everyone.

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



SUMMARY OF THE CSHP OB JOINT COUNCIL MEETING APRIL 6, 2019

Highlights of the Executive Reports:

- o **President:** CSHP OB responded to the Ontario Government's survey for the Provincial Pre-budget Considerations as they pertained to the practice of pharmacy in the hospital setting and the advantages afforded to the healthcare system by increasing both numbers of pharmacy professionals as well as expanding their scope
- o **Past President:** CSHP OB replied to the Response to Consultation by the Ontario College of Pharmacists proposed fees increase, and updated the progress in developing a platform for sharing best practice tools as well as the effectiveness of increasing communications using appropriate platforms including social media, the website & HPO,

progress on converting the structure of committees to a co-chair model to allow for better sharing of workload for these members

- o **President Elect:** CSHP OB has been meeting and working with OCP (items include discussions around the safety & security of controlled substances in high risk areas of the hospital, pharmacist assessment), the Ontario Pharmacists Association (looking at a joint collaboration for advocacy of practice in particular as it relates to external agencies such as the Provincial Government) & attending certain activities at both Faculties of Pharmacy (both U of Toronto & Waterloo)
- o **Treasurer:** CSHP National & CSHP OB are currently in a negative budget. At the current rate, National's survivability is at risk over the next

few years. All provincial branches will be supporting initiatives to increase value of CSHP to members using their reserve funds in a formula that ensures survivability of the branches as well. In addition, all CSHP OB activities will be required to come in on budget which reflects all the true costs including administrative support, initiatives that are not either revenue generating or cost neutral are being evaluated as to their value versus cost so as to eliminate any non-value spending & only initiatives that bring value or revenue will be considered.

- o **National Delegates:** Briefed us on National's Investment strategy

Highlights of Portfolios:

- o Chapter Chairs updated on the activities within their chapters with some very innovative thoughts for future learnings such as live streaming events similar to what CSHP BC has done
- o **Communications Committee:** Recently sent out a survey to membership to evaluate recent changes to communications initiatives by CSHP OB
- o **Primary Care:** This chapter is definitely growing in membership and is also active on the Education Committee
- o **Student Liaison:** U of Toronto piloted a Hospital Practice Spotlight Series starting with Family Health Teams which was successful. U of Waterloo has introduced Online Case Competitions

SUMMARY OF THE CSHP OB JOINT COUNCIL MEETING continued

- o **OPRA Liaison:** OPRA has negotiated a discount rate to access the John Hopkins app in return for sending a survey to gauge app satisfaction
- o **OPA Liaison:** Gave an update on all of the activities that OPA has been involved in, including OHIP+, advocacy activities with the Ontario government & details of the upcoming OPA/CPhA Conference (PxP 2019) held in June 2019
- o **Faculty Liaison:** U of Waterloo spoke to the submission for their new Clinical Masters Program. U of Toronto reported that their MScPhm program was approved by UoT's Governing Council; this will now move to the government for final approval.
- o **Education Committee:** They have expanded their committee membership to ensure that there is an increase in membership engagement,

to guide decisions on the Educational event at the Annual General Meeting in November.

- o **Awards Committee:** There is now a Pharmacy Technician award as well as a mentorship award in honour of Artemis Diamantourous
- o **Membership Committee:** Membership continues to decline
- o **Ontario Hospital Pharmacy Management Seminar (OHPMS):** Next event in at the end of May 2019 & registration is ahead of last year's numbers already.

Recommendations from Issues Day that were approved:

- 1 Change the format of the April 2020 Council meeting to a virtual format as both a cost savings measure & also to increase the availability of members in areas distant from Toronto to attend
- 2 The Executive members to amend the reimbursement guidelines for council members for increased clarity around complimentary conference registration fees, travel/accommodation/food expenses which are covered by CSHP OB
- 3 That a Tracking Sheet that includes Complimentary Membership fees (eg for pharmacy residents in Ontario) for review by the Executive at their monthly Executive meetings
- 4 That an MOU with HPRFO for a pilot of a maximum of 5 residents to submit an e-presentation to CSHP

- 5 That Vision Liaison collaborate with the co-chairs for the Education, Awards & OHPMS to ensure that registration fees are increased to ensure that events/activities are either in a positive or neutral position compared with their assigned budgets
- 6 That there be a \$5 increase to the OB annual membership fee

Debbie Merrill,
CSHP OB President

On behalf of the
CSHP Ontario Branch Education Committee

[**SAVE THE DATE!**]

FOR THE CSHP ONTARIO BRANCH ANNUAL GENERAL MEETING AND EDUCATION CONFERENCE

NOVEMBER 16, 2019

The 71st Annual CSHP Ontario Branch Annual General Meeting and Education Sessions will take place this fall on **Saturday, November 16**, followed by our Awards Night.

The Annual Conference will be held at the Leslie Dan Faculty of Pharmacy at the University of Toronto.

Once again, the Education Committee members are striving to bring you exciting educational sessions and valuable workshops. This year's program will offer topics ranging from specialties and issues relevant to hospital and primary care pharmacy practitioners.

Please save the date and be on the lookout for our brochure, which will be coming out soon.

Rana Khafagy and Suzy Badr
Co-Chairs, Education Committee
Ontario Branch CSHP



CHAPTER CORNER: OTTAWA VALLEY CHAPTER

PHARMACIST COLLABORATION – CHAMPLAIN REGIONAL PHARMACIST COMMITTEE (CRPHC) TRANSITIONS REPORT

The Champlain Regional Pharmacist Committee (CRPhC) was established in April 2016 and is comprised of pharmacists representing all geographical areas of the Champlain LHIN. Pharmacists on the committee work in community pharmacies, hospitals, and family health teams. The committee has representation from the Ontario Pharmacist Association, the Ontario College of Pharmacists, the Ottawa Carleton Pharmacy Association, and CSHP. The primary focus is to optimize the crucial role that pharmacists play to ensure that patients have access to comprehensive care.

The CRPhC developed the Transitions Project to better understand existing medication-related practices from admission to hospital through to discharge

- home. The key goals of the Transitions Project are to:
- Identify existing medication-related practices from admission through to discharge home, and relate these to practice guidelines
 - Provide hospitals with information on how they compare to other hospitals in their region
 - Highlight innovations in place at various hospitals
 - Identify future directions for improvement in transitions from hospital to home

The committee adapted guidelines from the Institute for Safe Medication Practices, Accreditation Canada, Health Quality Ontario, and the Hospital Assessment Criteria from the Ontario College of

Pharmacists. Utilizing these guidelines, interviews were held with 16 hospitals across the region to assess their current discharge medication prescription practices.

The Improving Patient Outcomes through a Regional View of Medication Practices at Transition: Opportunities and Gaps report was finalized in June 2018. The report focuses on hospital alignment with guidelines in medication reconciliation, information transfer at care transitions, patient safety, patient education and best possible medication discharge plan. It provides hospitals with information on how they compare to other hospitals in the region and highlights innovations currently in place at various hospitals. The report also identifies future directions

to support continuous improvement in transitions from hospital to home.

Based on the results of the report, the CRPhC has now identified actions to support development of common elements of discharge prescriptions and patient-friendly medication list. The committee also plans to support hospitals to develop and communicate approaches to monitor re-presentations to hospital post-discharge.

For more information on the Champlain Regional Pharmacist Committee Transitions Report, contact Justine Manulak, CSHP Ottawa Valley Chapter co-chair at justine.manulak@theroyal.ca.



OPRA LIAISON REPORT/UPDATE

The Ontario Pharmacy Residents' Association is a vibrant community of future pharmacy practitioners, spread across hospital, ambulatory and industry setting. Residents of the 2018-19 cohort, comprised of 17 industry residents and 42 hospital/ambulatory residents, are currently completing their residencies and planning for the start of their careers. For all of us the year has been busy, to say the least, but rewarding in endless ways. The time and effort we have all invested this year, is bound to take us far in our future practices.

The Ontario Pharmacy Residents' Associations aims to make the residency year engaging, fun and fulfilling. This year we have done so by promoting resident networking events at the 2018 Residents' Clinical Conference and 2019 Professional Practice Conference, to name a few. Continued education events were



organized, providing a fun and educational context for residents to socialize. Once again, Ontario pharmacy residents participated in the Sporting Like 10K race, raising money for Camp Ooch - a camp for children with cancer. Pharmacy residents were present at both the Toronto and Ottawa race events. This year, OPRA worked hard to provide its members with access to portable electronic resource. A license for app and desktop version of the

Johns Hopkins ABX app was provided to all members for the first time this year. We will be looking for feedback from resident and hoping to grow the resources provided to residents.

This year, OPRA has also taken the time to think about its strategic directions and advocacy opportunities. Residency is a busy year, with many challenges, and at times quite stressful. OPRA will therefore

continue to investigate new ways to better support residents and allow them to maximize their professional and personal growth in preparation of their promising careers. OPRA will continue to work closely with CSHP and other partners to ensure that residency is as rewarding as possible and that graduating residents are ready for the start of their exciting careers.

Pierre Thabet,
OPRA President



RESIDENT'S CORNER

SMALL GROUP LEARNING IN PHARMACY: EXPERIENCES AND LESSONS LEARNED

LAM V¹, SERBANESCU C², WEICHEL C³, LEE J⁴

^{1,2,3}HAMILTON HEALTH SCIENCES PHARMACY RESIDENT 2018-2019, ⁴PHARMACY EDUCATOR, HAMILTON HEALTH SCIENCES

What is the evidence for small group learning?

Small group learning refers to an environment of cooperation and collaboration where students utilize their social and communication skills in order to solve a problem. There are various philosophies of small group learning. These include problem-based learning (PBL), peer learning and team-based learning, just to name a few. A recent meta-analysis found that most primary studies supported the effectiveness of small group learning in improving students' academic achievement compared to didactic lectures.¹ The subgroup analysis showed that small group learning was more effective in higher levels of college classes, students in other countries (non-US), students in groups of

4 or less and in students who chose their own group members.¹ A recent study conducted amongst clinical pharmacists in Scotland sought to determine the attitudes behind small group problem-based learning. They found that learning from peers, meeting learning needs and professional socialization were the main motivating factors for pharmacists to join or stay in a small group learning programme.²

Problem-based learning (PBL) is a small group learning strategy that has been tested in pharmacy students and found to improve test scores. This method focuses on self-directed learning and uses small group discussion with facilitators to work through problems and apply knowledge. A systematic review and meta-analysis

in pharmacy students found that PBL curriculum improves academic performance when compared to the traditional method of instruction. While they found that the confidence in learning was similar between the two groups, performance on course assessments was better in PBL. The main barriers for implementing PBL were teacher and staff training and a necessary reduction in class size, which could increase the cost of pharmacy education.³

What are some advantages for small group learning?

Small group learning has several advantages. Through working alongside their peers, students develop "soft" skills such as teamwork, leadership and communication. Learners also become

responsible for their own learning by completing assigned readings in order to prepare for equal participation in small group discussion. In doing so, learners are accountable for acquiring or reinforcing knowledge where gaps exist. Small group learning encourages more in-depth learning by allowing the student to fulfill a wide variety of learning objectives with various levels of complexity according to Bloom's taxonomy. Lastly, working with fewer students offers the teacher a chance to address students' different learning styles by using a variety of active learning strategies suited to such an environment.



RESIDENT'S CORNER continued

What are some disadvantages for small group learning?

The format of small group teaching naturally lends itself to discussions that can become tangential. Time that is needed to achieve designated learning objectives can be lost if discussions are not properly facilitated. As such, acquiring training in effective facilitation is key to the success of employing this teaching strategy. Teaching in a small environment may also not be the most efficient means to impart knowledge on students. There may be increased time, cost, resources and materials required to facilitate small group learning. The ratio of teacher to learners, for instance, is markedly higher than that of a lecture format.

Teaching as a pharmacy resident:

As part of the teaching skills residency rotation at Hamilton Health Sciences, the pharmacy residents each conducted a

small group teaching session to pharmacy students and the other residents. Active learning strategies were used throughout the sessions to enable effective learning of a clinical concept. In general, active learning is defined as any instructional method that engages students in the learning process. Active learning strategies use activities such as reading, writing, discussion, or problem solving to promote analysis, synthesis and evaluation of class content.⁴

Resident 1: A workshop on COPD What did you teach?

I facilitated a small group seminar on the management of stable COPD and COPD exacerbations. New devices are continually being introduced on the Canadian market for the treatment of COPD. Through discussions with colleagues, I discovered an interest to learn about the new devices that many patients are using when admitted to the hospital.

What learning strategies did you use?

The first active learning strategy that I used was a modified **think-pair-share** exercise. First, learners were provided with a placebo inhaler device and given instructions on how to use it. Next, they were allotted time to independently learn how to use the device. Finally, they were instructed to discuss the advantages and disadvantages of using this device with the rest of the group. This short but effective exercise enabled several things to occur: independent discovery, collaboration and communication between learners, as well as an opportunity to increase kinesthetic activity for learners who have such a preference.

Another area of expressed interest was the treatment of stable COPD and exacerbations. The international GOLD guidelines for COPD are updated every 2 years. This short turnaround time makes it difficult for healthcare professionals to keep up with the latest evidence regarding the treatment of COPD. To teach these

concepts, I utilized case-based learning. A clinical case was introduced at the beginning of the lesson and learners were asked to answer multiple choice questions based on the case as the material was presented. Case-based learning can challenge students to not simply recall information, but to analyze the information provided and apply it to a real scenario.

What did you learn?

In my small group seminar, I was pleasantly surprised to see how effective it was to use active learning strategies to keep the learners engaged in the material. Learners were actively participating, asking questions and discussing the material with one another. I was also surprised to see how difficult it was to manage my time as discussions. Some activities continued on for much longer than expected. In this format, I would recommend allocating more time for activities and discussions and focus less on teaching the material in a didactic manner.



RESIDENT'S CORNER continued

Resident 2: A workshop on sedatives in the ICU What did you teach?

I facilitated a small group teaching session on the use of sedatives in the ICU.

What strategies did you use?

The first technique I used was **effective questioning**. A well-phrased question will promote critical thinking, problem solving and active participation. This technique is also important when answering a question from a student.

Instead of simply responding to their question, we can use questioning to help guide their thought process. By deriving their own answers, students are able to make meaningful connections and this consequently reinforces their learning. For my session, I prepared questions for the learners along with respective “back-up” questions that targeted a lower level of

learning based on Bloom’s Taxonomy. For instance, I first asked, “Does the patient have an appropriate indication for sedation?” This question belongs to the application level of Bloom’s taxonomy. Within this level, students need to apply knowledge to a patient case. If discussion was not productive, I adjusted the

links between appropriate sedation and the patient case in a way that might not have been obvious with the first question alone.

The second active learning strategy I used was **Think-Pair-Share**. The first component of this strategy is for students to pause and write down an answer by

everyone. Through this method, students are able to think through the concepts on their own while also having the opportunity to collaborate with their peers. During my teaching, I used think-pair-share to discuss the appropriate and potentially inappropriate reasons for sedation in the ICU. Students were able to tackle several different concepts, discuss their ideas with a partner to make sure they are on the right track, and then have the confidence to share their answers with the whole group.

What did you learn?

Learners in my session ranged from 2nd year pharmacy students to pharmacy residents. The Think-Pair-Share technique is particularly useful when you have one to two students participating often and the rest of the group is quieter. Using this technique in my session allowed for less experienced learners to gain confidence in their answers before participating with the larger group.



question by asking, “What factors about the patient would make sedation helpful?” This question required students to first draw on knowledge about why sedation is used, a clinical concept acquired at a different level of Bloom’s taxonomy. This line of questioning helped students make

themselves. This gives quieter students a moment to generate a response under low pressure. Students then pair up with a partner to compare and discuss their answers. If the situation allows, the last step is for some or all of the group members to share their answers with



RESIDENT'S CORNER continued

Resident 3: A hands-on emergency medicine workshop: acetaminophen overdose

What did you teach?

I facilitated a small group seminar on managing acetaminophen overdose.

What strategies did you use?

The first active learning strategy I used was a **pause**. This involves pausing briefly for 30 seconds in between topics. It is particularly useful after reviewing a difficult concept. By inserting a pause at appropriate intervals, students have a break to process and reflect on what they learned. Sometimes, they take this opportunity to share their thoughts with others. A pause is also an opportunity to for any misunderstanding of the material to be clarified. In fact, students often need time to recognize a learning gap before formulating a question and confidently voicing it aloud. For instance, the Rumack-Matthew nomogram for acetaminophen overdose can

be quite intimidating, especially if it is the first time a student sees the nomogram. After explaining the different components of the nomogram for acetaminophen overdose, a pause was used before moving on to the next concept. This allowed students to review the variables used in the nomogram and gave them time to piece together the purpose of the nomogram in estimating likelihood of hepatotoxicity.

The second active learning strategy I used was incorporating different **case studies**. Variety is a key component in facilitating effective active learning. The more cases a student is exposed to, the more experience they have in problem solving through the infinite number of scenarios the real world can bring. To address this, I included case studies of varying difficulty for students to work on each time I discussed a new concept. In doing so, students applied fundamental concepts and exercised their decision-making skills as opposed to purely memorizing content. For my session,

students learned to use the Rumack-Matthew nomogram in solving a variety of overdose cases, including immediate-release vs. delayed-release acetaminophen overdoses, early vs. late overdoses and acute vs. chronic overdoses. I allowed students to lead these case discussions and present to the group how on they would resolve each case scenario. When gathering round table feedback, students expressed appreciation for using the fundamental thought-process of approaching overdose cases systematically rather than memorizing treatment algorithms.

What did you learn?

In my small group teaching session, it was great to see how effective it was to utilize pauses between difficult concepts. This allowed students to reflect, identify potential learning gaps and seek further guidance. By combining pauses with other learning strategies such as case studies, I also learned that this experience helped foster students' critical thinking skills to

resolve real life drug therapy problems.

References:

- Kalaian S, Kasim R. Effectiveness of various innovative learning methods in health science classrooms: a meta-analysis. *Adv in Health Sci Educ* (2017) 22:1151-1167.
- Cunningham D, Zlotos L. Practice-Based Small Group Learning (PBSGL) in Scotland- a survey of registered pharmacy staff and general practice nurses. *Education for Primary Care* (2018) 28(2):79-85.
- Galvao T, Silva M, Neiva C, et al. Problem-based learning in pharmaceutical education: a systematic review and meta-analysis. *The Scientific World Journal*, vol. 2014, Article ID 578382, 7 pages. <http://dx.doi.org/10.1155/2014/578382>.
- *Teaching for effective learning: Active learning strategies*. Queen's University. Accessed Aug 13, 2019. http://www.queensu.ca/teachingandlearning/modules/students/22_active_learning_strategies.html



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*