

10/27/2015	Optimizing Opioid Dependence Treatment NL20150306	Advancing Practice	Barbara Thomas	Newfoundland and Labrador Pharmacy Board (NLPB)	4.50	0.00
<p>1. Learning Objectives: (what did you hope to achieve/learn in this learning activity?)</p> <p>1) To know and understand the pathophysiology of substance dependence, the principles of addiction and the harm reduction strategies that are encouraged to increase not only the safety of individuals who use, but also the safety of our communities</p> <p>2) To recognize the signs and symptoms of opioid intoxication, withdrawal and dependence</p> <p>3) To know how to use methadone and buprenorphine safely and effectively in the treatment of opioid dependence</p> <p>4) To be able to apply the NLPB Standards of Practice for the Safe and Effective Provision of Medication for the Treatment of Opioid Dependence to ensure optimal patient care delivery</p> <p>2. List your top "take home" messages from this activity. 1) Opioid dependence therapy is most effective when tailored to the specific patient including their other needs (other health issues, mental health issues etc.).</p> <p>2) Recovery from addiction is a long difficult process that may involve relapses and multiple different treatment attempts.</p> <p>3) Although I have not dealt with it personally buprenorphine is also an effective treatment option for some patients, it is important to be familiar with its use, regulations, precautions etc in the event that a patient requires it for treatment.</p> <p>3. Was this program applicable to your practice? Yes</p> <p>a. If Yes - How will you incorporate the learnings in your current practice? 1) Review of common drug interactions with methadone as well as the pathways associated with them will help to improve my assessment of new or ongoing prescriptions for methadone patients.</p> <p>2) Improved my ability to recognize intoxicated patients by reviewing the more apparent effects of opioid abuse.</p> <p>3) I am more aware of other resources available to patients in the province, and can provide more information to them. (Community counselors, SWAP program etc.)</p> <p>b. If No - please share any benefit you may have gained from this learning activity</p>						

10/04/2015	Optimal Cardiovascular Disease Management 1066-2015-1545-L-P	Shoppers Drug Mart	Michael Boivin	The Canadian Council of Continuing Education in Pharmacy (CCCEP)	1.00	0.00
<p>1. Learning Objectives: (what did you hope to achieve/learn in this learning activity?)</p> <ul style="list-style-type: none"> - Discuss the importance of patient centered cardiovascular care. - Review how focusing on patient needs can enhance patient relationships. - Explore what you can do in your practice to become more patient centric. - Examine how we should be managing patients with chronic conditions. <p>2. List your top "take home" messages from this activity. The NEED algorithm is very helpful in dealing with patients with chronic conditions</p> <p>Notify that you are there to help with any questions or concerns related to the medication/condition.</p> <p>Engage to learn the patients concerns and current knowledge.</p> <p>Educate to address current knowledge and concerns on the medication and condition.</p> <p>Determine what needs to be covered immediately and what can wait, how/when to follow up and tools/services that might benefit the patient.</p> <p>3. Was this program applicable to your practice? Yes</p> <p>a. If Yes - How will you incorporate the learnings in your current practice? I can use the tips provided to change my approach to counseling, especially on medications for chronic conditions.</p> <p>I realized that I am often guilty of having a very one-sided counseling approach. By asking more questions and making the conversation more balanced the patient can become more engaged. This will allow them to take more away from the conversation and feel more comfortable with returning or calling back to ask questions when they require more information.</p> <p>Good questions provided to use in helping to assess patient adherence. It can often seem we are harassing patients by trying to determine why medications are not being filled on time.</p> <p>Starting by telling patients we are trying to keep our files current can make it seem less judgmental, then proceed by asking if they take it, how they take it or if the doctor has changed the prescription,</p> <p>b. If No - please share any benefit you may have gained from this learning activity</p>						

09/19/2015	Pediatric Pharmacy Review NL20150919a	Newfoundland & Labrador Pharmacy Board	Renu Gill/Heather Slaney	Newfoundland and Labrador Pharmacy Board (NLPB)	1.00	0.00
<p>1. Learning Objectives: (what did you hope to achieve/learn in this learning activity?)</p> <p>1) Review pediatric pharmacokinetics principles and understand clinically significant differences between children and adults</p> <p>2) Understand the basics of pediatrics dosing and be able to evaluate a prescription for appropriateness</p> <p>3) Practice dosing and compounding calculations</p> <p>4) Become familiar with select pediatric oncology topics that can be encountered in community pharmacy.</p> <p>2. List your top "take home" messages from this activity. -There are changes in body composition with growth and aging. Children have a higher water composition than adults. As we age, our fat composition increases.</p> <p>-Neonates have decreased metabolism compared to adults due to immature CYP P450 enzymes and children have increased metabolism compared to adults.</p> <p>-Good dosing references include Toronto Sick Kids 2015 and Taketomo et al. Pediatric & Neonatal Dosage Handbook 21st edition by Lexi Comp.</p> <p>-Atropine eye drops can be used to help with drooling</p> <p>-Midazolam injection can be given orally or intranasally in children. There is weak evidence that oral midazolam is an effective sedative agent for children undergoing dental treatment.</p> <p>-Health Canada no longer recommends use of codeine in children less than 12 years of age.</p> <p>3. Was this program applicable to your practice? Yes</p> <p>a. If Yes - How will you incorporate the learnings in your current practice? -In order to improve compliance of liquid medication for patients, I will use some administration tips from CHEO such as mixing medication into small amount of fruit juice, give to side of mouth, try cold treats before and after administration, and try eating strong flavoured food such as cheese.</p> <p>- It can be very easy to have prescribing error especially with pediatric patients. It is important to double check the physician's dosing calculations and to always refer to dosing references to make sure the prescription is appropriate for the patient.</p> <p>-I will provide other pain management options for patients under 12 years of age who are prescribed codeine because ultra-metabolizers convert codeine more rapidly to morphine putting pediatric patient at increased risk for overdose.</p> <p>- I will incorporate options on how to administer isotretinoin to a patient such as poking a hole in capsule and chewing it, embedding the capsule in fatty food, softening the capsule in warm water and suck out contents.</p> <p>b. If No - please share any benefit you may have gained from this learning activity .</p>						

06/05/0015	Managing Mild to Moderate Pain in Primary Care 1227-2015-1383-I-P	Canadian Healthcare Network	Michael Boivin	The Canadian Council of Continuing Education in Pharmacy (CCCEP)	1.00	0.00
<p>1. Learning Objectives: (what did you hope to achieve/learn in this learning activity?)</p> <p>1. Review the management of mild to moderate pain in primary care</p> <p>2. Explore the key points regarding the use of acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), and opioids</p> <p>3. Evaluate a patient for what-if factors that may affect the treatment of mild to moderate pain</p> <p>4. Review the importance of discussing over-the-counter (OTC) analgesic use with patients presenting with pain</p> <p>2. List your top "take home" messages from this activity. -Acetaminophen is first line agent for dental pain, low back pain, osetoarthritis of hip/knee and fibromyalgia. Acetaminophen is one of the safest analgesics and is not associated with concerns in patients with coronary heart disease and peptic ulcer disease but it is the leading cause of acute liver failure in the United States. Chronic use of acetaminophen (more than 14 days) may lead to changes in INR with warfarin therapy.</p> <p>-Although NSAIDs are essentially equivalent in terms of pain relief at therapeutic doses, approximately 70% to 80% of patients will respond to a specific NSAID. When presented with a patient who does not respond to one NSAID, consider a trial of another NSAID. NSAID use is associated with cardiovascular concerns. They increase blood pressure and increases risk of peptic ulcers and GI bleeds when taken chronically. Coxib therapy is associated with a lower risk of GI bleeding compared to traditional NSAIDs. Guidelines recommend nonselective NSAIDs in patients with average GI risk (less than 70 years of age, no prior upper GI event, no drugs issues).</p> <p>- Vascular risks associated with high dose ibuprofen and diclofenac is comparable to that of coxib therapy. High dose naproxen is associated with less vascular risk than other NSAIDs but increases risk of GI complications. Use naproxen in patients with CVD and coxib therapy plus proton pump inhibitor in patients with GI risk factors .</p> <p>-Opioids do not have long term effect on major organ systems. Opioid addiction is a concern if patient needs chronic pain management.</p> <p>3. Was this program applicable to your practice? Yes</p> <p>a. If Yes - How will you incorporate the learnings in your current practice? - It is important to stress to patients the importance of not exceeding the maximum daily dose of acetaminophen (4 g/day). Patients should be cautious when taking other OTC products that may contain acetaminophen such as cough and cold products.</p> <p>-Ask patients about potential gastrointestinal, cardiovascular, renal, or hepatic issues as each can affect the management of pain. For example, patients with chronic kidney disease should not use NSAIDs. Acetaminophen and opioids (at low doses) is considered to be safer than NSAIDs in those patients.</p> <p>b. If No - please share any benefit you may have gained from this learning activity</p>						

09/24/2015	An Orientation to Prescribing by Pharmacists in Newfoundland and Labrador NL20150901	Newfoundland & Labrador Pharmacy Board	Melanie Healey	Newfoundland and Labrador Pharmacy Board (NLPB)	1.50	0.00
<p>1. Learning Objectives: (what did you hope to achieve/learn in this learning activity?)</p> <p>1. Define the categories of prescribing by pharmacists in Newfoundland and Labrador</p> <p>2. Explain the requirements for pharmacists to prescribe</p> <p>3. Describe the limitations and exclusions to prescribing</p> <p>4. Describe the operational standards that must be in place prior to pharmacists prescribing</p> <p>5. Describe the general and specific practice standards that pharmacists must adhere to when prescribing</p> <p>2. List your top "take home" messages from this activity. - To receive authorization to prescribe, pharmacists must apply to the Newfoundland and Labrador Pharmacy Board and demonstrate completion of the required orientation program.</p> <p>-There are limitations with regard to pharmacists prescribing such as pharmacists cannot prescribe for ourselves, an animal or individuals who are of close emotional relationship. —Pharmacists cannot prescribe for narcotics, controlled drugs, or targeted substances. Pharmacists can only prescribe for minor ailments listed in Standards of Practice. Pharmacists cannot perform prescribing duties if prescriptions states otherwise.</p> <p>- Categories of prescribing includes: providing interim supply, extending a prescription, making a therapeutic substitution, adapting a prescribing, prescribing a schedule I, II, or III for minor ailment, and prescribing a schedule II, III, or unscheduled drugs.</p> <p>-Operational standards that must be in place in order for pharmacists to prescribe are: consultations need to be provided in a private patient care environment that is clean, safe, and comfortably furnished for the patient. It is recommended that the pharmacies are connected to the provincial electronic health record. The required references that must be at pharmacy are Compendium of Products for Minor Ailments and Compendium of Therapeutics for Minor Ailments.</p> <p>-When prescribing for schedule I,II,or III drug for a minor ailment or prescribing II,III, or unscheduled drugs, a copy of the documentation form must be given to the patient. It is recommended but not necessary to submit notification to patient's family doctor.</p> <p>-When prescribing an interim supply, extending a RX, making therapeutic substitution, or adapting a RX, the health care provider must be notified and the documentation may be given to the patient.</p> <p>3. Was this program applicable to your practice? Yes</p> <p>a. If Yes - How will you incorporate the learnings in your current practice? I will make sure that I increase my knowledge of the minor ailments specified in the Standards of Practice and remain competent in those fields. I will make sure to follow the standards and policies associated with prescribing. Pharmacist prescribing will allow for patients to have quicker access to health care and allow for physicians to have more time spent with complex patients. I will strive to take care of my patients to the best of my ability and refer them if their situation is out of my control. When adapting a prescription, I will make sure to only change the element that was adapted (eg. dosage form). All other elements of the original prescription, including the prescriber's name and any relevant refills, remain intact. When making a therapeutic substitution, I will make sure to include on the patient's profile my name and license number as the responsible prescriber.</p> <p>b. If No - please share any benefit you may have gained from this learning activity</p>						

11/29/2015	Use and Selection of Home Blood Glucose Meters 1065-2015-1436-I-P	Canadian Healthcare Network	Elaine M. Cooke	The Canadian Council of Continuing Education in Pharmacy (CCCEP)	1.50	0.00
<p>1. Learning Objectives: (what did you hope to achieve/learn in this learning activity?)</p> <p>1. Understand the benefits of self-monitoring of blood glucose (SMBG)</p> <p>2. Be aware of home blood glucose meter features and help patients select a meter appropriate for their needs</p> <p>3. Teach patients how to use a blood glucose meter, including how to obtain a good blood sample</p> <p>4. Help determine the best timing and frequency of SMBG based on the patient's characteristics</p> <p>2. List your top "take home" messages from this activity. -Achieving a target glycated hemoglobin (A1C) level of 7% decreases the risk of diabetes complications.</p> <p>-Self-monitoring can provide immediate feedback to patients about the effect of their diet, activity and medication on blood glucose levels, and can increase patient's adherence to treatment. It can also provide info to health care professionals and help with treatment modifications.</p> <p>-Using a control solution can determine if the meter or test strips are working properly or to confirm proper technique of using the meter.</p> <p>-Glycemic targets should be individualized for each patient based on their age, duration of diabetes, risk of severe hypoglycemia, presence or absence of cardiovascular disease and life expectancy.</p> <p>- Recommended targets: Fasting: 4.0-7.0 mmol/L 2 hours post-meal: 5.0-10.0 mmol/L</p> <p>-Alternate site testing can be performed when blood glucose is not changing rapidly such as right before eating or two hours after eating. Checking for hypoglycemia must be done using blood from the fingertips to ensure accurate blood sugar level results.</p> <p>3. Was this program applicable to your practice? Yes</p> <p>a. If Yes - How will you incorporate the learnings in your current practice? -For optimal meter selection, I will determine what meter features are important to each patient such as visual display, alternate site testing, size of test strips, etc and then select the most appropriate meter for the patient. For example, a person with visual difficulties will find a meter that has a large visual display and large test strips to be useful for SMBG.</p> <p>-Taking the time to explain the features of the meter to the patient and having the patient demonstrate their understanding of the chosen meter and how to use it will increase the likelihood of regular home use and hopefully lead the patient towards better management of diabetes.</p> <p>-The SMBG Frequency and Pattern tool available on the Canadian Diabetes Association website will be a great tool to utilize while working at the pharmacy to determine the best times and frequency of SMBG based on patient's characteristics.</p> <p>b. If No - please share any benefit you may have gained from this learning activity</p>						