From the Chair

Russell Levy

Welcome to our final formal newsletter for 2016. This is a good opportunity to thank the NSW Branch for all the activity and hard work they have done over the past 12 months for the benefit of our members. It’s been a busy year on many fronts and I am pleased to be able to reflect on the success of a number of new initiatives which we launched in 2016.

In addition to the regular monthly CEs, which continue to be a wonderful member-directed opportunity for learning, we have also been able to offer these events to the greater SHPA membership via national webinar. The establishment of NSW-specific member recognition prizes has added a little bit of extra excitement to the calendar and we congratulate Rayan Nahas, Lynn Choo and Melanie Anderson on being the first recipients of these awards. The growth in our technician representation, in both the membership and on the NSW Branch Committee, has really been a wonderful avenue for the development of the professional role of pharmacy technicians.

Also, some of the ‘behind the scenes’ activities the Branch Committee has been involved with include formulating responses on behalf of the NSW membership to requests from SHPA Federal for information related to the King Review into the 6CPA, as well as working with student organisations and universities to advocate for hospital pharmacy as a career path. Once again, I wish to thank the Branch Committee for their commitment to SHPA and the time they have spent in a voluntary capacity throughout 2016.

Best wishes for the holiday season to come,
Russell Levy

From the Editor

Kathryn Filipczuk

We are quickly approaching the end of another successful year for the SHPA NSW Branch and we have another interesting issue to keep our members informed and up-to-date. At the recent SHPA NSW Annual Branch Meeting, we had three vacancies to fill and we congratulate Jessica Pace and Amy Thompson on being newly elected to the Branch Committee, as well as Russell Levy, who was re-elected for another three year term.

In this edition, we have overviews of the SHPA Future Summit, the NSW Branch Renal Symposium and the recent Cardiology Seminar. Ross Vergios shares his views on the impact of eMEDs on Antimicrobial Stewardship and we continue our specialty practice profiles with Daniel Trajkov sharing his experience working as an eMEDs Application Manager. Deborah Kwan provides an interesting psychiatry case and the SHPA NSW Branch also welcomes our new technician observers.

We hope you enjoy reading this final issue of the newsletter for 2016 and I would like to wish you all a very happy Christmas and New Year! Stay tuned for more SHPA news and developments in our next newsletter, which will be released in early 2017!
Please click on the following links to direct you to the relevant article.

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There are lots of things happening in the technician world at the moment. Changes to branch observers, the SHPA national conference and a new technician subcommittee in the making. Never a dull moment!

We have had a few changes to the technician observer positions within the NSW Branch over the past couple of months. We have farewelled Fawn Birch, who has been a fantastic support and contributor to the branch as a fellow technician observer over the past two and a half years. Thank you Fawn, it has been brilliant working with you and I know we will continue to source your expertise and collaborate on all things technician in the future.

We opened up an expression of interest (EOI) for a technician observer to fill the vacancy on the NSW Branch. We had numerous applications and, as a result, decided to expand the positions to now have three technician observers on NSW Branch Committee. I would like to welcome Meagan Wheatley and Mark Clifford to the team. Check out their profile piece in the newsletter to get to know them a little better!

Further to the great interest from the EOI for technician observer positions, we are pleased to announce the development of a NSW technician subcommittee, which will be introduced in the coming months. We are aiming to appoint ten technicians from all around NSW, including regional and remote sites along with the metropolitan areas. The subcommittee will help us shape and direct where you, as members, want SH-PA to focus the advocacy and education opportunities for pharmacy technicians. Watch your emails for more information about the EOI and please consider this opportunity to be a part of this great new group.

The MM2016 conference program looked fabulous again this year for technicians. I caught up with many familiar and new faces whilst there. Meagan was also at the conference, so it was great to have two NSW technician observers available to network with you all.

Don’t forget about the Facebook page for technicians, ‘SHPA Technician Network Discussion Group’. This is great place to ask questions and advice from technicians from all over Australia, network remotely and see upcoming events and advertisements. As you know there are many things evolving for pharmacy technicians and assistants at the moment. If you have any questions on any of these things or other topics, please let us know. Our contact details are available through the SHPA website on the NSW Branch page.

This interactive online module was developed by the NSW Pharmacy Educators Group as a useful orientation resource for new-to-hospital pharmacists. It provides an overview of the hospital pharmacy workplace and takes about 90 minutes to complete. Pharmacists can claim CPD credits to comply with the Pharmacy Board CPD registration standard.

Information is provided to help newly employed pharmacists to navigate around the wards by explaining common duties undertaken by clinical pharmacists at the interfaces of patient care, with terminology such as ‘medication reconciliation’ clearly defined. Our new staff will be able to interact more easily with ward staff by understanding the role of other healthcare professionals involved in the management of medications in hospitals and by outlining the responsibilities of hospital pharmacists.

This module is available to all employees of NSW Health, using their hospital 8-digit Stafflink ID and password to log in. Just use the search function on the HETI database using ‘pharmacist’ as a keyword or search by browsing the catalogue in the ‘orientation’ category.
eASY – Electronic Antibiotic Stewardship System
Pharmacy Department, Dubbo Health Service
By Ian Mawbey – Chief Pharmacist, Dubbo Health Service

Dubbo Health Service was chosen as a pilot site by the Western NSW LHD Executive to facilitate the rollout of the eASY project. This form of antimicrobial stewardship differs significantly from previous antimicrobial governance in our health service as the eASY project is an electronic intranet based decision support system for:

• prescribing antimicrobials
• monitoring of antimicrobial utilisation
• providing online information to assist prescribers
• improving antibiotic management and therefore patient care by optimising safe and appropriate use of antimicrobials.

This project has proven to be sustainable in this rural health service by harnessing the power of team work, open communication and technology. By operating within the existing health framework, this project has had minimal impact on existing resources to the facility with improvements to the patient experience both therapeutically and financially. For example:

From September 2014 to November 2015:

• compliance with antimicrobial prescribing guidelines has increased from 55.2% to 57.8%
• the assessment of antimicrobial appropriateness increased from 75.9% to 81.3%

• the documentation of indication has increased from 67% to 90%
• the percentage of patients where surgical prophylaxis was given > 24 hours decreased from 37% to 0%

eASY:
• Improves communication between the clinical staff involved in the use of antimicrobials by improving accessibility to infectious disease specialists who may be remotely located.
• Streamlines processes for accessing selective antimicrobials for inpatients while simultaneously involving subject matter experts i.e. the ID physician and pharmacists directly and indirectly.
• Provides specific prospective and broad retrospective feedback on antimicrobial prescribing to prescribers and the organisation. The ID physician accepts or declines a request and this notification is sent to the prescriber.

Engaging multidisciplinary clinicians has significantly improved the standard of care offered in a timely manner due to improved communication between prescribers, pharmacy and the ID physician regarding antimicrobial prescribing. The initiative embeds respect for everyone's contribution to patient care with the underlying aim to fine tune antibiotic utilisation with respect to efficacy, toxicity, resistance-induction, cost and discontinuation. The project was showcased at the Western NSW LHD Health and Innovation Awards 2016 and was presented with the Collaborative Team Award.
SHPA Future Summit – a forum for ideas, innovation and inspiration

By Daniel Trajkov – eMM Application Manager, Sydney Children’s Hospitals Network (Westmead Campus)

The third annual SHPA Future Summit held in Melbourne at the end of July this year proved to be a highly successful event, progressing ideas to innovations and opening invaluable networking opportunities. The two-day program brought together over sixty delegates from across the country selected from an application process to contribute their insights, knowledge and expertise in one of three workshop streams:

- Stream 1 – Business cases to create new pharmacy services
- Stream 2 – Mentoring program for pharmacists
- Stream 3 – Evolving pharmacy workforce in the digitalised healthcare system of the future

Each of the summit streams were comprised of discussions and activities in a workshop setting, allowing delegates to engage in detailed, robust discussion and development of ideas relevant to their stream. Given my involvement in developing and implementing electronic medication management (eMM) as part of my role at The Sydney Children’s Hospitals Network, I was fortunate to be able to participate in the third stream, focusing on preparing the pharmacy workforce for the digital future of healthcare. One of the innovations crafted in this stream was the concept of an ‘eMap’ – a detailed graphical tool designed to depict the medication management cycle in the context of implementing eMM. The tool would be used to explain to key stakeholders and hospital executives the infrastructure, technology and human resource requirements relevant to each stage of the cycle when implementing and optimising an eMM system to varying tiers of sophistication. This stream also devised a framework for defining novel pharmacist roles in the digital healthcare era, including clinical informatics roles and those focused on database management, as well as business optimisation and development.

At the conclusion of the program, the first stream presented a comprehensive toolkit designed to assist pharmacy departments in developing business cases for new pharmacy services, as well as the concept of a repository to enable sharing of business cases between pharmacy departments who seek to pursue similar novel services. Stream 2 developed a detailed model of a mentoring program for pharmacists who wish to transition to non-clinical and leadership roles within their organisation. The model included a proposal for a pilot program to commence in 2017. To support ongoing development and fruition of the innovations of the third Future Summit, a ‘champion’ or leader from each stream was nominated to progress developments and engagement beyond the two-day program.

It was very pleasing to see a large representation of early career pharmacists at a national event of this calibre. As an early career pharmacist myself, being provided the opportunity to engage in such important and influential discussions with leaders of the pharmacy profession was invaluable and is a positive reflection upon the organisational culture of SHPA. I would strongly encourage pharmacists of all levels of experience to apply for the next Future Summit should they find an interest in the streams offered – I decided to ‘have a go’ and apply and was genuinely surprised to have been selected to participate. This forum provides unique opportunities to network with like-minded peers of the profession from around the country and, most importantly, contribute ideas and insights towards shaping the future of the pharmacy profession and ‘challenging the status quo’.

Photo (left to right): Sasha Bennett, Prof Michael Dooley, Kristin Michaels, Dr Lisa Pont and Russell Levy
Lectures Overview

By Luke Harb – SHPA NSW Branch Intern Observer 2016 (Royal North Shore and Ryde Hospital)

On Saturday 16 July, the SHPA NSW branch held its annual Symposium at the University of Sydney. This year’s theme was Renal Medicine. The lecture series were delivered by a host of knowledgeable experts in renal medicine across Australia. The day started off with two lectures from Associate Professor Darren Roberts, a nephrologist at Canberra Hospital and a Clinical Pharmacologist and Toxicologist at The Royal Prince Alfred Hospital in Sydney. A/Prof Roberts’s first talk “Diagnosis to Dialysis (and beyond)” covered topics such as hypertension and type 2 diabetes as risk factors for CKD, as well as the types of renal replacement therapy, illustrated through the real-life journey of one of his patients. A/Prof Robert’s second talk focussed on the aetiology and management of Acute Kidney Injury, again illustrated through five interesting case studies. The third talk of the day was delivered by Dr Brian Nankevill from Westmead Hospital, who gave a detailed overview of various issues regarding renal transplantation, including the types and management of renal graft rejection, as well as an explanation of the complexities and complications of triple immunosuppressive therapy.

The final lecture was a poignant summary of supportive and palliative care in patients with end-stage kidney disease. This lecture was given by Dr Frank Brennan from the Nephrology Department at St George Hospital, who covered topics ranging from the ethics of dialysis for supportive care, to the management of unique symptoms such as uremic pruritis in patients with chronic kidney disease. I walked away from the seminar with a host of new knowledge which I hope to build upon throughout the rest of my internship and in my early career as a pharmacist. One of the most useful things I took away from the seminar was how to promptly identify acute kidney injury: a doubling of the serum creatinine from baseline is a good sign of such injury, even if the creatinine is still within the “normal” range on our pathology viewer!

Workshops Overview

By Michael Quach – SHPA NSW Branch Intern Observer 2016 (Sutherland Hospital)

On the afternoon of Saturday 16 July at The University of Sydney, guests of the SHPA NSW Branch Renal Symposium were treated to a series of back-to-back workshops from prominent pharmacists in the specialised field of renal pharmacy. Here, members were able to exercise their clinical judgement and apply material from the morning’s lectures to situations commonly faced by pharmacists.

Marc Grimer, a Renal Specialist Pharmacist from John Hunter Hospital, delivered a dynamic session on managing patients with chronic renal failure with an inpatient focus. Guests were presented with a patient’s history and their National Inpatient Medication Chart, and were expertly directed by guided questions which provoked thought and raised considerations pharmacists reviewing charts would commonly experience. The audience actively participated and were challenged to ask questions in order to gain further insight into the patient’s condition and uncover medication related problems. This hands on approach allowed pharmacists from all levels of experience, including pharmacy students, to engage and stretch their clinical reasoning skills with much satisfaction.

Ceridwen Jones, Renal Specialist Pharmacist of Royal Prince Alfred Hospital, provided insight to drugs used in dialysis and how this affects the pharmacokinetic properties of medicines. The audience were treated to her insight into recommendations pharmacists can offer patients and other clinicians relating to medication management including timing and dosage adjustments. Elaine Chan, Renal Specialist Pharmacist of Westmead Hospital, in her workshop titled ‘Transplant medication education – Are they learning from us or do we need to listen to them?’ encapsulated the balance between conducting a succinct patient education session and providing adequate detail tailored to an individual patient. Her abundant experience counselling patients on complex transplant medication regimens highlighted the practical challenges and her unique approach to patient education in this situation provided quality advice to pharmacists with an interest in this area.

The infectious enthusiasm of participants and presenters alike made for a successful symposium with much positive review. Those with more thirst for knowledge or who missed out on this symposium can look forward to next year’s Medicines Management National Conference in Sydney.

Photo: Rayan Nahas (left) and Sasha Bennett (right)
SHPA's ‘How to get a job in hospital pharmacy’
Information Night

By Clare Naughtin – Student Observer, SHPA NSW Branch Committee

SHPA’s annual “How to Get a Job in Hospital Pharmacy” evening was a great success. Held on the 3rd August at the University of Sydney with Sydney University Pharmacy Association (SUPA), the event aims to provide a perspective on the daily activities applicable to a Hospital Pharmacist.

With the NSW Hospital internship applications in full swing, the event also provides an opportunity for students to receive application and interview advice. Over 100 students were in attendance from both University of Sydney and University of Technology Sydney. Additionally, a webinar was made available to students at regional sites; University of Newcastle, University of New England and Charles Sturt University.

Dr Lisa Pont began the event with an overall introduction to the clinical activities central to hospital pharmacy. Dr Pont also discussed opportunities SHPA provides to students, including the recent free student membership initiative. She also provided a brief overview of SHPA’s exciting residency program rollout, which provides a formal experiential training program that aims to expand the scope of pharmacy practice within hospitals.

Intern Pharmacists Luke Harb from Royal North Shore and Michael Quach from Sutherland Hospital gave an insightful overview of what to expect throughout the Intern year, as well as tips on meeting the demands of the Intern Training Program. In particular they highlighted rewarding aspects of the year, including working with specialist pharmacists and eventually being responsible for their own ward.

David Luo from Westmead Children’s Hospital outlined the upcoming Electronic Medication Management roll out, particularly the features that reduce preventable adverse drug reactions and the possibilities available within PowerPlan. Through discussing his role in implementing eMM, David provided a perspective of alternative pathways available within the hospital setting.

Jenny Le from Royal North Shore Hospital followed with a firsthand perspective of transitioning between community and hospital pharmacy. Her story provided a great sense of relief that the prospect of a Hospital career is not limited to those that receive Hospital Intern positions. Additionally, as a clinical trial pharmacist Jenny provided insight into research opportunities available post university studies.

The SHPA Vice-Chair, Peter Barclay, from the Children’s Hospital at Westmead and Chair, Russell Levy, from Royal Prince Alfred Hospital provided a Director of Pharmacy perspective on the overall selection process. Useful tips on constructing cover letters, responding to selection criteria and expectations during an interview satisfied the enthusiastic audience.

Overall, the evening was a great success with many students expressing gratitude for advice during the application process. The overwhelming interest shown towards Hospital Pharmacy is encouraging for the future development of the profession. On behalf of pharmacy students – thank you SHPA for holding such an insightful and encouraging event!
By Fallon Grieve

Sydney played host to the Society of Hospital Pharmacists of Australia (SHPA) Cardiology Seminar on a delightfully sunny weekend in August 2016. The seminar was centred around the subjects of acute coronary syndrome, arrhythmias, heart failure and lipid management and attendees were fortunate to gain valuable insight on these topics from both local and interstate cardiology experts. It was the first time Sydney has hosted the Cardiology Seminar and it was great to see so many NSW, ACT and interstate pharmacists present.

The format of the Cardiology Seminar was a series of morning lectures, followed by small interactive group workshops after lunch. Day one saw Dr Steve Vernon, a Cardiology advanced trainee (AT) from Royal North Shore Hospital (RNSH) reviewing the intricacies of acute coronary syndrome. With the updated Australian Clinical Guidelines for the Management of Acute Coronary Syndromes 2016 hot off the press merely a week prior to the seminar, it was an exciting time to be discussing ACS! Stents and valves were on Dr Goran Mitric’s radar, as the Cardiothoracic AT from Queensland provided a succinct synopsis of cardiac surgery. Dr Usaid Allahwah from RNSH finished off the morning session with an overview of arrhythmias, from RACE to RELY and everything in between.

Sunday’s lectures included an extensive overview of heart failure pathophysiology and pharmacological management by Westmead Hospital physician Dr Ehsan Khan. This included an in-depth decision of the new neprilysin inhibitors. Dr David Sullivan from RPAH finished off the morning with an intensive overview of lipid management.

In the afternoon workshops - facilitated by cardiology pharmacists from across the country - we were introduced to Harold, a 54 year old engineer. Throughout the course of the weekend, Harold’s health declined in a series of unfortunate events; a STEMI, followed by a diagnosis of AF, heart failure and complex lipid management. But it wasn’t all bad news for Harold! Small group discussions allowed us to debate the benefits and disadvantages of Harold’s treatment options with experienced tutors. By the end of the weekend, Harold’s medications had been optimally adjusted to ensure his morbidity and mortality risk was reduced substantially and his treatment choices were based on current evidence based practice recommendations.
The Influence of eMEDs on Antimicrobial Stewardship at Prince of Wales Hospital

By Ross Vergios – Guidance MS Administrator, Antimicrobial Stewardship Support Pharmacist, eMEDs Support Pharmacist

In order to help guide responsible antimicrobial prescribing and meet Standard 3 – Antimicrobial Stewardship (AMS), the South Eastern Sydney Local Health District, Illawarra Shoalhaven Local Health District and the Sydney Children's Hospital (Randwick) decided to implement Guidance MS in July 2012. Although Guidance MS has been well received, some clinicians find it difficult to incorporate electronic tools in paper-based clinical workflows. In order to obtain approvals for restricted antimicrobials, doctors have to interrupt their ward rounds to find a computer, log into Guidance MS, work through the relevant algorithm and transcribe the approval number onto the patient’s physical medication chart. This process is cumbersome and often left as an after-thought at the end of ward rounds (after major prescribing decisions have already been made). In a majority of cases, ward pharmacists are relied upon to monitor patients and create “Pharmacy Alerts” to flag orders that don’t have a valid approval.

Antimicrobial Stewardship at Prince of Wales Hospital has changed considerably since eMEDs was first introduced in October 2015. Since the rollout was completed in May 2016, the total number of approvals obtained through Guidance MS has increased by 54%, from an average of 536 approvals per month (Jun to Sept 2015) to an average of 825 approvals per month (Jun to Sept 2016). Similarly, the number of Pharmacy Alerts recorded in Guidance MS has also declined by 66%, from an average of 363 alerts per month (Jun to Sept 2015) to an average of 123 alerts per month (Jun to Sept 2016). The stand-out performer has been the Emergency Department where there was a limited uptake of Guidance MS prior to the introduction of eMEDs. Since May 2016, the average number of approvals obtained by ED physicians each month has increased by 730% compared to the same period last year. This demonstrates the positive impact eMEDs has had on increasing awareness of Antimicrobial Stewardship and Guidance MS at the point of prescribing across the hospital, while also reducing reliance on pharmacists to prompt doctors to obtain approvals retrospectively.

The eMEDs team has introduced several strategies to maximise the uptake of Guidance MS, such as incorporating a pop-up alert with an external link to Guidance MS that appears each time a restricted antimicrobial is prescribed. The “Approval Number” and “Indication” fields are also mandatory and must be completed before new orders for restricted/highly restricted antimicrobials can be electronically signed. By encouraging doctors to utilise Guidance MS at the point of prescribing, the POW Antimicrobial Stewardship team is now able to focus more attention on auditing and education activities rather than following up on unapproved antimicrobial orders.

A Pharmacist’s Perspective on eMEDs

By Ibrahim Hamad – Respiratory/Infectious Diseases Pharmacist, Prince of Wales Hospital

eMEDs has made a huge impact on my daily practice. Apart from the obvious benefits of not having to take charts back to the pharmacy to be dispensed and being able to clearly read all medication names, eMEDs allows us to maximise our efficiency on the wards. For example, now we can document a patient’s medication history in one place that can be accessed by all members of the multidisciplinary team. It’s also very easy to keep track of all the changes that have been made over multiple admissions. It took me a bit of time to get used to the whole process of verifying prescribed medications and monitoring administered doses, but I can’t imagine ever using paper charts again. Overall, it’s really hard not to appreciate the enormous benefits that eMEDs brings.

Photo (left to right): Dr Kate Clezy (Infectious Diseases Staff Specialist and Director of Infectious Diseases, Prince of Wales Hospital), Ross Vergios (Guidance MS Administrator, Antimicrobial Stewardship Support Pharmacist, eMEDs Support)
Clinical ‘Hot’ Case

By Deborah Kwan – Clinical Pharmacist, Westmead Hospital

Clozapine is an effective antipsychotic for the management of treatment-resistant schizophrenia. All patients taking clozapine are registered at an approved clozapine monitoring service, where ongoing monitoring is required for the detection of neutropenia and agranulocytosis. However, a range of cardiac disorders has been associated with the use of clozapine, the most serious being myocarditis and cardiomyopathy. Myocarditis is most commonly observed early in treatment.

CASE STUDY:

A 30-year old man with treatment-resistant schizoaffective disorder was re-challenged on clozapine after having previously ceased therapy due to suspected myocarditis.

Psychiatric Background: Anxiety, schizoaffective disorder (diagnosed at age 18) characterised by Capgras delusions, auditory hallucinations and psychotic symptoms involving religious themes.

Drug and alcohol history:

Past: Heavy use of cannabis, up to 1 bottle of spirits in one sitting.

Present: 1 standard drink per night, 40 cigarettes per day.

2014 (First attempt): Clozapine was titrated up to 50mg in the morning and 150mg at night with good response. At around Day 14 of therapy, the patient was admitted to hospital with chest pain, vomiting, diarrhoea and shortness of breath. An ECG demonstrated widespread ST elevation and cardiac biomarkers were moderately raised (troponin 82, C-reactive protein 53). An ECHO showed LVEF to be 55%. Myocarditis was suspected and clozapine was subsequently ceased. A quick recovery was observed over the following 5-7 days.

After a series of failed trials of various antipsychotics and an attempted suicide in February 2016, the patient was admitted to hospital in order to re-challenge clozapine. At the time of admission, his current medications were: haloperidol 10mg nocte, haloperidol decanoate depot 50mg IM every 4 weeks, sodium valproate 500mg mane/1000mg nocte, diazepam 2.5mg mane/7.5mg nocte, fish oil 2g mane and multivitamin 1 tablet mane. Pre-clozapine workup included: baseline echocardiogram (ECHO), full blood count (FBC), erythrocyte sedimentation rate (ESR), C-reactive protein (CRP) and troponin, all as per the cardiology team.

The re-challenge: Clozapine was titrated from 12.5mg daily, up to a dose of 200mg nocte over a period of two months. Sinus tachycardia was observed during the first week, but resolved with a slower up-titration of the dose. Repeated progress ECHOs showed no change to baseline (LVEF ~67%), and cardiac biomarkers did not elevate during the titration period. Marked eosinophilia was noted and reviewed by the immunology team, but was transient and self-resolved without any accompanying signs and symptoms of myocarditis. Psychotic symptoms improved significantly and the patient successfully went on several weekend leaves with family. Diazepam was weaned and the haloperidol depot was ceased. All other medications remained unchanged. Oral haloperidol was continued at the same dose for augmentation and to allow for the lowest possible dose of clozapine to be used. Education regarding the consistency of smoking status was given. The patient was discharged with a plan to follow up with his GP for continual monitoring of bloods and cardiac status (e.g. ECG, ECHO).

Conclusion: A clozapine re-challenge is possible in those who have previously developed myocarditis, but must be conducted under close inpatient supervision alongside the expertise of relevant disciplines such as psychiatry, cardiology and, in this case, immunology teams.

Disclaimer: This is a clinical case for the purpose of interest only. It is not intended as a guideline for therapy or future practice.
International Pharmacy Perspective

By Henri R Manasse Jr, PhD, Sc.D. (Hon), FFIP – Visiting Professor, University of Technology Sydney, Graduate School of Health

REFLECTIONS OF MY MONTH OF OCTOBER 2016

Through a competitive grant program offered by the University of Technology Sydney (UTS) and, at the invitation of Professor Charlie Benrimoj, I’ve had the pleasure and privilege for the past month to be a Visiting Professor in the Graduate School of Health. This extended stay has allowed me to be tourist, observer, discussant and participant in the beauty of Sydney and its environments, as well as several hospitals and multiple pharmacy organisations. To say the least, the visits and discussions have been personally enriching and extremely informative.

While I have been retired since 2012, I still maintain my connections with the American Society of Health-System Pharmacists (ASHP), where I served as their Chief Executive Officer for sixteen years. Before my coming to ASHP, I had been Professor, Dean and Vice President for Health Sciences at the University of Iowa and the University of Illinois in Chicago over the course of twenty-eight years. So, it is no secret that I experienced my month in Sydney and UTS through the lens of many decades of involvement in pharmacy education and hospital pharmacy practice in the United States.

But it did not take very long for me to realise how different our two countries are, even though we mostly speak a common language. Through the hospitality of the faculty in the pharmacy program at UTS, I learned about the 6th Pharmacy Agreement, the global budgeting of hospitals and pharmacy departments, the educational degree offerings in pharmacy, the work of several charitable organisations with interest in medication use, the developing paths to advanced practice, the ‘pre-reg’ year, licensure requirements and other nuances of the Australian educational and health care services system. John Bell and Paul Sinclair were patient teachers for me about community pharmacy practice and its relationship to governmental policy and financing in Australia.

As part of my stay in Sydney, I also presented lectures to the undergraduate students, the faculty and Ph.D. students and, last week, a webinar to the Sydney Branch of the Society of Hospital Pharmacists of Australia. My focus in these presentations was interdisciplinary education and practice, as well as challenges and issues related to the future of hospital pharmacy practice. Central to these presentations were my views of the necessity to have contemporarily relevant and clinically-focused educational and training programs at our universities in order to deliver the scope, quality and competent pharmacy services that our patients and collaborating health professionals need and deserve. I also stressed the need to have a solid grip on a desired future of our profession as it navigates the complexities of advances in science, introduction of new technologies, demands for competence in clinical practice and resiliency to the ever-changing health system’s policies, financing and organization. I hope that I can continue my discussion with my Australian colleagues on these matters.

Even though I have lived in large American cities most of my life, I so much enjoyed the great public transportation system of Sydney, its friendly people who helped with my way-finding, the beautiful harbor areas and astounding beaches and of course, the Taronga Zoo, where I learned a lot about the unique Australian animals, birds and fish species. I’ve decided that I could live here! But my month of visiting is coming to an end and I now must subject myself to a twenty hour airplane ride and a sixteen hour time change. A big THANK YOU to all of you who have made my visit both memorable and enriching!
**Spotlight on Specialty Practice**

**Daniel Trajkov** – eMM Application Manager, Sydney Children’s Hospital Network (Westmead Campus)

**What is your role at your hospital/site?**
I am currently an eMM Application Manager within the eMR Unit of The Sydney Children’s Hospital Network, Westmead Campus. At a high level, my role encompasses management, maintenance, application support and, most importantly, further optimisation and development of the eMedication Management (eMM) system at The Children’s Hospital at Westmead (CHW).

**Describe a typical day of work at your site.**
A typical day in my role often involves liaison and consultation with various clinical disciplines and departments across the hospital on new design and system build, such as clinical protocols, infusion sets and order sentences. Implementing these system changes is also a core part of my role, including design, testing and build tasks. Alongside optimisation and development activity, I troubleshoot any system issues which may arise and respond to more advanced application support requests from our IT service desk. Consultation and liaison with clinical governance bodies, such as the medication safety committee, and non-clinical stakeholders, such as IT services, is an essential part of my day-to-day work. While the role may appear somewhat technical and system-oriented, application of clinical pharmacy knowledge and medication safety principles is core to all its elements.

**How did you come to work in this area?**
I became involved with the eMM implementation project at CHW at the beginning of February 2014, following completion of my intern year, in a joint clinical-project analyst role. I continued my involvement in this pioneer project through to its completion in 2016 and decided to join the eMR Unit in my current role, as I saw the exciting potential and opportunities that presented with this dynamic role to further develop and enhance the eMM system at CHW.

**What are the key challenges in this area of practice?**
Within this area of practice, as the medication process specialist, you are frequently required to also delve deep into medical and nursing practices which often presents as a challenge. In addition, we are yet to develop advanced practice or competency frameworks to help define and guide the specialist roles for pharmacists within the eMM and eHealth space. Importantly, maintaining currency of clinical knowledge and experience will continue to be a challenge for pharmacists in this field and should be encouraged where possible.

**What is the most satisfying part of your work?**
The most satisfying element of my role is working closely with medical, nursing and pharmacy professionals to not only improve safety and efficiency in medication management processes, but also introducing innovation on a hospital-wide scale – it is all about ‘challenging the status quo’ and introducing novel approaches to clinical activities. Being in a dynamic role where I often have to explore the unknown and challenge my own thinking is what gets me out of bed each working day.

**What resources do you find particularly useful?**
The challenge that I’m often faced with is the lack of resources and references relevant to this area of practice. One of the most useful tools has been communication and engagement with other pharmacists involved in the eMM space across the country using the SHPA eMM Discussion Board, the Australian Medication Innovations Council and other networking platforms. Learning from the experiences of others is often the most useful resource in this role.

**Advice to anyone interested in working in this area of practice.**
Stepping into the eHealth and eMM world is absolutely challenging – you are faced with a steep learning curve which seems to never end. This area is continuously evolving and allows pharmacists who are particularly process-driven to apply their clinical knowledge and experience with medication management processes in an implementation project environment and also within application support and development. After completing my intern year a few years ago, I never imagined I would be where I am today. I would strongly encourage pharmacists with a passion for process innovation to take up an opportunity in the eHealth space as they arise.

**What do you see as the future of practice in this area?**
As the novelty of eMM begins to normalise and become embedded within the ‘day-to-day’ of clinical care and well-established implementation models are instituted, the role of specialist pharmacists in this field will expand towards the adoption of newer technologies. Within the next decade, pharmacy dispensing robotics, unit dose dispensing and digitalised sterile manufacturing are likely to become prominent. Outside of the pharmacy practice space, I think this specialist role will be instrumental in ‘smart’ infusion pump integration, bedside scanning and developing interdisciplinary plans of care within the electronic medical record. I also believe the potential for research utilising data from eMM systems should be explored further, as the possibilities are almost limitless.
Welcome to the NSW Branch Committee

Mark Clifford - Technician Observer

Tell us a bit about yourself?
I migrated to Australia from the UK five years ago and now live in the Blue Mountains. While in the UK, I worked in community pharmacy primarily involved with Webster packs. It was only when I moved to Sydney that I began working in hospital pharmacy. I’m now the Senior Pharmacy Technician for Sterile Suite Production at Westmead Hospital.

What motivated you to get involved with the SHPA?
The opportunity to network with fellow technicians as well as the ongoing professional development support and CE sessions enable me to keep up-to-date in areas outside of sterile production. Having seen the development of the technician role in the UK and knowing what the SHPA are currently doing for technicians, it seemed the best time to join and become more involved with this organisation.

Where do you see our profession in 10 years and how do you see the role of technicians evolving?
Pharmacists should be freed up from the pharmacy allowing more time on the wards – complete the clinical check in the pharmacy then handover to the technicians in the day-to-day running of the pharmacy process, as they do overseas. Technician development must lead to some form of registration or accreditation for this to happen – include accuracy checking, med reconciliation etc. The SHPA Technician Role Redesign project has been great and is hopefully only the start.

What are your professional interests?
Anything involving sterile or cytotoxic production. Outside of this I really enjoy the education side of my role – training new staff and giving them a new skill set is always rewarding.

What was your first job?
Pharmacy! I was 15 when I started out as the part-time Saturday shop assistant and progressed from there. Twenty years and a few detours later I’m still in the profession.

If you weren’t working in pharmacy, what job do you think you would be doing?
Probably something in adult education – I trained as a high school teacher but adults are much easier to teach than kids.

Meagan Wheatley - Technician Observer

Tell us a bit about yourself?
I am currently working at Royal North Shore Hospital in a maternity relief position as the Chief Pharmacy Technician. I have worked in hospital pharmacy for 8 years. I started working at Manly/Mona Vale hospital as a pharmacy assistant and then moved to RNSH where I completed Certificate III and IV in Hospital Pharmacy Health Support and became a senior pharmacy technician. I have a 6 month old border collie named ‘Arrow’ who takes up majority of my time outside of work, but I also enjoy crossfit, rock climbing and spending time with family and friends.

What motivated you to get involved with the SHPA?
I have been a member of the SHPA since 2014. SHPA provides wonderful support and advocacy for pharmacy technicians and is working towards furthering our future in healthcare. One of my primary reasons for being involved with the SHPA is to contribute to shaping the role of technicians in the future.

Where do you see our profession in 10 years and how do you see the role of technicians evolving?
With the advent of new cutting edge technology and medical advances, the role that pharmacy plays in the patient journey has the scope to be constantly evolving. In the next 10 years, I would hope to see registered pharmacy technicians, technician run service areas, pharmacists prescribing medications and pharmacists and technicians having more clinical input.

What are your professional interests?
Since working at Manly hospital and meeting the oncology pharmacist ‘Niamh’, I have wanted to learn more about cytotoxic/hazardous aseptic compounding. When I commenced working at RNSH, I was given the opportunity to learn how to compound aseptic products. I am now one of the core trainers in aseptic compounding at RNSH and love it!

What was your first job?
When I was 14, I got a job as a casual pharmacy assistant in a small community pharmacy in Forestville, working weekends and Thursday nights.

If you weren’t working in pharmacy, what job do you think you would be doing?
I am extremely hands-on and creative, from making clothes to baking, drawing and designing. I imagine I would be somewhere in the design field – maybe an architect!
The monthly continuing education sessions at Concord Hospital continue to be well attended by members who welcome the opportunity to network with colleagues in the context of a quality educational evening. We can look forward to a program of interesting and engaging presentations for the remainder of the year, and we encourage all members to endeavour to attend if possible. The introduction of the SHPA webinar facility has allowed rural and regional members to participate live sessions as sessions unfold. In addition to improving access to CE for non-metropolitan members, webinars are also facilitating networking at regional sites.

### Fourth Wednesday of each month

Email alert with topic details sent to members prior to meeting

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
<th>Venue</th>
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<tr>
<td>November 30th 2016</td>
<td>Big Pharma</td>
<td>Dr James Hardy</td>
<td>Concord Hospital</td>
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<td>February 22nd 2017</td>
<td>Critical Care</td>
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<td>March 22nd 2017</td>
<td>Psychiatry</td>
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<td>April 26th 2017</td>
<td>Infectious Diseases</td>
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<td>May 24th 2017</td>
<td>Paediatrics</td>
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**Time:** 7.00 – 8.00pm (refreshments served from 6.30pm)

**Venue:** Auditorium, Medical Education Centre, Concord Hospital, Hospital Road, Concord NSW (entry is direct from Hospital Road via gate 3 – not through main hospital entrance).


**Cost:** Free for all SHPA members and students (please bring your membership/student card)

$40 for all non-members – Membership will be checked

**RSVP:** Not required.

**Contact:** David Luo (david.shpa@gmail.com)
Continuing Education in 2016

Upcoming SHPA Seminars

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<tr>
<th>Seminar</th>
<th>Date</th>
<th>Location</th>
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<tr>
<td>Foundation Seminar in Clinical Medication Management</td>
<td>17 February 2017</td>
<td>Melbourne, Vic</td>
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<tr>
<td>Foundation Seminar in Clinical Pharmacy Practice</td>
<td>31 March 2017</td>
<td>Sydney, NSW</td>
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Other Upcoming Conferences

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<tr>
<th>Symposium</th>
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<th>Location</th>
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<tr>
<td>SHPA Medicines Management 2017: 43rd SHPA National Conference</td>
<td>TBA – November 2017</td>
<td>International Convention Centre Sydney, NSW</td>
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Latest from NPS MedicineWise

NPS Direct
This is a free monthly e-newsletter to keep you up to date with succinct, evidence-based information about medicines, medical tests and devices, and current health topics. For more about NPS Direct, see: http://www.nps.org.au/health-professionals/e-newsletters/nps-direct

NPS Direct – October 2016 topics include:
• Diagnosing acute knee pain – does MRI play a role?
• National survey on antibiotic use and resistance
• Fast five: Ankle and knee injuries: your imaging choices
• CPD: Management of type 2 diabetes

NPS Direct – September 2016 topics include:
• Medicine label changes
• Choosing Wisely when prescribing for older Australians
• Pharmacy remuneration and regulation: have your say
• Fast five: For your patients – medicines and dementia

NPS RADAR
This provides you with timely, independent evidence-based information on new drugs and medical tests, as well as changes to listings on the PBS. For more about NPS RADAR, see: http://www.nps.org.au/publications/health-professional/nps-radar

NPS RADAR – 2016 articles include:
• Aspirin and an oral anticoagulant – can they be used together?
• Lower dose of ribavirin available for use in modified dosing regimens for chronic hepatitis C

NPS MedicineWise CPD
NPS provides a range of free activities for pharmacists and pharmacy interns to support the development and maintenance of your skills and to help meet your Continuing Professional Development (CPD) requirements. Many activities are accredited for CPD Group 2 points for pharmacists. For more about NPS CPD, see: http://www.nps.org.au/health-professionals/cpd/pharmacists

Latest from Australian Prescriber

Australian Prescriber is an independent peer-reviewed journal providing critical commentary on drugs and therapeutics for health professionals.

December 2016 issue includes:
• Feature: Top 10 drugs 2015–16
• Article: Correcting iron deficiency
• Article: Long-term prescribing of new oral anticoagulants
• Article: Paediatric pharmacokinetics and drug doses
• Article: The practice pharmacist: a natural fit in the general practice team

For more information, see: https://www.nps.org.au/australian-prescriber

October 2016 issue includes:
• Editorial: Costs and concerns in cancer care
• Article: Bacterial skin and soft tissue infections
• Article: Choosing non-oral, long-acting reversible contraception
• Diagnostic Tests: Non-culture methods for detecting infection
Latest from CIAP

**CIAP Newsletters**
- November 2016 Edition – Focus on Medications
- October 2016 Edition – Focus on Mental Health
- September 2016 Edition – Focus on Infection Control

To view the newsletters or subscribe, see: http://www.ciap.health.nsw.gov.au/about/newsletter.html

For more CIAP News and information, see: http://www.ciap.health.nsw.gov.au/about/news.html or visit the Knowledge Centre.

**CIAP Mobile**
The CIAP website has a responsive design, making it easy to view on your smartphone or tablet if you have an internet connection. You will require a ‘My CIAP Account’ to access the resources and many of them are also available via downloadable apps for your mobile device.

Navigate to www.ciap.health.nsw.gov.au, and select ‘Mobile’ from the top menu bar to view. Detailed instructions can be found in the Apps Download Guide via the Mobile Help page.

SHPA Publications

**Australian Injectable Drugs Handbook (AIDH) – 6th Edition**
Have you got the latest edition of the AIDH in your department? Or are you using it on your smartphone? The most comprehensive handbook of its kind, AIDH provides up-to-date information on injectable medicines that will be useful in your daily practice.
- The 6th edition contains more than 440 injectable medicines, ALL entries fully revised, including 24 new monographs.
- Each monograph includes availability, generic/trade names, preparation, administration, stability, compatibility/incompatibility data and special notes. It also contains paediatric-specific information in many monographs.
- The AIDH has a tough durable cover and enhanced spiral binding.

**Australian Don’t Rush to Crush Handbook – 2nd Edition**
Australia’s most comprehensive guide to giving solid oral medicines to people who are unable to swallow.

The SECOND EDITION of DON’T RUSH TO CRUSH has arrived! Don’t Rush to Crush is now included in Pharmacy Board of Australia’s list of essential references for pharmacy practice. The new guidelines take effect from 7 December 2015 so order your copy now.

The second edition of Don’t Rush to Crush is expanded and improved and has many new features. It is available as a hard copy now and will soon be available in a range of electronic formats and platforms. The new electronic version will be available through MIMS soon and a downloadable e-book will be available for the first time in 2016.

**Australian Medicines Information Training Workbook**
The Australian Medicines Information Training Workbook allows pharmacists to update their skills in the many practical and clinical areas where medicines information questions are asked. Users will be able to attain the skills and resource knowledge necessary for critical analysis and assessment of a medication issue.

This tool will teach you about medicines information resources and how to answer enquiries. If you would like to learn how to answer enquiries in a more efficient manner, this Workbook will enable you to do that, plus gain up to 44 Group 2 CPD points! The workbook contains 22 tutorials that you can complete at your own pace.

Topics covered include:
- Administration of Medicines
- Pharmacokinetics
- Drug Interactions
- Adverse Drug Reactions
- Critical Evaluation
- Ethical Dilemmas
- Medicines in Renal Disease
- Medicines in Liver Disease
- Compatibility of Parenteral Medicines
- Hormonal Contraception
- Drugs in Pregnancy
- Drugs in Breastfeeding
- Paediatrics
- Psychiatry
- Palliative Care
- Complementary and Alternative Medicines
- Pharmaceutical Excipients
- Product availability and Identification
- Clinical Trials and Regulatory Processes
- Substance Abuse
- Immunisation
- Travel Medicine
The NSW SHPA Branch welcomes the following new members. We look forward to working with you in the future.

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