



# Saskatchewan Pharmacy Professionals Learning Portfolio

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SASKATCHEWAN  
COLLEGE OF  
PHARMACY  
PROFESSIONALS

# ACKNOWLEDGEMENTS

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University of Alberta, Faculty of Pharmacy and Pharmaceutical Sciences and the Alberta College of Pharmacists for permission to adapt materials from the RxCEL Learning Portfolio.

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Continuing Professional Development for Pharmacy Professionals (CPDPP) is a cooperative activity of the Saskatchewan College of Pharmacy Professionals and the University of Saskatchewan.

# TABLE OF CONTENTS

## Saskatchewan Pharmacists Learning Portfolio

### Learning Portfolio At-A-Glance

<b>Section 1:</b>	Background on the Saskatchewan Pharmacists Learning Portfolio .....	3
	What is Continuing Professional Development .....	3
	What is a Learning Portfolio? .....	3
	Ongoing Competence of Saskatchewan Pharmacy Practitioners .....	4
	Expanded Learning Opportunities for Saskatchewan Pharmacists .....	4
	Accredited Continuing Pharmacy Education .....	4
	Non-accredited Professional Development .....	5
	Learning Portfolio Components .....	7
	Learning Project Records .....	8
	Professional Development Log .....	19
<b>Section 2:</b>	The Learning Project Record .....	21
	Completing the Learning Project Record .....	21
	Examples of Completed Learning Project Records .....	29
	<i>Example 1</i> - CPDP Continuing Education Certificate .....	29
	<i>Example 2</i> - CPDP (Sask) Accredited Live CE Program .....	31
	<i>Example 3</i> - Accredited Live CE Program .....	32
	<i>Example 4</i> - Accredited Self-Study CE Program .....	33
	<i>Example 5</i> - Non-accredited Professional Development .....	35
	<i>Example 6</i> - Non-accredited Professional Development Long-term Activity .....	37
<b>Section 3:</b>	The Professional Development Log .....	41
	Completing the Professional Development Log .....	41
	Tips for Filling Out the Professional Development Log .....	42
	Example of Completed Professional Development Log .....	43
<b>List of Tables:</b>		
	<i>Table 1.1</i> Examples of Accredited Continuing Pharmacy Education .....	5
	<i>Table 1.2</i> Examples of Non-accredited Professional Development Activities .....	6
	<i>Table 2.1</i> Learning Goals Expressed as Statement Versus a Question .....	22
	<i>Table 2.2</i> Stimulus to Practice-related Learning .....	24
	<i>Table 2.3</i> Learning Resources .....	25
	<i>Table 2.4</i> Learning Outcomes .....	27
<b>Appendix 1:</b>	Examples of Supporting Documents .....	45
<b>Appendix 2:</b>	Blank Learning Project Record and Professional Development Log forms .....	69
	Accredited Live CE Program (5 copies)	
	Accredited Self-study Program (10 copies)	
	Non-accredited Professional Development (10 copies)	
	Non-accredited Professional Development Long-term Activity (4 copies)	
	Professional Development Log (5 copies)	



# LEARNING PORTFOLIO AT-A-GLANCE

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## Saskatchewan Pharmacists Learning Portfolio

The Saskatchewan Pharmacists Learning Portfolio has been developed to help you track your professional development activities, and reflect on the practice-related outcomes of your learning. It recognizes a broader scope of learning activities than traditional continuing pharmacy education.

### **NEW CONTINUING PROFESSIONAL DEVELOPMENT EDUCATION MODEL**

The Saskatchewan College of Pharmacists (SCP) has adopted a new continuing professional development model. Highlights of the new model are:

- It is still mandatory to accrue a minimum of 15 continuing education units (CEUs) per year. Accredited and non-accredited learning activities will be considered for CEUs,
- CEUs may be collected in any combination of accredited and non-accredited CE learning activities,
- The CPDP office will no longer maintain personal CE records,
- There will be no carryover allowed in the total requirements for licensing year 2003-2004 nor from that point on.

### **EXPANDED LEARNING OPPORTUNITIES FOR SASKATCHEWAN PHARMACISTS**

In this new model, two categories of learning activities will be considered for CE credit:

#### **1. Accredited Continuing Education Activities:**

Organized, accredited programs that are designed to help you gain pharmacy-specific knowledge or skills. This includes continuing pharmacy education programs developed and/or accredited in Saskatchewan by CPDP or by other recognized continuing pharmacy education organizations outside the province, e.g., CCCEP, ACPE, ACP.

#### **2. Non-accredited Professional Development:**

Includes a variety of activities pharmacists undertake to improve their practices. This includes both structured learning in the form of non-accredited independent study programs, group courses, workshops, or conferences, as well as informal, mainly independent, learning activities such as reading, research, or discussing issues with others. Learning projects involving non-accredited learning are eligible for a maximum of four CEUs for each project except for long-term, non-accredited continuing education activities which are eligible for a maximum of 15 CEUs per activity. There is no limit on the number of non-accredited learning activities that can be recorded per year.

## SASKATCHEWAN PHARMACISTS LEARNING PORTFOLIO COMPONENTS

In this new model for Saskatchewan pharmacists' continuing professional development, you are responsible for maintaining a record of your professional development activities. To facilitate this, the learning portfolio system provides a framework for Saskatchewan pharmacists to plan, record, and reflect on professional development activities. The learning portfolio consists of four main components: Learning Project Record - Accredited, Learning Project Record - Non-accredited Professional Development, the Professional Development Log, and supporting documents.

**1. Learning Project Record-Accredited:** Document accredited CE programs using one of the following forms:

### *CPDP (Saskatchewan) accredited programs*

- *Learning Project Record - Accredited Live Program* form provided at the program (Example of blank form on page 8, example of completed form on page 32), or
- *CPDP Continuing Education Certificate* provided at the program. (Example of blank form on pages 9/10, example of completed form on pages 29/30)

### *Other accredited live CE programs*

- *Learning Project Record - Accredited Live CE Program* form. (Example of blank form on page 12, example of completed form on page 32)

### *Self-study programs*

- *Learning Project Record - Accredited Self-study CE Program* form. (Example of blank form on page 11, example of completed form on page 33/34)

**2. Learning Project Record-Non-accredited Professional Development:** Document non-accredited learning projects using one of the following forms. For a non-accredited learning activity to be eligible for CEUs, it must be part of a personal learning project that is fully documented.

- *Learning Project Record - Non-accredited Professional Development* form (Example of blank form on pages 13/14, example of completed form on pages 35/36), or
- *Learning Project Record - Non-accredited Long-term Professional Development* form for long-term, non-accredited activities (Example of blank form on pages 15-18, example of completed form on pages 37-40)

**3. Professional Development Log:** Record all professional development activities (accredited and non-accredited) on the Professional Development Log. This sheet will also act as the summary you need to send to SCP every year with license renewal. It also helps you to keep track of your learning activity at a glance. (Example of blank form on page 19, example of completed form on page 43)

**4. Supporting Documents:** Supplement your learning portfolio records and activity log with documents that reflect the content and/or outcome of the learning event, e.g., certificates of course completion, program brochures, written projects, presentation outlines, etc. (Example of various supporting documents on page 46)

# **SECTION 1: BACKGROUND ON THE SASKATCHEWAN PHARMACISTS LEARNING PORTFOLIO**

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## **Saskatchewan Pharmacists Learning Portfolio**

All professionals are expected to maintain their competence through continuous development of knowledge, skills, and attitudes. Professional associations are moving to using learning portfolio systems as a way for members to demonstrate their commitment to maintaining and enhancing professional competence.

### ***WHAT IS CONTINUING PROFESSIONAL DEVELOPMENT?***

Continuing professional development (CPD) is a learning process characterized by a cycle of reflection, planning, action and evaluation. It encompasses all the activities that you undertake to enhance your knowledge, skills and abilities in your practice of pharmacy. The essence of CPD is about reflecting on your experiences to identify your learning needs and to take steps to bridge the gaps in the knowledge, skills and abilities that are relevant to your practice and learning styles. In addition to traditional forms of continuing professional education, CPD gives recognition to the learning you acquire in your practice, which previously, you may have regarded as too informal to be recognized.

### ***WHAT IS A LEARNING PORTFOLIO?***

The Learning Portfolio (LP) is a written narrative of your personal continuing professional development. The purpose of the learning portfolio is to:

- Help you to develop and implement your personal education plan via a structured reflection process,
- Document your progress in continuing professional development,
- Provide a personal reference tool for future CE inquiries and activities.

Your learning portfolio is a collection of evidence, which demonstrates your efforts in your continuing acquisition of knowledge, skills, abilities, understandings and achievements.

The Saskatchewan Pharmacists Learning Portfolio consists of four components:

- Learning Project Record - Accredited
- Learning Project Record - Non-accredited Professional Development
- Professional Development Log
- Supporting Documents

The format of the learning portfolio record provides a structure/guide for you to reflect and document your self-directed learning systematically with the following segments:

1. Practice Issue: Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective with respect to the identified need.
2. Stimulus: Identify the most influential factor that helped you recognize this issue in your practice.
3. Resources: Briefly identify your learning activities.
4. Outcome: Identify the impact your learning will have on your practice.
5. Reflection: Evaluate your learning activities.

## **ONGOING COMPETENCE OF SASKATCHEWAN PHARMACY PRACTITIONERS**

The Saskatchewan College of Pharmacists has a responsibility to demonstrate to the public that pharmacists are fulfilling their commitment to continuing education and practice development. This will be accomplished in the following ways.

- Each year all licensed Saskatchewan pharmacists will submit a summary of their accredited and non-accredited learning activities to SCP at the time of license renewal, along with a signed declaration. This summary will be your completed *Professional Development Log*.
- The Saskatchewan Pharmacists Learning Portfolio will be audited to ensure pharmacists' compliance with the SCP's continuing professional development requirements. If you are chosen for an audit, you may be asked to submit portions of your portfolio for review, and/or discuss your portfolio with a reviewer.

## **EXPANDED LEARNING OPPORTUNITIES FOR SASKATCHEWAN PHARMACISTS**

The CPDP Saskatchewan Learning Portfolio system recognizes two categories of professional development activities that will be considered for CEU credit.

1. Accredited continuing education activities
2. Non-accredited professional development activities

### **Accredited Continuing Pharmacy Education**

Accredited continuing pharmacy education consists of organized programs, accredited by recognized continuing pharmacy education organizations, which are designed to help you gain the knowledge, skills and/or attitudes necessary for effective pharmacy practice. The accreditation process assures you that a program has been reviewed for both quality education and relevance to practice.

Accredited programs include those developed and accredited in Saskatchewan by CPDP, or by other recognized continuing education organizations outside the province such as the Canadian Council on Continuing Education in Pharmacy (CCCEP) or the American Council on Pharmacy Education (ACPE). This category includes organized programs for other health professional groups, such as physicians and nurses, only if the programs have been submitted and accredited by CPDP.

It is important for pharmacists in all types of practice to continue to participate in accredited continuing pharmacy education programs. Accredited programs help you stay current with new developments in practice and issues affecting the profession. They present information in a pharmacy-relevant context.

Activities in this category may include **accredited self-study modules**, e.g., modules offered via print, audiocassette, video, computer or Internet, or **accredited group programs**, e.g., workshops, conferences. Table 1.1 gives some examples of different types of accredited continuing pharmacy education programs.



**Table 1.1 Examples of Accredited Continuing Pharmacy Education**

Program Type	Example Activities
<b>Accredited self-study modules</b> (print, audiocassette, video, computer, Internet)	<ul style="list-style-type: none"><li>• any of the programs listed in the CPDP home study brochures</li><li>• Canadian Society of Hospital Pharmacists (CSHP) Direct Patient Care Modules</li><li>• <i>Pharmacy Practice, Pharmacist's Letter</i></li><li>• accredited on-line programs</li></ul>
<b>Accredited group programs</b> (workshops, conferences)	<ul style="list-style-type: none"><li>• RBSP Annual Conference</li><li>• conferences, workshops or programs offered by CPDP</li><li>• conference, workshops or programs sponsored by other organizations, groups or companies that are accredited by CPDP, CCCEP, or ACPE</li></ul>

### Non-accredited Professional Development

The term professional development encompasses a broader scope of learning activities than traditional continuing pharmacy education. You may find that accredited continuing pharmacy education programs do not meet all of your learning needs because they may not be available on topics related to unique practice demands, or may not be offered at a convenient time or location. In addition, you may need to develop knowledge, skills or attitudes in other areas such as management, communication, or computer skills, in order to enhance some aspect of your practice.

Non-accredited professional development activities will be eligible for CEUs if they are planned to address an identified need in your practice.

Personal learning projects can be as simple as reading an article to gain information to help manage a patient case. They can be as complex as undertaking a research project, or redesigning your store to create a more patient-friendly environment. They often use multiple learning resources, and usually include non-accredited learning activities. Simple or complex, all learning projects are planned and involve:

- identifying a need to improve an aspect of practice;
- selecting learning resources to gain the necessary knowledge, skills and/or attitudes;
- critically evaluating new information in light of what you already know; and
- reflecting on how your learning can be applied in your practice.

The kinds of activities this category may include are listed in Table 1.2.

**Table 1.2 Examples of Non-accredited Professional Development Activities**

Activity Type	Explanation/Examples
<b>Organized group programs</b> (workshops, conferences, or Internet courses) developed and offered by a variety of providers	<ul style="list-style-type: none"> <li>• non-accredited programs developed by pharmacy organizations not submitted for group CE credit</li> <li>• non-accredited programs developed by non-pharmacy health organizations not submitted for group CE credit</li> </ul>
<b>Structured self-study programs</b> (print, audiocassette, video, computer, Internet) developed by any of the groups mentioned above	<ul style="list-style-type: none"> <li>• correspondence courses offered by Australian College of Pharmacy Practice</li> <li>• on-line courses offered by MediCom</li> </ul>
<b>Structured self-assessment programs</b> designed to help you assess your competency in an area, and upgrade areas of weakness identified through the program	<ul style="list-style-type: none"> <li>• structured programs that provide tools, such as checklists, rating scales, questionnaires, case studies, and content to help you meet learning needs, identified by the self-assessment part of the program</li> </ul>
<b>Informal, mainly independent learning activities</b>	<ul style="list-style-type: none"> <li>• a planned literature search to gather information on a topic</li> <li>• reading on a topic to solve a patient-related problem, prepare a presentation, or write an article</li> <li>• discussion with colleagues or experts to extend knowledge of a topic</li> </ul>
<b>Formalized preceptorship or mentorship</b> where you are working with an expert in the field to develop specific competencies	<ul style="list-style-type: none"> <li>• hospital residency program</li> <li>• activity may qualify as long-term professional development</li> </ul>
<b>Long-term professional development activity</b> is a single learning activity that extends three months or more. In order to record and receive CEUs for such an activity, a time line must be developed and progress on the activity must be recorded on a monthly basis. The maximum for any individual long-term CE activity is 15 CEUs	<ul style="list-style-type: none"> <li>• Self-directed training in a particular disease state, (e.g., asthma, diabetes, geriatrics), which may include literary research and hands-on training in a medical setting</li> <li>• Self-directed research and writing of an extensive medical article for publication or presentation</li> <li>• courses that will help develop ancillary competencies, e.g., university or college courses, courses organized by specialized provider</li> <li>• If you are uncertain of the eligibility of a learning activity to qualify under this category, contact the CPDP office for further clarification</li> <li>• use the <i>Non-accredited Professional Development - Long Term CE Activity Record</i> form for this type of activity</li> </ul>

## **LEARNING PORTFOLIO COMPONENTS**

The Learning Portfolio consists of the Learning Project Record, Professional Development Log and supporting documents. Supporting documents refer to letters or certificates of course completion, program brochures, written projects, presentation outlines, or any other materials that reflect the content and/or outcome of the learning activity. You could file these items with the corresponding Learning Project Record sheet or you could include a separate section in your portfolio for this purpose. If you are doing the latter, remember to cross-reference the materials to your Learning Project Record sheet for ease of retrieval when needed.

Sample Learning Project sheets (4 different) and the Professional Development Log are included at the end of this section. In the next two sections, the Learning Project Record (Section 2) and the Professional Development Log (Section 3) are presented in greater detail with specific instructions on how to complete the documents. Examples of completed records and logs are included at the end of each section.

# LEARNING PROJECT RECORD - CDCP (SASK)

## ACCREDITED LIVE CE PROGRAM

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Name \_\_\_\_\_ SCP # \_\_\_\_\_ Licensing Year \_\_\_\_\_

### PROGRAM INFORMATION

Program Name: A Current Approach to the Treatment of Allergy

Speaker: Dr. Harold L. Kim

Date: Wednesday, May 8, 2002

Location: Saskatoon, SK

Sponsor: Schering Canada

Program Provider: CPDP

Accredited by: CPDP

CEUs: 1.5

### PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective for attending this CE program.*

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### OUTCOME:

*Identify the impact your learning will have on your practice.*

☐ I plan to modify my practice.

☐ Confirmed no change in my practice needed at this time.

☐ More information needed to modify my practice.

### REFLECTION NOTES:

*Evaluate your learning activity.*

Provide a brief summary of:

1. Key learning points gained from your attendance at this program,
2. How you plan to use your new knowledge/skills in your practice, and
3. Any additional learning that is needed.

Notes: \_\_\_\_\_

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# CPDP CONTINUING EDUCATION CERTIFICATE

**CSHP Sask. Branch Annual General Meeting and Educational Sessions 2001  
Saturday, October 20, 2001 Saskatoon, SK**

	CEUs Credited	CEUs Claimed		CEUs Credited	CEUs Claimed
<b>SATURDAY, OCTOBER 20/01 Morning Sessions</b>			<b>SATURDAY, OCTOBER 20/01 Afternoon Sessions</b>		
0800 – 0900 An Update of Hepatitis C and its Management <i>Sandra Taylor</i>	1.0	_____	1315 – 1400 Small Group Sessions: Treatment of Febrile Neutropenia <i>Yvonne Shevchuk</i>	0.75	_____
			or New Issues in OTCs <i>Jeff Taylor</i>	0.75	_____
0900 – 0945 Antithrombotic Therapy: An Overview of the 6th ACCP (Chest) Guidelines <i>Brenda Thiessen</i>	0.75	_____	1430 – 1530 Evidence Based Practice: A Primer for Pharmacists <i>Janet Martin</i>	1.0	_____
1030 – 1115 Beyond DMARDs: Biological Response Modifiers for Rheumatoid Arthritis <i>Jane Richardson</i>	0.75	_____	<b>TOTAL CEUs</b>		_____
1115 – 1200 Are you Swatting the Mosquito or Draining the Swamp: Medication Errors <i>Janet Harding</i>	0.75	_____			

**I hereby certify that I have attended the sessions indicated.**

Name: \_\_\_\_\_ Prov. Membership #: \_\_\_\_\_ Licensing Year: \_\_\_\_\_

This program has been approved by CPDP for the above CE credits.

**Complete the Learning Project Record on the back of this sheet  
and retain this document in your personal learning portfolio.**

# CPDP CONTINUING EDUCATION CERTIFICATE

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## PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective for attending this CE program.*

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## OUTCOME:

*Identify the impact your learning will have on your practice.*

- ☐ I plan to modify my practice.                      ☐ Confirmed no change in my practice needed at this time.
- ☐ More information needed to modify my practice.

## REFLECTION NOTES:

*Evaluate your learning activity.*

Provide a brief summary of:

1. Key learning points gained from your attendance at this program,
2. How you plan to use your new knowledge/skills in your practice, and
3. Any additional learning that is needed.

Notes: \_\_\_\_\_

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# LEARNING PROJECT RECORD - ACCREDITED SELF-STUDY CE PROGRAM

Name \_\_\_\_\_ SCP # \_\_\_\_\_ Licensing Year \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

Program Provider: \_\_\_\_\_ Accredited by: \_\_\_\_\_ CEUs: \_\_\_\_\_

## PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective for completing this CE program.*

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## OUTCOME:

*Identify the impact your learning will have on your practice.*

- |   |  |
|---|--|
| <input type="checkbox"/> I plan to modify my practice.                  | <input type="checkbox"/> Confirmed no change in my practice needed at this time. |
| <input type="checkbox"/> More information needed to modify my practice. |  |

## REFLECTION NOTES:

*Evaluate your learning activity.*

Provide a brief summary of:

1. Key learning points gained from your attendance at this program,
2. How you plan to use your new knowledge/skills in your practice, and
3. Any additional learning that is needed.

Notes: \_\_\_\_\_

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# LEARNING PROJECT RECORD - ACCREDITED LIVE CE PROGRAM

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Name \_\_\_\_\_ SCP # \_\_\_\_\_ Licensing Year \_\_\_\_\_

## PROGRAM INFORMATION

Program Name: \_\_\_\_\_

Speaker: \_\_\_\_\_ Date : \_\_\_\_\_

Location: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Program Provider: \_\_\_\_\_ Accredited by: \_\_\_\_\_ CEUs: \_\_\_\_\_

## PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective for attending this CE program.*

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## OUTCOME:

*Identify the impact your learning will have on your practice.*

☐ I plan to modify my practice.

☐ Confirmed no change in my practice  
needed at this time.

☐ More information needed to modify  
my practice.

## REFLECTION NOTES:

*Evaluate your learning activity.*

Provide a brief summary of:

1. Key learning points gained from your attendance at this program.
2. How you plan to use your new knowledge/skills in your practice, and
3. Any additional learning that is needed.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
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# LEARNING PROJECT RECORD - NON-ACCREDITED PROFESSIONAL DEVELOPMENT

Name \_\_\_\_\_ SCP # \_\_\_\_\_ Licensing Year \_\_\_\_\_

Topic: \_\_\_\_\_ Project Date(s): \_\_\_\_\_

## PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective with respect to the identified need.*

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## STIMULUS:

*Indicate the factors that helped you identify this issue in your practice.*

- |  |   |
|--|---|
| <input type="checkbox"/> Management of a patient or practice problem                     | <input type="checkbox"/> Discussion with peers or others  |
| <input type="checkbox"/> Completing a self-assessment program                            | <input type="checkbox"/> Feedback about my practice, e.g., practice review, external directive, patient complaint |
| <input type="checkbox"/> Scanning the literature (journals, newsletters, internet)       | <input type="checkbox"/> Participation in a volunteer activity  |
| <input type="checkbox"/> Engaging in teaching, writing, research                         | <input type="checkbox"/> Other (specify in Notes)   |
| <input type="checkbox"/> Participation in a CE program                                   |   |
| <input type="checkbox"/> Reflecting on a series of similar patients or practice problems |   |

Notes: \_\_\_\_\_

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## RESOURCES

*Briefly identify your learning activities.*

**Time:** \_\_\_\_\_ **hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

- |  |         |
|--|---------|
| <input type="checkbox"/> Non-accredited group program (workshop, course, conference) | _____ h |
| <input type="checkbox"/> Self-study program (print, video/audio, internet)           | _____ h |
| <input type="checkbox"/> Self-assessment program                                     | _____ h |
| <input type="checkbox"/> Preceptorship or mentorship with an expert                  | _____ h |

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- |  |         |
|--|---------|
| <input type="checkbox"/> Reading (articles, texts, newsletters, manuals, internet) | _____ h |
| <input type="checkbox"/> Planned literature search, e.g., Medline, Internet        | _____ h |
| <input type="checkbox"/> Discussion with colleague or expert                       | _____ h |
| <input type="checkbox"/> Other (specify in Notes)                                  | _____ h |

Notes: \_\_\_\_\_

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# LEARNING PROJECT RECORD - NON-ACCREDITED

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## OUTCOME:

*Identify the impact your learning will have on your practice.*

☐ I plan to modify my practice.

☐ Confirmed no change in my practice needed at this time.

☐ More information needed to modify my practice.

## REFLECTION NOTES:

*Evaluate your learning activities.*

Provide a brief summary of:

1. Key learning points from your project;
2. Was your approach the most sensible/appropriate one;
3. How you plan to use your new knowledge/skills in your practice, and
4. Any additional learning that is needed.

Notes: \_\_\_\_\_

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**Complete and retain this document in your personal learning portfolio.**

# LEARNING PROJECT RECORD - NON-ACCREDITED PROFESSIONAL DEVELOPMENT LONG-TERM ACTIVITY

Name \_\_\_\_\_ SCPP# \_\_\_\_\_ Licensing Year \_\_\_\_\_

Topic: \_\_\_\_\_ Project Date(s): \_\_\_\_\_

## PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective with respect to the identified need.*

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## STIMULUS:

*Indicate the factors that helped you identify this issue in your practice.*

- |  |   |
|--|---|
| <input type="checkbox"/> Management of a patient or practice problem                     | <input type="checkbox"/> Discussion with peers or others  |
| <input type="checkbox"/> Completing a self-assessment program                            | <input type="checkbox"/> Feedback about my practice, e.g., practice review, external directive, patient complaint |
| <input type="checkbox"/> Scanning the literature (journals, newsletters, internet)       | <input type="checkbox"/> Participation in a volunteer activity  |
| <input type="checkbox"/> Engaging in teaching, writing, research                         | <input type="checkbox"/> Other (specify in Notes)   |
| <input type="checkbox"/> Participation in a CE program                                   |   |
| <input type="checkbox"/> Reflecting on a series of similar patients or practice problems |   |

Notes: \_\_\_\_\_

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## TIME LINE:

*Develop a time line for this learning activity. Include the stages you will take to complete your activity and an estimated date of completion. In your outline, briefly identify your expected learning activities on a monthly basis.*

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## RESOURCES:

*Briefly identify your learning activities.*

**Month 1:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h

- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_

**Month 2:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h

- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_

**Month 3:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h

- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_

**Month** \_\_\_\_\_ (If required) \_\_\_\_\_

**Time:** \_\_\_\_\_ **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h

- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Month** \_\_\_\_\_ (If required) \_\_\_\_\_

**Time:** \_\_\_\_\_ **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h

- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Month** \_\_\_\_\_ (If required) \_\_\_\_\_

**Time:** \_\_\_\_\_ **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h

- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Month** \_\_\_\_\_ (If required) \_\_\_\_\_

**Time:** \_\_\_\_\_ **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h

- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Total CEUs claimed for this long-term CE activity:** \_\_\_\_\_

*If you require more space for recording subsequent months of activity, photocopy page three of this form and enter the Month number to reflect continuous activity.*

#### **OUTCOME:**

*Identify the impact your learning will have on your practice.*

- ☐ I plan to modify my practice.
- ☐ Confirmed no change in my practice needed at this time.
- ☐ More information needed to modify my practice.

#### **REFLECTION NOTES:**

*Evaluate your learning activities.*

1. Key learning points from your project;
2. Was your approach the most sensible/appropriate one;
3. How you plan to use your new knowledge/skills in your practice; and
4. Any additional learning that is needed.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL DEVELOPMENT LOG

Name: \_\_\_\_\_ SCPP Member #: \_\_\_\_\_ Licensing Year: \_\_\_\_\_

DATE(S)	PROGRAM TITLE AND PROVIDER (ACCREDITED) OR PRACTICE ISSUE (NON-ACCREDITED)	CEUs		KEY IDEAS/THOUGHTS/LEARNING POINTS
		ACCR	NON-ACCR	

<b>Total CEUs:</b> _____	Accredited: _____	Non-accredited: _____	Signature: _____
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## SECTION TWO: THE LEARNING PROJECT RECORD

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### Saskatchewan Pharmacists Learning Portfolio

Use a Learning Project Record for *every* learning activity that you wish to have considered for CE credit. There are four types of learning project record forms:

- Accredited Live CE program
- Accredited Self-study CE program
- Non-accredited Professional Development
- Non-accredited Professional Development - Long-term CE Activity

The record encourages you to document in an organized way how your learning project relates to your practice. Although it does not take long to complete a learning project record, it might take some practice to think about your learning activities this way.

The Learning Project Record is more than just a form to fill out to get CEUs. If you use it regularly for recording accredited and non-accredited learning, it can become a valuable tool to target your learning and make the most efficient use of the limited time you have for professional development. It can help you track significant changes that occur in your practice over time as a cumulative effect of numerous learning events.

We encourage you to use the Learning Project Record for more projects than the ones you will be claiming for CEUs. Using the record in this manner will help you to evaluate all your learning activities in terms of what they mean to your practice.

### COMPLETING THE LEARNING PROJECT RECORD

#### Pharmacist Information

For all Learning Project Records, record your name, SCP membership number, and the licensing year you wish to have the CE credits applied to, e.g., CE credits accumulated from July 1, 2002 to June 30, 2003 go to licensing year 03/04.

#### Date(s)

Record the day, month and year of the project. If the project took place over a period of time, record the start date and the date it was completed.

#### Topic

On the *Non-accredited Professional Development* forms, record the main topic area that this learning project pertains to.

#### Practice Issue

To help focus your learning project to a patient care or other issue you have identified in your practice, state the goal of your learning project (learning objective). Learning objectives are specific behaviours which you hope to be able to perform when the learning activity has been completed.

To be of value, your objectives should be specific and measurable. You have to say exactly what you need to be able to do at the end of the learning activity and be able to test whether you have met your goals/objectives.

Learning goals/objectives are expressed with a verb, e.g., construct a learning portfolio, list the adverse effects of Olanzapine, or as a detailed description of what you want to be able to do at the end of your learning project. They can also be expressed as a question. Expressing a learning goal/objective as a question can help heighten the interest with which you pursue information. Looking for answers to a question tends to hold your curiosity.

<b>LEARNING PROJECT RECORD - NON-ACCREDITED PROFESSIONAL DEVELOPMENT</b>	
Name _____	SCPP# _____ Licensing _____ Year _____
Topic: _____ Project Date(s): _____	
<b>PRACTICE ISSUE:</b>	
<i>Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective with respect to the identified need.</i>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>	

**Table 2.1 Learning Goals Expressed as a Statement versus a Question**

Statement	Question
Learn about _____ (new drug)	What is the difference between _____ (new drug) and the other drugs of this class?
Complete a sterile products training program	How can I use proper sterile technique to protect myself and the patient in preparing high-quality sterile products?
Redesign the layout of the professional services area	How can the professional services area be redesigned to improve patient access to the pharmacist?
Improve personnel management skills	What are some ways to motivate staff to improve their work performance?
Set up an asthma support group	How can an asthma support group be organized to benefit in this area?

Avoid confusing learning activities with learning goals. A learning activity is something you did to acquire knowledge and skill. A learning goal/objective is what you hope to achieve as a result of your learning. The following are examples of learning activities that would **not** be recorded as learning goals:

“Attend a diabetes workshop”

“Read the latest edition of *Pharmacy Practice*”

“Took a small business accounting course at the community college”

## STIMULUS

**Note:** This section is included in the *Learning Project Record - Non-accredited Professional Development* forms only.

Check the factors that helped you identify the practice issue being addressed by this learning project. If the stimulus does not readily fit into one of the categories described in Table 2.2, check Other and briefly describe it in the Notes section.

Note that the activities of teaching students and volunteering in pharmacy organizations or other job-related organizations are not eligible for CEUs. However, they can lead to practice-related learning and practice change by raising issues that you may not otherwise identify or choose to pursue had you not been involved in these activities. To get credit for the teaching and volunteering, look for ways that they stimulate learning projects that can change your practice.

If you can tie your learning goal to a practice situation or problem, you will find it easier to transfer your learning into practice.

### STIMULUS:

*Indicate the factors that helped you identify this issue in your practice.*

- |  |   |
|--|---|
| <input type="checkbox"/> Management of a patient or practice problem                     | <input type="checkbox"/> Discussion with peers or others  |
| <input type="checkbox"/> Completing a self-assessment program                            | <input type="checkbox"/> Feedback about my practice, e.g., practice review, external directive, patient complaint |
| <input type="checkbox"/> Scanning the literature (journals, newsletters, internet)       | <input type="checkbox"/> Participation in a volunteer activity  |
| <input type="checkbox"/> Engaging in teaching, writing, research                         | <input type="checkbox"/> Other (specify in Notes)   |
| <input type="checkbox"/> Participation in a CE program                                   |   |
| <input type="checkbox"/> Reflecting on a series of similar patients or practice problems |   |

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Table 2.2 Stimuli to Practice-related Learning**

<b>Stimulus</b>	<b>Explanation</b>
<b>Management of a patient or practice problem</b>	Need new information to solve a specific patient or practice problem as it arises. This could include learning projects arising from a drug information question.
<b>Reflecting on a series of similar patients or practice problems</b>	Need to address a recurring issue or identified problem in patient care or practice. This could include recurring drug information questions.
<b>Completing a self-assessment program</b>	Self-assessment programs are tools developed specifically to help identify areas of practice that need improvement.
<b>Discussion with peers or others</b>	You can identify issues through discussions with peers during participation in pharmacy organizations, committees or meetings; discussions with other health care providers; or discussions with manufacturers' representatives.
<b>Scanning the literature (journals, newsletters, Internet)</b>	Keeping current by reviewing journals, newsletters, or on-line information can raise awareness of issues that need to be explored further.
<b>Feedback about practice (practice review, external directives, patient complaint)</b>	Feedback from someone else about your practice can help you identify areas for improvement. This can include practice review or patient complaints. It also applies to external directives from SCP that set new standards for practice or introduction of new programs.
<b>Engaging in teaching, writing, research</b>	Preparing presentations, teaching students, writing for publications, or doing research projects can stimulate in-depth learning.
<b>Participation in a volunteer activity</b>	Job-related volunteer activities may require you to undertake learning projects that can also benefit your practice.
<b>Participation in a CE program</b>	Attending non-accredited continuing education programs, such as, workshops, conferences, or presentations, can raise awareness of issues that you need more information on.
<b>Other</b>	If the situation does not fit one of the above categories, describe it briefly.

## RESOURCES

**Note:** This section is included in the *Learning Project Record - Non-accredited Professional Development* forms only.

Check all of the non-accredited learning resources you used in the learning project (see Table 2.3). Briefly summarize the learning resources used in the Notes section.

### RESOURCES

*Briefly identify your learning activities*

**Time:** \_\_\_\_\_ **hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes) \_\_\_\_\_ h

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Table 2.3 Learning Resources**

Learning Resource	Explanation/Examples
<b>Group programs</b> (workshop, course, conference)	These include <b>non-accredited</b> structured programs where you interact with other people. The programs may include reading. They may include group programs developed by manufacturers; other health care professionals; or university or college courses.
<b>Self-study programs</b> (print, video/ audio cassette, Internet)	These include <b>non-accredited</b> structured programs developed by others, e.g., manufacturers, other health care professionals, programs that you find on the Internet. They do not include self-study programs you design for yourself.
<b>Planned literature search</b> , e.g., Medline, Internet	A planned literature search is undertaken in a systematic way to identify other learning resources, e.g., textbook, journal, Internet. It is usually done in conjunction with reading. It does not count if some else does the literature search for you. Be sure to count only the time spent in <b>meaningful</b> learning. Do not count the time trying to find good resources.

**Table 2.3 Learning Resources...continued**

Learning Resource	Explanation/Examples
<b>Reading</b> (articles, texts, newsletters, manual, Internet)	Self-explanatory. The reading may be done without a literature search if relevant information is readily at hand. Includes print and on-line information.
<b>Discussion with colleagues or experts</b>	This is a valid learning resource when used to gather additional information that will help you implement practice change. It is rarely used alone unless no other resources exist for the topic. Examples include informal discussions with colleagues, and structured interaction with consultants. It may be done in person, by email, or by phone.
<b>Self-assessment program</b>	These include structured self-study programs that incorporate self-assessment tools, e.g., checklists, rating scales, case studies, or questionnaires, and learning content to help you meet learning needs identified by the self-assessment part of the program.
<b>Preceptorship or mentorship with an expert</b>	This includes working with an expert to develop specialized knowledge or skills that would be difficult to achieve alone or in your own practice.
<b>Other</b>	If the learning does not fit one of the above categories, describe it briefly in the Notes section.

**TIME**

Record the appropriate total time, in increments of 0.5 hours, spent on **meaningful learning** with the selected learning resources. If you want to track the amount of time spent on each learning resource, use the optional space provided after each resource.

It is difficult to estimate the amount of meaningful learning time involved in a project. Focus on the time spent using each of the resources listed in Table 2.3. Consider only the time in which you are actually acquiring new information or relating it to your practice. Activities that are **not** usually considered part of learning time include such things as:

- parts of a literature search that do not involve reading or thinking about the retrieved material, e.g., travel time to the library, selecting journals or texts, photocopying, Internet search time not involving reading relevant material on-line;
- writing time, e.g., articles for publication, consults, education materials;
- preparing materials for a presentation, e.g., overheads, PowerPoint presentations, handouts;
- delivering a presentation or teaching;
- participation in committee meetings;

- time spent with experts where you discuss issues not related to the learning project; or
- interviewing patients or patient case review that is done to identify a problem.

## CEUS CLAIMED

Record the total number of CEUs you will claim for this learning project. Each hour of time spent on meaningful learning is equal to one CEU. However, each non-accredited professional development learning project is eligible for a maximum of four CEUs except for long-term projects which are eligible for a maximum of 15 CEUs each. There is no limit on the number of non-accredited professional development learning projects that can be included per licensing year.

A limit is set for a personal learning project because projects can be very time-consuming and it is difficult to estimate learning time involved in many projects.

## OUTCOME

Check the one outcome (Table 2.4) that your learning project is expected to have on your practice.

### OUTCOME:

*Identify the impact your learning will have on your practice.*

☐ I plan to modify my practice.

☐ Confirmed no change in my practice needed at this time.

☐ More information needed to modify my practice.

**Table 2.4 Learning Outcomes**

Learning Outcome	Explanation
<b>I plan to modify my practice</b>	New learning has an immediate application in your practice. You can visualize how it will be used and plan to implement it at the next possible opportunity, even if you still need more information. Practice change is possible with individual phases of a long-term project.
<b>More information needed to modify my practice.</b>	You cannot change your practice without additional knowledge or skill. This could be a long-term project or it could be that the resources you need are not available. Make notes about future learning needed.
<b>Confirmed no change needed in my practice at this time.</b>	Your learning confirmed there is no need to change what you are doing for now. Usually no further learning is needed. Your learning project may have developed a broader or deeper knowledge of a subject area or fine-tuned some skills that do not translate immediately into a significant practice change.

## REFLECTION NOTES

Evaluate your learning efforts. Reflection is a key concept in effective learning. Two components are involved in evaluating your learning efforts; you want to find evidence to show whether the learning activity has successfully met your goals and why; and whether the approach was the most sensible/appropriate one.

Think about how successful your approach was in meeting your goals/objectives that you initially identified.

Briefly comment on your learning project in four areas:

1. Key learning from the project, e.g. new or significant information;
2. Was your approach the most sensible/appropriate one;
3. How you plan to use your new knowledge/skills in practice if your outcome is to modify practice; and if
4. Additional learning is needed in the area.

You do not have to summarize everything you learned. Pick out a couple of key points that have the potential to make a difference in our practice. Even if you do not plan to change your practice, hopefully you will have learned one or two new things.

Was your approach the most sensible/appropriate one? If not, list an alternative approach which may prove more efficient in a future similar learning activity.

If your outcome is to modify your practice, try to be specific about how you will use what you learned in your practice. What will you do differently with this new learning?

With any of the outcomes, you may still feel you need to find out more information on the topic. Jot down what you still need to know, and some ideas about where you will look for the information. This could be the start of a personal interest area or a long-term project.

## Examples of Completed Learning Project Records

The following pages contain examples of various learning projects that have been documented on the Learning Portfolio Record. They include examples of both accredited continuing education programs and non-accredited professional development completed forms.



# CPDP CONTINUING EDUCATION CERTIFICATE

**CSHP Sask. Branch Annual General Meeting and Educational Sessions 2001  
Saturday, October 20, 2001 Saskatoon, SK**

	CEUs Credited	CEUs Claimed		CEUs Credited	CEUs Claimed
<b>SATURDAY, OCTOBER 20/01 Morning Sessions</b>			<b>SATURDAY, OCTOBER 20/01 Afternoon Sessions</b>		
0800 – 0900 An Update of Hepatitis C and its Management <i>Sandra Taylor</i>	1.0	<u>1.0</u>	1315 – 1400 Small Group Sessions: Treatment of Febrile Neutropenia <i>Yvonne Shevchuk</i>	0.75	<u>.75</u>
			or New Issues in OTCs <i>Jeff Taylor</i>	0.75	—
0900 – 0945 Antithrombotic Therapy: An Overview of the 6th ACCP (Chest) Guidelines <i>Brenda Thiessen</i>	0.75	<u>.75</u>	1430 – 1530 Evidence Based Practice: A Primer for Pharmacists <i>Janet Martin</i>	1.0	<u>1.0</u>
1030 – 1115 Beyond DMARDs: Biological Response Modifiers for Rheumatoid Arthritis <i>Jane Richardson</i>	0.75	<u>.75</u>	<b>TOTAL CEUs</b>		<u>5.0</u>
1115 – 1200 Are you Swatting the Mosquito or Draining the Swamp: Medication Errors <i>Janet Harding</i>	0.75	<u>.75</u>			

**I hereby certify that I have attended the sessions indicated.**

Name: Joseph Smith Prov. Membership #: D4321 Licensing Year: 02/03

This program has been approved by CPDP for the above CE credits.

**Complete the Learning Project Record on the back of this sheet  
and retain this document in your personal learning portfolio.**

# CPDP CONTINUING EDUCATION CERTIFICATE

---

## PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective for attending this CE program.*

*What is the latest on the pathophysiology and management of hepatitis C*  
*How does the philosophy of evidence - based medicine fit with formulary*  
*management & efforts to contain health care costs?*  
*How can I take a more systems - based approach to error management?*

---

---

## OUTCOME:

*Identify the impact your learning will have on your practice.*

- ☒ I plan to modify my practice. ☐ Confirmed no change in my practice needed at this time.  
☐ More information needed to modify my practice.

## REFLECTION NOTES:

*Evaluate your learning activity.*

Provide a brief summary of:

1. Key learning points gained from your attendance at this program,
2. How you plan to use your new knowledge/skills in your practice, and
3. Any additional learning that is needed.

Notes: *1. Good discussion of "class effects" of drugs eg: Baycol*

*\*\* more likely to cause Rhabdo than other statins*

*· need rigorous tracking of errors to search for patterns*

*Then consult nursing for potential solutions to management. Use*  
*colour on labels/storage containers*

---

*2. Will re-examine incident report forms to ensure capture of*  
*adequate data to detect patterns. Foster attitude of examining the*  
*system rather than the individual.*

---

*3. Still do not know much about cost-effectiveness of evidence based*  
*medicine. Will do Pub Med Search*

*· Need to plan evaluation of revamped incident reporting program*

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# LEARNING PROJECT RECORD - CPDP (SASK)

## ACCREDITED LIVE CE PROGRAM

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Name Joseph Smith SCP # D4321 Licensing Year 03/04

### PROGRAM INFORMATION

Program Name: A Current Approach to the Treatment of Allergy

Speaker: Dr. Harold L. Kim

Date: Wednesday, May 8, 2002

Location: Saskatoon, SK

Sponsor: Schering Canada

Program Provider: CPDP

Accredited by: CPDP

CEUs: 1.5

### PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective for attending this CE program.*

What are the most current approaches to the treatment of allergies  
Need more knowledge on the use of antihistamines and corticosteroids  
Is there an increase in the incidence of allergies?

---

### OUTCOME:

*Identify the impact your learning will have on your practice.*

☒ I plan to modify my practice.

☐ Confirmed no change in my practice  
needed at this time.

☐ More information needed to modify  
my practice.

### REFLECTION NOTES:

*Evaluate your learning activity.*

Provide a brief summary of:

1. Key learning points gained from your attendance at this program,
2. How you plan to use your new knowledge/skills in your practice, and
3. Any additional learning that is needed.

Notes: 1. new products in the treatment of allergic rhinitis  
2. recommend treatment options for allergy patients  
particularly for patients with severe and hard to manage  
symptoms encouraging patient participation and  
compliance in treatment

---

**Complete and retain this document in your personal learning portfolio.**

# LEARNING PROJECT RECORD - ACCREDITED LIVE CE PROGRAM

Name Joseph Smith SCP # D4321 Licensing Year 02/03

## PROGRAM INFORMATION

Program Name: Logical Approaches to Thyroid Treatment

Speaker: Dr. Bector Date: November 8, 2001

Location: Saskatoon Sponsor: Knoll Pharma Inc.

Program Provider: CME Accredited by: MAIN-PRO CEUs: 1.0

## PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective for attending this CE program.*

Therapeutic skills weak in the area of endocrinology

Objectives: Describe pathophysiology of hyper - and - hypo - thyroidism

Develop patient-specific plans for the above

Describe indications for and timing of initiating thyroid replacement

## OUTCOME:

*Identify the impact your learning will have on your practice.*

☐ I plan to modify my practice.

☐ Confirmed no change in my practice needed at this time.

☒ More information needed to modify my practice.

## REFLECTION NOTES:

*Evaluate your learning activity.*

Provide a brief summary of:

1. Key learning points gained from your attendance at this program.
2. How you plan to use your new knowledge/skills in your practice, and
3. Any additional learning that is needed.

Notes: 1. Missed hypothyroidism in perimenopause - heavy and prolonged menstruation

• Pregnancy-thyroid requirements increase 10-50%

• Thyroid gland in those with partial function will self adjust

2. Will monitor thyroid patients more aggressively

3. Would like info from SPDP on why they deem Synthroid and Eltroxin interchangeable

**Complete and retain this document in your personal learning portfolio.**

# LEARNING PROJECT RECORD - ACCREDITED SELF-STUDY CE PROGRAM

Name Joseph Smith SCP # D4321 Licensing Year 02/03

**PROGRAM:** The New Science of Estrogen Receptors

Program Provider: Communication Accredited by: CCCEP CEUs: 1.0

## PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective for completing this CE program.*

*When discussing HRT with women, I am comfortable with explaining benefits and risks and long-term outcomes, but my understanding of the physiology of the endocrine system is weak. After completing this program I want to be able to: \*List the types of estrogen receptors in the body & the tissues \*Identify which estrogenic compounds have more/less potent effects in various tissues.*

## OUTCOME:

*Identify the impact your learning will have on your practice.*

- ☒ I plan to modify my practice. ☐ Confirmed no change in my practice needed at this time.
- ☐ More information needed to modify my practice.

## REFLECTION NOTES:

*Evaluate your learning activity.*

Provide a brief summary of:

1. Key learning points gained from your attendance at this program,
2. How you plan to use your new knowledge/skills in your practice, and
3. Any additional learning that is needed.

Notes: 1. Estrogen receptors  $\alpha$  &  $\beta$  present in different relative concentrations in various tissues

- selectively of hormones for receptors is affected by

a) substrate properties b) receptor properties, & c) tissue - specific selectivity

-Conjugated equine estrogens not necessarily therapeutically equivalent to other forms eg  $17\beta$  - estradiol

2. Will be able to discuss why all forms of estrogen are not necessarily equivalent with patients. (more on back)

**Complete and attach this form to your self-study learning project  
answer sheet or letter/certificate of completion.**

*I also have a better understanding of the mechanism of action of SERMs which should translate into better patient education sessions*

*3. Further action: Need to re-read major clinical trials & pay attention to which type of estrogen was used.*

# LEARNING PROJECT RECORD - NON-ACCREDITED PROFESSIONAL DEVELOPMENT

Name Joseph Smith SCP # D4321 Licensing Year 02/03

Topic: Pharmacogenomics Project Date(s): Nov. 23/01

## PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective with respect to the identified need.*

A visiting lecturer to the College of Pharmacy & Nutrition provided  
a seminar on Pharmacogenomics and Individualized Drug Therapy.  
As I know very little about the current state of the above, I decided to  
attend.

## STIMULUS:

*Indicate the factors that helped you identify this issue in your practice.*

- |  |   |
|--|---|
| <input type="checkbox"/> Management of a patient or practice problem                     | <input checked="" type="checkbox"/> Discussion with peers or others   |
| <input type="checkbox"/> Completing a self-assessment program                            | <input type="checkbox"/> Feedback about my practice, e.g., practice review, external directive, patient complaint |
| <input type="checkbox"/> Scanning the literature (journals, newsletters, internet)       | <input type="checkbox"/> Participation in a volunteer activity  |
| <input type="checkbox"/> Engaging in teaching, writing, research                         | <input type="checkbox"/> Other (specify in Notes)   |
| <input type="checkbox"/> Participation in a CE program                                   |   |
| <input type="checkbox"/> Reflecting on a series of similar patients or practice problems |   |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RESOURCES

*Briefly identify your learning activities*

**Time:** 1.0 hours (Estimate the approximate time spent on this project in increments of 0.5 h)

- |   |              |
|---|--------------|
| <input checked="" type="checkbox"/> Non-accredited group program (workshop, course, conference) | <u>1.0</u> h |
| <input type="checkbox"/> Self-study program (print, video/audio, internet)                      | ____ h       |
| <input type="checkbox"/> Self-assessment program  | ____ h       |
| <input type="checkbox"/> Preceptorship or mentorship with an expert                             | ____ h       |

**CEUs claimed:** 1.0 (number of hours recorded at left to a maximum of 4)

- |  |        |
|--|--------|
| <input type="checkbox"/> Reading (articles, texts, newsletters, manuals, internet) | ____ h |
| <input type="checkbox"/> Planned literature search, e.g., Medline, Internet        | ____ h |
| <input type="checkbox"/> Discussion with colleague or experts                      | ____ h |
| <input type="checkbox"/> Other (specify in Notes)                                  | ____ h |

Notes: Lecture to faculty, staff and graduate students by Dr. Richard  
Kim from Vanderbilt University

# LEARNING PROJECT RECORD - NON-ACCREDITED

---

## OUTCOME:

*Identify the impact your learning will have on your practice.*

- |   |   |
|---|---|
| <input type="checkbox"/> I plan to modify my practice.                  | <input checked="" type="checkbox"/> Confirmed no change in my practice needed at this time. |
| <input type="checkbox"/> More information needed to modify my practice. |   |

## REFLECTION NOTES:

*Evaluate your learning activities.*

Provide a brief summary of:

1. Key learning points from your project;
2. Was your approach the most sensible/appropriate one;
3. How you plan to use your new knowledge/skills in your practice, and
4. Any additional learning that is needed.

Notes: 1. Excellent primer on pharmacogenetics and pharmacogenomics.  
Learned about the frequencies of genetic mutations & their possible  
role in disease.

2. Learned about the work in Dr. Kim's lab but little else about the  
relative state of readiness of the pharmaceutical industry to use  
genetic technology to individualize drug therapies.

3. I have a better understanding of pharmacotherapy's future  
potential but new knowledge won't directly affect my practice.

4. I'm pleased the field is still relatively accessible to me in terms of  
my understanding of the basic science underlying it.

**Complete and retain this document in your personal learning portfolio.**



# LEARNING PROJECT RECORD - NON-ACCREDITED PROFESSIONAL DEVELOPMENT LONG-TERM ACTIVITY

Name Joseph Smith SCP # D4321 Licensing Year 02/03

Topic: Discussing Side Effects with Patients Project Date(s): Sept 15/01 to Dec 31/01

## PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective with respect to the identified need.*

Need to publish a newsletter for a practice research project and possibly  
a journal article on how pharmacists can discuss side effects with  
patients as effectively as possible

## STIMULUS:

*Indicate the factors that helped you identify this issue in your practice.*

- |   |   |
|---|---|
| <input type="checkbox"/> Management of a patient or practice problem<br><input type="checkbox"/> Completing a self-assessment program<br><input checked="" type="checkbox"/> Scanning the literature (journals, newsletters, internet)<br><input checked="" type="checkbox"/> Engaging in teaching, writing, research<br><input type="checkbox"/> Participation in a CE program<br><input type="checkbox"/> Reflecting on a series of similar patients or practice problems | <input checked="" type="checkbox"/> Discussion with peers or others<br><input type="checkbox"/> Feedback about my practice, e.g., practice review, external directive, patient complaint<br><input type="checkbox"/> Participation in a volunteer activity<br><input type="checkbox"/> Other (specify in Notes) |
|---|---|

Notes: Pharmacists receive pressure from physicians not to discuss side  
effects with patients at length yet patients have a moral (and  
increasingly - legal) right to this info. How can we inform patients  
without scaring them

## TIME LINE:

*Develop a time line for this learning activity. Include the stages you will take to complete your activity and an estimated date of completion. In your outline, briefly identify your expected learning activities on a monthly basis.*

<u>September</u>	<u>Literature Review</u>
<u>Oct</u>	<u>Continue reading. Draft of article and discussion with</u> <u>colleagues</u>
<u>Nov</u>	<u>Presentation of literature review to students &amp; faculty</u> <u>with proposed "method" of discussing ADR's</u> <u>Incorporate feedback into 2nd Draft</u>
<u>Dec</u>	<u>Expand literature review. Finalize newsletter</u>

## RESOURCES:

*Briefly identify your learning activities.*

**Month 1:** September

**Time:** 7 **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** 4 (number of hours recorded at left to a maximum of 4)

- |  |       |   |            |
|--|-------|---|------------|
| <input type="checkbox"/> Non-accredited group program (workshop, course, conference) | ___ h | <input checked="" type="checkbox"/> Reading (articles, texts, newsletters, manuals, internet) | <u>6</u> h |
| <input type="checkbox"/> Self-study program (print, video/audio, internet)           | ___ h | <input checked="" type="checkbox"/> Planned literature search, e.g., Medline, Internet        | <u>1</u> h |
| <input type="checkbox"/> Self-assessment program                                     | ___ h | <input type="checkbox"/> Discussion with colleague or experts                                 | ___ h      |
| <input type="checkbox"/> Preceptorship or mentorship with an expert                  | ___ h | <input type="checkbox"/> Other (specify in Notes:)  | ___ h      |

Notes: Lots of articles on patient-physician communication. Less on patient-pharmacist communication. See bibliography for articles read.

**Month 2:** October

**Time:** 9 **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** 4 (number of hours recorded at left to a maximum of 4)

- |  |       |   |            |
|--|-------|---|------------|
| <input type="checkbox"/> Non-accredited group program (workshop, course, conference) | ___ h | <input checked="" type="checkbox"/> Reading (articles, texts, newsletters, manuals, internet) | <u>8</u> h |
| <input type="checkbox"/> Self-study program (print, video/audio, internet)           | ___ h | <input type="checkbox"/> Planned literature search, e.g., Medline, Internet                   | ___ h      |
| <input type="checkbox"/> Self-assessment program                                     | ___ h | <input checked="" type="checkbox"/> Discussion with colleague or experts                      | <u>1</u> h |
| <input type="checkbox"/> Preceptorship or mentorship with an expert                  | ___ h | <input type="checkbox"/> Other (specify in Notes:)  | ___ h      |

Notes: See bibliography

**Month 3:** November

**Time:** 1 **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** 1 (number of hours recorded at left to a maximum of 4)

- |  |       |  |            |
|--|-------|--|------------|
| <input type="checkbox"/> Non-accredited group program (workshop, course, conference) | ___ h | <input type="checkbox"/> Reading (articles, texts, newsletters, manuals, internet) | ___ h      |
| <input type="checkbox"/> Self-study program (print, video/audio, internet)           | ___ h | <input type="checkbox"/> Planned literature search, e.g., Medline, Internet        | <u>1</u> h |
| <input type="checkbox"/> Self-assessment program                                     | ___ h | <input checked="" type="checkbox"/> Discussion with colleague or experts           | ___ h      |
| <input type="checkbox"/> Preceptorship or mentorship with an expert                  | ___ h | <input type="checkbox"/> Other (specify in Notes:)                                 | ___ h      |

Notes: See slides from presentation

**Month** 4 (If required) December

**Time:** 2.5 **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** 2.5 (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h

- ☒ Reading (articles, texts, newsletters, manuals, internet) 2 h
- ☒ Planned literature search, e.g., Medline, Internet .5 h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: See newsletter

**Month** \_\_\_\_\_ (If required) \_\_\_\_\_

**Time:** \_\_\_\_\_ **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h

- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_

**Month** \_\_\_\_\_ (If required) \_\_\_\_\_

**Time:** \_\_\_\_\_ **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h

- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_

**Month** \_\_\_\_\_ (If required) \_\_\_\_\_

**Time:** \_\_\_\_\_ **Hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h

- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_

**Total CEUs claimed for this long-term CE activity:** 11.5

*If you require more space for recording subsequent months of activity, photocopy page three of this form and enter the Month number to reflect continuous activity.*

#### **OUTCOME:**

*Identify the impact your learning will have on your practice.*

- ☒ I plan to modify my practice.
- ☐ Confirmed no change in my practice needed at this time.
- ☐ More information needed to modify my practice.

#### **REFLECTION NOTES:**

*Evaluate your learning activities.*

1. Key learning points from your project;
2. Was your approach the most sensible/appropriate one;
3. How you plan to use your new knowledge/skills in your practice; and
4. Any additional learning that is needed.

Notes: 1. Side effects info is very important to patients. How we "frame" info affects patient understanding. Need to balance risk info with stating benefits of therapy.

2. Yes. I'm glad I spent as much time as I did on discussion with colleagues.

3. I will incorporate the new info into my teaching & CE work. It also has provided ideas for my research program in patient education.

4. Staying on top of new studies as they are published.

**Complete and retain this document in your personal learning portfolio.**

# **SECTION THREE: THE PROFESSIONAL DEVELOPMENT LOG**

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## **Saskatchewan Pharmacists Learning Portfolio**

Under the new continuing professional development model for Saskatchewan pharmacists, it is your responsibility to keep track of all professional development activities you participate in. The Professional Development Log is used to record all professional development activities you participate in, regardless of whether the activity is accredited or non-accredited.

The Professional Development Log will also be used as your summary of CEUs for SCP licensing requirements. Each year when you send your license membership renewal to SCP, you will include a photocopy of your Professional Development Log, with the total numbers of CEUs accumulated in the current membership year. Your signature will imply that the summary is accurate and that you acknowledge your Learning Portfolio is subject to audit.

Your Professional Development Log may begin at April 1st of any year but must be completed by June 30th of the following year. This allows for a 15-month window for accumulating your yearly CEUs.

You must submit your Professional Development Log to SCP on or before June 1st of any year or be subject to a penalty. Non-practising members are not REQUIRED to meet CEU requirements in order to maintain their membership, but they may wish to do so.

### **COMPLETING THE PROFESSIONAL DEVELOPMENT LOG**

#### **Pharmacist Information**

Record your name, SCP membership number and the licensing year you wish to have the CE credits applied to, e.g., CE credits accumulated from April, May or June 2002 to June 30, 2003 go to licensing year 03/04.

#### **Date(s)**

Record the date on which the accredited program or non-accredited learning project occurred. If it was a module program or long-term project that was completed over a period of time, include the start and finish dates.

#### **Program Title and Provider (Accredited)**

For accredited programs, record the program title and the name of the program provider.

#### **Practice Issue (Non-Accredited)**

Record the goal of the project or statement of purpose from your Learning Project Record.

#### **CEUs**

For accredited programs, record the number of CEUs or contact hours the program was approved for.

For non-accredited learning projects record the number of CEUs your learning project is eligible for. Remember that each non-accredited learning project is eligible for a maximum of four CEUs except for long-term projects which are eligible for a maximum of 15 CEUs.

### Key Ideas/Thoughts/Learning Points

For accredited programs, jot down at least one key idea or "pearl" from this program or any questions it might have raised that you want to pursue further.

For non-accredited projects, this could be a summary of what you have written in your reflection notes.

### TIPS FOR FILLING OUT THE PROFESSIONAL DEVELOPMENT LOG

- For conferences where multiple presentations and/or workshops were offered, it is up to you how detailed you want your attendance records to be. For example, you could minimally record the conference name and the total approved CEUs. Alternately, you may want to keep the conference program in your portfolio and highlight the names of the conference presentations and/or workshops you attended. You could also use the Key Ideas/Thoughts/Learning Points section of the log to record the significant presentations you attended and the key learning points from each.
- Instead of writing out the program provider name, you could use its abbreviation.

*For example:*

Continuing Professional Development for Pharmacists (Saskatchewan)	CPDP
Canadian Council on Continuing Education in Pharmacy	CCCEP
Canadian Pharmacists Association	CPhA
Canadian Society of Hospital Pharmacists	CSHP
Alberta College of Pharmacists	ACP
Manitoba Pharmaceutical Association	MPhA
Manitoba Society of Pharmacists	MSP
American Council on Pharmacy Education	ACPE
American Pharmaceutical Association	AphA
Continuing Medical Education	CME
Continuing Nursing Education	CNE

### Example of Professional Development Log Entries

The following page contains examples of various learning activities that have been documented on the Professional Development Log. A number of the Learning Project Record examples from Section 2 are also included on the Activity Log to demonstrate how information from the record gets transferred to the Professional Development Log.

## PROFESSIONAL DEVELOPMENT LOG

Name: Joseph Smith SCP Member #: D4321 Licensing Year: 02/03

DATE(S)	PROGRAM TITLE AND PROVIDER (ACCREDITED) OR PRACTICE ISSUE (NON-ACCREDITED)	CEUS		KEY IDEAS/THOUGHTS/LEARNING POINTS
		ACCR	NON-ACCR	
18/10/01	"The New Science of Estrogen Receptors" MSP Communication	1.0		Different estrogenic compounds have different affinities for ER $\alpha$ and ER $\beta$ - therefore not necessarily therapeutically equivalent
23/10/01 to 31/10/01	SCP Fall District Meeting plus follow up research on pharmacy screening programs	1.0	2.0	Pub Med search revealed some trials of pharmacist screening reports with good outcomes and also some c-dissapointing results
08/11/01	"Logical Approaches to Thyroid Treatment" CME, U of S	1.0		Better understanding of body's self-regulatory mechanisms. Synthroid & Eltroxin may not be bioequivalent
17/11/01	National Forum on Cont Ed in Pharmacy "Theory to Practice" CCCCEP	5.5		See conference notes for a discussion of quality & evaluation of CE
23/11/01	"Pharmacogenomics and Individualized Drug Therapy" Seminar @ College of Pharmacy and Nutrition		1.0	- Polymorphism in cytochrome P450 system drastically affects drug metabolism - Polymorphism in transporter proteins affect bioavailability
27/11/01	Professional Writing Skills Workshop Human Resources Division, U of S		4.0	Learned how to increase efficiency in a variety of written formats eg: e-mail, memos & reports Tips for writing exec summaries that get results
15/09/01 31/12/01	Preparing paper on how pharmacists can talk to patients about side effects more effectively		11.5	Side effect info is very important to patients. How we "frame" info affects patient understanding - Need to balance risk info with stating benefits of therapy.

**Total CEUs:** 27 Accredited: 8.5 Non-accredited: 18.5

Signature: Joseph Smith





# **APPENDIX 1: EXAMPLES OF SUPPORTING DOCUMENTS**

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Saskatchewan Pharmacists Learning Portfolio



# **SAMPLE 1: Accredited self-study documentation**

## **Saskatchewan Pharmacists Learning Portfolio**

COMMUNICATION, Volume 25, Lesson 1  
ANSWER SHEET

### **The New Science of Estrogen Receptors**

Mr. Joseph Smith  
123 Any Street  
Saskatoon, SK S7K 9Z4

D4321

Grade: 100%

This Lesson has been approved for 1.0 CEUs  
A minimum mark of 70% is required to earn the accredited CEUs.

**Submission deadline: June 30, 2003**

Please circle the best response.

- |                      |                      |                      |
|----------------------|----------------------|----------------------|
| 1) A B <u>C</u> D ✓  | 2) <u>A</u> B C D ✓  | 3) <u>A</u> B C D ✓  |
| 4) A B C <u>D</u> ✓  | 5) A <u>B</u> C D ✓  | 6) A B C <u>D</u> ✓  |
| 7) A B C <u>D</u> ✓  | 8) A B C <u>D</u> ✓  | 9) A B C <u>D</u> ✓  |
| 10) A B <u>C</u> D ✓ | 11) <u>A</u> B C D ✓ | 12) A B <u>C</u> D ✓ |
| 13) A B C <u>D</u> ✓ | 14) A <u>B</u> C D ✓ | 15) A <u>B</u> C D ✓ |
| 16) A B C <u>D</u> ✓ | 17) A B <u>C</u> D ✓ | 18) A B C <u>D</u> ✓ |
| 19) <u>A</u> B C D ✓ |                      |                      |

Please submit this answer sheet to the following address for marking:

Continuing Professional Development for Pharmacists  
College of Pharmacy and Nutrition  
University of Saskatchewan  
110 Science Place  
Saskatoon SK S7N 5C9  
Phone: (306) 966-6350 Facsimile (306) 966-6377

19/19

Notification of your results will be sent within 2 weeks of the receipt of this answer sheet.



**SAMPLE 2: Non-accredited Professional Development  
Live program documentation**

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Saskatchewan Pharmacists Learning Portfolio

**College of Pharmacy and Nutrition  
Seminar Series**

990 Seminar

**Dr. Richard Kim**

Visiting Lecturer  
Vanderbilt University  
Nashville, Tennessee

***Pharmacogenomics and Individual  
Drug Therapy:  
Are we there yet?***

Friday, November 23, 2001  
12:30 p.m.  
Room 124 Thorvaldson

All Welcome

- P-glycoprotein - a drug transporter (efflux pump)
- a basic defense mechanism that tries to minimize exposure to chemicals eg. Digoxin
  - selectively transporting drugs into the luminal side of hepatic ducts.

P-gp is important part of the blood brain barrier pumps out drugs that get into the CNS

Polymorphisms in P-gp Dr Kim's research @ Vanderbilt U

- large, complex gene

there are a number of non-synonymous polymorphism i.e. change the amino acid sequence of P-gp

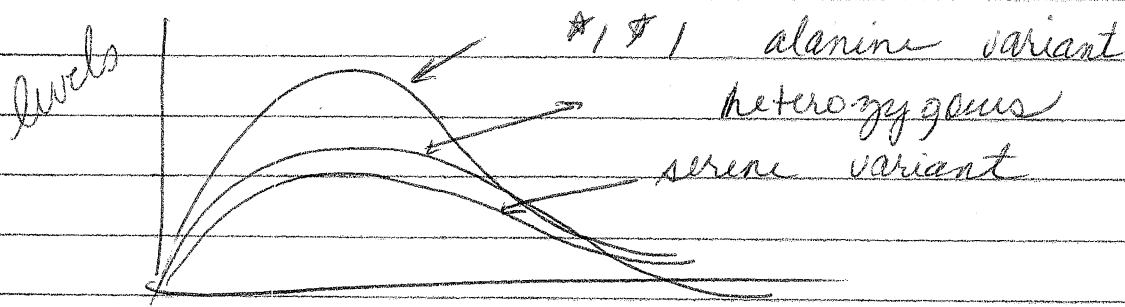
polymorphisms can occur in multiple places on the same allele. <sup>"haplotypes"</sup> NB not to study mutations @ only one ~~site~~ site

MDR1 - people c the serine 893 variant

similar nomenclature to P450 system

had more efflux pump activity for digoxin than those c the alanine 893 variant (~25% Caucasians, 15% African Americans)

$\therefore$  dig levels lower.



## **SAMPLE 3: Non-accredited Professional Development Literary Search documentation**

### **Saskatchewan Pharmacists Learning Portfolio**

Articles identified and read during literature review:<sup>1-41</sup>

1. Airaksinen M, Vainio K, Koistinen J, Ahonen R, Wallenium S, Enlund H. Do the public and pharmacists share opinions about drug information? *International Pharmacy Journal* 1994; 8:168-171.
2. Armstrong K, Schwartz JS, Fitzgerald G, Putt M, Ubel PA. Effect of framing as gain versus loss on understanding and hypothetical treatment choices: Survival and mortality curves. *Medical Decision Making* 2002; 22:76-83.
3. Begg D. How much should we tell our patients about drugs? *Prescriber* 1993:76-79.
4. Berry DC, Knapp P, Raynor DK. Provision of information about side-effects to patients. *Lancet* 2002; 359:853-854.
5. Bowling A, Ebrahim S. Measuring patients' preferences for treatment and perceptions of risk. *Quality in Health Care* 2001; 10:i2-i8.
6. Chewning B. Communicating side effect information to patients: a test of effects, *International Social Pharmacy Meeting*, August, 1996, 1996.
7. Dudley N. Importance of risk communication and decision making in cardiovascular conditions in older patients: a discussion paper. *Quality in Health Care* 2001; 10:i19-i22.
8. Edwards A, Hood K, Matthews E, et al. The effectiveness of one-to-one risk-communication interventions in health care: A systematic review. *Medical Decision Making* 2000; 20:290-297.
9. Edwards A, Elwyn G. Understanding risk and lessons for clinical risk communication about treatment preferences. *Quality in Health Care* 2001; 10:i9-i13.
10. Edwards A, Elwyn G, Mulley A. Explaining risks: turning numerical data into meaningful pictures. *BMJ* 2002; 324:827-830.
11. Franic DM, Pathak DS. Communicating the frequency of adverse drug reactions to female patients. *Drug Information Journal* 2000; 34:251-272.
12. Garrud P, Wood M, Stainsby L. Impact of risk information in a patient education leaflet. *Patient Education and Counseling* 2001; 43:301-304.
13. Gyrð-Hansen D, Kristiansen IS, Nexoe J, Nielsen JB. Effects of baseline risk information on social and individual choices. *Medical Decision Making* 2002; 22:71-75.
14. Herrier RN, Boyce RW. Communicating risk to patients. *American Pharmacy* 1995; NS35(6):12-13.
15. Herrier RN, Boyce RW. Talking to patients about potential side effects. *American Pharmacy* 1995; NS35(7):11-12.
16. Herxheimer A. Side effects: freedom of information and the communication of doubt. *International Journal of Risk & Safety in Medicine* 1996; 9:201-210.
17. Herxheimer A. Leaflets with NSAIDs do not warn users clearly - a UK survey. *Pharmaceutical Journal* 1999; 262:559-561.
18. Hollnagel H. Explaining risk factors to patients during a general practice consultation. *Scand J Prim Health Care* 1999; 17:3-5.

19. Hux JE, Naylor CD. Communicating the benefits of chronic preventive therapy: Does the format of efficacy data determine patients' acceptance of treatment? *Medical Decision Making* 1995; 15:152-157.
20. Jacoby A, Baker G, Chadwick D, Johnson A. The impact of counselling with a practical statistical model on patients' decision-making about treatment for epilepsy: findings from a pilot study. *Epilepsy Research* 1993; 16:207-214.
21. Kennelly C, Bowling A. Suffering in deference: a focus group study of older cardiac patients' preferences for treatment and perceptions of risk. *Quality in Health Care* 2001; 10:i23-i28.
22. Keown C, Slovic P, Lichtenstein S. Attitudes of physicians, pharmacists, and laypersons toward seriousness and need for disclosure of prescription drug side effects. *Health Psychology* 1984; 3:1-11.
23. Knapp P, Berry DC, Raynor DK. Testing two methods of presenting side effect risk information about common medicines. *International Journal of Pharmacy Practice* 2001; 9:R6.
24. Krkska J, Kennedy EJ, Milne SA, McKessack KJ. Frequency of counselling on prescription medicines in community pharmacy. *International Journal of Pharmacy Practice* 1995; 3:178-185.
25. Lisper L, Isacson D, Sjoden P-O, Bingefors K. Medicated hypertensive patients' views and experience of information and communication concerning antihypertensive drugs. *Patient Education and Counseling* 1997; 32:147-155.
26. Lloyd AJ. The extent of patients' understanding of the risk of treatments. *Quality in Health Care* 2001; 10:i14-i18.
27. McBean Cochran B. Counselling matters: Discussing side effects. *Pharmacy Practice*.
28. Misselbrook D, Armstrong D. Patients' responses to risk information about the benefits of treating hypertension. *British Journal of General Practice* 2001; 51:276-279.
29. Mosca L, Jones WK, King KB, Ouyang P, Redberg RF, Hill MN. Awareness, perception and knowledge of heart disease risk and prevention among women in the United States. *Archives of Family Medicine* 2000; 9:506-515.
30. Mottram DR, Reed C. Comparative evaluation of patient information leaflets by pharmacists, doctors and the general public. *Journal of Clinical Pharmacy and Therapeutics* 1997; 22:127-134.
31. Nilsson JLG. Information to patients about side effects of drugs may influence adherence, therapy outcome and interprofessional relationships. *Journal of Social and Administrative Pharmacy* 2001; 18:121.
32. Rantucci MJ. *Pharmacists Talking with Patients. A guide to patient counseling.* Baltimore: Williams & Wilkins, 1997:262.
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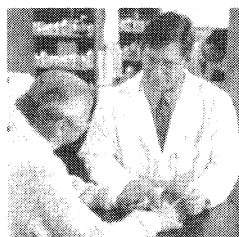
# **SAMPLE 4: Non-accredited Professional Development Producing a Slide Presentation**

## **Saskatchewan Pharmacists Learning Portfolio**

### **Talking to Patients about Side Effects**

Michelle Deschamps  
Co-ordinator  
Pharmacy EduLab Program

### **Evolution of Patient Counselling**



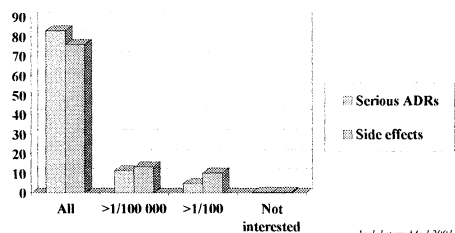
### **A Physician's Perspective**

- "No doubt many factors contribute to poor compliance. Many patients have negative attitudes toward taking medication, especially if they feel well....Then there are pharmacists, who, as part of the counselling process, give patients lists of potential adverse effects of drugs they are about to receive. At this point, it may not be surprising that so many patients actually do take their medications!"

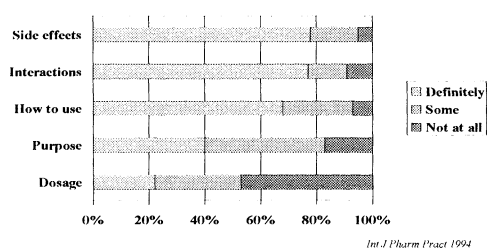
### **A Pharmacist's Perspective**

- "The provision of information about side effects and adverse effects reduces noncompliance by reducing fear and by allowing for a more appropriate handling of problems. This positive effect may also arise out of the patient's greater sense of control over the effects of the medication"

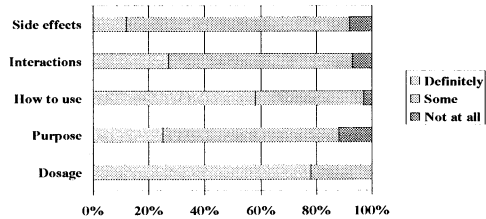
### **What do patients want?**



### **What do patients want?**



### What do pharmacists want to tell them?



### Which side effects to discuss?

- Can be minimized by patient
- May cause undue alarm
- Transient
- Impair performance
- ?Unpredictable but potentially serious

### Processing drug information

- Evaluation of cognitive effort, information overload, and evaluative response
- Varied both breadth and depth of information provided +/- written supplement

### Processing drug information

- Effort decreased with written info

### Processing drug information

- Effort decreased with written info
- Positive relationship between info overload and age

### Processing drug information

- Effort decreased with written info
- Positive relationship between info overload and age
- Negative relationship between info overload evaluative response

### Processing drug information

- Effort decreased with written info
- Positive relationship between info overload and age
- Negative relationship between info overload evaluative response
- U-shaped relationship between effort and evaluative response

### Qualitative Descriptors

Descriptor	Assigned Frequency	Estimated Frequency
Very common	>10%	65%
Common	1-10%	45%
Uncommon	0.1-1%	18%
Rare	0.01-0.1%	8%
Very rare	<0.01%	4%

### Proceeding with caution

- Find out what they already know

### Proceeding with caution

- Find out what they already know
- Begin with therapeutic effects

### Proceeding with caution

- Find out what they already know
- Begin with therapeutic effects
- Put the relative rarity of adverse effects into perspective

### Proceeding with caution

- Find out what they already know
- Begin with therapeutic effects
- Put the relative rarity of adverse effects into perspective
- Gauge initial reaction

### **Proceeding with caution**

- Find out what they already know
- Begin with therapeutic effects
- Put the relative rarity of adverse effects into perspective
- Gauge initial reaction
- Provide practical and specific advice

**SAMPLE 5: Accredited Live CE program**  
**Hand notes from program**

**Saskatchewan Pharmacists Learning Portfolio**

U.

## Thyroid Disorders

5-7% incidence of some type  
of thyroid % in their lifetime.

### Thyroid toxicosis / excess

- Graves' disease Auto immune
- remitting disease. USA takes ~ 6/12 pt is told they're anxious.

immune system tissue  
→ attacking the eyes  
& that makes POP be

Thyroiditis - Thyroid has a huge store of  
thyroid hormone - biological preservation  
when iodine was scarce

if thyroid becomes inflamed, cells  
become leaky & thyroid hormone ↑↑

Thyroid toxicosis assoc  $\bar{c}$  osteop. & atrial fib

Iodine induced thyroid toxicosis

heavy thyroid doses from radio-diags  
amiodarone, kelp supplements.

(2)

## Hypothyroidism

- Congenital - thyroid absence or goitrous (enzyme defect)
- Acquired
  - Autoimmune eg Hashimoto's, iodopathic myxedema
  - Post inflammatory
  - Post ablation
  - Iodine induced → Iodine can → thyroid toxicosis or enlarged gland & failure
  - Pituitary-hypothalamic
  - Goitrogens eg Lithium

Missed hypothyroidism in perimenopause  
→ heavy & prolonged menstruation  
→ unnecessary hysterectomies

tired, weight gain, lassitude,  
carpal tunnel, constipation, cold  
intolerance

Anemias - may be Fe deficient, pernicious  
(if autoimmune disease) or anemia  
of chronic disease



## Indications for Thyroid Replacement

Treating hypothyroidism

0.4 - 5.5 TSH normal

shoot for 0.4 - 3.5

- If heart disease - probably want to under-treat so heart not over-stimulated

To shrink goitre: bring TSH to lower limit of @

Levothyroxine (T4) euthyroid  $t_{1/2}$  5-10 days

$t_{1/2}$  ↑'s c age and if hypothyroid

T3 =  $t_{1/2}$  1 1/2 days

T4: T3 85:15

Sick euthyroid syndrome. - when you are really sick eg post MI the body stops producing T3 in order to stop "driving" the muscles. Prevents wasting.

Start low eg 50 mcg

Elderly start @ 12.5 - 25 mcg

Recheck levels in about 1 1/2 b/c  $t_{1/2}$  is

V-high when hypothyroid.

Use TSH as a crude guide for dosing.

need 1.6 mcg/kg but lots of people have partial thyroid function. Dose is not critical b/c thyroid will self adjust.

Need to reassess over time bc partial thyroid failure worsens o time

Pregnancy - thyroid demands  $\uparrow$  10-50%  
 risk of losing baby  
 risk of postpartum hemorrhage if hypothyroid.  
 usually can go back to previous thyroid dose after baby is delivered.

Surgery or Post ablation - if normal thyroid afterwards - have a 1-2% chance per year of becoming hypothyroid.

I need to be very exact dosing b/c the thyroid cells that remain can't be shut off b/c still driven by the immune system. Must replace the exact difference between what they are producing & what their requirements are.

Bioavailability between thyroid prep can be 20% difference.

American College of Endocrinology says don't interchange.

Levothyroxine  $\text{Na}^+$  is sodium salt of weak acid.  $\therefore$  don't give w/ iron, calcium, vitamins or hormones. Take by itself w/ water.

# **SAMPLE 6: Non-accredited Professional Development**

## **Writing an article for publication**

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### **Saskatchewan Pharmacists Learning Portfolio**

#### **PIRR Study Newsletter II**

##### ***Advising Patients on Side Effects***

The history of patient counselling by pharmacists is not a particularly long one.<sup>1</sup> Some would say it could officially be traced to the clinical pharmacy movement of the early 1970s. Prior to that, when patients asked about medicines, pharmacists tended to refer them back to their physician.

Given its obvious importance, the area of medication counselling has since garnered a lot of attention. As one looks over writings on *pharmacists talking to patients about medicines*, most of the interest early on was given first to enticing pharmacists to counsel, followed by *what* to say during any particular encounter. An aspect that gets minimal attention is *how* to say it. Nowhere is this more dramatic than the presentation of side effect information to patients.

We feel that how things are said is as important as what is said in the area of side effect information. A pharmacist or doctor may choose to focus on one or two effects. Conversely, s/he could opt to cover a battery of possibilities. The process could be verbal, written, or both. Written material might be used during the actual process or simply stapled to the prescription bag at the end. Furthermore, information presented may even be phrased to either a positive or negative slant.

Most pharmacies now incorporate computer-generated leaflets for use during patient counselling. For many pharmacists, these printouts have simplified - and standardized - the counselling process.

It is these very leaflets, however, that have been attracting negative attention from the medical profession. An editorial (1999) in the *Canadian Medical Association Journal* captured some prevailing sentiment:

*“No doubt many factors contribute to poor compliance with long-term anti-hypertensive therapy. Many patients have negative attitudes toward taking medication, especially if they feel well ... Then there are pharmacists, who, as part of the counselling process, give patients lists of potential adverse effects of drugs they are about to receive. At this point, it may be surprising that so many patients actually do take their medications!”*

Are doctors correct in assuming that too much information might discourage patients from taking their medications? To what extent do pharmacists take this same position? Some in both groups may feel that even suggesting a side effect to a patient could increase the chances it will happen. Others might take the position that on purely ethical and legal grounds, it is impossible *not* to tell patients about all the risks of a certain

medication. A Canadian pharmacy author even suggests that side effect information can actually improve compliance.<sup>2</sup>

*The provision of information about side effects and adverse effects reduces noncompliance by reducing fear and by allowing for a more appropriate handling of problems. This positive effect may also arise out of the patient's greater sense of control over the effects of the medication. Patients report that such information would encourage them to be compliant.*

So, the question remains – how much side effect information should be mentioned? There is some evidence that fully disclosing risk information may make some patients more anxious about their treatment, while other trials have demonstrated that side effects do not occur any more frequently in patients informed about them than those who were not.<sup>3</sup> It has been noted that although experiencing a predicted side effect is disagreeable, an unexpected reaction causes more distress and may even be interpreted as a new illness.<sup>4</sup> Every practitioner, whether a pharmacist or a physician, likely has many stories to support either side of the argument. While we don't have the definitive answer, the following summarizes recent findings in the field.

Turning to patients themselves for guidance on this issue, a group of physicians surveyed 2500 adults for feedback on side effect information. In approaching the topic, the authors stated that explaining every possible side effect would be too time consuming and of questionable advisability. This is likely true, but the results were somewhat surprising.<sup>5</sup> Most subjects (76 percent) responded by saying they would want to hear of *any* side effects, no matter how rare. When involving 'serious adverse effects', 83 percent responded that they would want to know about it, again, no matter how rare. Less educated patients appeared to desire more disclosure. Almost 75 percent of the sample felt that physicians were never justified in withholding any information. Other reports also seem to suggest patients do indeed want to know, even when the news may be bad.<sup>6,7</sup>

An interesting report out of Finland found that while patients definitely see the need to hear about side effects, the majority of pharmacists held the opinion that it is sometimes necessary to withhold such information.<sup>8</sup> A survey of hospital inpatients revealed that the majority of patients were dissatisfied with the amount of information they received about side effects, the likelihood of side effects occurring and how to manage side effects should they occur.<sup>9</sup> In a similar study, GPs rated side effects as the least important piece of information to include in a medication leaflet.<sup>10</sup>

Clearly, patients want to be told about the unwanted effects of medications. In fact, when asked what they would like to know about a new medication, side effect information is the most frequent response. In terms of importance, side effects were ranked at the top of the list, along with when and how to take the medication.<sup>7</sup>

Which potential side effects should we cover with our patients? McBean Cochran states that patients should be informed of the following:<sup>11</sup>

*Annoying side effects which can be minimized or eliminated by patient-initiated measures.* Dry mouth is one example.

*Side effects which might otherwise cause undue alarm.* The classic example is drug-induced urine colour changes.

*Transient side effects.* Patients are often more willing to continue drug therapy if they understand the short-term nature of an unpleasant effect. On the other hand, patients need to know when an effect is not transient – a continuing effect should be brought to someone's attention.

*Side effects which would impair a patient's ability to perform.* Every patient who receives a drug which can cause drowsiness, dizziness, blurred vision, or any other impairment of mental or physical capacity needs to be forewarned.

The remaining 20 to 30 percent include more serious, usually unpredictable, adverse reactions. While consumers have indicated that they want to be informed about them, it is important to put their relative rarity into perspective.

Few references go into the *how* of conveying such information. For example, how many actual side effects can be mentioned? Is there a maximum (three, five ...) that can be presented at one time? While there is no specific answer for that question yet, pharmacy practice researchers are making progress. One study looked at the reaction of 477 adults to prescription drug information that varied in depth (thoroughness) and breadth (number of topics covered), and came with or without written information.<sup>12</sup> What they found was that too little or too much information both left patients feeling frustrated and confused. The patients did see more detailed information as more useful; however, the authors suggest that in order to avoid information overload, the discussion should occur over several visits.

Another study of patient preferences discovered that 95 percent of those surveyed preferred numeric information to verbal information on adverse effects (that is, number examples such as 1 in 100 people rather than descriptors such as rarely, occasionally, and frequently). However, Verbal information was seen as a helpful addition to numeric data by 40 percent of the subjects.<sup>13</sup> Unfortunately, when asked to choose a specific number between zero and 100 as how likely "rare", "occasional" or "frequent" reactions might occur, responses varied within each category by as much as 27 percentage points. Another study showed that patients interpret a reaction described as frequent as having anywhere from a 30 to 90 percent chance of occurring.<sup>14</sup> The results of these two studies suggest that pharmacists can help their patients obtain a more accurate picture of the likelihood of adverse drug reactions by providing them with numeric occurrence rates when possible.

Returning to the previously mentioned medication printouts, it is unlikely that any of the above authors imply that by simply providing a list of side effects, our jobs as pharmacists are done! If this were all that is required, then just handing over the list

would be the most efficient way of proceeding. However, hypertensive patients have been found to have a negative attitude toward being given a pamphlet with no verbal information from the pharmacist.<sup>15</sup> Patients have concerns they don't always verbalize and unless we are able to talk to them, we cannot personalize the information we provide in a way that addresses their concerns. Tailoring medication information to the individual patient (as much as possible) is likely the most important piece of the *how to* puzzle. It has even been shown to be of therapeutic value when compared to giving patients "standardized medical facts and treatment rules."<sup>15</sup>

How can pharmacists add a personal touch to information about side effects? Along with considering the patient's particular indication for the medication and therapeutic regimen, it is important to keep in mind lifestyle and occupation concerns. Tailoring the discussion to an individual's needs represents best practice in patient counselling. Following a few general guidelines can help us achieve this goal and lessen the chances the patient will react negatively to side effect information:<sup>11, 16, 17</sup>

*Begin your conversation with the therapeutic effects of the medication.* Start on a positive note, and provide an idea as to the potential benefit of the medication for the patient to weigh the potential risks against.

*Find out what the patient already knows.* One effective way to open a discussion about side effects is to use a simple question like, "What have you been told about unwanted effects?" It gives you an opportunity to assess the patient's present level of understanding, and to find out how s/he is likely to react to additional information. It allows the patient to indicate explicitly or implicitly how much information they want. In many cases, it will also allow you to use the same terminology as the patient, thus reducing the potential for alarm. In addition, you may be able to correct misconceptions the patient may have picked up from lay publications. In cases where a patient already has a good understanding of the side effects, avoiding repetition will save valuable time.

*Set the stage.* It is usually helpful (especially when a number of side effects need to be discussed) to preface the information with a general phrase which places them in perspective. For example, patients are less likely to become alarmed if a statement similar to the following is offered before specific information is provided: "Some people may experience unwanted effects with this drug. This doesn't necessarily mean you will get them, as the drug affects different people in different ways."

*Gauge the patient's initial reaction.* Discuss the most common side effects first along with their frequencies. Observation of the patient's reaction, including his/her nonverbal signals, is important in order to judge how the remainder of the discussion should be handled.

*Provide practical and specific advice.* A problem with many side effects discussions is that patients are informed only about the effects and given no

information about how to handle them should they occur. After building confidence in the patient's ability to cope should any arise, the conversation can then move on to the more potentially severe but less frequent adverse events. For rare but potentially severe reactions, such as Stevens-Johnson syndrome with cotrimoxazole, it is important that patients understand both parts of the message, for example, "Although it is very unlikely, this antibiotic can cause a serious skin disorder that requires medical treatment. Stop taking it if any sign of rash develops and contact us or the doctors' office." The first part of a message carries the most weight, so stressing the relative rarity should come first. Patient safety, however, requires that the latter part not get lost.

In summary, patients have been very clear in their desire to be informed about medication side effects. They are given top priority in many reports of patient concerns. However, they do not appear to be discussed in any length in most doctors' offices, which leaves pharmacists the most likely member of the health care team to help patients understand, and manage, unwanted effects from their medications. Equipping our patients with proactive, personalized advice and realistic expectations, we can truly help them to optimize their treatment benefits.

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## **APPENDIX 2: BLANK LEARNING PROJECT RECORD AND PROFESSIONAL DEVELOPMENT LOG FORMS**

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### **Saskatchewan Pharmacists Learning Portfolio**

**This appendix contains the following blank forms:**

- Accredited Live CE Program - 10 copies
- Accredited Self-study CE Program - 10 copies
- Non-accredited Professional Development - 10 copies
- Non-accredited Professional Development - Long-term CE Activity - 4 copies
- Professional Development Log - 4 copies

Reproduce copies of these forms as required.

Copies of these forms for both manual and electronic completion will also be available in Fall 2002 on the Continuing Professional Development for Pharmacists home page at : [www.usask.ca/pharmacy-nutrition/services/cpdp](http://www.usask.ca/pharmacy-nutrition/services/cpdp). At that point you may choose to keep your forms electronically or manually. However, you must submit a hardcopy of your completed *Professional Development Log* at the end of each licensing year when you send your license membership renewal to SCP.

# LEARNING PROJECT RECORD - ACCREDITED LIVE CE PROGRAM

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Name \_\_\_\_\_ SCP # \_\_\_\_\_ Licensing Year \_\_\_\_\_

## PROGRAM INFORMATION

Program Name: \_\_\_\_\_

Speaker: \_\_\_\_\_ Date : \_\_\_\_\_

Location: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Program Provider: \_\_\_\_\_ Accredited by: \_\_\_\_\_ CEUs: \_\_\_\_\_

## PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective for attending this CE program.*

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## OUTCOME:

*Identify the impact your learning will have on your practice.*

- |   |  |
|---|--|
| <input type="checkbox"/> I plan to modify my practice.                  | <input type="checkbox"/> Confirmed no change in my practice needed at this time. |
| <input type="checkbox"/> More information needed to modify my practice. |  |

## REFLECTION NOTES:

*Evaluate your learning activity.*

Provide a brief summary of:

1. Key learning points gained from your attendance at this program.
2. How you plan to use your new knowledge/skills in your practice, and
3. Any additional learning that is needed.

Notes: \_\_\_\_\_

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**Complete and retain this document in your personal learning portfolio.**

# LEARNING PROJECT RECORD - ACCREDITED SELF-STUDY CE PROGRAM

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Name \_\_\_\_\_ SCP # \_\_\_\_\_ Licensing Year \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

Program Provider: \_\_\_\_\_ Accredited by: \_\_\_\_\_ CEUs: \_\_\_\_\_

## **PRACTICE ISSUE:**

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective for completing this CE program.*

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## **OUTCOME:**

*Identify the impact your learning will have on your practice.*

- |   |  |
|---|--|
| <input type="checkbox"/> I plan to modify my practice.                  | <input type="checkbox"/> Confirmed no change in my practice needed at this time. |
| <input type="checkbox"/> More information needed to modify my practice. |  |

## **REFLECTION NOTES:**

*Evaluate your learning activity.*

Provide a brief summary of:

1. Key learning points gained from your attendance at this program,
2. How you plan to use your new knowledge/skills in your practice, and
3. Any additional learning that is needed.

Notes: \_\_\_\_\_

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**Complete and attach this form to your self-study learning project answer sheet or letter/certificate of completion, and retain in your personal learning portfolio**

# LEARNING PROJECT RECORD - NON-ACCREDITED PROFESSIONAL DEVELOPMENT

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Name \_\_\_\_\_ SCP # \_\_\_\_\_ Licensing Year \_\_\_\_\_

Topic: \_\_\_\_\_ Project Date(s): \_\_\_\_\_

## PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective with respect to the identified need.*

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## STIMULUS:

*Indicate the factors that helped you identify this issue in your practice.*

- |  |   |
|--|---|
| <input type="checkbox"/> Management of a patient or practice problem                     | <input type="checkbox"/> Discussion with peers or others  |
| <input type="checkbox"/> Completing a self-assessment program                            | <input type="checkbox"/> Feedback about my practice, e.g., practice review, external directive, patient complaint |
| <input type="checkbox"/> Scanning the literature (journals, newsletters, internet)       | <input type="checkbox"/> Participation in a volunteer activity  |
| <input type="checkbox"/> Engaging in teaching, writing, research                         | <input type="checkbox"/> Other (specify in Notes)   |
| <input type="checkbox"/> Participation in a CE program                                   |   |
| <input type="checkbox"/> Reflecting on a series of similar patients or practice problems |   |

Notes: \_\_\_\_\_

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## RESOURCES

*Briefly identify your learning activities.*

**Time:** \_\_\_\_\_ **hours** (Estimate the approximate time spent on this project in increments of 0.5 h)

- |  |         |
|--|---------|
| <input type="checkbox"/> Non-accredited group program (workshop, course, conference) | _____ h |
| <input type="checkbox"/> Self-study program (print, video/audio, internet)           | _____ h |
| <input type="checkbox"/> Self-assessment program                                     | _____ h |
| <input type="checkbox"/> Preceptorship or mentorship with an expert                  | _____ h |

**CEUs claimed:** \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- |  |         |
|--|---------|
| <input type="checkbox"/> Reading (articles, texts, newsletters, manuals, internet) | _____ h |
| <input type="checkbox"/> Planned literature search, e.g., Medline, Internet        | _____ h |
| <input type="checkbox"/> Discussion with colleague or expert                       | _____ h |
| <input type="checkbox"/> Other (specify in Notes)                                  | _____ h |

Notes: \_\_\_\_\_

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# LEARNING PROJECT RECORD – NON-ACCREDITED

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## OUTCOME:

*Identify the impact your learning will have on your practice.*

- |   |  |
|---|--|
| <input type="checkbox"/> I plan to modify my practice.                  | <input type="checkbox"/> Confirmed no change in my practice needed at this time. |
| <input type="checkbox"/> More information needed to modify my practice. |  |

## REFLECTION NOTES:

*Evaluate your learning activities.*

Provide a brief summary of:

1. Key learning points from your project;
2. Was your approach the most sensible/appropriate one;
3. How you plan to use your new knowledge/skills in your practice, and
4. Any additional learning that is needed.

Notes: \_\_\_\_\_

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**Complete and retain this document in your personal learning portfolio.**

Month \_\_\_\_\_ (If required)\_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h)

CEUs claimed:\_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h
- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes:\_\_\_\_\_

\_\_\_\_\_

Total CEUs claimed for this long-term CE activity: \_\_\_\_\_

*If you require more space for recording subsequent months of activity, photocopy page three of this form and enter the Month number to reflect continuous activity.*

OUTCOME:

*Identify the impact your learning will have on your practice.*

- ☐ I plan to modify my practice.
- ☐ Confirmed no change in my practice needed at this time.
- ☐ More information needed to modify my practice.

REFLECTION NOTES:

*Evaluate your learning activities.*

1. Key learning points from your project;
2. Was your approach the most sensible/appropriate one;
3. How you plan to use your new knowledge/skills in your practice; and
4. Any additional learning that is needed.

Notes:\_\_\_\_\_

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Complete and retain this document in your personal learning portfolio.

LEARNING PROJECT RECORD -  
NON-ACCREDITED PROFESSIONAL DEVELOPMENT  
LONG-TERM ACTIVITY

Name \_\_\_\_\_ SCP #\_\_\_\_\_ Licensing Year\_\_\_\_\_

Topic:\_\_\_\_\_ Project Date(s): \_\_\_\_\_

PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective with respect to the identified need.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STIMULUS:

*Indicate the factors that helped you identify this issue in your practice.*

- ☐ Management of a patient or practice problem
- ☐ Discussion with peers or others
- ☐ Completing a self-assessment program
- ☐ Feedback about my practice, e.g., practice review, external directive, patient complaint
- ☐ Scanning the literature (journals, newsletters, internet)
- ☐ Participation in a volunteer activity
- ☐ Engaging in teaching, writing, research
- ☐ Other (specify in Notes)
- ☐ Participation in a CE program
- ☐ Reflecting on a series of similar patients or practice problems

Notes:\_\_\_\_\_

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TIME LINE:

*Develop a time line for this learning activity. Include the stages you will take to complete your activity and an estimated date of completion. In your outline, briefly identify your expected learning activities on a monthly basis.*

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RESOURCES:

Briefly identify your learning activities.

Month 1: \_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h) CEUs claimed: \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h
- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_

Month 2: \_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h) CEUs claimed: \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h
- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_

Month 3: \_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h) CEUs claimed: \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h
- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_

Month \_\_\_\_\_ (If required)\_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h) CEUs claimed: \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h
- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_

Month \_\_\_\_\_ (If required)\_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h) CEUs claimed: \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

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- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h
- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_

Month \_\_\_\_\_ (If required)\_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h) CEUs claimed: \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- ☐ Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- ☐ Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- ☐ Self-assessment program \_\_\_\_\_ h
- ☐ Preceptorship or mentorship with an expert \_\_\_\_\_ h
- ☐ Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- ☐ Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- ☐ Discussion with colleague or experts \_\_\_\_\_ h
- ☐ Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_

PROFESSIONAL DEVELOPMENT LOG

Name: \_\_\_\_\_ SCP Member #: \_\_\_\_\_ Licensing Year: \_\_\_\_\_

DATE(S)	PROGRAM TITLE AND PROVIDER (ACCREDITED) OR PRACTICE ISSUE (NON-ACCREDITED)	CEUs		KEY IDEAS/THOUGHTS/LEARNING POINTS
		ACCR	NON-ACCR	

Total CEUs: \_\_\_\_\_

Accredited: \_\_\_\_\_ Non-accredited: \_\_\_\_\_

Signature: \_\_\_\_\_