With the recent member vote to pass the regulations, pharmacists in Manitoba will be seeing considerable change in their pharmacy practice once the new regulations are implemented. The new legislation allows for pharmacists to administer drugs, prescribe, order tests, interpret patient administered tests and increase their role in improving patient health outcomes. This expanded scope of pharmacy will enhance patient care, ease pressures within the healthcare system, and also create new opportunities for pharmacists.

Pharmacists may have questions regarding the new legislation and how it will change their pharmacy practice. The MPhA has developed a brief Q & A on the Regulations to the December 2006 Pharmaceutical Act, to address some of those questions. In addition, a pharmacist information and operational manual is being created by the MPhA. If you have questions, please contact the MPhA office or write to Lita Hnatiuk, Communications Coordinator & Quality Assurance Secretary at lhmatiuk@mpha.mb.ca. We plan to include additional questions and answers in upcoming issues of the newsletter and manual.
Plan to Participate in Canadian Patient Safety Week and Canada’s Virtual Forum October 28th to November 1st, 2013

The MPPhA is pleased to endorse Canadian Patient Safety Week, October 28 to November 1, 2013. Together, with the Canadian Patient Safety Institute (CPSI), we are spreading the message to ASK. LISTEN. TALK. CPSI invites you to join in creating a safer healthcare system for all Canadians by bringing awareness to the importance of patient safety. Each person’s involvement helps to make the Canadian healthcare system safer. By registering for Canadian Patient Safety Week, CPSI will help to make the week a success. Become a patient safety advocate for your pharmacy team and register today.

Registration is easy and free. Visit www.asklistentalk.ca

By registering, you will receive a complimentary package filled with items including posters, tent cards and CPSI’s patient safety magazine. CPSI is proud to support healthcare providers by providing them with the tools and resources they need to improve patient care.

Plan to promote public awareness regarding the importance of patient safety in your pharmacy by using these tools and resources to:

• provide group presentations on medication safety
• promote the safe disposal of unwanted, unused or expired medications from the home through the Manitoba Medications Return Program
• hold a “Talk to Your Pharmacist Day” at your pharmacy to have patients sign-up for appointments to have thorough medication reviews
• provide your patients with an “It’s Safe to Ask” Medication Card and help them complete it. The “It’s Safe to Ask” Medication Cards are available from the Manitoba Institute for Patient Safety’s website at www.mips.ca.

In conjunction with Canadian Patient Safety Week, Canada’s Virtual Forum on Patient Safety and Quality Improvement is back for a third year. The virtual forum is a great way to learn about the latest in patient safety and features an exciting line up of patient safety and improvement experts. All that is required is a computer and an Internet connection. Throughout the week, 20 hours of live content will be broadcast to more than 2,000 sites in Canada and more than 20 countries around the world on a range of topics:

Monday, October 28, 2013: Leadership - Harsh Truths and Hope
Tuesday, October 29, 2013: Partnership - Don’t Let Good Ideas Sit on the Shelf
Wednesday, October 30, 2013: Medication Safety across the Continuum
Thursday, October 31, 2013: Heroes on the Frontline
Friday, November 1, 2013: Power to the Patient.

Let’s make patient safety a priority in pharmacies across Manitoba.
Dear MPhA Members,

This past summer the members voted overwhelmingly in support of the July 3, 2013, Pharmaceutical Regulations document. We are very excited to move the practice of pharmacy in a direction that will better serve Manitobans and enhance the role of the pharmacists in every capacity and setting across Manitoba.

I would like to extend my thanks to the members, Manitoba Health staff, past and present Council members and the MPhA staff that helped make the passing of the regulations possible. I also wish to acknowledge the support we received from the Manitoba Society of Pharmacists, the Canadian Society of Hospital Pharmacists (Manitoba Branch) and all of our other stakeholders. Now that this significant step has been accomplished, we look forward to the next stage: implementation of the new Act.

The MPhA staff and Council are busy completing an implementation strategy to ensure that the transition from the old Act, to the new Act, is a smooth one. Through this new legislation, pharmacists, and the College of Pharmacists of Manitoba, will be able to support a better healthcare system with the expanded scope of practice for Manitoba pharmacists.

You should see changes as early as this fall with the new licensing application for 2014 licensure. Keep on the lookout for additional information on licence renewal for 2014, in the Friday Five and member notices.

Included in this newsletter is a brief Q & A on the Regulations to the December 2006 Pharmaceutical Act that outlines some commonly asked questions. If you have any other questions you would like to see answered, please contact the MPhA office or write to Ms. Lita Hnatiuk, Communications Coordinator & Quality Assurance Secretary, lhnatiuk@mpha.mb.ca to have your question answered and it may appear in the next newsletter.

In preparation for the implementation date, we have an additional date for the Administration of Injections Practical Skills Workshop. We anticipate having over 250 pharmacists in Manitoba that will have successfully completed the Administration of Injections Practical Skills Training by January 2014. We will also be hosting two District Meetings in November. The Winnipeg District meeting will be available through MBTelehealth to pharmacists across Manitoba.

Work is being completed on the practice directions to the regulations, and the priority practice directions will be ready for the implementation in January 2014. Many of the practice directions have been posted on www.mpha.ca, under Pharmaceutical Act December 2006 (Bill 41) for several months now. MPhA is currently developing an information and operational manual for pharmacists to better understand the changes to practice and provide quick reference to practice questions. Council will be reviewing the draft practice directions and the feedback, and making a decision on the final wording in advance of the implementation date. It should be noted that the MPhA is still awaiting the ministerial regulations, which cover the definitions of practitioners and drugs, to be drafted for implementation by January 1, 2014.

Even though some time has passed, the Act still remains a substantive and innovative piece of legislation. It will be a busy fall for our Council and the MPhA staff, but one that we have been looking forward to since the idea to pursue this new Act was born, seven years ago.

Kyle MacNair, Bsc.Pharm, ACPR
President, Manitoba Pharmaceutical Association

“ It will be a busy fall for our Council and the MPhA staff, but one that we have been looking forward to since the idea to pursue this new Act was born, seven years ago.”
Safety Practices for High Alert Medications

Although the occurrence of medication incidents may not be higher for high alert medications, these medication incidents have an increased risk of causing significant patient harm and admission into hospital. High alert medications identified by the Institute for Safe Medication Practices in community practice include insulin, anticoagulants (warfarin and dalteparin), methotrexate, opioids, fentanyl patches, oral hypoglycemics and oral chemotherapy medications. For a complete list see: http://www.ismp.org/communityRx/tools/ambulatoryhighalert.asp

The High Alert Medications chart (located on page 5) displays the most common high alert medications and some safety practices for both the pharmacist and the patient.

For a complete list of “High Alert” medications, see: http://www.ismp.org/communityRx/tools/ambulatoryhighalert.asp
<table>
<thead>
<tr>
<th>Medication or Class</th>
<th>Pharmacy Safety Practices</th>
<th>Patient Safety Practices</th>
</tr>
</thead>
</table>
| **Insulins**        | - review prescription to determine if dosing regimen is appropriate  
                     - review handwritten orders - watch for the use of abbreviation for units “U” as may be misread as “0”  
                     - discuss with patient the importance of monitoring blood sugar  
                     - watch for look-a-like names and packaging  
                     - discuss signs and treatment of hypoglycemia | - use different insulin pens for each type of insulin  
                     - never reuse syringes or pen needles  
                     - know what type of insulin is used and how it works  
                     - know the signs and treatment of low blood sugar  
                     - check blood sugar more often when ill  
                     - for insulin suspensions, “roll” to re-suspend before dosing |
| **Methotrexate**    | - for any prescriptions indicating daily dosing, take action to ensure the correct dose and frequency has been indicated  
                     - provide explicit dosing instructions including day of week dose is taken  
                     - review medication info sheet to discuss relevant information to patient  
                     - take additional time to counsel on all prescriptions – new and refills to remind patient of weekly dosing  
                     - review dose with patient on each visit and confirm any dose changes with physician | - know what condition methotrexate is prescribed for  
                     - pick a particular day of week to pick up medication and to take the medication  
                     - never take extra doses  
                     - check off on calendar when dose is taken to prevent double dosing |
| **Opioids**         | - perform independent dose checks when switching between opioids  
                     - review dosing especially for pediatric patients  
                     - explain to patient the difference between immediate release and sustained release products and their use in pain management | - do not take extra doses without checking with physician  
                     - be aware of signs of overdose – excessive sedation, shallow breathing or breathing difficulty  
                     - dispose of unused or unwanted medication safely at pharmacy  
                     - check with doctor or pharmacy before combining opioids with over the counter medications |
| **Warfarin**        | - review dosing with patient for new prescriptions and refills. If dose has changed, confirm new dose with prescriber.  
                     - discuss signs of overdose – signs of bleeding with patient | - keep a record of dose changes and the date of changes  
                     - maintain a consistent diet  
                     - take medication only as directed by prescriber  
                     - check with pharmacist or physician before taking over the counter or natural/herbal products |
| **Fentanyl Patches**| - review patient’s opioid history. Has patient been on an opioid previous to fentanyl order?  
                     - used for long term chronic pain only not acute pain  
                     - review starting dose and any dose adjustments for appropriateness  
                     - discuss with patient potential hazard in the use, disposal and storage of fentanyl patches  
                     - review signs of overdose – excessive sedation, shallow breathing or breathing difficulty, feeling faint, dizzy or confused | - keep out of reach of children  
                     - do not cut patches  
                     - remove old patch before applying a new one  
                     - never allow others to use (can be fatal with a single dose)  
                     - used for chronic pain not acute pain  
                     - do not apply heat to the area as will increase absorption of medication leading to possible overdose  
                     - proper disposal of used patches by folding adhesive sides together, placing in a child resistant container and take to pharmacy for disposal |
| **Oral Hypoglycemics** | - review medication history and prescription to determine if dosing regimen is appropriate  
                     - discuss with patient importance of monitoring blood sugar  
                     - discuss signs and treatment of hypoglycemia | - if a dose is missed, do not double your next dose  
                     - know the signs and treatment of low blood sugar  
                     - check blood sugar more often when ill |
Canadian Medication Incident Reporting and Prevention System (CMIRPS)

CMIRPS is a national voluntary medication incident and ‘near miss’ reporting program founded for the purpose of sharing the learning experiences from medication errors. Implementation of preventative strategies and system safeguards to decrease the risk for error-induced injury and thereby promote medication safety in healthcare is our collaborative goal.

Medication incidents (including near misses) can be reported to ISMP Canada:

(i) through the website: http://www.ismp-canada.org/err_report.htm or
(ii) by phone: 416-733-3131 or toll free: 1-866-544-7672.

ISMP Canada guarantees confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications.

Institute for Safe Medication Practices Canada (ISMP Canada)

416-733-3131 or 1-866-544-7672 (1-866-54-ISMPC)
Email: info@ismp-canada.org
Website: www.ismp-canada.org

ISMP Newsletter Subscriptions

ISMP Canada Safety Bulletins are designed to disseminate timely, targeted information to reduce the risk of medication incidents. The purpose of the bulletins is to confidentially share the information received about medication incidents which have occurred and to suggest medication system improvement strategies for enhancing patient safety. The bulletins will also share alerts and warnings specific to the Canadian marketplace.

The following ISMP Canada Safety Bulletins have been issued since the last issue of the MPhA Newsletter.

2013 - ISMP Canada Safety Bulletins:

- **Vol. 13 Issue 8 - Deaths Associated with Medication Incidents: Learning from Collaborative Work with Provincial Offices of the Chief Coroner and Chief Medical Examiner**
- **Vol. 13 Issue 7 - Managing Overfill during Preparation and Delivery of Intravenous Medications**
- **Vol. 13 Issue 6 - Preliminary Results from the International Medication Safety Self Assessment for Oncology**
- **Vol. 13 Issue 5 - Some Liquid Medications May Be Unsuitable for Administration by Enteral Tube**

2013 - SafeMedicationUse.ca Safety Newsletters and Alerts for Consumers

- Consumers can help prevent harm from opioid use
- Reminder - Check Your Prescription!
- Some Capsules Are Not Meant to Be Swallowed
- Some Medicines Should Not Be Crushed, Split, or Chewed!
- Many Medicines Look Alike - Always Read the Label!
- Does This Medicine Belong to Me?
- Informed Consumers Can Help Prevent Harm from Opioid Use!
- ALERT: Canadian Adverse Reaction Newsletter Contains Important Information for Consumers with Allergies!

All issues of the ISMP Canada Safety Bulletins, including those issued in previous years, are freely downloadable from the ISMP Canada website www.ismp-canada.org.

ISMP Canada is pleased to distribute The Medication Safety Alert! (US) newsletters along with ISMP Canada Safety Bulletins to Canadian practitioners and corporations.

To subscribe and for more information on all ISMP Canada’s publications, events and services visit the ISMP Canada website at www.ismp-canada.org.

If you have made changes in your pharmacy, which focus on patient safety and that you would like to share with your colleagues, please contact Susan Lessard-Friesen at 204-233-1411.
Recent ISMP Safety Bulletins

MPhA would like to highlight some recent important ISMP safety bulletins that can help pharmacists improve patient safety through detection of drug interactions and implementation of proper procedures for preparing intravenous medications.

Reducing Adverse Events and Hospitalizations Associated with Drug Interactions – May 7, 2013

Drug interactions can cause reduced effectiveness of therapy or increased drug toxicity resulting in patient hospitalization especially for elderly patients. Recognition and detection of interactions can be difficult for a number of reasons. The ever increasing number of possible drug interactions makes it impossible for pharmacists to memorize or know all possibilities and computerized detection systems may not detect all interactions. In some cases, a computer may alert the pharmacist to trivial interactions yet miss more significant interactions. This edition of the ISMP bulletin discusses a summary of pharmacoepidemiological studies from Ontario involving drug interaction pairs that have been shown to increase the rate of hospital admissions among elderly patients. The summary includes pairs of common medications prescribed in the elderly, the drug toxicity and the possible mechanism. Pharmacists are encouraged to review these specific drug interactions and the related adverse events information to help reduce adverse events and hospitalizations by identifying patients at risk and intervening as appropriate.

Managing Overfill during Preparation and Delivery of Intravenous Medications – August 15, 2013

Earlier in 2013, it was discovered that many cancer patients in Ontario and New Brunswick had received lower doses of cancer therapy than prescribed due to the presence of overfill in the intravenous (IV) bags used to prepare the chemotherapy drugs. The Ontario government initiated a review of Ontario’s Cancer Drug Supply System and released a report identifying a number of contributing factors to the medication incident as well as recommendations to Health Canada, group purchasing organizations, IV solution manufacturers and the Ontario College of Pharmacists. In this bulletin, ISMP discusses the variables in manufacturing, preparation and administration of IV admixtures that can affect the total dose or concentration of the medication. Various methods of preparation of IV solutions (practitioner and manufacturer based) are reviewed and recommended safe practices are presented relative to the method of administration to the patient. ISMP recommends increasing awareness among health professionals about IV overfill, developing protocol for overfill management, as well as standard labeling with critical information for the end user, to ensure patients receive the intended dose.

Pharmacy Practice Management Systems (PPMS)

A Pharmacy Practice Management Systems (PPMS) document was developed by the National Association of Pharmacy Regulatory Authority (NAPRA) and will provide useful information to Canadian pharmacists in the form of requirements of pharmacy software programs to meet the national standards of practice. Moreover, the PPMS document will serve as a guide for pharmacy software developers with respect to the design and functionality of future products. For more information, please see the Summer 2013 issue of NAPRA Notes. Prior to final publication, the document will be translated into French. The PPMS document will be available from NAPRA. When it comes into effect, the MPhA will post a link on www.mpha.ca to the PPMS. The document will be amended periodically to coincide with the updates to NAPRA’s Model Standards of Practice for Canadian Pharmacists.

Codeine Use in Pediatrics

Health Canada has issued an advisory recommending codeine no longer be prescribed for children under 12 years of age. Due to safety concerns regarding the use of codeine in younger children, the Winnipeg Regional Health Authority (WRHA) Child Health Pharmacotherapy Subcommittee is working towards removing codeine and codeine-containing products from the WRHA Pediatric Formulary.

Currently, the proposal is in the development stage; however, some physicians are proceeding with practice changes prior to implementation of a finalized proposal. Community pharmacy will likely see an increase in prescriptions for morphine as an alternative to codeine for children. The subcommittee has produced an educational document on codeine safety issues and therapeutic alternatives for pediatrics. To review this important safety information, which will help pharmacists prepare for changes in the prescribing practice of pain medication for children, please click here.

As well, the MPhA offered a professional development program on Wednesday, October 2, 2013, on Considerations in Pediatric Patients: Codeine and Pediatric Prescribing Concerns & Got Milk? Considerations Regarding Medication Use and Lactation. The program may be viewed on www.sbrc.tv. For information on accessing the program, go to the Previously Recorded Programs section on www.mpha.ca/pdprograms.
Prescription Delivery Safety Issue

“Leave it in the Mailbox”

Dispensed medications that are sent to the patient through a delivery service may be a convenience for some patients, while a necessity for others. All delivered prescription medication should have the patient or an adult agent of the patient sign for receipt of the prescription. Signed receipts of all delivered prescriptions should be kept in the pharmacy for an appropriate length of time. MPhA field operations recommends the record be kept for at least 60 days.

A patient may on occasion request that the prescription be left in the mailbox if they are not present. Prescriptions left in the mailbox or doorway pose a public safety risk. The pharmacy should strongly discourage any request to leave delivered prescriptions in the mailbox. The pharmacist should discuss with the patient the safety concerns and make arrangements to deliver the prescription when someone will be present to accept the delivery. Any medication presents a risk for accidental harm or poisoning if ingested by someone other than the patient.

RxFiles

RxFiles is an academic detailing program providing objective, comparative drug information to physicians, pharmacists and allied health professionals. RxFiles academic detailing for Saskatchewan is a not-for-profit program funded by a grant from Saskatchewan Health. “Academic detailing” or “educational outreach” is the process of providing balanced, non-commercial, evidence based information/education for individual physicians in their offices. RxFiles serves health providers and educators through newsletter reviews, Q&As, Trial Summaries, and up-to-date drug comparison charts as well as publication of RxFiles Drug Comparison Charts book.

Check out the latest RxFiles program:

Opioids & Chronic Non-Cancer Pain (CNCP): What Can Pharmacists Do to Better Address Both “Pain” & “Addiction/Diversion” Concerns?

Link to Q&A (open access):

Understanding Drug Schedules

The Scheduling Process

The National Association of Provincial Regulatory Authorities (NAPRA) was established by the provincial regulatory bodies in February 1995, to help provinces take a national approach to addressing common issues. The National Drug Schedule Advisory Committee (NDSAC) was created by NAPRA in August 1995 to advise provincial regulatory authorities on the placement of drugs into the national scheduling model and to help maintain and evaluate the drug scheduling factors and cascading principles used to make scheduling recommendations.

The province of Manitoba follows the NAPRA national drug schedules by reference. Any scheduling amendments made to the National Drug Scheduling System are effective immediately in Manitoba, as provided in provincial legislation. Manitoba was the first province to adopt the National Drug Scheduling System model as the provincial model in September 1998. Some provinces currently require approval by their provincial regulatory body and provincial government prior to implementation of the NAPRA drug schedule recommendations.

The national model consists of three schedules or four categories: Schedule I, Schedule II, Schedule III and Unscheduled, with specific conditions for sale expected for each.

The model for drug scheduling recommendations uses a “cascading principle” in which a drug is first assessed using the factors for Schedule I. Should sufficient factors pertain, the drug remains in that Schedule. If not, the drug is assessed against the Schedule II factors, and if warranted, subsequently against the Schedule III factors. Should the drug not meet the factors for any schedule, it becomes “unscheduled” and may be sold in any retail outlet.

Outline of the Schedules

The scheduling of drugs determines the conditions for sale of the product as well as the pharmacist’s intervention required if any.

Schedule I drugs – Prescription only

The drugs require a prescription for sale and are provided to the public by the pharmacist following the diagnosis and professional intervention of a practitioner. The sale is controlled in a regulated environment as defined by provincial pharmacy legislation. Provincial regulations require that pharmacists provide patient counseling on all prescriptions — new and renewals.

Schedule II drugs – No prescription required, sale from “no public access” area of pharmacy

While less strictly regulated, these drugs do require professional intervention from the pharmacist at the point of sale and possibly referral to a practitioner. While a prescription is not required, the drugs are available only from the pharmacist and must be stored within an area of the pharmacy where there is no public access and no opportunity for patient self-selection (i.e. the dispensary.)

Schedule III drugs – No prescription required, sale from area immediately adjacent to pharmacy

Schedule III drugs may present risks to certain populations in self-selection. Although available without a prescription, these drugs are to be sold from the self-selection area immediately adjacent to the pharmacy which is operated under the direct supervision of the pharmacist, subject to any local professional discretionary requirements which may increase the degree of control (for example, dimenhydrinate placed behind the counter due to local abuse of the product). The pharmacist is available, accessible and approachable to assist the patient in making an appropriate self-medication selection.

Unscheduled Drugs – Sale from any retail outlet

Unscheduled drugs can be sold without professional supervision. Adequate information is available for the patient to make a safe and effective choice and labeling is deemed sufficient to ensure the appropriate use of the drug. These drugs are not included in Schedules I, II or III and may be sold from any retail outlet.

Some medications may be included in more than one schedule; depending on the strength, dosage form or package size of the drug. For example, Ibuprofen is listed Schedule 1 if the concentration is greater than 400mg per dosage unit, Schedule 3 if sold in package size greater than 18,000mg and Unscheduled for package size up to 18,000mg.

To determine which schedule a drug may be listed, visit the www.napra.ca and click Search Drug Schedules.

NAPRA has developed National Standards of Practice for pharmacists corresponding to the level of professional intervention and advice necessary for the safe and effective use of these drugs by consumers, according to each Schedule. The standards were approved by the members in 2006 and are enforceable in Manitoba.
Online Professional Development Now Mandatory for Licence Renewal this Fall

As indicated in numerous Friday Fives and newsletters, the MPhA online Professional Development (PD) Log is the only way to submit professional development activities for the 2012-2013 professional development year.

Members can submit their Professional Development Logs online at www.mpha.ca. Members must log into their account on the MPhA website to access the PD section. All relevant links are under the ‘My Professional Development’ tab, including a guide to using the online PD Log.

To be eligible for licence renewal, practicing pharmacists are required to participate in a minimum of 25 hours of professional development learning activities from November 1, 2012, to October 31, 2013. Of the 25 hours, a minimum of 15 hours must be from accredited learning activities with a balance of 10 hours of participation in either accredited or non-accredited learning activities. All activities must be entered into the online PD Log by November 30, 2013, in order to be eligible for re-licensure for 2014. The MPhA would like to thank those who have taken the time to enter their learning activities thus far. Please contact Lita Hnatiuk, Communications Coordinator and Quality Assurance Secretary, at 204-233-1411, if you have any questions about the online PD Log.

All pharmacists are required to submit online PD activities and complete the online licence renewal application by November 30th. If not received by November 30th, the fee for licence renewal will increase by 50%. In October, Council will be announcing this year’s licence renewal fees. Please be on the look-out for that information in an upcoming issue of Friday Five.

Changes to the licence renewal application for 2014:

As a result of the membership passing the regulations to the New Pharmaceutical Act there have been changes to the online licence membership application for pharmacists and pharmacies. As per the new regulations, the MPhA will now be tracking extended practice pharmacists and different practice settings.

More information on the changes to the online licence applications will be released in an upcoming issue of the Friday Five.

New Date for the Administration of Injections Practical Skills Training Workshop

The latest Administration of Injections Practical Skills Training Workshop is scheduled for Saturday, November 30, 2013, at the University of Manitoba, Bannatyne Campus. The program is put on by the MPhA in collaboration with the University of Manitoba, Faculty of Pharmacy to train participants on how to administer subcutaneous, intramuscular, and intradermal injections and immunizations.

Prior to attending the workshop, participants are required to complete and submit proof of completion to the MPhA, of the online CCCEP-accredited program entitled, “Immunization Competencies Education Program” (ICEP), and the “Manitoba Module: Administration of Injections” on the Advancing Practice website, and sign a waiver which is available on the Professional Development Programs webpage of www.mpha.ca.

On April 5, 2013, MPhA Council passed a motion to allow completion of the CPR requirement after attendance of the Administration of Injections Practical Skills Workshop, but prior to receiving authority to administer injections. Prior to applying to the MPhA for authority to provide injections, pharmacists must possess valid certification in CPR Level C or CPR Level HCP and Emergency or Standard First Aid from an accredited training program.

To sign up for a workshop, please contact Stacey Hjorleifson, Administrative Secretary at 204-233-1411 or email shjorleifson@mpha.mb.ca. The MPhA requires a credit card number to hold your spot in the workshop. Please, for security purposes, do not send credit card numbers over fax or through email, as MPhA will not process it. All credit card payments should be phoned in or brought in person to the MPhA office.

Please note that pharmacists will not be permitted to administer injections in Manitoba until the December 2006 Pharmaceutical Act is proclaimed, even if they have successfully completed all the requirements. Only once all of the supporting legislation and regulations are in place, and the Act is proclaimed by government, can this area of practice be implemented. Once the legislation is in place, only members who have received certification of injection authority from the MPhA will be able to administer injections in Manitoba.

Life Long Learning

All pharmacists who participate in a minimum of 50 hours of professional development activities during the year, of which a minimum of 30 hours are from accredited learning activities will receive a MPhA Certificate of Life Long Learning in Pharmacy for that particular year.
PEBC Update for Pharmacy Technicians

The National Association of Pharmacy Regulatory Authorities (NAPRA) has developed a National Pharmacy Technician Bridging Education Program to assist individuals already working in the role of pharmacy assistant to upgrade their skills to align with proposed changes in the scope of practice of pharmacy technicians. For a list of educational institutions that have signed an agreement to be an authorized delivery agent of the National Pharmacy Technician Bridging Education Program, please visit www.napra.ca. The National Pharmacy Technician Bridging Education Program will also be available online, starting this fall.

Details on the online program and development process can be found on http://napra.ca/pages/bridgingprogram/default.aspx
For more information on what’s happening in Manitoba, please see the Pharmacy Technician webpage on www.mpha.ca.

2013 MPhA Golf Tournament

Thank you to the following...

The Manitoba Pharmaceutical Association would like to acknowledge and thank the following hole sponsors and prize donors for the MPhA Golf Tournament which was held on Thursday, September 12, 2013, at the beautiful Carman Golf & Country Club. A sincere thank you goes out to all participants, volunteers, staff, hole sponsors and prize donors who made this event a great success. The net proceeds raised from the event go to support the Canadian Foundation for Pharmacy (CFP).

And the Winner is . . .

Low Net - Rem Weiss
Low Gross Male - Gary Nazor
Low Gross Female - Norma Peckover
Putting Contest - Arlene Harlow
Closest to the Hole #6 - Jason Halick
Closest to the Hole #8 - Kristen Humeniuk
Closest to the Hole #16 - Ralph Carter
Straightest Drive Men - Barri Kowalchuk
Straightest Drive Women - Shelly Rojesky

2013 Hole Sponsors

Blando Group (Scotia McLeod)
Campbell Marr LLP
Mr. W. G. (Bill) Eamer
LifeScan Canada
 Manitoba Society of Pharmacists
McKesson Canada
Ozturk Financial
Prairie Trail Pharmacy
Safeway Pharmacy
Shoppers Drug Mart
Super Thrifty Drugs Canada Ltd.
Target Pharmacy
Thompson Dorfman Sweatman LLP
Valley Builders

2013 Prize Donors

Apotex Inc.
Mr. Arnold Chew
Blando Group (Scotia McLeod)
Caddy Shed
Euro-Graph Inc.
Mr. W. G. (Bill) Eamer
Gourmet Coffee Specialists Ltd.
Ozturk Financial
PCGI Consulting Services
RBC Convention Centre
Ruban Insurance Brokers
Mr. Harry Shapiro
Supremex
Wow! Hospitality

The Manitoba Pharmaceutical Association would like to acknowledge and thank the following hole sponsors and prize donors for the MPhA Golf Tournament which was held on Thursday, September 12, 2013, at the beautiful Carman Golf & Country Club. A sincere thank you goes out to all participants, volunteers, staff, hole sponsors and prize donors who made this event a great success. The net proceeds raised from the event go to support the Canadian Foundation for Pharmacy (CFP).

And the Winner is . . .

Low Net - Rem Weiss
Low Gross Male - Gary Nazor
Low Gross Female - Norma Peckover
Putting Contest - Arlene Harlow
Closest to the Hole #6 - Jason Halick
Closest to the Hole #8 - Kristen Humeniuk
Closest to the Hole #16 - Ralph Carter
Straightest Drive Men - Barri Kowalchuk
Straightest Drive Women - Shelly Rojesky

2013 Hole Sponsors

Blando Group (Scotia McLeod)
Campbell Marr LLP
Mr. W. G. (Bill) Eamer
LifeScan Canada
 Manitoba Society of Pharmacists
McKesson Canada
Ozturk Financial
Prairie Trail Pharmacy
Safeway Pharmacy
Shoppers Drug Mart
Super Thrifty Drugs Canada Ltd.
Target Pharmacy
Thompson Dorfman Sweatman LLP
Valley Builders

2013 Prize Donors

Apotex Inc.
Mr. Arnold Chew
Blando Group (Scotia McLeod)
Caddy Shed
Euro-Graph Inc.
Mr. W. G. (Bill) Eamer
Gourmet Coffee Specialists Ltd.
Ozturk Financial
PCGI Consulting Services
RBC Convention Centre
Ruban Insurance Brokers
Mr. Harry Shapiro
Supremex
Wow! Hospitality

The Manitoba Pharmaceutical Association would like to acknowledge and thank the following hole sponsors and prize donors for the MPhA Golf Tournament which was held on Thursday, September 12, 2013, at the beautiful Carman Golf & Country Club. A sincere thank you goes out to all participants, volunteers, staff, hole sponsors and prize donors who made this event a great success. The net proceeds raised from the event go to support the Canadian Foundation for Pharmacy (CFP).

And the Winner is . . .

Low Net - Rem Weiss
Low Gross Male - Gary Nazor
Low Gross Female - Norma Peckover
Putting Contest - Arlene Harlow
Closest to the Hole #6 - Jason Halick
Closest to the Hole #8 - Kristen Humeniuk
Closest to the Hole #16 - Ralph Carter
Straightest Drive Men - Barri Kowalchuk
Straightest Drive Women - Shelly Rojesky

2013 Hole Sponsors

Blando Group (Scotia McLeod)
Campbell Marr LLP
Mr. W. G. (Bill) Eamer
LifeScan Canada
 Manitoba Society of Pharmacists
McKesson Canada
Ozturk Financial
Prairie Trail Pharmacy
Safeway Pharmacy
Shoppers Drug Mart
Super Thrifty Drugs Canada Ltd.
Target Pharmacy
Thompson Dorfman Sweatman LLP
Valley Builders

2013 Prize Donors

Apo...
MPhA Office Staff Update

Welcome, Todd Mereniuk

We are pleased to announce that Mr. Todd Mereniuk joined the MPhA staff in the position of Assistant Registrar – Field Operations effective August 19, 2013. Todd has been actively involved within the pharmacy profession in Manitoba for the last 20 years. He is a graduate of the Faculty of Pharmacy, University of Manitoba and has practised as a pharmacist, pharmacy manager and pharmacy district manager in both rural and urban areas of the province. We look forward to the contribution Todd’s many years of practice experience, fresh perspective and new ideas will bring to the MPhA team.

Thank you, Ronda Eros

Ronda Eros joined the MPhA staff for a term position as Professional Practice Consultant in the summer of 2012.

The MPhA thanks Ronda for her dedicated service to the MPhA, the pharmacists of Manitoba and the public. We wish her all the best in her next venture!

Thank you, Melissa Gobin

Thank you for another great summer, third year student Melissa Gobin! The MPhA thanks her for all the hard work organizing the Pharmacy Museum at the MPhA Pharmacy House and assisting the staff with many on-going projects. The MPhA wishes her good luck in her studies at the University of Manitoba this fall.

In Memoriam:

Rita Diana Forest
April 10, 2013

Shepherd Isenstein
June 1, 2013

Arthur Harris
June 20, 2013

George Meyers
June 20, 2013

Lisa Gibson
July 24, 2013

Tanya Damsgaard
August 26, 2013

NABP / AACP District V Annual Meetings

On August 8 to 10, 2013, the Manitoba Pharmaceutical Association and the University of Manitoba Faculty of Pharmacy hosted the 76th Annual Meeting of the District Five National Association Boards of Pharmacy (NABP) / American Association of Colleges of Pharmacy (AACP). Held annually, the joint district meetings brought together members of the boards of pharmacy and faculty of the colleges and schools of pharmacy, in each of the Associations’ eight districts, to discuss regional issues of mutual concern. The meetings proved to be a valuable and successful event. Please see the District Meetings section of the www.nabp.net website, and the North Dakota Boards of Pharmacy (www.nodakpharmacy.com) for further information meeting minutes and reports.
Q & A on the Regulations to the December 2006 Pharmaceutical Act

Since pharmacists have passed the new legislation, is it effective immediately?

No, the regulations to the Pharmaceutical Act must first be approved and proclaimed by the Manitoba government. The discussed timeline for implementation is January 1, 2014, and this is supported by government. As always, the MPhA will keep the membership informed as the process continues and additional information becomes available.

Under the new regulations, what new pharmacy practices will a pharmacist be able to perform immediately upon approval? Which practices will require additional training in order for pharmacists to perform?

Once further process issues have been developed, pharmacists will be able to order lab tests listed under Schedule 1 of the regulations. Immediately, after proclamation of the Act, all pharmacists will be able to interpret patient administered automated tests, prescribe drugs from NAPRA’s Drug Schedules II and III, and administer drugs orally, topically and via inhalation. In order to administer injections or prescribe medications from Schedule 3 to the regulations, members must first complete an educational program approved by MPhA and apply and receive authorization from MPhA. With all new expanded scope practices, pharmacists will be responsible to follow the practice directions set out for each.

What if a pharmacist does not wish to provide all or some of the expanded scope services permitted under the new legislation?

At this time, there is no obligation or requirement for pharmacists to undertake the additional training required, and to apply for authority to administer injections or prescribe for self-limiting conditions, if they do not wish to provide expanded scope services. It is anticipated that public demand will rise as patients become more aware of the additional services that a pharmacist can provide and the health benefits afforded by those services. Pharmacies may want to consider that at least some of their pharmacists are trained and authorized to provide those services to meet the demand.

Did you know?

Upon proclamation of the Pharmaceutical Act, the Manitoba Pharmaceutical Association’s name will change to the College of Pharmacists of Manitoba.
What educational programs will MPhA have relating to administration of injections and prescribing?

MPhA has already hosted several “Administration of Injections Training Program for Manitoba Pharmacists” and will be conducting additional workshops in the near future. Prior to participating in the live workshop, pharmacists are required to complete the online CCCEP-accredited program, *Immunization Competencies Education Program* (ICEP) (approximately 14 hours) and the online *Manitoba Module: Administration of Injections* (2 hours).

In addition to the “Administration of Injections Training Program for Manitoba Pharmacists” that was developed by the MPhA in partnership with the Faculty of Pharmacy and Faculty of Nursing at the University of Manitoba, the MPhA will also recognize injection training programs in Canada that possess current CCCEP Stage 2 accreditation. Once pharmacists in Manitoba are legally able to provide injections, the MPhA will recognize pharmacists authorized to administer injections from other provinces that have been trained in a program that has Stage 2 CCCEP accreditation and/or has been taught to the 15 competencies and that is confirmed through documentation or letter of standing from the pharmacist’s regulatory authority. To find out if a program is CCCEP stage 2 accredited, please contact your program provider. In this case, pharmacists would still be required to complete the *Manitoba Module: Administration of Injections*.

The *Manitoba Module: Administration of Injections* is now available separately on Advancing Practice for those who did not complete the *Immunization Competencies Education Program* as part of their CCCEP stage II injection training program. The cost of the *Immunization Competencies Education Program*, which will continue to include the *Manitoba Module: Administration of Injections*, is $200. For those wishing only to complete the *Manitoba Module: Administration of Injections*, the cost is $50.

Before a pharmacist is permitted to administer injections, they must receive authority from the MPhA. MPhA Council made a motion to allow pharmacists to obtain Level C CPR and Emergency or Standard First Aid certification before or after the skills workshop, but prior to applying to the MPhA for injection authority. Please note that all pharmacists MUST complete the CPR/First Aid requirement along with the online *Manitoba Module: Administration of Injections* regardless of the initial program they completed, before applying for authority to administer injections in Manitoba.

MPhA is currently developing an educational program on prescribing for self-limiting conditions covering the conditions and drugs under Schedule 3 to the Regulations.

Questions?

Please forward your questions to Lita Hnatiuk, Communications Coordinator and Quality Assurance Secretary, lhnatiuk@mpha.mb.ca.

We will provide a list of questions and answers on the MPhA website as well as in the Friday Five, pharmacist manual and future newsletters.
EChart Manitoba and Manitoba Pharmacists

EChart Manitoba is a secure electronic provincial system that connects authorized health-care providers with key health information contained in a view-only, integrated electronic health record collected from multiple points of care in Manitoba. As of September 2013, over 300 locations across the province have launched use of eChart at their sites. Currently, authorized users at these sites include hospital and health-facility based in-patient pharmacists from multi-disciplinary teams.

EChart displays select health information from eChart source systems, which include the Drug Program Information Network (DPIN), the Provincial Client Registry, the Manitoba Immunization Monitoring System, Public and Private Labs (including DSM Winnipeg, Brandon, Cadham, Gamma Dynacare, and Unicity), the Provincial Radiology Information system, and St. Boniface Hospital’s Electronic Patient Record. As a result of eChart, health information from DPIN is viewed by a much wider audience than ever before.

DPIN data in eChart since 2010

Medication information in eChart Manitoba comes solely from DPIN, and is updated every ten minutes. EChart contains the same information as DPIN, except for the pharmacy franchise license and telephone numbers. Medication information in eChart can be searched and filtered going back as far as April 2010, and will continue to be accumulated and available over time. In Figure 1, see how medication information from DPIN is displayed for a test patient in eChart Medication view.

![Medication Information](Image)

**Figure 1**

**What happens in eChart when there is an error entered into DPIN?**

If there is a data error in DPIN, it will propagate quickly to eChart, and the incorrect information may be used by other clinicians for provision of patient care. For example, if a medication is entered in DPIN under the wrong PHIN, it will then display under the wrong patient’s record in eChart. This can only be corrected by the error being fixed in the DPIN system, and once the correction is made in DPIN, it will flow to eChart. The longer an error remains in eChart, the greater the risk is for a health-care provider to make an incorrect clinical decision based upon that error.

**DPIN has a much broader audience with eChart than ever before**

Approximately 1,000 users view eChart on a weekly basis. Many of these users will access DPIN information through the Medication view. As we evolve further into an era of electronic health information sharing, consider how information in DPIN is shared more broadly than ever before through health information systems such as eChart.
MESSAGE FROM THE FACULTY

The staff and students of the Faculty of Pharmacy would like to extend their sincere thanks and gratitude to all of the pharmacists and technicians who participated in the experiential program (SPEP) this past year. We would also like to thank the managers and staff at practice sites who supported the preceptors to make their participation possible. In addition we would like to thank the pharmacists and staff of the pharmacies who offered to take students but whose participation was not required this year.

2012-2013 PRECEPTOR LIST

Names of participating preceptors were gathered from students performance evaluation forms submitted to the faculty. We apologize for any omissions and/or misspelled names. Please contact us with any errors or omissions by emailing kleimann@cc.umanitoba.mb.ca.

<table>
<thead>
<tr>
<th>Community Sites:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Site</strong></td>
</tr>
<tr>
<td>Alentex Pharmacy</td>
</tr>
<tr>
<td>Brothers Pharmacy Ltd.</td>
</tr>
<tr>
<td>CD Whyte Ridge</td>
</tr>
<tr>
<td>East St. Paul Pharmacy – East St. Paul</td>
</tr>
<tr>
<td>GreenCrest Pembina Pharmacy</td>
</tr>
<tr>
<td>Leila Pharmacy</td>
</tr>
<tr>
<td>Loblaw Pharmacy #1512 (Gateway Rd.)</td>
</tr>
<tr>
<td>London Drugs (St Vital)</td>
</tr>
<tr>
<td>Mount Carmel Clinic Pharmacy</td>
</tr>
<tr>
<td>Rexall Pharma Plus #4813 (Pembina/ MacGillvary)</td>
</tr>
<tr>
<td>Rexall Pharma Plus #4816 (Portage)</td>
</tr>
<tr>
<td>Rexall Pharma Plus #4846 (St Vital)</td>
</tr>
<tr>
<td>Rexall Pharmacy #7402 (Assiniboine Clinic)</td>
</tr>
<tr>
<td>Safeway #701 (Marion &amp; Braemar)</td>
</tr>
<tr>
<td>Safeway #712 (Leila)</td>
</tr>
<tr>
<td>Safeway #719 (Vermillion/Lakewood)</td>
</tr>
<tr>
<td>Safeway #724 (Grant Ave.)</td>
</tr>
<tr>
<td>Safeway #731 (Kenaston Blvd.)</td>
</tr>
<tr>
<td>Safeway #791 (River Ave.)</td>
</tr>
<tr>
<td>Shoppers Drug Mart #530 (Garden City- Leila)</td>
</tr>
<tr>
<td>Shoppers Drug Mart #535 (Osborne Village)</td>
</tr>
<tr>
<td>Shoppers Drug Mart #537 (Pembina Village)</td>
</tr>
<tr>
<td>Shoppers Drug Mart #538 (St Vital) (Dakota St)</td>
</tr>
<tr>
<td>Shoppers Drug Mart #539 (Kildonan Park)</td>
</tr>
<tr>
<td>Shoppers Drug Mart #540 (Wpg Square)</td>
</tr>
<tr>
<td>Shoppers Drug Mart #542 (Tuxedo) (Corydon Ave)</td>
</tr>
<tr>
<td>Shoppers Drug Mart #546 (Main St.)</td>
</tr>
<tr>
<td>Shoppers Drug Mart #547 (Marion)</td>
</tr>
<tr>
<td>Shoppers Drug Mart #551 (Polo Park Mall)</td>
</tr>
<tr>
<td>Shoppers Drug Mart #553 (Charleswood Mall) (Grant Ave)</td>
</tr>
<tr>
<td>Hospital Sites:</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td><strong>Health Sciences Centre</strong></td>
</tr>
<tr>
<td><strong>St. Boniface General Hospital</strong></td>
</tr>
<tr>
<td><strong>Riverview Health Centre</strong></td>
</tr>
<tr>
<td><strong>Deer Lodge Centre</strong></td>
</tr>
<tr>
<td><strong>Seven Oaks General Hospital</strong></td>
</tr>
<tr>
<td><strong>Grace General Hospital</strong></td>
</tr>
<tr>
<td><strong>Concordia General Hospital</strong></td>
</tr>
<tr>
<td><strong>Victoria General Hospital</strong></td>
</tr>
<tr>
<td><strong>Cancer Care Manitoba</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out of Province:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Loblaw Pharmacy #4394 Warman, SK</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rural:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Apothecary of Morden Inc. – Morden</strong></td>
</tr>
<tr>
<td><strong>Dauphin Clinic Pharmacy – Dauphin</strong></td>
</tr>
<tr>
<td><strong>Falk Pharmacy - Carberry</strong></td>
</tr>
<tr>
<td><strong>Gladstone Pharmacy - Gladstone</strong></td>
</tr>
<tr>
<td><strong>GV Pharmacy Inc. – Grandview</strong></td>
</tr>
<tr>
<td><strong>Harris Pharmacy Ltd. – Neepawa</strong></td>
</tr>
<tr>
<td><strong>Hill's Clinic Pharmacy – Portage La Prairie</strong></td>
</tr>
<tr>
<td><strong>Home Health Care Pharmacy – Brandon</strong></td>
</tr>
<tr>
<td><strong>Interlake Pharmacy - Stonewall</strong></td>
</tr>
<tr>
<td><strong>Loblaw Pharmacy #1515 (Victoria Ave.)</strong></td>
</tr>
<tr>
<td><strong>Mitchell's Drug Store – Roblin</strong></td>
</tr>
<tr>
<td><strong>Pharmacie St. Pierre Pharmacy – St. Pierre-Jolys</strong></td>
</tr>
<tr>
<td><strong>Pharmasave - Beausejour</strong></td>
</tr>
<tr>
<td><strong>Reavie's Pharmacy - Russell</strong></td>
</tr>
<tr>
<td><strong>Safeway #604 - Brandon</strong></td>
</tr>
<tr>
<td><strong>Scales Drug Store - Swan River</strong></td>
</tr>
<tr>
<td><strong>Shoppers Drug Mart #2424 – Brandon</strong></td>
</tr>
<tr>
<td><strong>Wal-Mart Pharmacy #3022 Dauphin</strong></td>
</tr>
<tr>
<td><strong>Wal-Mart Pharmacy #3069 – Portage La Prairie</strong></td>
</tr>
<tr>
<td><strong>Whites' Drug Store - Swan River</strong></td>
</tr>
</tbody>
</table>

<p>| David Wever, Michael Walters |
| Jay Rich, John Laverge, Michelle Walters |
| Kyla Corbett |
| Kerry Mitchell |
| Alan Lawless, Calvin Kim, Jessica Cortens |
| Don Vezemette |
| Bobby Currie, Shannon Smith |
| Amanda Jofolla, Tracy Belloyu, Christina Takla |
| Crystal Derworiz |
| Connie Kwong |
| Scott Green, Cathy Magis, Jana Lane, Janine Ruppenthal |
| Florence Kwok |
| Anthony Davis, Shannon Trapp, Matt Newman |
| Marle Raquid |
| Advit Shah |
| Barri Kowalchuk, Vivian Kasiak |
| Lisa Zaretzky |
| Sara Watson, Kari Hameson, Barret Procychyn |
| Nadine Falk, Jason Falk, Leanne Forbes (Gates) |
| Stacie Spak |
| Pierce Cairns |
| Heather Saquet, Jaclyn Pollock |
| Beverly Phillips, Rhonda Kitchen |
| Lori Dangerfield |
| Peter Aiello |
| Kim Thiessen, Ian Trembath |
| Whitney Mitchell |
| Colin Lafreniere, Yvette Lafreniere |
| Deanne Werry, Tamara Strecker |
| Greg Boden, Keith Tibbatts, Brent Havelange |
| Russel Jose |
| Courtney Miles |
| Kevin Lussier, Haleh Hejazi |
| John Cormier |
| Garry Goodz |
| Lorna Nahnybida |
| Cheryl Lalonde, Illyana Pederson |</p>
<table>
<thead>
<tr>
<th>Location</th>
<th>Preceptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brandon Regional Health Centre (Brandon)</td>
<td>Curtis Kellett, Danica Lister, Lindsay Livingston, Paul Medeiros, Rick Prayag, Chad Ricard, Pat Trozzo, Wally Watral</td>
</tr>
<tr>
<td>Dauphin General Hospital</td>
<td>Lisa DeGroot, Chris Franken, Grant Lawson</td>
</tr>
<tr>
<td>Boundary Trails Health Centre (Morden/Winkler)</td>
<td>Jeff Wooster</td>
</tr>
<tr>
<td>The Pas Health Complex</td>
<td>Derrick Sanderson,</td>
</tr>
<tr>
<td>Portage District General Hospital</td>
<td>Stephen Moynihan</td>
</tr>
<tr>
<td>Russell Health Centre</td>
<td>Brenda McLeod</td>
</tr>
<tr>
<td>Selkirk Hospital</td>
<td>Judith Jaworski</td>
</tr>
<tr>
<td>South Eastman Health Region</td>
<td>Cecile Dumesnil, Joanne Thompson</td>
</tr>
<tr>
<td>Thompson General Hospital</td>
<td>Jennifer Thackeray</td>
</tr>
<tr>
<td>Thunder Bay Regional Health Sciences Centre</td>
<td>Larry Bertoldo</td>
</tr>
</tbody>
</table>

**DATES OF ROTATIONS 2013-2014**

<table>
<thead>
<tr>
<th>SPEP 2 (PHRM 2700)</th>
<th>2nd year student for one week (40hrs)</th>
<th>Block 1: May 5, 2014 -- May 9, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Block 2: May 12, 2014 – May 16, 2014</td>
</tr>
<tr>
<td>SPEP 3 (PHRM 3700)</td>
<td>3rd year student for 2 weeks (80 hours)</td>
<td>Block 1: April 7, 2014 – April 17, 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Block 2: April 21, 2014 – May 2, 2014</td>
</tr>
<tr>
<td>SPEP 4 (PHRM 4700)</td>
<td>4th year student for 6 weeks (240 hours)</td>
<td>Block 1: November 4, 2013 – December 13, 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Block 2: January 6, 2014 – February 14, 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Block 3: February 24, 2014 – April 4, 2014</td>
</tr>
</tbody>
</table>

**PRECEPTOR RECOGNITION**

The 2012 Preceptor Awards were presented at the joint White Coat Ceremony & Student Recognition Ceremony held September 17, 2012. Bobby Currie (Shoppers Drug Mart – Roblin & Dale) was awarded the Community Pharmacist Preceptor of the Year, and Danuta Bertram (Health Sciences Centre) was awarded the Hospital Pharmacist Preceptor of the Year. This year’s Pharmacy Team Award recipients were the Pharmacists and staff at Loblaw’s #1512. Congratulations to all the award winners! Your dedication to the profession and specifically your mentorship of students is truly appreciated! For pictures and more information about this year’s winners please see the SPEP webpage: [http://umanitoba.ca/faculties/pharmacy/media/Preceptor_of_the_Year_2012.pdf](http://umanitoba.ca/faculties/pharmacy/media/Preceptor_of_the_Year_2012.pdf)

Thanks again to all preceptors! Your participation in the Faculty of Pharmacy experiential (SPEP) program is extremely valued. By agreeing to act as a preceptor, you have contributed greatly to the education of pharmacy students. I’m sure you’d agree that precepting students is challenging but also very rewarding. The program continues to change and improve with your participation and feedback. As always, please don’t hesitate to contact us with any questions or concerns. If you are interested in precepting students please contact us!

Sincerely,

Kelly Brink, B.Sc.(Pharm.)
SPEP Coordinator & Instructor
Phone: (204) 474-6282
E-mail: kelly.brink@umanitoba.ca

Nancy Kleiman, BSP, MBA
SPEP 1 Coordinator & Instructor
Phone: (204) 474-6692
E-mail: nancy.kleiman@umanitoba.ca