



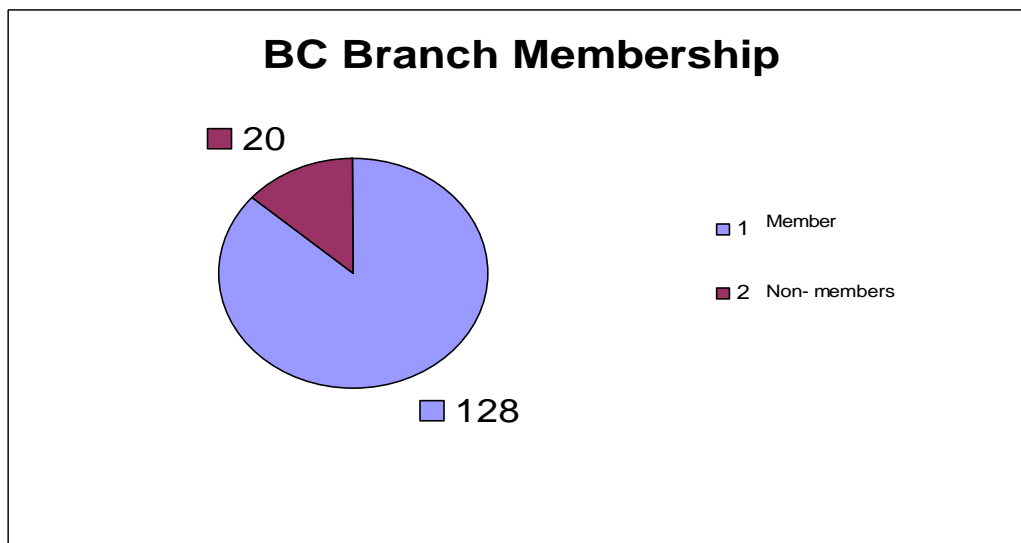
Survey

Survey Results

Last June, CSHP BC Branch asked it's members to complete a survey as a consultative tool to set branch objectives for the next few years. It is indeed a pleasure for me to share the survey results with all of you. I would like to sincerely thank all those who responded; a total of 128 respondents out of 370 memberships. In addition, 20 non-members have also responded making the final tally 148. Each survey question result is graphed into a pie chart and all comments are summarized. The comments are summarized to eliminate duplication and to clarify points without losing the member's intent. The results contain not only statistical and demographic data but also comments expressing member's emotions, demands, and frustrations. The results also represent a snapshot or a freeze frame on the practice environment the membership faces today. I will be utilizing the survey results and consulting with past Presidents of the Branch to call upon their experience to create objectives for the BC Branch to attain over the next few years.

Paul Cheng

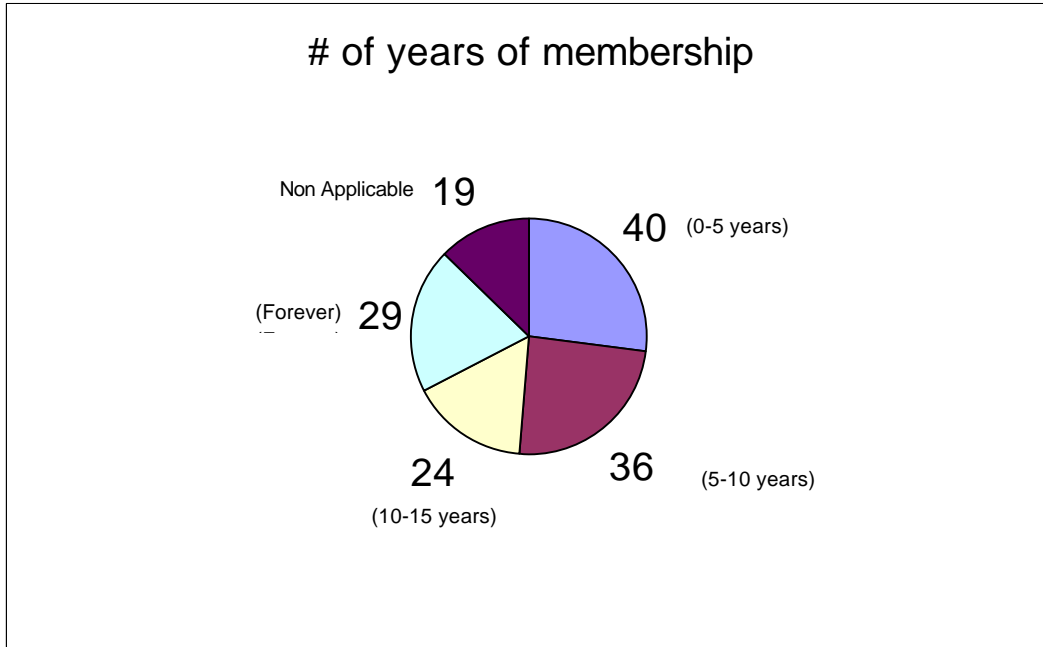
1. Are you a member of the Canadian Society of Hospital Pharmacists (CSHP)?



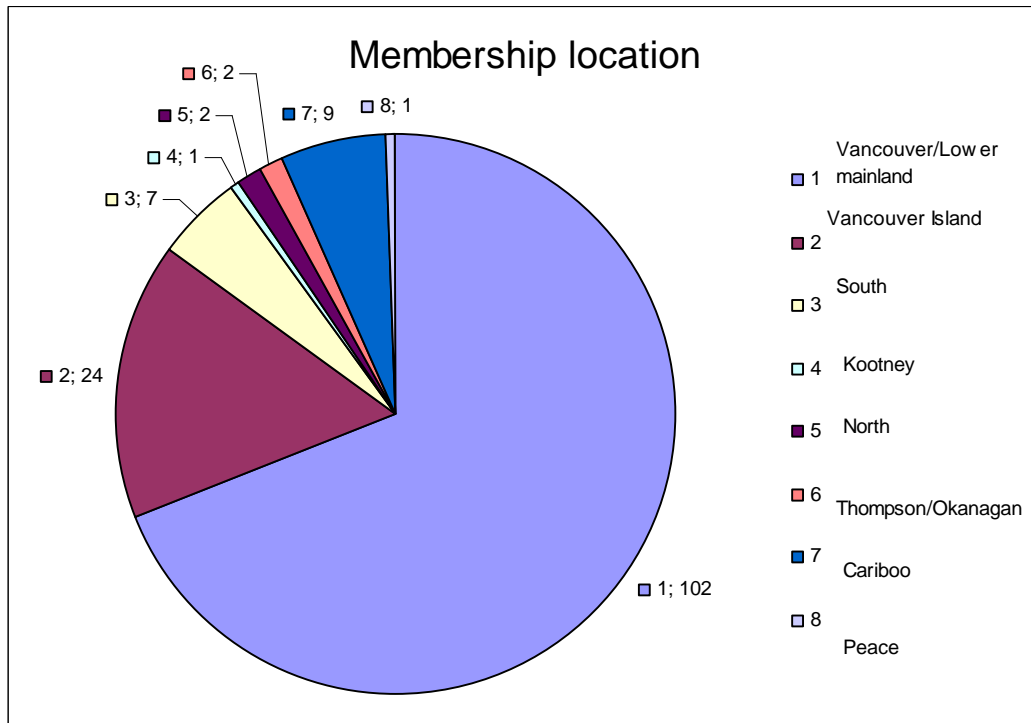
CSHP BC
Branch

Membersh
ip Survey

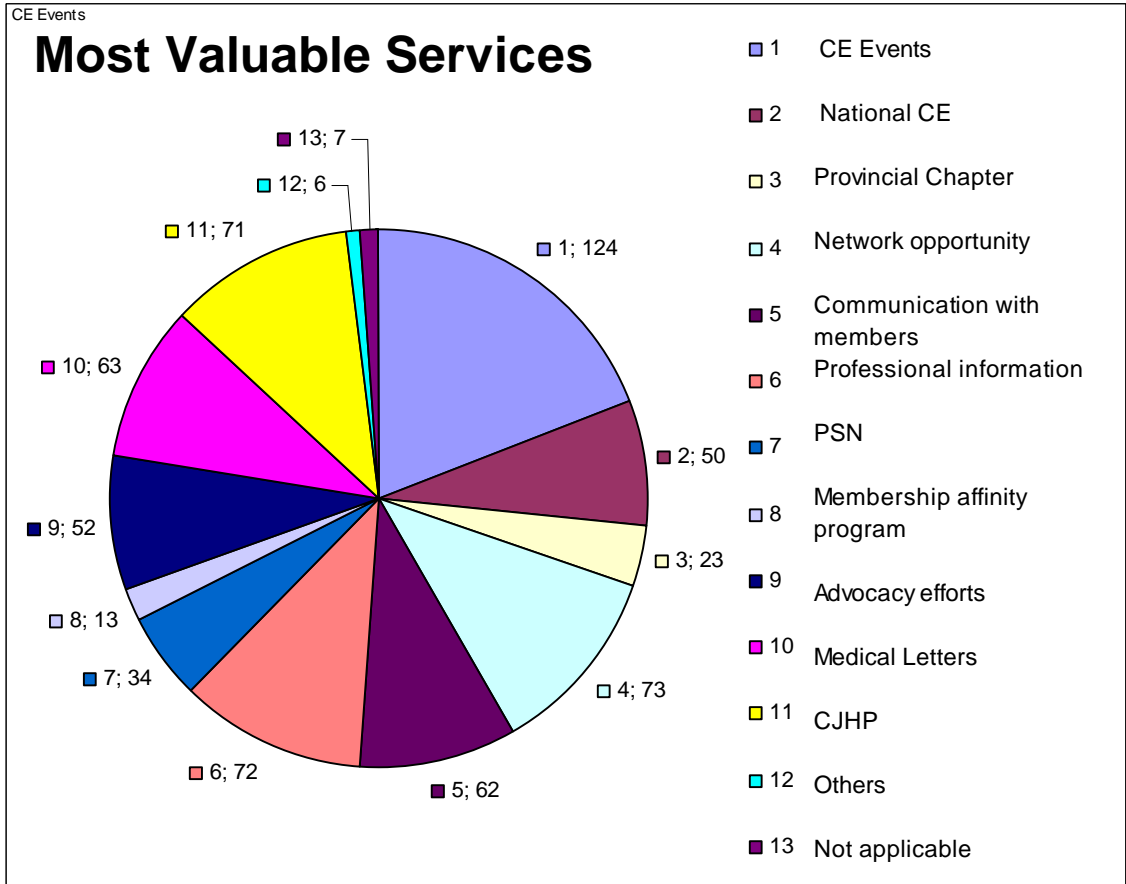
2. If Yes, how many years have you been a CSHP member?



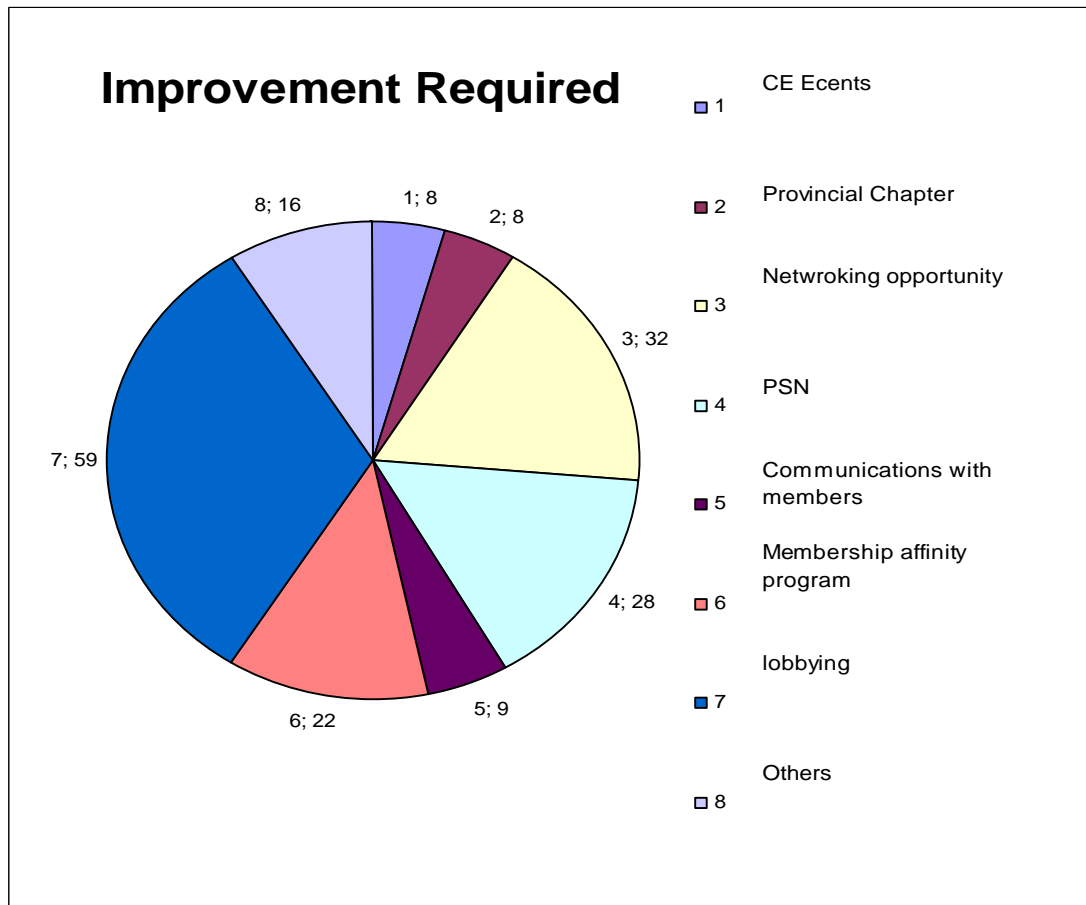
3. Where do you live?



4. What do you see as the most valuable services that CSHP BC-Branch offers its membership? (Please check all that apply)



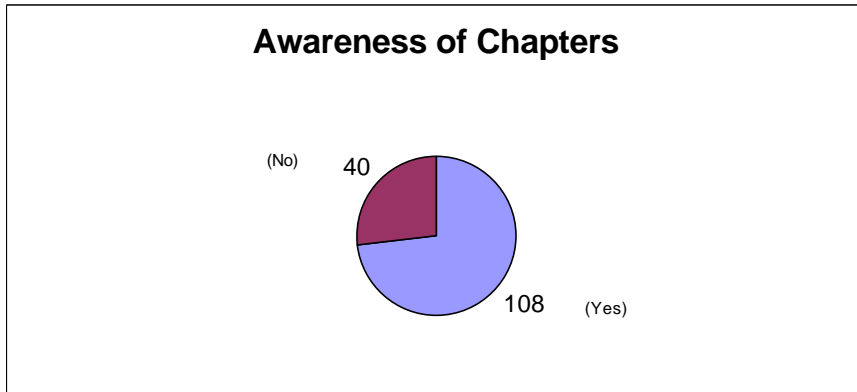
5. What are some areas where you would like improvement in the services CSHP BC-Branch offers?



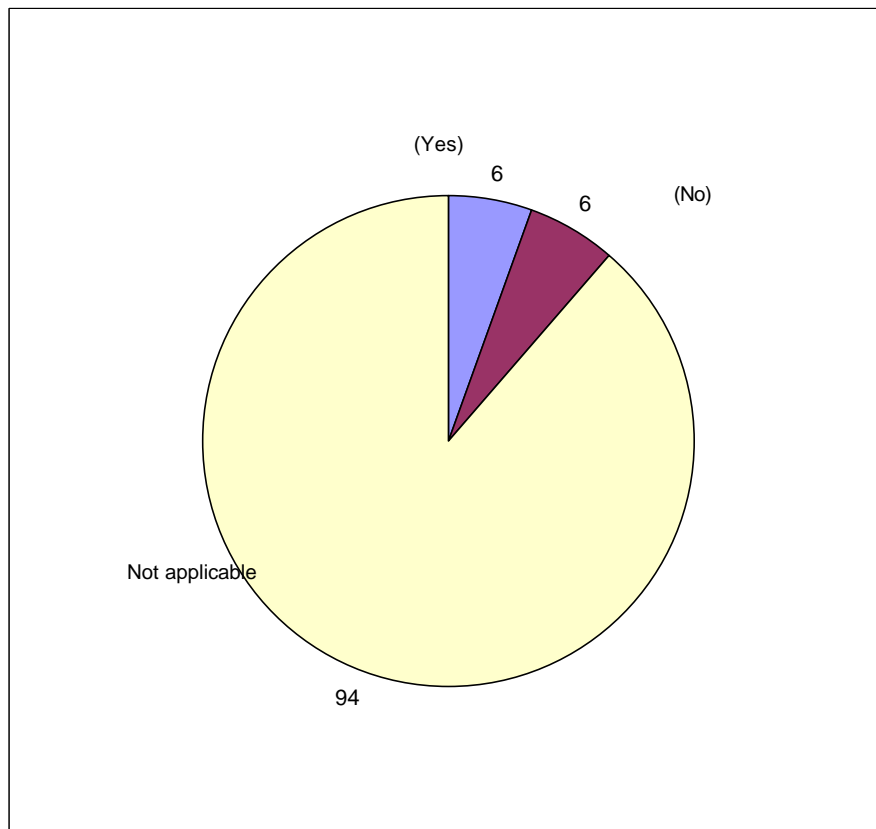
Q5. Other Improvement Comments

- To establish guidelines for technician role (TCT); Types of training required, Quality Assurance etc.
- Some affinity programs do not have direct benefits or not as useful to memberships such as car rentals.
- To have more influence in College of Pharmacists' activities.
- Have more CE events outside of Lower Mainland (i.e., Vancouver Is, and Interior).
- Have electronic CJHP and other journals; more cost effective.
- Have provincial PSNs instead of National!
- To provide liability insurance.
- Have more Pharmacy administration related network opportunities and continuing education.
- To participate in salary negotiations with the employer.
- No improvement needed; currently doing a great job.
- To improve communication with branch members on board decisions and consult with general membership on controversial decisions.
- To coordinate and to promote Board Certification Exam.
- To have on-line access to Medical Letter.

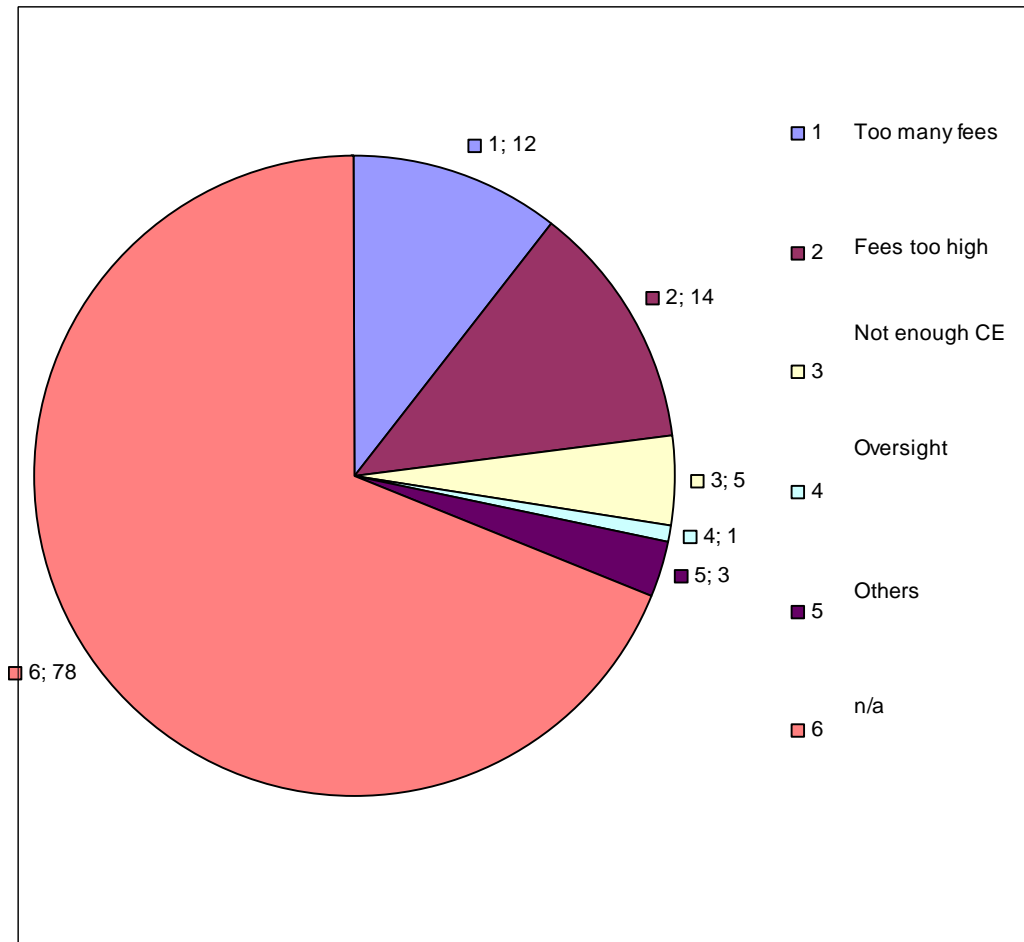
6. Are you aware of the 4 Provincial Chapters (Fraser Valley, Northern Okanagan and Vancouver Island)?



7. If you are not a member, have you been a CSHP member in the past?



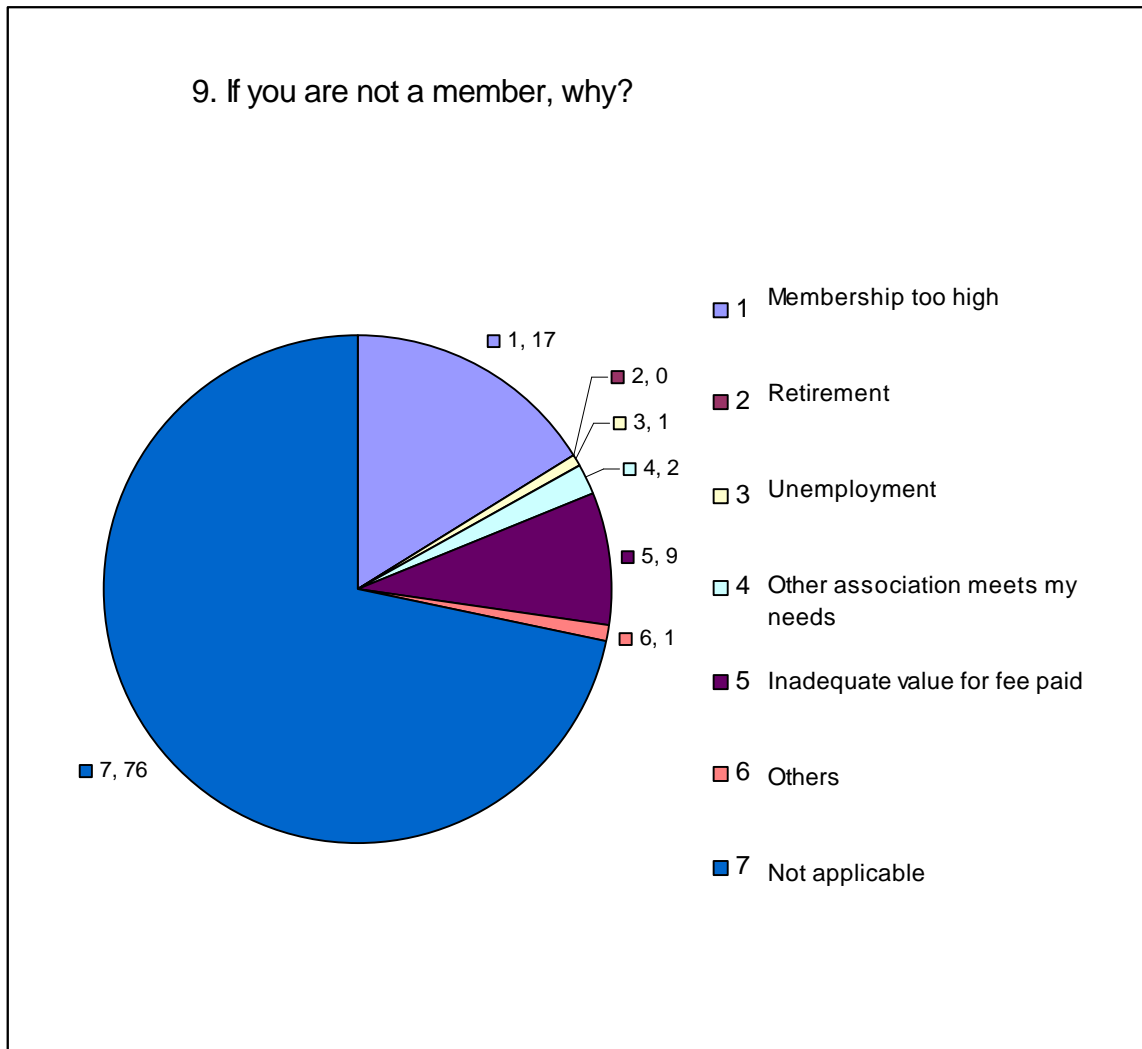
8. If yes, why did you let your membership lapse?



Q8. Other: Comments on why membership lapsed

- Too many membership fees to pay; some members belong to ASHP, CCS, CPhA etc in addition to CSHP.
- Some members cannot attend evening/weekend CE events due to shift work; therefore they cannot utilize membership benefit.
- Some members are no longer working to raise children.

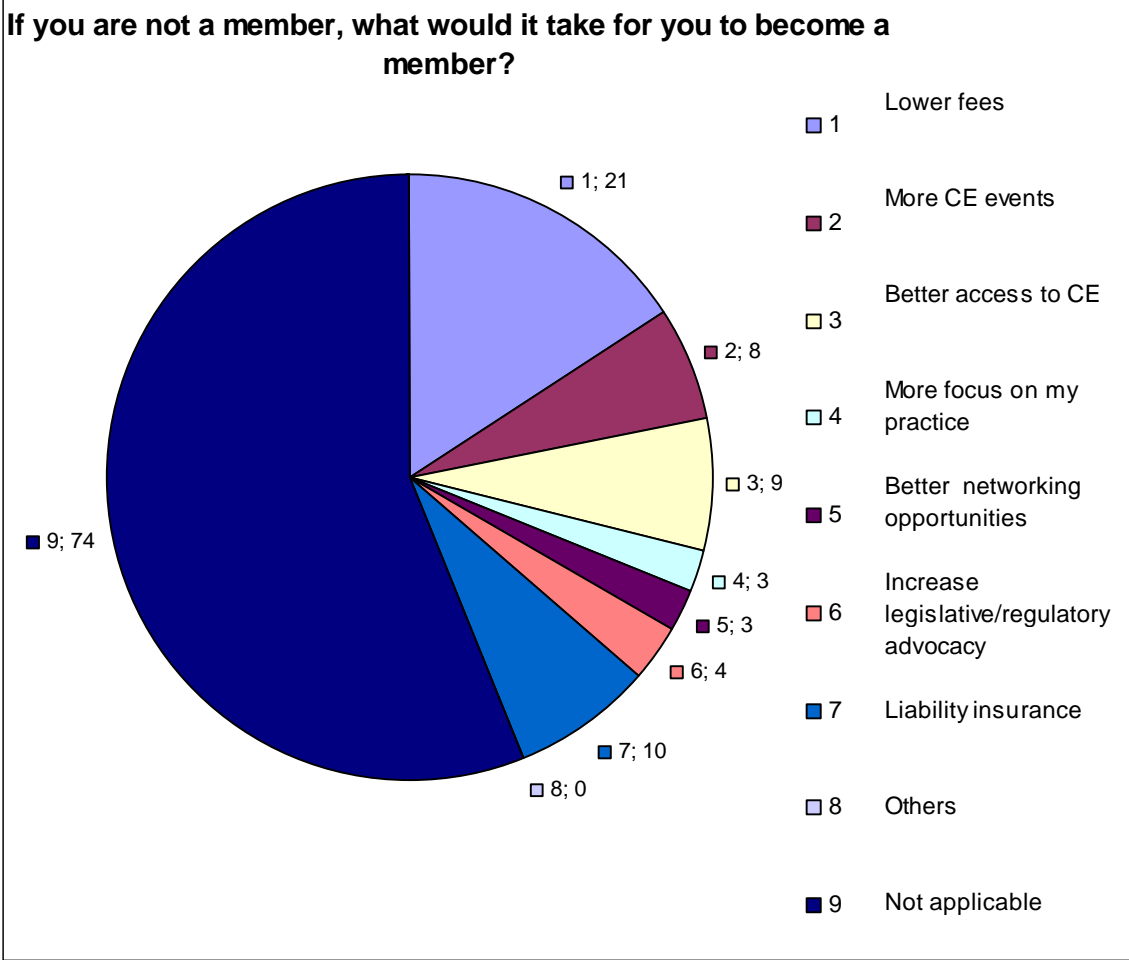
9. If you are not a CSHP member, why? (Please check all that apply)



Q9. Other: Comments of not being a member

- There are too many professional fees, college, BCPhA, CSHP, ASHP, CPhA, etc
- Joined BCPhA instead of BC branch for the liability insurance.

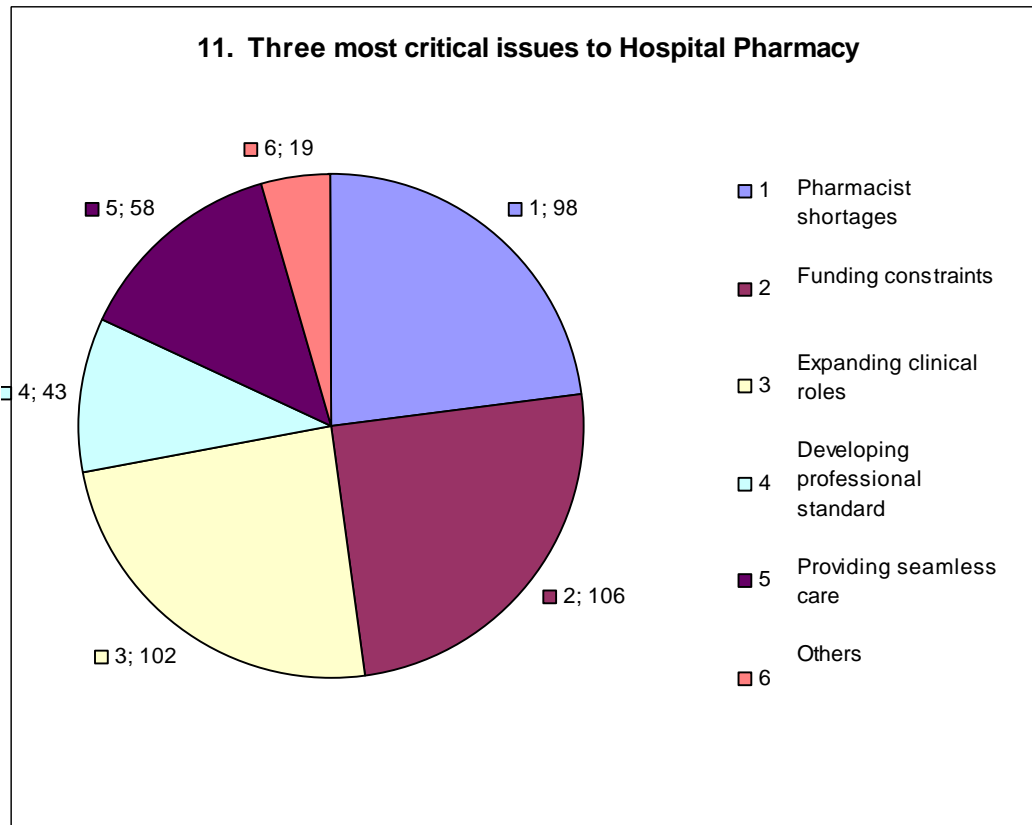
10. If you are not a member, what would it take for you to become a member of CSHP?



Q10. Practice Area Focus

- Geriatrics
- Elder care
- Rural, general, family medicine

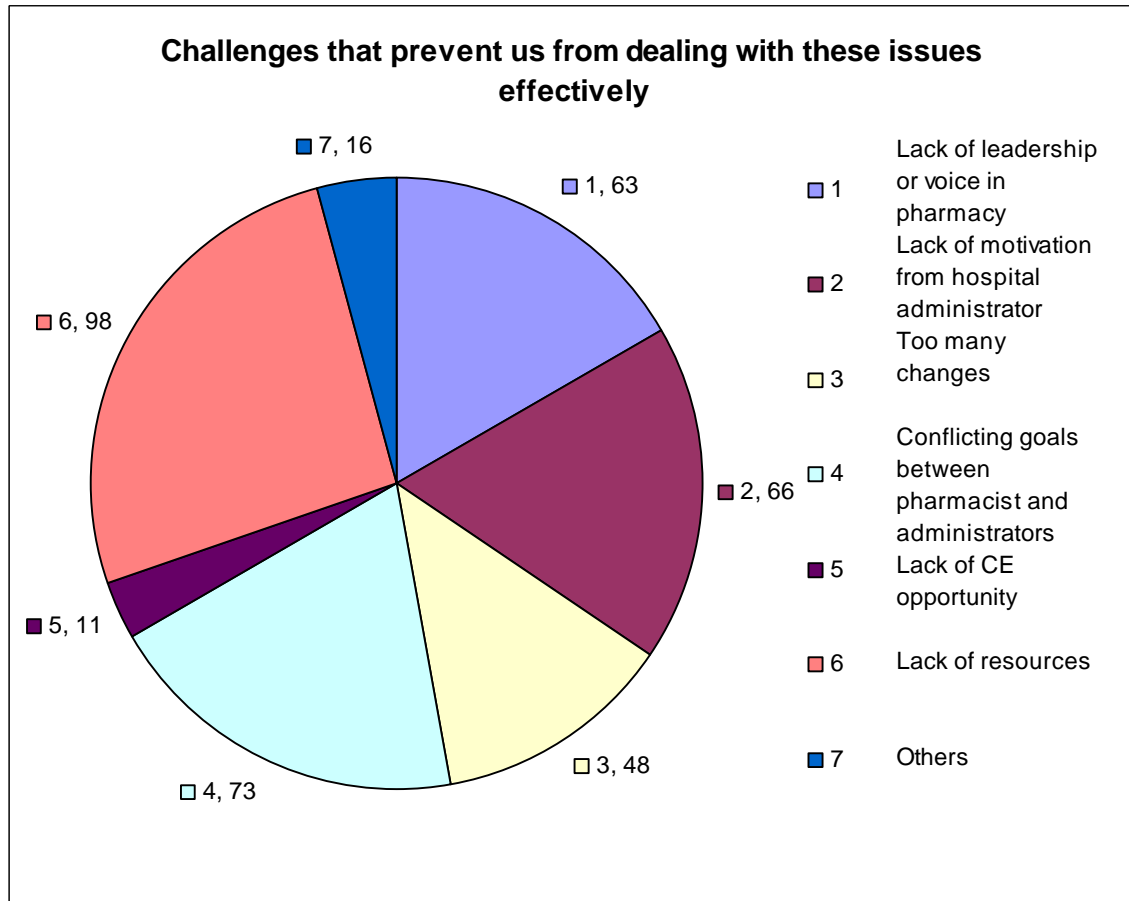
11. What do you see as the three most critical issues to hospital pharmacists in B.C.? (Please check top three)



Q11. Other Comments on critical issues for Pharmacists

- The expanded scope of practice of other health professionals (i.e. nurse practitioners take roles that clinical pharmacist can do).
- Misrepresentation of the profession by the Union; The contract limits pharmacist's role.
- Medication Safety Initiatives; Pharmacist's role in medication safety.
- Wage discrepancies, recruitment and retention differences between hospital vs. community practice; city vs. rural areas; BC vs. other provinces; despite Union's effort and membership paying for union dues.
- Changing roles of pharmacists and technicians.
- Opportunities to decrease adverse drug events.
- Advocacy for Hospital Pharmacists (i.e., College's Knowledge Assessment). Noted that the competency examination is more community focused despite that there are significant practice differences between hospital and community.
- Establishing consistent clinical service standards between hospitals.
- Pharmacist shortages and its consequences; diminishing clinical roles.
- Competing for resources within healthcare; loss of control of our own destiny.

12. What are the challenges that prevent us from dealing with these issues effectively? (Please check all that apply)

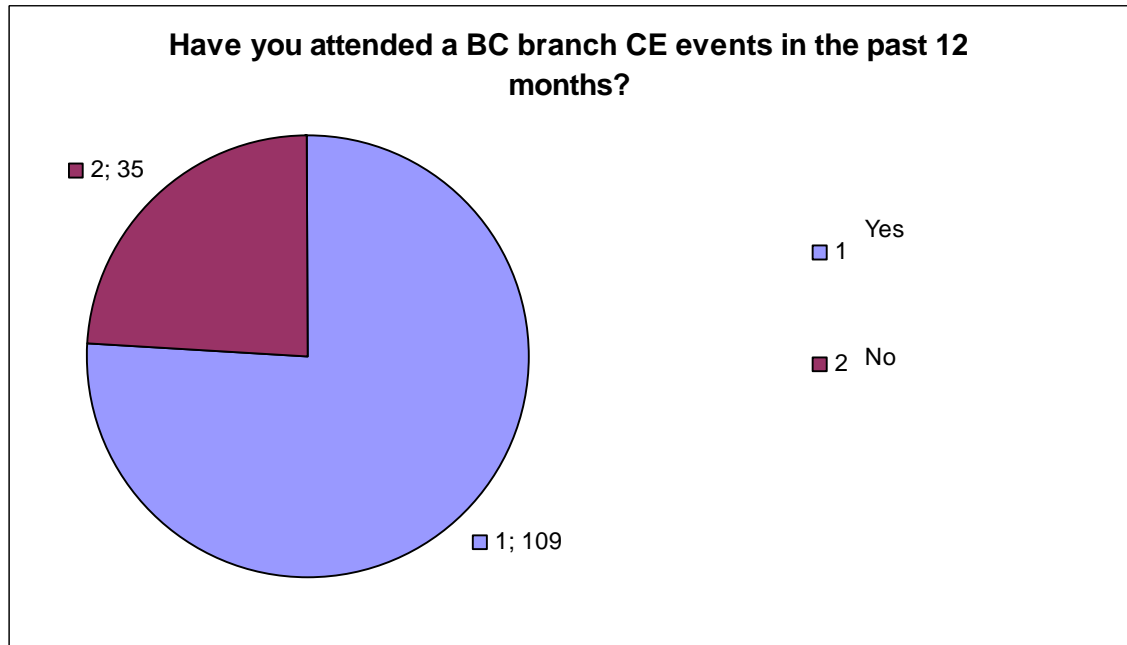


Q12. Other Comments on challenges that prevent us from dealing with important issues.

- We focus on our practices within the hospital too much and do not look beyond our department. Missed opportunities in the health regions such as community and out patient programs which are now staffed by other hospital-based clinicians.
- There is too much bureaucracy within the health authority interfering with good communication.
- Some physicians continue to practice without being an active part of the health care team; some feel threatened by the increased clinical pharmacist's role.
- Continue to have legislative limitations on pharmacy practice such as fee for service.
- Pharmacists are not active in politics. There is a lack of a political voice or presence in both provincial and federal politics.
- Pharmacist shortages are more severe in Hospitals as pharmacists are paid less than their community counterparts.
- Pharmacist shortages impede the expansion of pharmacist's role in healthcare.
- Pharmacists' fear of change.
- Lack of support from senior administration dampens pharmacist's ability to implement new ideas.
- Too few residency positions.
- Pharmacists do not market themselves well and rely on others.

- Lack of Pharmacy Leadership.
- Union's issues.

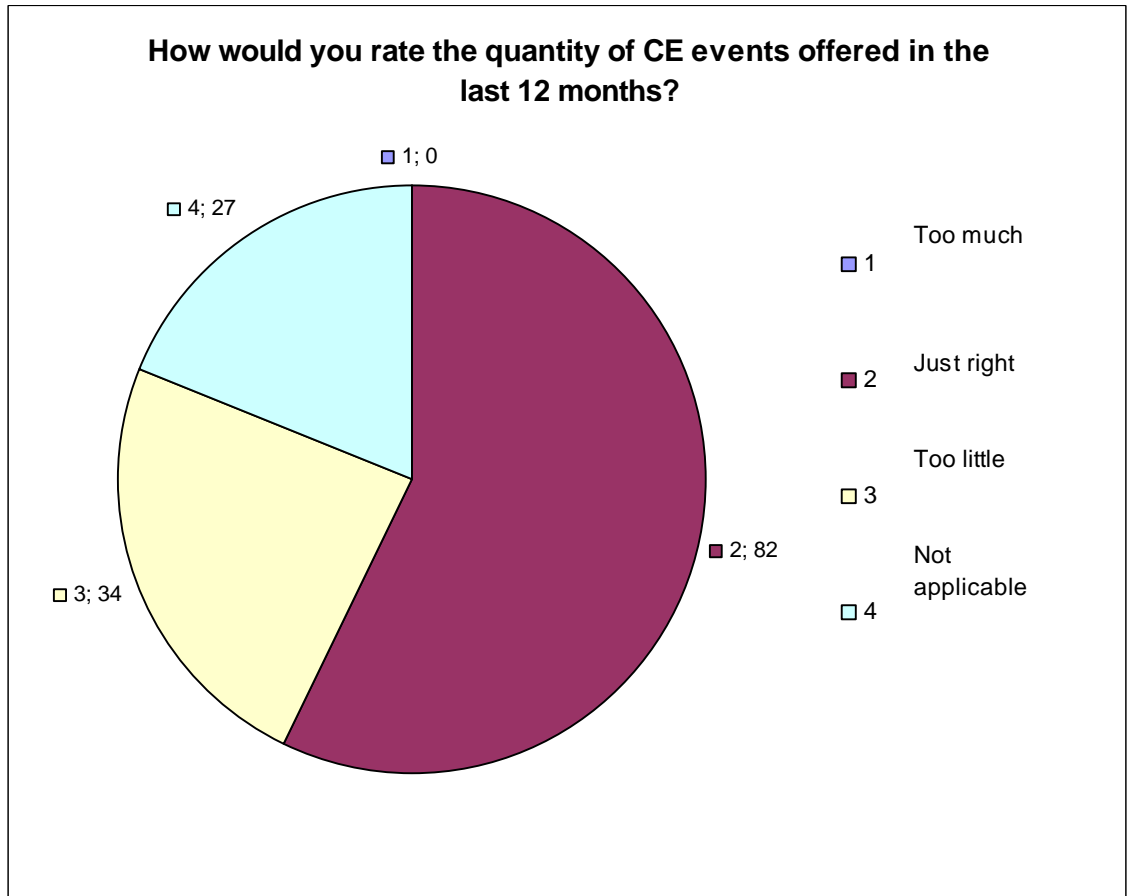
13. Have you attended a CSHP BC Branch CE event in the past 12 months?



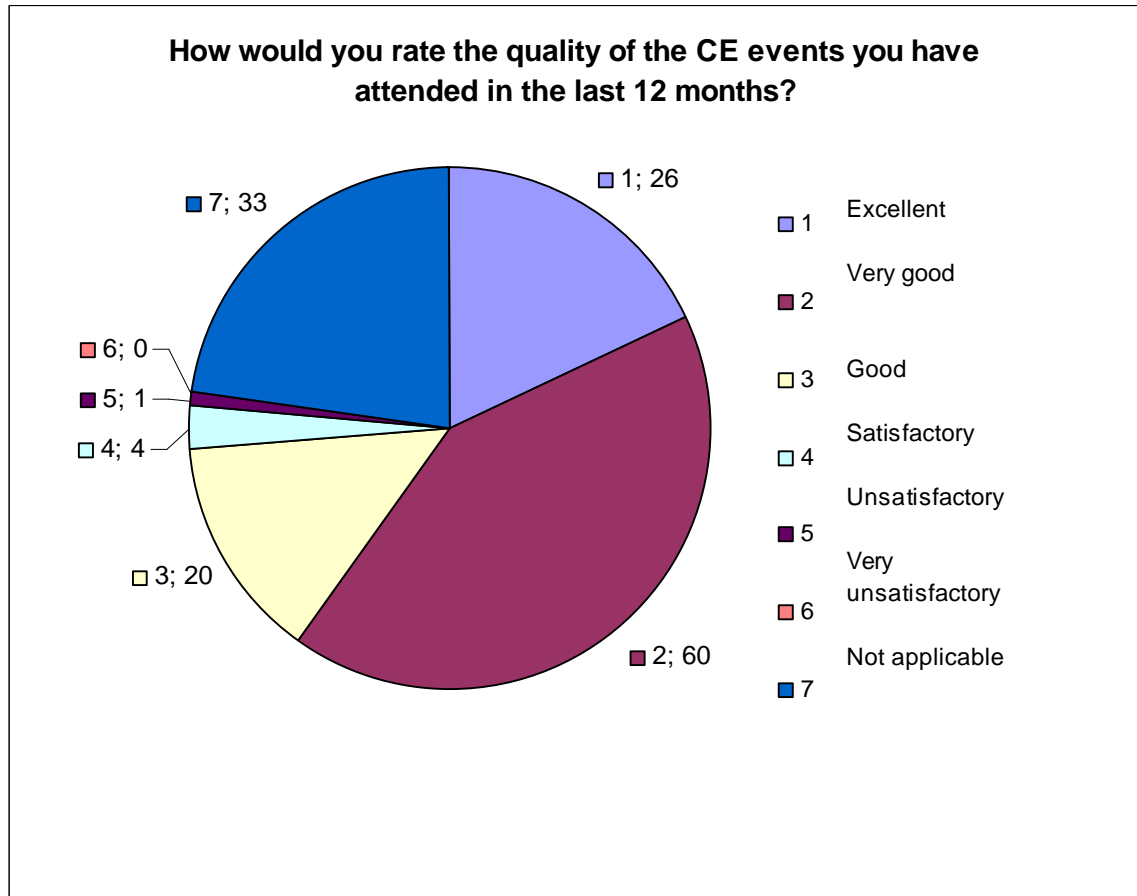
Q13. Other comments on not attending CE events

- Conflicts with work schedule, family responsibilities and commitments, and personal free time.
- Topics do not fit member's interest or not relevant to current practice (i.e., small hospital or rural practice; pharmacy administration; pharmacy materials management).
- Cost of the event; it is expensive to some.
- Limited CE events outside of the lower mainland or main cities, considerable distance and inconvenient to travel to some of the events.
- Members did not have good experiences at previous events.
- Pharmacists temporarily not working in the profession.
- Pharmacist shortages prevent members from taking time off to attend events.
- Unaware of events; lack of publicity.
- Using inexperienced speakers, such as recent graduates, who may not have extensive experience as clinicians.
- Speakers who spoke on theory but not practical in real life. Good to have clinicians talk about cases where there is no further evidence but discuss what was tried and what the outcomes were.

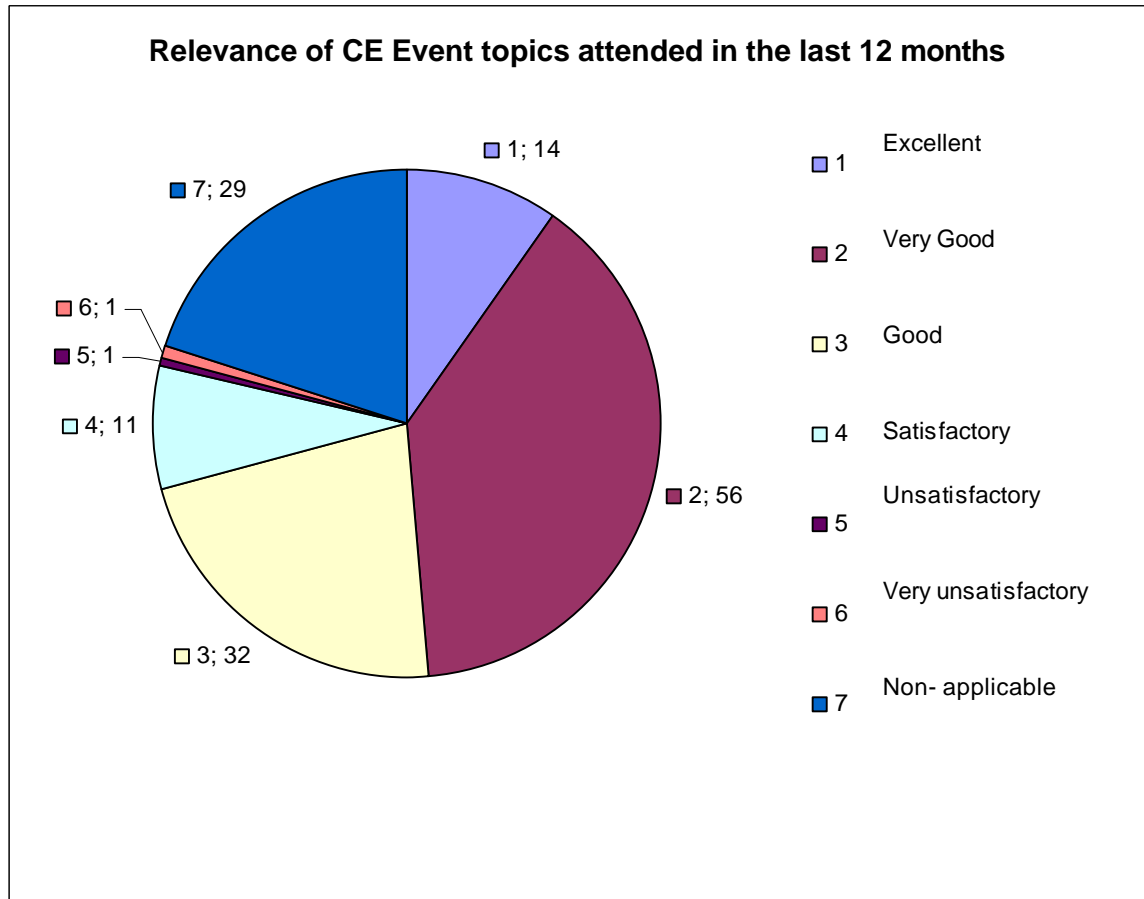
14. How would you rate the quantity of BC Branch CE Events offered in the past 12 months?



15. How would you rate the quality of the BC Branch CE Events you have attended in the past 12 months?



16. How would you rate the relevance of the BC Branch CE Event topics you have attended in the past 12 months?




17. What topics/speakers would you like to see at a future CSHP BC Branch CE Event?

Q17.

- more psych topics in general
- anticonvulsants-newer agents, conventional uses & non-conventional
- - Psychiatry - new antipsychotics... po, im, long-acting im; SSRIs and safety concerns
- Getting a manuscript ready for publication (i.e. case reports that people see in their practice)
- Balancing best therapeutic decisions with a tight drug budget
- Community liaison/consultant pharmacists within health regions (new roles for pharmacists)
- Medication safety
- Cardiology latest update.
- Geriatrics or sub acute care... frail elderly with multiple disease states
- Infectious diseases update
- Pediatric topics
 - DM
 - Infections

- Cardiovascular & antithrombotic therapy topics
- Recent thoughts on Long term biphosphonates
- Geriatric topics
- Leadership Development
Systems Thinking - Pharmacists within the Health Care System
- Calcimimetic Agents
- Medication Safety workshops
- FMEA workshops
- Conflict resolution from Justice Institute Instructors (Vancouver or Victoria).
- Infectious Disease topics, Anticoagulation topics, Pediatric topics
- How to deal with the current shortage of pharmacists - perhaps including an open forum
- Pediatrics
- Extended/Chronic Care Issues
- Oncology related topics.
- Infectious disease.
- Innovative approaches to providing pharmaceutical care with limited staff
- Consensus on Hormone Replacement Therapy
- More Critical Care and Respiratory Topics.
- More practical research workshops
- Debate on whether the PharmD should be a primary clinician or researcher/administrator
- Unique roles of hospital pharmacists
- Pharmacists in the Communities; Primary Care Pharmacists
- Patient Safety - what Pharmacy has done to address the issues
- HIV, Hepatitis, oncology, dementia treatment
- BC Government, ministry of health, re: proposals and what makes them successful.
- Toxicology- overdoses, antidotes etc...
- Adverse drug reactions
- Opportunities for Pharmacists besides community drug store and Hospital. I.e. Workers Comp Board, Pharmacare, RCMP.
- Cancer Pain Management
- Provide updates on various guidelines recently published, for example: diabetes management, pain, pneumonia, and hypertension.
- Technology and devices that can be incorporated into drug distribution: robotics, bar coding, infusion devices, electronic charting
- Marketing skills i.e. marketing yourself & pharmacy services
- Practical Management skills that can be applied to small projects or large groups
- Acute Care (ID, CV, Emergency, Critical Care)small projects or large groups
- Although review of evidence is important, the focus is too much on this - would like it to be complemented with more case-based, practical application presentations
- Pharmacoeconomics
- Pharmacy Leadership; Pharmacy Management issues
- Effect of Program management / regionalization on Pharmacy practice
- Understanding Pharmacare...facilitating seamless discharges
- Results of BC ISMP Medication Safety Self Assessment Survey
- Update on NSAIDs
- Get pharmacists out of the dispensary and onto the wards; increase pharmacy technician scope of practice...but not to replace pharmacists.
- ER pharmacist; what can a pharmacist accomplish in the ER.
- Addressing the wage issue and the attraction to hospital pharmacy
- A comparison of dementia versus Alzheimer's disease.
- Psychiatry; Geriatric psychiatry - Dr Rhonda Malyuk
Adolescent psychiatry - Dr. Adil Virani
Research in psychiatry - Dr. David Gardner



Outpatient psychiatry - Dr. Deborah Thompson

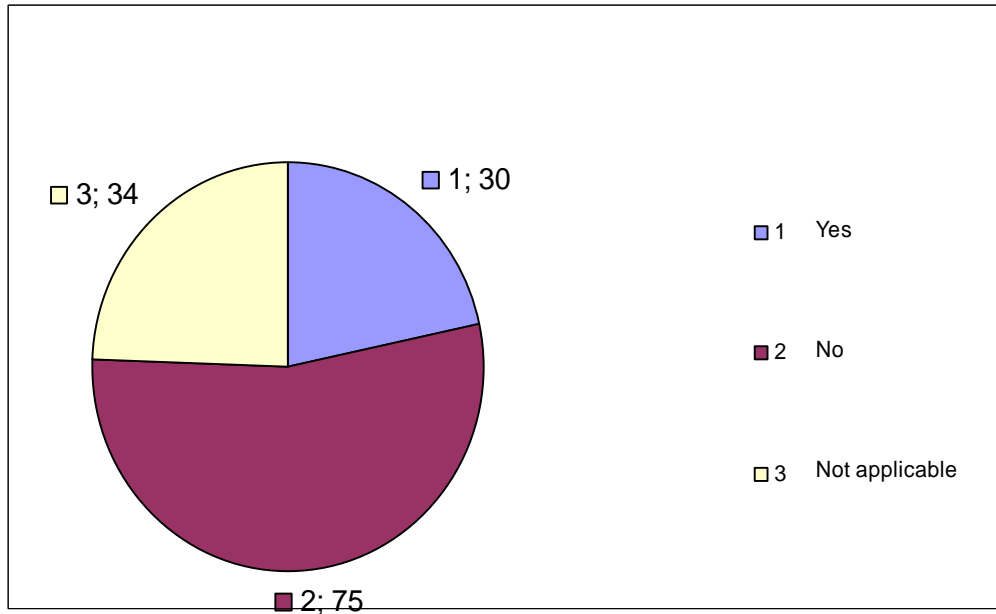
Bipolar Disorder - Dr. Yatham

Investigational drugs in psychiatry - Dr. Sylvia Zerjav

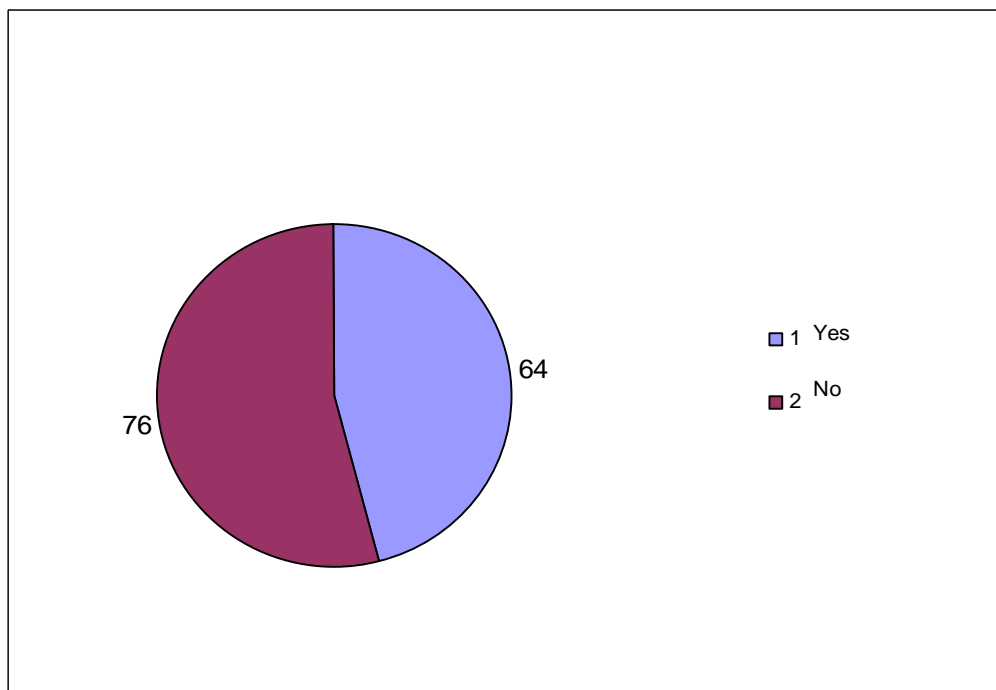
Substance abuse esp. crystal methamphetamine - Dr. Alex Morton

- Anticoagulation, Infectious Disease
- I appreciate CE talks that present recent Cdn. guidelines and the evidence that led to changes to the guidelines
- Seamless care workshops to develop plans for action and to share forms, ideas, processes.
- Automation in pharmacy
- Workshops on how to write a highly successful chart note; Pharmacist chart documentation.
- integrating evidence into practice
- seamless care/community pharmacy interventions
- biotechnology
- herbal and other non-drug therapies
- types of services one can offer for "fee for service"

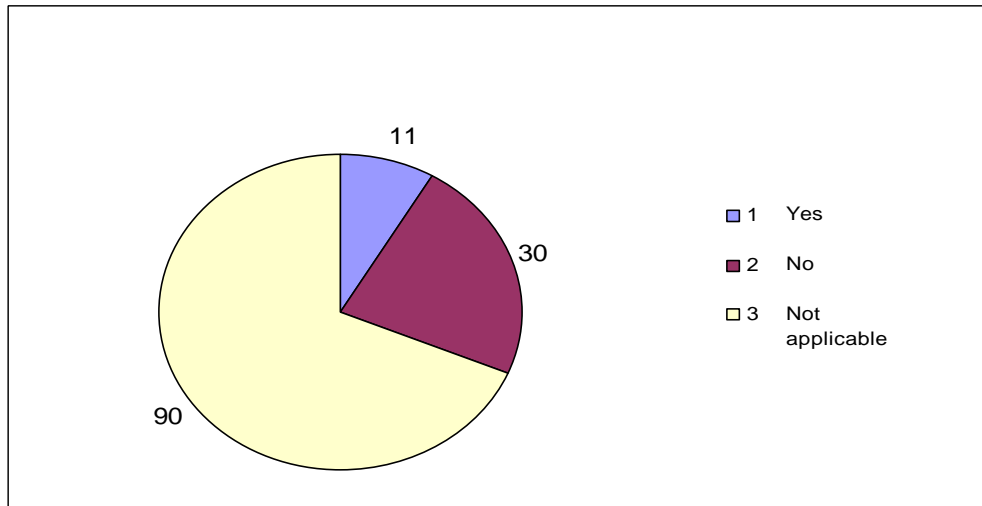
18. If you have not had an opportunity to be a speaker at a CSHP BC Branch CE Event, would you like that opportunity?



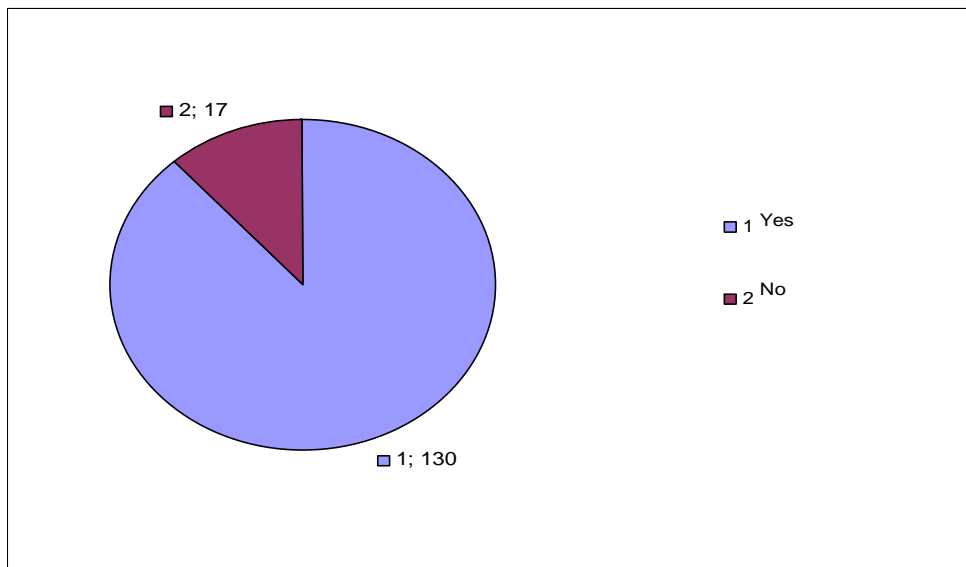
19. If you are unable to attend a CSHP BC Branch CE Event, do you download the speaker's handouts (if available) from the CSHP BC-Branch website?



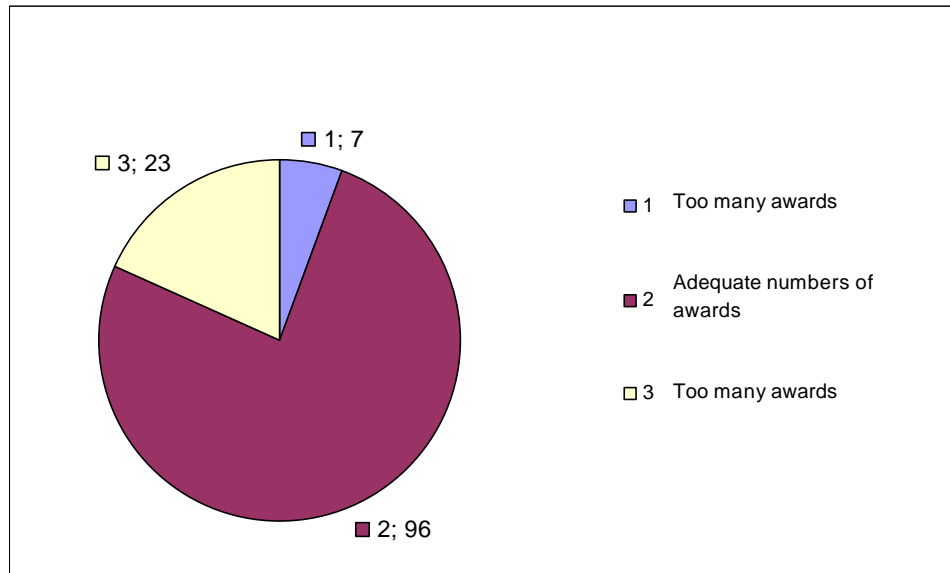
20. If you are not from the lower Mainland, do you feel there are enough CSHP BC Branch CE events in your Chapter (Fraser Valley, Northern Okanagan, and Vancouver Island)?



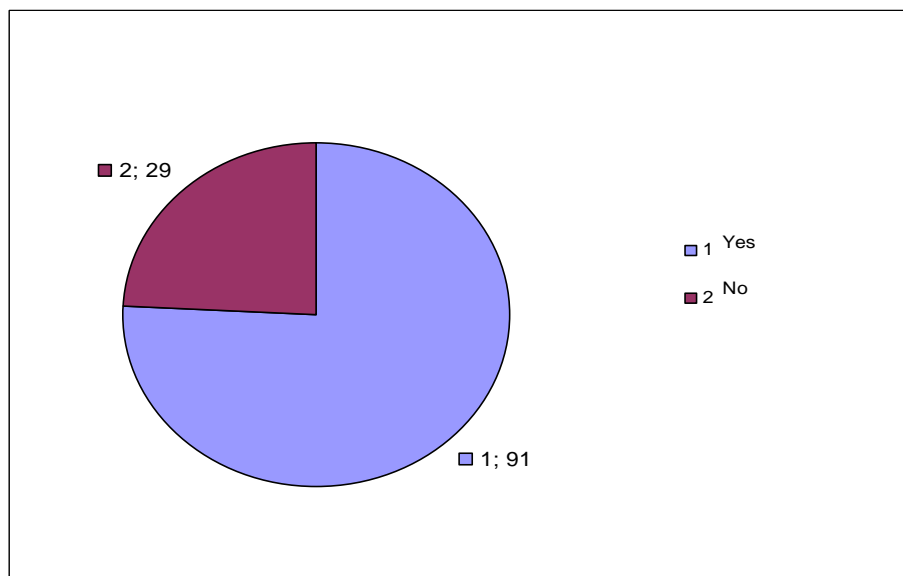
21. Are you aware that the CSHP BC Branch offers awards to its members?



22. Do you feel that CSHP BC Branch offers too many awards, adequate number of awards, or too many awards?



23. Are the judging criteria for CSHP BC Branch awards clear, objective, and easily accessible?

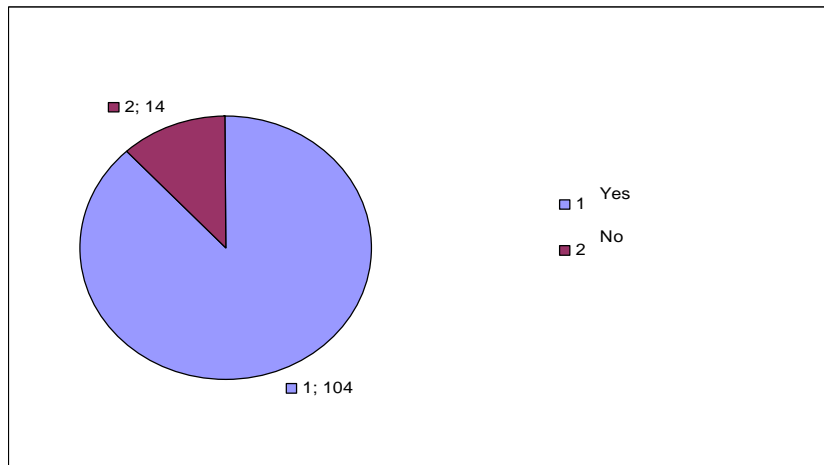


Q23. Comments on the judging criteria

- There is a misconception that awards were only available to a few hospitals or to those who know the process.
- Some members are not aware of, haven't paid much attention to, and did not know the judging criteria.
- Some members did not take time to find out, have never seen, have no opinion, and were not sure where the criteria could be found; some presume criteria is on the website.
- BC Branch should actively communicate to members what the criteria for awards are.

- Perhaps a flow diagram may be useful.
- A member felt that a competition was not adequately judged.
- Some felt that the criteria for reviewing articles should be more objective. Meta-analyses and systematic reviews have lost to editorial web-based articles. Consider using QUOROM and CONSORT to critique articles and follow standard levels of evidence scheme to reward articles with good methodology
- There is no clear criteria on the website about how the travel award winners are chosen (i.e. is it a random draw?)
- Some are not sure how the award presentations are judged
- Some would like to have awards on topics relevant to staff pharmacist (not necessarily clinical or research based projects).
- Non subjective rating scales should be used
- Resident of the year award does not reflect the best clinician as the process can be very subjective and competitive amongst evaluators. The marks are based on just a few things and the rotations are worth very little.

24. Does the CSHP BC Branch recognize its award winners adequately?



Q24. Comments on whether BC Branch recognizes its award winners adequately.

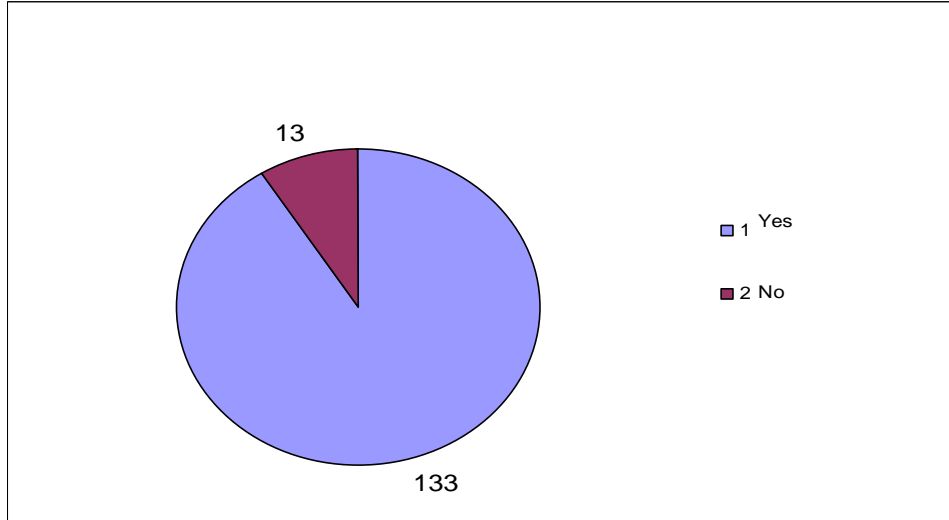
- Some members do not know, unsure, have no opinion, or have not keep track.
- Can CSHP provide information on how to apply for awards and what those awards are? There a perception that the awards are available to a few individuals or to those residing in the Lower Mainland.
- Some felt that an e-mail, a notice in a flyer with pictures, even a press release or announcement in the Vancouver newspapers would be nice. They provide important exposure for the profession and the society.
- Greater recognition at regional/local meetings, or presentations would encourage greater participation.
- Very generous sponsorship is much appreciated - allows award winners to attend PPC without having to spend much of their own money - appreciated!!

25. Suggestions for future awards

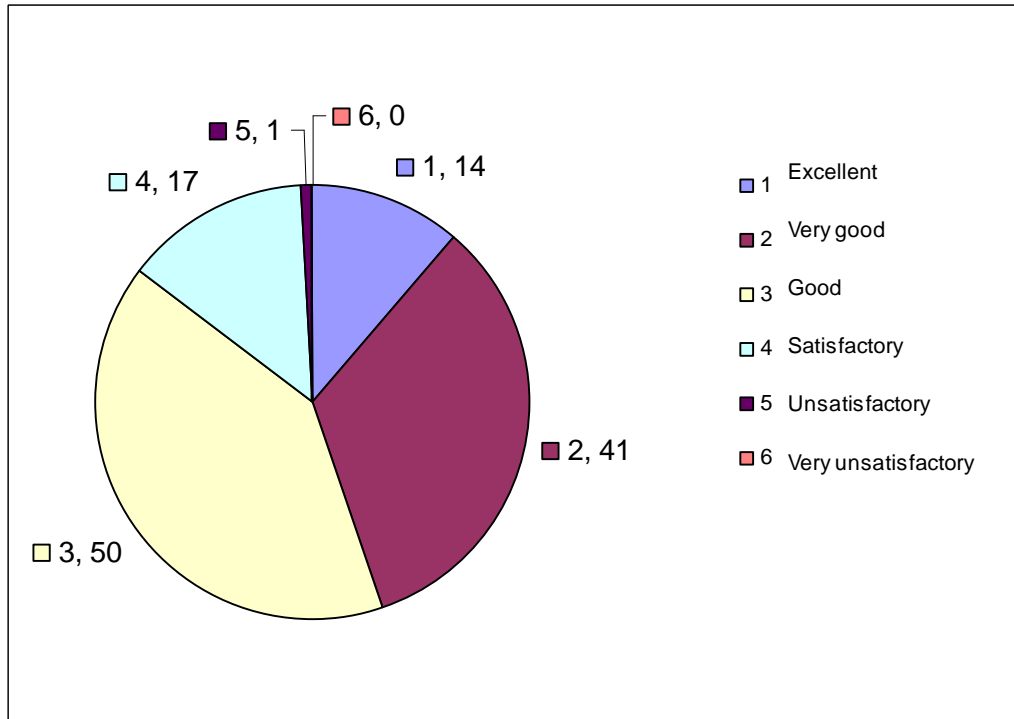
- Consider reviewing award criteria or create awards for non-teaching sites with fewer resources at hand.
- In the area of "Technological Advancements"
- An award to support pharmacists going back to school for further education (i.e. PharmD degree)
- Research Award for Junior Researcher (<5 years practice experience)

- Manager
- clinical pharmacist of the year

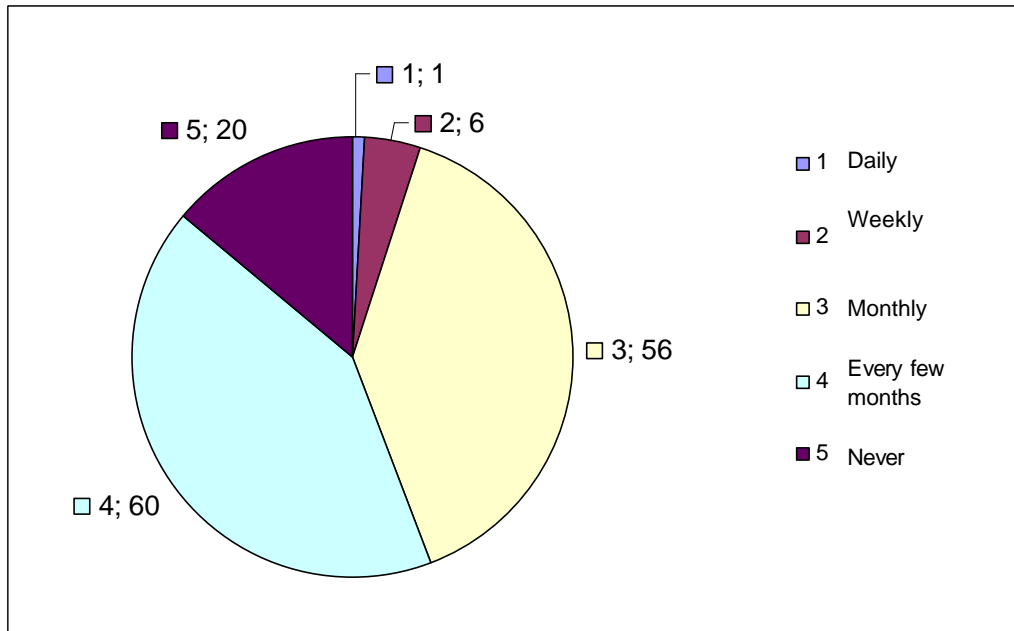
26. Are you aware of the CSHP BC Branch Web Site (www.cshp-bc.com)?



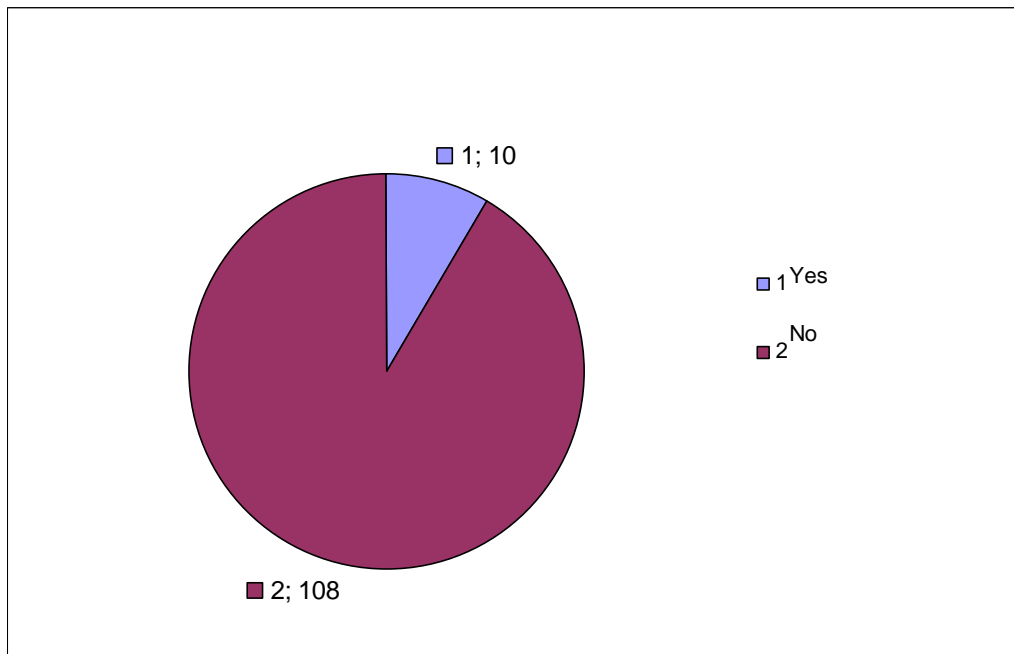
27. If you have seen the website, how would you rate it?



28. How often do you view the website?



29. Do you have any suggestions for improvements to the BC Branch website?

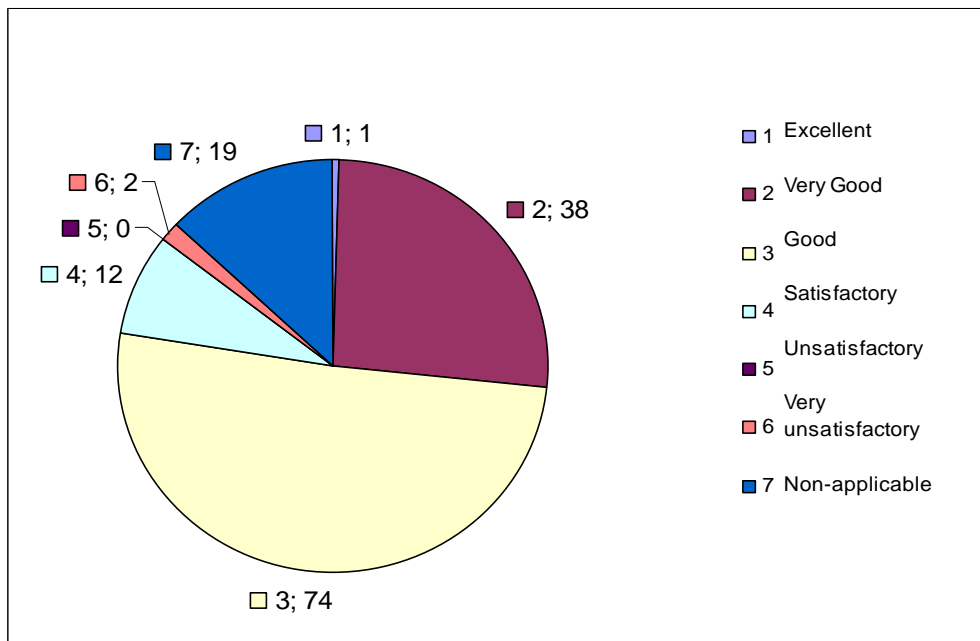


Q29. Suggestions to improve BC Branch website

- To include employment and networking
- To add CSHP standards of practice
- To add links to all provincial CSHP sites

- To add links to more relevant pharmacy websites for drug information and pharmacy administration/legislation etc
- To remove the links to drug manufacturers. This appears to be a conflict of interest to our profession.
- I like the web based application form. Excellent job!!!
- Frames
- To make CE events payable via the website or via credit card rather than having to mail in a cheque
- To put "executive meeting highlights" section on the home page, so members are kept up to date on the issues that are being addressed by the executive.
- To keep the menu of pages (news, events, and highlights) along the top even when you click into "awards".
- Excellent website! X 2
- Cannot find the branch manual on the website; perhaps the links aren't working properly.
- To provide an orientation to new members, NO MATTER WHERE THEY HAPPEN TO LIVE.

30. How would you rate the quality of the mailings/brochures of BC Branch?



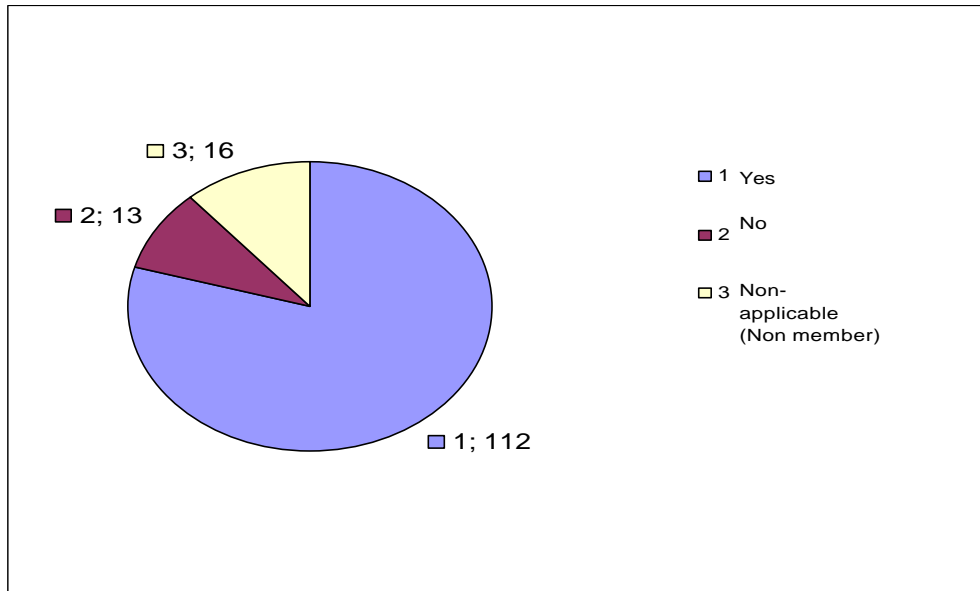
31. If you rated the mailings as less than "good", how do you think it could be improved?

- To have more innovative practice descriptions/opportunities
- To use more electronic mailings and to eliminate mail outs, at least to those members who have e-mail, to reduce wastage of valuable resources.
- Should highlight more local developments; how local funding/political climate has affected western Canada's pharmacy practices
- To have more recognition of novel pharmacy practice.
- One pharmacist has never received any.
- The mailings are either late, after the events have happened or very close to the date of the event
- Most info can be obtained from the website and e-announcements; can eliminate mailings.
- It would be useful to have profiles of various individuals practice sites to let pharmacists

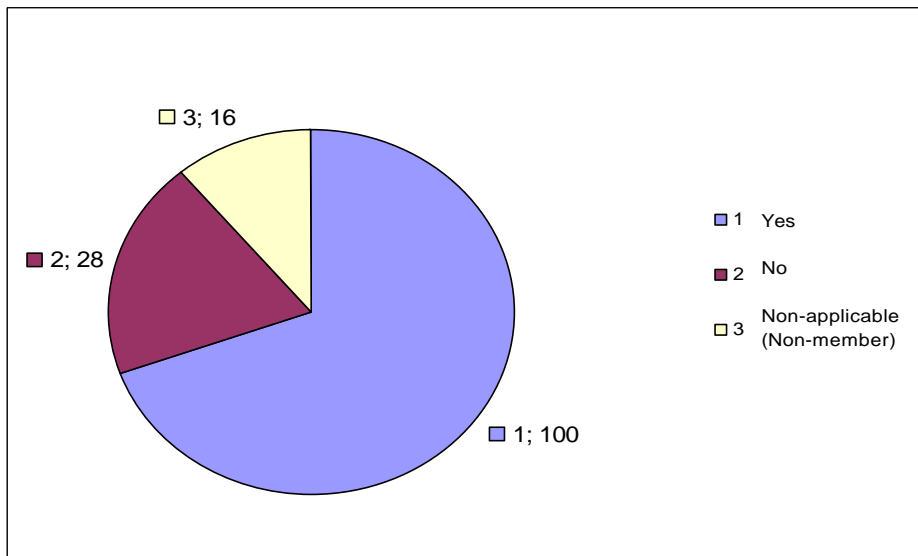
know more about innovative ideas and different types of practices.

- To eliminate job postings mail by having a postings/ad section on the CSHP website.
- To have electronic access to Medical Letter instead.

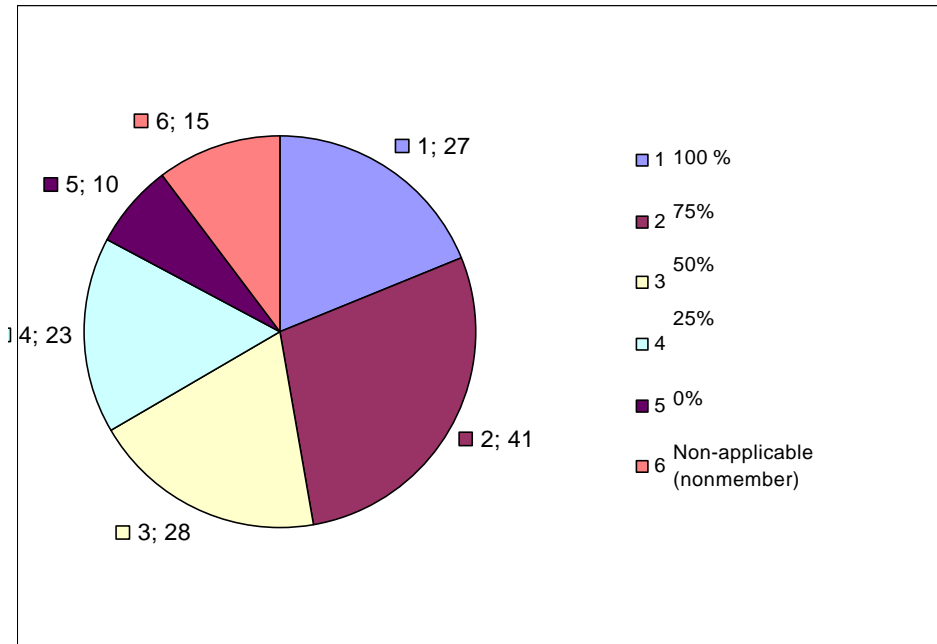
32. Do you value the E-nouncement service provided by the BC Branch?



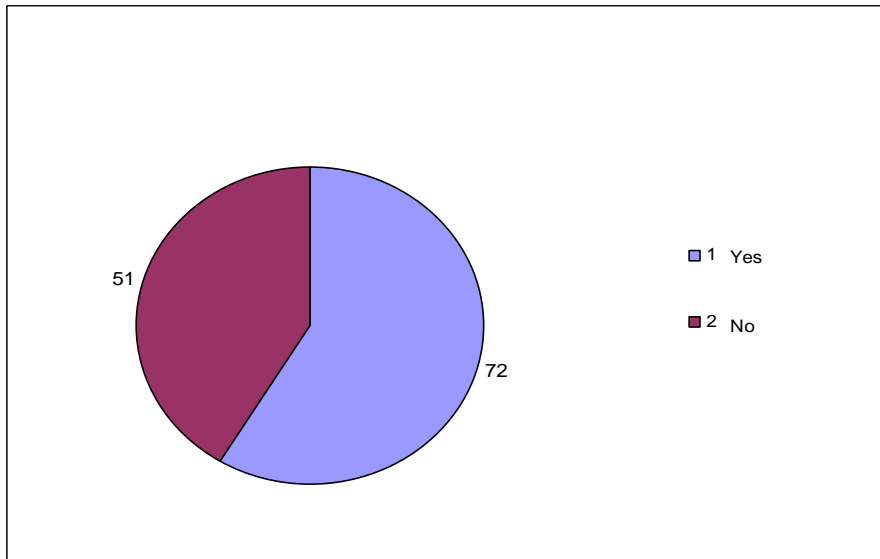
33. Do you value receiving the *Medical Letter* from CSHP BC Branch?



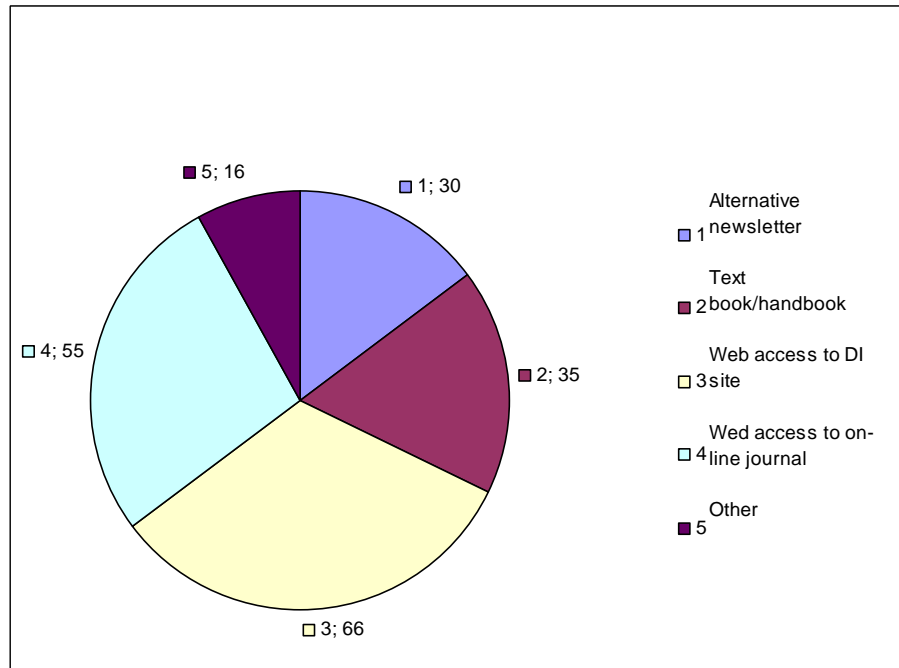
34. What percentage of issues of the *Medical Letter* do you read?



35. Would you prefer an alternative educational supplement to the *Medical Letter* as a member benefit of CSHP BC Branch?



36. If CSHP BC Branch were to offer an alternative to the *Medical Letter* as a member benefit, what would you prefer? (Please check all that apply)



Q36. Alternative benefit to Medical Letter

- The Pharmacist's Letter; web access X 10 responses
- Up to Date X 3
- AJHP
- Put it towards keeping membership dues down
- PDA data base X 4 (i.e. Sanford's guide to antibiotics; Lexi)
- Websites with useful/relevant drug info for PDAs
- Choice of Interest: e.g. Management
- Annals of Pharmacotherapy
- Epocrates Pro
- Resources for blackberry
- Handbook of clinical drug data

37. Any other comments or suggestions?

- Was not aware of capability to download handouts for CE events- will do so now
- Excellent job, the BC branch is very proactive and involved with the development and support of hospital pharmacists compared to another provinces that I moved from.
- Unfortunately, the Medical Letter mailings are late, sporadic and not always complete (missing issues). Does Medical Letter offer an on-line version of the newsletter?
- Lots of demands on time. Only so much a person can participate in. Keep up the good work.
- Video links to presentations
- Medical letter is available through Hospital Medical library. Would prefer to see Pharmacist Letter vs. Medical Letter.
- Would like more CE events on the Island - CE program in Victoria is very community based. I really enjoyed the CE event that Karen George put on in Nanaimo. I was disappointed with the turn out - particularly from Victoria!

- I have always been impressed with the standard of CE events presented by CSHP.
- Keep up the good work!!
- Thank you for the great job that you are doing.
- CSHP must get involved in the wage issues for hospital pharmacists in BC - we have fallen below everyone else in Canada and are not close to market value. Our voice within HSA is not heard - we need outside groups acting on our behalf directly to HEABC and the public/media. Alberta is actively recruiting us out of the Lower Mainland and it is very tempting due to the high cost of living.
- I thought "forever" in question 2 was funny. I presume you mean >15 years
- I would encourage discontinuing the Medical Letter and redirecting the resources into a more value added reference for pharmacist such as web access to the Pharmacist's Letter.
- Keep up the good work...if it were not for the BC Branch I would not be a CSHP member as National offers very little!
- Less midweek evening events that accessible only to Lower Mainland residents. Friday, or Sat night events could be attended by others.
- I really appreciate the commitment of the executive and all the volunteers. Thank you!
- Are many people finding the Medical Letter useful? Is it something that should be continued on with or should the money be redirected to other membership benefits? What about access to the Pharmacist's Letter?
- Wage issues are the biggest problem in BC. The union (HSA) is not very supportive of the fact that hospital pharmacists are not well paid compared with community pharmacists. HSA is not willing to negotiate a higher wage for pharmacists, and in fact, HSA is one of the biggest problems for hospital pharmacists. (I am a steward, but can't get anywhere!). I would like it if all pharmacists in BC could leave HSA and form their own union, and I wish somehow CSHP could be involved.
- Doing a great job.
- There should be incentive/certificates to completing certain education events. For example, in the banking world, once an employee completes the Canadian Securities course or certain courses in mutual funds or certifications, there is recognition in terms of promotion or pay raise. Likewise, I think pharmacists should be recognized. I know there are different "Grades" (i.e. Gr I, II, III) etc based on whether the person has a residency or Pharm D but attending certain CE events should translate to something as well. Completing CPR or ACLS or other courses should be recognized. The more we expect each other to do on our time, the less our profession will be recognized by non-pharmacists!
- If someone has a special skill it should be recognized and utilized within an institution. I think the first step of that would be some form of formal certification and titles for CE completed or courses completed. Wage increases should reflect the extra work. There should be tangible goals and purpose for attending education events to given incentive to attend.
- We do not have standards for clinical pharmacy. What is the minimum acceptable service a clinical pharmacist can provide for a patient? Profile review, discharge counseling? What is the minimum documentation of same? Chart note, pharmacy based e-record?
- Medical letter issues arrive very late. Need to improve the speed at which they are received and distributed to all of us.