

# TECH talk

SEPTEMBER 2014

## OCP portal helps techs plan CE

### THE ONTARIO COLLEGE OF

Pharmacists' new Continuing Professional Development (CPD) portal helps pharmacy technicians in that province plan their professional development program.

The portal consists of two main features: the Self-Assessment Tool and the Learning Portfolio.

The Self-Assessment Tool helps practitioners identify their learning needs and plan their learning based on the standards of practice. The College recommends that pharmacy technicians and pharmacists use the tool annually to help them identify specific areas of learning, which they can then use to guide decisions regarding their ongoing continuing education activities.

The Learning Portfolio is a tool for documenting continuing education. All pharmacists and pharmacy technicians must document their learning, and keep a record of these learning activities for a minimum of five years. The Learning Portfolio also has a sophisticated search feature that helps users organize and find past CE entries, as well as frequently asked questions.

To access the portal, visit [www.ocpinfo.com](http://www.ocpinfo.com); click on "Login to My Account," then "My Learning." The CPD portal is also accessible from a smartphone or tablet to allow practitioners to keep track of learning activities while on the go.

### ACCREDITED CE LESSON INCLUDED:

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Accredited by the Canadian Council on Continuing Education in Pharmacy



Answer this CE online for instant results. Visit [www.CanadianHealthcareNetwork.ca](http://www.CanadianHealthcareNetwork.ca)

## FROM TECH TO TEACHER

### WHEN ELAINE MAGOWAN GRADUATED

with a degree in physical education from Hamilton's McMaster University in the early 1980s, a career as a pharmacy technician—or a teacher—was never on her radar.

While many of her colleagues went on to teacher's college, Magowan vowed—ironically, as it proved—that she would “never” teach. But as she struggled to find a job with her degree, she happened upon a brochure for a one-year pharmacy assistant program at St. Clair College. “I thought, sure, why not?” She landed a job in hospital pharmacy even before she had completed the program. “That led me down the hospital pathway,” she says. “It almost seemed like destiny.”

Several years later, in 2001, Magowan broke new ground as a clinical technician in the pediatric program at McMaster Children's Hospital, part of the Hamilton Health Sciences family of hospitals. A few years into her job, she began to work closely with the pediatric nurses, physicians, physiotherapists, pharmacists, and even patients and their parents doing medication reconciliation—“all the different aspects of pediatric care.”

Since then, the hospital has added technicians to several other specific health programs, such as women's health, neonatal units, ambulatory care and more, opening up new opportunities for expanded scope of practice.

Meanwhile, Magowan also started teaching part-time in the pharmacy technician program at Mohawk College, using her vacation time in order to do both jobs. But as other teaching opportunities came her way, “education became more of my career path than working in hospital pharmacy,” she says. “I felt I had a lot of experience to share with students, so at one point I had to say ‘I'm going to quit my full time job and I'm going to teach.’”

That point came in 2007, when she was hired to teach part of the Professional Practice lab at the University of Waterloo's School of Pharmacy. She now splits her teaching time between there and Mohawk College, while also clocking 20 to 30 hours a month as a casual pharmacy technician at



Hamilton Health Sciences. “I want to keep current for the students,” she says.

For Magowan, every new challenge that she tackles is a reward in itself, whether it be speaking at a conference, teaching bridging education courses to her peers or embarking on a new career path. “The rewards are the challenges,” she says.

While she is supportive of regulation, she feels the real benefits will accrue to the new graduates of pharmacy technician programs “five to ten years from now” when technicians have a better idea of where regulation will lead them. “I think we're still not sure where we are going with this,” she says. “The newer graduates will follow a better path because we'll start to figure it all out.”

After some 30 years in pharmacy, Magowan is still eager for new challenges, perhaps in the form of specific, shorter-term projects. “I've taken on many projects for different types of pharmacy worlds, such as a subject-matter expert for the bridging program and other assignments,” she says. “I do enjoy that.”

As long as Magowan continues to challenge herself, “retirement” is not in her vocabulary. After all, she says, “pharmacy is a profession that is changing all the time; it's a never-ending learning experience.”

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## Provincial bodies set to pilot site-based assessments

**THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA** will introduce a Practice Review Program (PRP) in January 2015 that will review pharmacy technicians and pharmacists in real time, in their actual practice setting.

Designed to replace the previous Knowledge Assessment exam for pharmacists, the PRP has two components: the Pharmacy Review and the Pharmacy Professionals Review. In the future, all pharmacies, pharmacy technicians and pharmacists will be reviewed at least once every six years. They will receive advance notice of a review, as well as which of the four areas—patient identification verification, PharmaNet profile checking, documentation, and patient counselling—the College will focus on during the review.

Compliance officers, staffed by the College, will visit the pharmacy to perform the review and

will share the results with pharmacy professionals online. The PRP will launch in January with a few test pharmacies, followed by the full community pharmacy launch in March. Hospital pharmacies and other practice settings will be reviewed later on that year.

The Ontario College of Pharmacists (OCP) is adopting a similar site-based assessment model, expected to launch in early 2015. An enhancement of the OCP's current routine pharmacy inspections, it will also include an evaluation of an individual practitioner's performance. "Practice advisors" will assess practitioners in the areas of patient assessment, decision-making, documentation and communication.

Other provincial pharmacy regulators are also moving to a practice-focused assessment.

## College of Pharmacists of BC provides access to drug info

### REGISTERED PHARMACY TECHNICIANS

and pharmacists in British Columbia now have access to e-Therapeutics+ Complete, thanks to an agreement between the College of Pharmacists of British Columbia and the Canadian Pharmacists Association.

e-Therapeutics+ Complete provides online access to evidence-based, reliable Canadian drug and therapeutics information. "Enhancing the quality of pharmacy services in order to

deliver better health outcomes for patients is the central focus of our three-year strategic plan," says Doug Kipp, chair of the College.

The solution integrates the Compendium of Pharmaceuticals and Specialties (CPS), Compendium of Therapeutic Choices (CTC), Compendium of Therapeutics for Minor Ailments (CTMA) and Compendium of Products for Minor Ailments (CPMA). Digital versions are updated bi-weekly, so information is always current.

# PHARMACY TECHNICIANS IN TRANSITION 2014

*The complete report on Trends & Insights  
in Canada's newest health profession—  
the regulated pharmacy technician*

### This comprehensive report covers:

- An overview of the pharmacy technician profession in Canada, including a look at the progress of regulation across the country
- A national overview on technician regulation and its impact on pharmacy
- Regulated pharmacy tech vs pharmacy assistant. Workplace, wage and employment trends
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## Building an iron-clad case against anemia

**CHANCES ARE THAT PATIENTS SUFFERING** from iron deficiency have visited your pharmacy. After all, iron deficiency—a form of anemia—affects 20% to 25% of the world population, according to the World Health Organization. And while the figure is not as high in this country, Statistics Canada reports that in 2012, 5% of Canadians aged 3 to 79 years—and 8% of women—had low iron stores.

Anemia is a condition caused by inadequate levels of healthy red blood cells, resulting in weakness and fatigue. Red blood cells contain hemoglobin, an iron-rich protein; because of hemoglobin, red blood cells are able to carry oxygen from the lungs to all parts of the body, and in turn to carry carbon dioxide from other parts of the body back to the lungs so it can be exhaled, explains the Mayo Clinic website.

Anemia can be temporary or long term, and can range from mild to severe. While symptoms vary they can include fatigue, weakness, pale skin, fast or irregular heartbeat, shortness of breath, chest pain, dizziness, cognitive problems, cold hands and feet, and headache.

There are four main types of anemia, explains Edmonton community pharmacist Nicole Schultz: iron, vitamin B12 or folic acid deficiency, and chronic disease anemia. Iron deficiency—the most common type—can be caused by inadequate dietary intake; inadequate absorption; increased demand, such as during pregnancy and breastfeeding; or increased loss. Lab values determine the type and severity of anemia.

Technicians and assistants can help these

patients, and their pharmacists, in several ways. Schultz believes the most important role is information gathering. “Ask if patients have previously taken medications for anemia (and if so, which ones and for how long), if their doctor or another healthcare practitioner recommended they take iron supplements, or if they have had any blood tests recently,” she advises. “In particular, ask about negative side effects—constipation and upset stomach are usually the biggest two—so the pharmacist can counsel on ways to help.”

While oral iron preparations do not generally require a prescription, it is still necessary to assess and record the purchase. “Whether the patient is coming in to pick up the supplement or is bringing in a prescription, the technician

should gather that information and relay it to the pharmacist to ensure safety and appropriateness,” says Schultz. Some insurance companies will cover oral iron supplements if the patient has a written prescription.

Also remind patients aware that iron supplements can interact with other medications, suggests Schultz. “It is important to know what other medications a patient is on, so the pharmacist can make recommendations, to avoid interactions.”

Iron can be fatal in overdose, and pharmacists should caution patients to take it correctly and only if needed. Iron stored in child-safe containers in places children cannot access.

For more information on anemia and iron preparations, Schultz recommends the publication “Therapeutic Choices” from the Canadian Pharmacists Association at [www.pharmacists.ca](http://www.pharmacists.ca).




## ARE PHYSICIANS AND PATIENTS ASKING ABOUT GENERIC DRUGS?

We've introduced a new, informative website to answer their questions about safety and efficacy. Visit **TevaMakesMedicines.ca**.

### CHOOSING A VITAMIN-RICH DIET

While many types of anemia cannot be prevented, you can help avoid iron- and vitamin-deficiency anemia by following a diet that incorporates a variety of the following vitamins and nutrients:

- **Iron.** Iron-rich foods include beef and other meats, beans, lentils, iron-fortified cereals, dark-green leafy vegetables and dried fruit.
- **Folate.** This nutrient, and its synthetic form, folic acid, can be found in citrus fruits and juices, bananas, dark-green leafy vegetables, legumes and fortified breads, cereals and pasta.
- **Vitamin B-12.** This vitamin is found naturally in meat and dairy products. It is also added to some cereals and soy products, such as soy milk.
- **Vitamin C.** Foods containing vitamin C, such as citrus fruits, melons, and berries, help increase iron absorption.

Source: [www.mayoclinic.org](http://www.mayoclinic.org)