

# From Emoticons to *CJHP*

Mary H H Ensom

Google, Wikipedia, emoticons, URLs. . . . It is easy to see from the terms that have entered our language that information technology is both evolving rapidly and having a significant impact on our lives. The profession of pharmacy shares similar signs of evolution.

Consider, for example, the following terms: medication reconciliation, computerized physician order entry (CPOE), point-of-care testing, pharmacy informatics, drug information databases available on personal digital assistants (PDAs), electronic medication administration records, bar code verification, Smart pumps, telepharmacy, medication adherence, academic detailing, home care pharmacy practitioner, Modification of Diet in Renal Disease (MDRD) equation, pharmacovigilance, pharmacogenomics, metabolomics, proteomics, p-glycoprotein, systematic review, meta-analysis, teleanalysis, nested case-control study, immortal time bias, confounding by indication, and the myriad of evidence-based medicine (EBM) terms, not to mention the names of new and emerging drugs and acronyms for clinical trials. All of these terms were either nonexistent or at least not in common usage a decade or so ago.

Depending on the year that each of us graduated, some or all of these terms have entered our vocabularies since we began our careers as pharmacists. Depending on our individual roles, some terms have been learned as part of our everyday practice, whereas other topics have required that we actively seek out learning opportunities to ensure a fuller understanding. Whatever the case, it is clear that we cannot depend solely on what we learned in pharmacy school. Even today's graduates, who have probably learned the latest on "cytochrome P450-mediated drug interactions", methods for evaluating the drug-related literature, and the basic principles of pharmacoepidemiology and practice research in their curricula, will face new terms and concepts as pharmacy practice continues to evolve.

The Canadian Society of Hospital Pharmacists, through the *CJHP*, educational events, and opportunities for professional networking, is a key contributor to the continuing professional development of practising pharmacists. In fact, virtually all of the terms mentioned above have appeared in the Journal in some context over the past few years.



I believe that *CJHP* is a critical venue for the continuing development of pharmacy practice in hospitals and related health care settings, both for us as individual pharmacists and for the profession as a whole. It helps us in our individual quests to be lifelong learners. It also helps us to connect with other health care professionals, since much of the "new language" is used not just in pharmacy, but in health care more generally.

In this issue, for example, MacAulay and colleagues, in describing their successful implementation of clinical pharmacy services in the home care setting, are among the first to publish research related to pharmacists' involvement in Canadian home care (see page 103). Although most of us grew up with the Cockcroft-Gault (CG) equation and are much less familiar with the MDRD version, Dersch and McCormack offer a first-of-its-kind, rational, even humorous approach to evaluating the clinical significance of the CG-MDRD controversies and present a practical method for using estimates of renal function for renal drug dosing (page 138). With a growing need for improvement in the management of community-acquired pneumonia, Kanji and colleagues describe their experience in doing so via pharmacist

implementation of a preprinted order form (page 123). Also in this issue, prominent leaders in the profession present a well-articulated Point Counterpoint on the pervasive topic of medication reconciliation (page 149). The list goes on.

Today, more than ever before, pharmacists in hospitals and related health care settings are undertaking practice-based research and establishing innovative practices. As one vehicle for disseminating such practice innovation, *CJHP* is a good way for its readers to stay current. Reflecting this expanded activity, the Journal has increased the number of annual issues to 6, starting with the 2008 volume.

I invite you, whether as author, reviewer, reader—or any combination of these roles—to be active in the evolution of the profession.

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## ON THE FRONT COVER

### **Papaver orientale**

The photograph on the front cover depicts *Papaver orientale*, the oriental poppy. It was taken by Ken Wou in May 2007 at his home in Kamloops, British Columbia.



Information about this particular species of poppy, which is used for ornamental and possibly culinary purposes, is scant. A more well-known species from this genus is *Papaver somniferum*, the opium poppy. Poppy seeds are used raw or cooked as flavourings in cakes, breads, and fruit salads. Poppy seed oil (iodized and injected into the hepatic artery) may be used to deliver cytotoxic agents to liver tumours

(*Radiology* 1993;186[3]:861-866). Opium is produced by milking sap from the unripe seed pods of *P. somniferum*. Opiates such as heroin, morphine, and codeine are natural derivatives of the alkaloids contained in this sap. Thebeine is a minor but highly toxic component of opium. It is not used therapeutically but is used in making a variety of therapeutic agents, such as oxycodone and naloxone.

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*CJHP* would be pleased to consider photographs of medicinal plants taken by CSHP members for use on the cover of the Journal. If you would like to submit a photograph, please send an electronic copy (minimum resolution 300 dpi) to Sonya Heggart at [sheggart@cshp.ca](mailto:sheggart@cshp.ca).

