

Addendum

APP2021: Claiming Continuing Professional Development Credits

The activities at the APP2021 conference have been accredited for a total of up to 22 hours of Group 1 CPD (or 22 CPD credits) suitable for inclusion in an individual pharmacist's CPD plan which can be converted to up to 22 hours of Group 2 CPD (or 44 CPD credits) upon successful completion of the relevant assessment activities.



Accreditation numbers: A21APP1-34

APP2021 Program

- This addendum supplements the MCQ handbook to support the completion of accredited CPD activities.
- The conference program is available via the conference website appconference.com/app-program or in the APP2021 conference app.
- You can ask additional questions from presenters either at the conclusion of the session (time permitting) or by emailing your questions to events@qldguild.org.au.

Important MCQ adjustments:

- **Thursday 20 May – Dadirri: Our Journey to Reconciliation**
 - o Update to MCQ #5
- **Friday 21 May – When to recommend Vitamin D supplements in pregnancy & infancy, and why**
 - o Changes to all MCQs

Page

2

4



Newly accredited sessions – see MCQs below.

- **Thursday 20 May - Will Artificial Intelligence replace pharmacists?**
- **Saturday 22 May – How to be a Harm Reduction Pharmacist and to flourish at it**



3



5

Thursday 20 May 2021 – Rural Pharmacy & Indigenous Health Stream



Session 11.05am – 2.00pm Meeting Room 9	Duration	Speaker	Accreditation code	CPD credits	Competency standards	Learning objectives	
Dadirri: Our Journey to Reconciliation	CPD Activity: 2 hr 30 min Total duration: 2 hr 55 min	John Briggs	A21APP11	Group 1: 2.5 Group 2: 5	1.1, 1.4, 2.1, 2.2, 2.3, 2.4, 3.6, 4.1, 4.3, 4.4, 4.6, 4.7, 5.1	<ol style="list-style-type: none"> Increase knowledge about Aboriginal and Torres Strait Islander histories and cultures Discover how attitudes and values can influence views, opinions and actions in a clinical setting Improve the delivery of culturally safe health services to Aboriginal and Torres Strait Islander peoples 	
<p>Multiple Choice Questions – <u>Question 5 updated</u></p> <ol style="list-style-type: none"> In what year did Aboriginal and Torres Strait Islander people become citizens of Australia? <ol style="list-style-type: none"> 1869 1901 1967 2008 Which of the following is NOT a culturally appropriate form of communication when engaging with Aboriginal and Torres Strait Islander people in your pharmacy? <ol style="list-style-type: none"> silence does not indicate disinterest lowering of eyes denotes respect for age or authority receiving a soft handshake indicates respect discussing a patient's symptoms and medication use at the counter Which of the following impacts were a result of the 'Protection Act' on Aboriginal and Torres Strait Islander people and communities? <ol style="list-style-type: none"> Aboriginal and Torres Strait Islander people gained the right to vote The location of an Aboriginal and Torres Strait Islander persons home was regulated Aboriginal and Torres Strait Islander people gained fair wages for their work Segregated communities were established for Aboriginal and Torres Strait Islander people. both b and d Participating in the following dates in 2019 provides an opportunity to celebrate and acknowledge Australian Indigenous Cultures, Histories and People? <ol style="list-style-type: none"> National Close the Gap Day NAIDOC week 7 – 14 July 2019 Reconciliation Week 27 May – 3 June 2019 All of the above Which of the following is suitable to provide a Welcome to Country when visiting another community for meetings or events? <ol style="list-style-type: none"> An Aboriginal staff member An Elder travelling with you from your local community or town An Aboriginal and Torres Strait Islander locally nominated community member Your non- Indigenous pharmacy owner that has organised the visit a, b and c 						<p>Enrol here for Group 1</p> 	<p>Enrol here for Group 2 MCQs</p> 

Thursday 20 May 2021 – Business, Innovation and Leadership Stream

Session	Duration	Speaker	Accreditation code	CPD credits	Competency standards	Learning objectives
2.00pm – 2.45pm Arena 1A						
Will Artificial Intelligence replace pharmacists?	CPD Activity: 30min Total Duration: 45 min	Lee Hickin & Paul Naismith	A21APP34	Group 1: 0.5 Group 2: 1	4.2	1. Describe the potential role of Artificial intelligence within the workflow of a community pharmacist.
<p>Multiple Choice Questions</p> <ol style="list-style-type: none"> What is unsupervised learning and what does it offer? <ol style="list-style-type: none"> It is the process where a computer is left alone in a room without an operator and processes data to find a solution or outcome. It ensures that human emotion doesn't interfere with the outcome. It is a process where a model is given unlabelled data and attempts to learn which the data means simply by looking at many examples of the data. It enables the machine to learn faster and with less data. It's the process of a model analysing large amounts of data without labels and learning to identify the objects/patterns/information within the data. It is useful in that it allows the model to develop insights that might not be apparent to human recognition. What is the difference between Artificial Intelligence and Machine Learning? <ol style="list-style-type: none"> Artificial intelligence is a capability which enables a machine to simulate human behaviour or skills. Machine learning is a subset of AI whereby a machine can learn from past data without programming explicitly. Machine learning is a technology which enables a human to simulate a machine behaviour. AI is a subset of Machine learning which allows a human to automatically learn from past data without programming explicitly. AI is robots and artificial lifeforms that behave and react like humans. Machine learning is the process of a machine learning how to think like a human. Which of the following is not an example practice of AI in everyday life? <ol style="list-style-type: none"> Google Maps Siri PowerPoint Designer QR Codes Which technologies help Community Pharmacy deliver with AI? <ol style="list-style-type: none"> Infrastructure Data Trust All the above What areas of community pharmacy practice can AI be of assistance? <ol style="list-style-type: none"> Reducing repetitive tasks to enable more time for patient care Review historical data to predict and deliver more personal care Capture of real time data and medication risk alerts All of the above How many deaths caused by unintentional overdoses occurred in 2018 as listed by Pennington Institute? <ol style="list-style-type: none"> 1600 1556 1340 1583 						<p>Enrol here for Group 1</p> 
						<p>Enrol here for Group 2 MCQs</p> 

Session	Duration	Speaker	Accreditation code	CPD credits	Competency standards	Learning objectives
12.10pm – 12.40pm Meeting Rooms 5-8						
Clinical Pharmacy Update: When to recommend Vitamin D supplements in pregnancy & infancy, and why	30 min	Professor Craig Munns	A21APP01	Group 1: 0.5 Group 2: 1	3.1, 3.5, 3.6	<ol style="list-style-type: none"> Describe calcium and vitamin D requirements during pregnancy and lactation. Describe the groups of patients most at risk of nutritional rickets. Describe the management and prevention of nutritional rickets.
<p>Multiple Choice Questions - Updated MCQs</p> <ol style="list-style-type: none"> What is the most common clinical finding in a pregnant woman who has vitamin D deficiency? <ol style="list-style-type: none"> Bone pain Completely asymptomatic Muscle pain High blood pressure Who should receive vitamin D supplementation during pregnancy? <ol style="list-style-type: none"> All pregnant women should receive 600 – 1000 units daily Only women with vitamin D deficiency should receive 600 -1000 units daily Only women felt to be at increased risk of vitamin D deficiency should receive 600 -1000 units daily No women should receive vitamin D supplementation as we get plenty of vitamin D from sunshine Nutritional rickets is most often due to: <ol style="list-style-type: none"> Renal disorder leading to urinary phosphate loss Dietary calcium deficiency Combination of vitamin D deficiency and dietary calcium deficiency Vitamin D deficiency Clinical features of nutritional rickets include which of the following: <ol style="list-style-type: none"> Hypocalcaemia seizure Bowed legs Developmental delay All the above Which is the optimal cholecalciferol supplementation regimen in the first 12 months of life? <ol style="list-style-type: none"> Supplement all infants with 400 IU cholecalciferol for first 12 months Supplement 'at risk' infants with 400 IU cholecalciferol for first 12 months Supplement all breast fed infants with 400 IU cholecalciferol for first 12 months Supplement vitamin D deficient infants with 400 IU cholecalciferol for first 12 months 						<p>Enrol here for Group 1</p> 
						<p>Enrol here for Group 2 MCQs</p> 

Saturday 22 May 2021 -- Harm Minimisation Stream

Session 3.30pm – 4.00pm Meeting Room 9	Duration	Speaker	Accreditation code	CPD credits	Competency standards	Learning objectives
How to be a Harm Reduction Pharmacist and to flourish at it	30 min	Dr Marianne Jauncey	A21APP33	Group 1: 0.5 Group 2: 1	1.1, 1.4, 3.5 and 3.6	<ol style="list-style-type: none"> Describe the role of a pharmacist for harm reduction Describe the benefits of take home naloxone & the crucial role that community pharmacists play Describe the pharmacodynamics of both opiate pharmacotherapy and naloxone
<p>Multiple Choice Questions</p> <ol style="list-style-type: none"> Naloxone was down-scheduled to S3, Pharmacist Only Medicine in 2016 and is available for free from any participating pharmacy under a Commonwealth Pilot in which states? <ol style="list-style-type: none"> NSW and VIC NSW, SA and WA VIC and QLD WA, SA and QLD If unsure which drug a patient has overdosed on but they are not responding and not breathing normally should you... <ol style="list-style-type: none"> administer naloxone if you have it call an ambulance stay with the patient all of the above If you administer naloxone to someone who is not opiate dependent and has no opioids in their system, what will happen? <ol style="list-style-type: none"> they may some symptoms of opiate withdrawal they may have some symptoms of opiate toxicity nothing they may in fact overdose on naloxone so be careful, as it is dangerous when given inappropriately You should consider recommending naloxone to patients at your pharmacy if they... <ol style="list-style-type: none"> are starting on methadone are using the NSP (Needle Syringe Program) as part of your pharmacy are taking high dose prescribed opioids (at or above 50mg morphine equivalent daily dose) are a concerned parent or caregiver to someone who injects drugs all of the above Buprenorphine is... <ol style="list-style-type: none"> an opioid agonist a partial opioid agonist/antagonist an opioid antagonist none of the above 						<p>Enrol here for Group 1</p> 
						<p>Enrol here for Group 2 MCQs</p> 

NOTES
