

The

Monograph

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Pharmacist Awareness Week review

1st annual IPHSA badminton tournament

Arts night a great success

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UPS Council - Updates

UPS Election time. It brings a tear to my eye... Not because of the enthusiasm of the faculty (over 75% voting) but the fact that I have to pack up and give back my key to my downtown apartment - er, I mean the UPS office...

This past year has been something to reflect upon. Before we get all teary eyed, lets keep it sweet and simple. There are many people to thank, but lets talk about our Monograph Editors Emily and Lucy here. They've put up with a great deal this year and I commend them on a job well done. They've dealt with a number of issues with great tact - they've also put up with our perpetually delayed UPS updates...

I'd like to congratulate all of the winners of the Class and UPS Elections. A list of the new council members will soon be posted on the UPS website as well as on the Listservs. I ask that each of you thank your student council members if you get a chance. These people, whether on UPS or class council have put in a tremendous effort to make your year productive and memorable.

In other business, Harsit and I would also like to invite you to an upcoming event, the UPS Awards Night. Throughout the year, each of you has been awarded UPS points for academic achievement, participation in social events, sports and other such activities. Later this month, we will be presenting various awards such as our Pharmacy Ps, sports awards and recognizing notable participation from the past year. I encourage you to come out to support your fellow pharmacy students and to celebrate our collective achievements at this event. Faculty are always in attendance and love to see such participation recognized. Please stay tuned for announcements regarding the date and time of this event.

So - there we are folks, thats all she wrote, the fat lady has sung, game over, pigs have flown... And with that, Harsit and I sign off. Goodbye people. The two of us have had a fantastic time serving as your UPS President and Vice President for the past year. As our replacements haven't been chosen as I write this article, we're still holding onto our office keys and the new council will have to tear them out of our bloody hands...

PS: We'll be back...

PPS: (No, hopefully not as OT9s...)

Usman Imran
UPS President

Harsit Patel
UPS Vice-president

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The articles of the Monograph are not reflective of University of Toronto, Leslie Dan Faculty of Pharmacy nor the Undergraduate Pharmacy Society. They are strictly opinions of the authors. If you find any articles that are inappropriate or offensive, please inform us and we will try to resolve it.

Cover Story

8 Fourth year anti-calendar

This is one issue of the Monograph you *don't* want to recycle. Jonathon Wright has compiled the first ever 4th year anti-calendar to help y'all OT7s choose electives in the summer.

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Contact IPSF rep, Cherie Wong, for more details on how to participate.

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COVER: It's time to bid adieu to our small cozy faculty building at 19 Russell St. and move onto bigger and better things.

FROM THE EDITORS

Dear Monograph readers,

Welcome to the sixth and final issue of the Monograph. Inside, you will find our first ever 4th year anti-calendar, compiled by OT6 Monograph rep Jonathon Wright. Thank you, Jonathon! We hope the OT7s will find it a helpful unofficial guide to choosing fourth year electives. With more advice to dispense--not on courses but on car insurance--is Lukasz Krajewski's aptly titled "Car Insurance". Pharmacy students also continue to show off their poetic talents this month, with poems from Janet, Jason, Michelle and Candy.

We have had a wonderful time being your Monograph editors this year. Thank you, everyone, for your submissions, suggestions, and encouragement! Next year, we will be passing on the torch to Michelle Chan and Henry Chen. We are certain they will bring you another great year of Monographs.

Finally, congratulations to our final two best submission winners. The prize for March's best submission goes to the anonymous writer of "Keep Things in Perspective". For the April issue, best submission goes to Jason Chenard for his poem "Agonists, antagonists and dose response curves".

Lucy Chen
Editor

Emily Lam
Editor

Co-ed Athletics

by Vijay P.A. Rasaiah
UPS Co-Ed Athletics Director

I want to thank all of you who helped make this year a great year for Co-Ed sports. I really enjoyed my time as Director. A special shout out goes to Candy Boak (OT8), Rene Mader (OT9) and Kirk Wong (OT9) for stepping up and captaining a number of teams. I hope you guys participate a lot next year!

It was another great year for Pharmacy sports. Although our Co-Ed teams had a few struggles, we still made the best of it and those who came out had a great time! Some highlights included appearances in the finals in Softball, Floorball, and Broomball-3, and a Championship in Broomball-1. I know a ton of you came out to Volleyball, but next year we hope to increase participation in sports like Basketball (since we'll be losing a lot of key OT6's) and Curling (since this is a faculty-wide tournament). Also, we hope to get a team in ultimate Frisbee next year!!!

It's sad to see the year end, but we can all look forward to next year...helping to win some championships for Pharmacy and maintaining PHARMACY PRIDE!

Female Athletics

by Amy Tam, UPS Female Athletics Director

I'd like to say congrats and a big thank to all the pharmacy ladies who have participated in intramurals this year!! The pharmacy intramural program would not survive without you! ☺ Anyways, this season has come to an end and all of these ladies have displayed amazing enthusiasm and sportsmanship. Women's basketball captained by Miki Hayano (OT8) had a good season. Lots of teamwork and great passes! Women's soccer came so close.

Led by OT8's own Lauren Mirabelli, the team made the semi finals, but unfortunately lost to Scarborough's team. This was an excellent season, especially since it was pharmacy's first year in division I. Great job girls!! Lots of potential for next year, so get pumped over the summer! And last but not least, our women's volleyball team simply dominated again this season, bringing home a championship!! Huge congratulations to all the ladies on this team captained by Steph Barnhill (OT7). Again, I'd



like to say a huge thank you to everyone who took the time to come out, have fun, and just hang out with their fellow pharmies. Good luck with exams, have a great summer, and get ready for more intramural fun next year! ☺



Male Athletics

by David Zhao, UPS Male Athletics Director

Thanks to everyone that came out and participated in intramurals this year. I want to give a big shoutout to Vijay Rasaiah for captaining men's hockey, Veselin Puric for captaining men's volleyball and Rene Mader for captaining men's basketball. Without you guys men's intramurals would not have ran as smoothly. I would also like to introduce next year's Male Athletic Director: Rene Mader (OT9). Rene has played and captained many intramurals this year. With an impressive knowledge of how intramurals work at U of T, he is well suited to promote and organize sports for our faculty in the upcoming intramural season.

LETTERS TO THE EDITORS

This letter to the editor is in response to the cruel and venomous letters to the editors that were previously published in the last Monograph in regards to Alex Vuong's article. I understand that with every article, especially one with some contentious jokes, there would be some controversy. However, as so far to comparing the Monograph to Hustler and implying that the editors are the successors of Hugh Heffner is plain outright vicious. In a faculty where students are encouraged to band together and be supportive peers to one another, the backlash and critique of the recent article, its writer and the editors showed nothing but malice.

I believe that it is neither the intention nor purpose of the Monograph (and its editors) to be representatives of the faculty as a whole, but is instead only there to entertain and inform the students. By saying that a single article, which by the way had a disclaimer warning all readers, was able to deface the whole meaning of professionalism in our faculty gives it way more credit than it really deserves. If we are to limit what people write in a newsletter, that is suppose to be the voice of pharmacy students, then where do we stop next? Are we now expected to converse in the same manner, talking only about professional topics and pharmacy alone at all times; or are we now all required to wear the same professional clothing, each of us accessorized with a proverbial stick up our bums?

So instead of finding fault in people who have stepped up to contribute to their faculty, we should all be congratulating their efforts and supporting them in their endeavors.

Kim Truong , OT8

THE NAME GAME

By: Gayathri Radhakrishnan, OT7

William Shakespeare once wrote "A rose by another name would smell as sweet" (Romeo and Juliet). Yeah, whatever you say Bill, but I'll bet that rose won't smell all that sweet if it were called Rosaceae SANGUISORBA (the actual Latin name for a rose species). It sounds like someone mispronounced "See, Angus is sober". It doesn't really bring to mind thoughts of love or romance or anything of that sort - which brings me to my point. **Names.** What is considered to be fundamental feature for every man, woman and child in this world, now becomes a test in linguistics. All the people out there with longer names likely know what I'm talking about.

Would Cher have become such an icon if she retained her original name - Cheryl Sarkisian LaPierre. Could you imagine the advertising chaos that would have resulted during her concerts? Millions would be spent in spelling her name on the marquee alone. Fans would suffer from severe hand problems from writing out her entire name on posters. Can carpal tunnel syndrome come from excessive writing? But I digress. And what about Dwayne "The Rock" Johnson? I admit, his name is not that long, but just think for a second; had he not created "The Rock", we would now be subjected to a newer version of his infamous catch phrase "Can you smell what The Rock is cooking". It would have instead

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become "Can you smell what The Dwayne Johnson is cooking". Upon hearing this, one's response would be along the lines of "What the f...um I mean... What the heck???" You would then begin to wonder if The Dwayne Johnson is a restaurant because this wrestler seems to be advertising like Arby's. This is not exactly the fear inducing chant that could intimidate his hormonally-enhanced gigantic opponents.

Since there are so many of us with long names, why not form a group. We could call ourselves Long Namer (LAMER for short). It's probably not the most flattering name but atleast it's catchy...right??? Perhaps the LAMERS could just shorten their names and have catchy nicknames. I could become G-Rad. Sounds like a rapper. Can you imagine that? A short brown rapping female pharmacist. Now that's cool...no, phat....or is it sic... (Oh God, I'm so out of touch with popular slang)

Thank you very much for having reached the end of this long spiel. So what exactly was the point of all this. I suppose that all the people out there with shorter names should feel lucky, especially during birthdays. Singing the "Happy Birthday" song with your name in it would be no problem whereas the LAMERS out there will have to be satisfied with...

Happy Birthday to you
Happy Birthday to you
Happy Birthday dear [mumble mumble something something]
Happy Birthday to you

Applied PHM 150: Interview with a Former Drug Addict

By Shaun Lee, OT9

They say that we're thrown crazy amounts of information during our undergrad, but it's when you step out into the real world where you begin to learn. In PHM 150, we've been taught lots about substance abuse, its effects and the numerous stories that come from those affected by substance abuse (I'm sure you all remember the story of the guy eating his...well, if you don't remember, use your imagination). In the past few months, I've had the privilege of meeting someone affected by a life of drug abuse. A few days ago, he took the time out of his schedule for a sit down interview of the life behind drug abuse.

His Background

Here is a man who is currently living a very fulfilled and joyful life. Like all of our lives, it isn't perfect, but it is filled with life's smiles. But his life wasn't always perfect. In fact, it was a very atypical life.

Living in an upper middle class area, he lived in a million dollar home consisting of 14+ rooms. His family was complete and has always been supportive and loving him. He didn't have any emotional issues or any problems that would lead him to a life of drugs.

So what led him to a life of substance abuse?

When I initially, asked him this, his answer was simple. "It was my choice." Though he was surrounded by the wrong crowd, he says "ultimately, I choose to live that life. When you're a drug addict, the first step to getting better is knowing that it isn't your family, friends or environment which made you take drugs. It was a choice you made."

How did he start?

The facts were startling. At the age of 12, he was on pot. At the age of 14 (grade 9), he was on acid. At the age of 17, he was on speed.

"But I was never at the point where I didn't have any function." Despite all that he did at a young age, he was still able to continue his life duties. His education never suffered nor did his employment. As a graduate from the University of Waterloo, he continued his career in computer mainframe installation. Despite being addicted to drugs, people would not notice. As an example, during business meetings, it was common for people to go for a drink. Though he was present, he would often order a soda water. People saw him as the "good guy". The "non-drinker". But while everyone was drinking away at the bar, he would be in the washroom shooting up. And people wouldn't notice.

What was it like?

"The first time you tried it, it was better than sex." The feeling he felt while on drugs was euphoric. At the time he was taking drugs, he says that definitely, he was happy... but not necessarily fulfilled. It was as if something was missing but you couldn't quite put your finger on it. As time went on, that feeling of euphoria started to dwindle. "Eventually, you come to a point where you're taking it just to avoid from being sick."

So how has drugs affected his life?

During his drug addiction stage, he was married to a woman who was also a junkie. When she became pregnant, that was enough to motivate her to a clean life. Unfortunately, he remained on drugs which showed its effects in his family life.

In recalling how life was back then, he mentioned how there were days where he'd disappear for days to fulfill his drug craving. It came to the point where he would forget he had a family of two children back home. The drugs were more important. This eventually resulted to a separation between him and his wife.

No longer with that family support, he was now doing drugs on his own. At the time, he was 138lbs at around 6'2 (he is currently 200 lbs). It wasn't until he overdosed at a party where he realized, he was out of control.

It was at the party where he went into a "meltdown." He suffered a heart attack, passed out and didn't come to consciousness for another 36 hours. He awoke in a hospital, not quite realizing where he was or what had happened. In his words, "he had lost those days." Reflecting he mentions, "Good thing I was at the party. What if I was alone when I overdosed? I would probably be dead by now."

After his heart attack, he decided to go for rehabilitation. 6 months later, he was back on the street and was on his way to redemption. He left his place of residence (Ottawa at the time) with \$35 in his pocket and the clothes on his back. He found himself back in the downtown core of Toronto, no longer living in upper middle class areas, but in the shelters of the Salvation Army. For 4 months, he was on the street and though life was tough, he was clean. Knowing nobody would employ him at a computer specialist whose address is that of a shelter, he began from scratch. At a mission in Toronto, he found a small job as a pot washer and slowly moved his way up the ladder. Going from dishwasher to a doorman, in 14 years he eventually earned the trust of supervisors to be employed as a counselor at the missions.

To be honest, I've only touched the surface, having left out the stories of shotguns to the head, stabbings, drug raids and more. However, I'm happy to say that it's a life he left 17 years ago and even uses to help those around him. Currently enjoying life with a wonderful wife and a position as a team leader at a city mission, he can honestly say that life is good.



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WORSHIP By: Candy Plerzer, OT7

Looking up with awe and wonderment at the
night sky filled with purposefully placed sparkling
diamonds
Lying still and feeling the rhythmic beat of my heart
in my chest and the blood rushing through my veins
Taking a deep breath
Feeling a rush of pride as I hear the Canadian
anthem play
Watching darkness loosen its grip on the earth and
begin to dissolve into day
The feeling of warmth as sun rays wrap around me
like a cozy blanket
Kicking my feet up as I hear an Irish jig played
The taste of warm apple pie mixed with cold vanilla
ice cream
The sound of rain drops as they pelt against a glass
window pane
The dazzling display of lightening as it dances in the
sky
Watching a baby sleep so peacefully
Enjoying colourful and animated banter with a good
friend
Watching the clouds as they silently creep across
the sky
The fundamental reason for my existence

A letter home from an overwhelmed 2nd year student:

Dear Mom and Dad,

I have almost survived an entire second year of pharmacy- but right now I don't know if I'll be able to make it through. School is the agonist of my life story. I am extremely worn out from the homework and lack of sleep- however, a differential diagnosis for my signs and symptoms may be mononucleosis or hemachromatosis. My dear friends Henderson and Hasselbach are also in the same situation, so I'm not alone in this overwhelming sea of efficacious processes and pharmaceutical elegance. I've been tempted to gather data after a dose of several hours of class and plot the response curve to determine the EC_{50} , however, I fear that that may be just another form of procrastination. My brain feels as if it has turned into a mush-like substance that has been granulated and passed through a sieve, and has no other purpose other than being blown around the 4th floor of the faculty building.

The one thing I have learned from the past 7 months is my alphabet. I've learned to rattle off MDRP, BCRP, ATP, GTP, NMDA, GLUT, HIV and the list goes on and on. Oh, and I think I know all there ever is and will be to know about pressure ulcers.

But you know, I have to stay optimistic—the way I look at it, I guess I'm getting my money's worth. Since I'm paying so much tuition I guess I should be grateful that I get to write exams until the middle of May.

Systemically yours,
Julie*

Michelle Wong
OT7

in my space

-- Gifted --

One life changes many others,
Think of how to change theirs.
Your actions cascade
Exponentially multiply
Your actions will echo back to
you
in some unexpected form
at some unexpected time.

Life is funny that way,
Gifted that way
and we should embrace it.
Be noble, be humble, and
compassionate and you will
find fulfillment.

Fourth Year Anti-Calendar

Compiled by: Jonathon Wright OT6

Contributors: Ally Dhalla, Lina Ho, Bonita Sawh, Kristin Shaw, Micheline Tun, and several anonymous OT6'ers

This is the second or third article (depending on the layout of this issue) in a series of three articles that I hope all other fourth year Monograph Reps will create in years to come. The reason this article is in this issue rather than September's issue where the other anti-calendars are is simple. Students entering fourth year must select their elective courses over the summer. Now, you do have the opportunity to drop and re-select courses to some extent, but while you're doing that, you're missing classes and wasting time. Hopefully the following descriptions will give you some insight into the practical issues of these classes, which will allow you to pick the right elective for yourselves the first time around. Keep in mind that if your schedule allows it, and you talk to the proper coordinators, you may be able to sit in on other electives. I highly recommend that you do so.

Mandatory Classes

Pharmaceutical Care III - Therapeutics II (PHM 421)

Coordinators: Lalitha Rahman-Wilms, Olavo Fernandes

This course will pick up right where PHM 321 left off. The class format is identical, except that instead of two cases per week, you will now have three (two cases on one day, and one on another). As with other Pharmaceutical Care classes, the pass grade is 60%. Topics fall into four broad areas this year: the cardiovascular system, oncology related side effect management, psychology, and neurology, with the additional topics of renal failure and alcoholic liver disease. There will be one midterm covering cardiology and some oncology, whose format will be identical to the midterms you wrote last year. Also, there will be two case study seminars for you to stress over. This year, the topics were hypertension and congestive heart failure. These are very common conditions in hospital and community practice, and the drugs covered are some of the most common prescriptions you will see anywhere, so plan to spend plenty of time preparing. Also, you will see that cardiology / critical care pharmacists REALLY know their field well, so be prepared to be challenged on your assertions. The final exam, once again, will consist of a large oral component, and a smaller written component based on the material not included on the midterm. DiPiro's Pharmacotherapy is the required text, but don't throw away Applied Therapeutics just yet, as a number of lecturers still use that as required reading. Lalitha will push the idea of working up the cases as a learning method. If this works for you, fine. My method of choice was to do all of the reading (or as much as I had time for), and then look at the case for ten minutes and come up with a plan. I did that because the level of detail needed for the tests is too high to only fetch the information needed to solve the case. But, whatever method gets you the best results is the right method for you to use. Again, Lalitha will offer as much help as you need, provided that you ask for it.

Pharmacy Practice Research (PHM 425) - Coordinator: Paul Grootendorst

This course is intended to give students a crash course in the importance of Pharmacy Practice Research, and the methods used in statistical analysis of data collected therein. The professor does his best to make the material interesting, but I don't think anyone could make this material interesting... Most of the lectures will cover statistics, but the midterm and final will not require you to do much in the way of calculations. Simple calculations may be required, but mostly you need to understand what type of analysis is used where and why. Also, be sure to know how certain factors will affect the quality of your data and analyses. Regardless, the largest part of your marks will come from the research protocol, a research proposal from start to finish containing everything but the data collected from actually doing the study. The final report and the various assignments along the way are worth much more than the tests. Doing the protocol in groups can save some time, but each person must prepare their own final report. The advantage of groups is that they can share tables, appendices, budgets, and other selected menial items that would end up being identical anyways. Could save you some time... The hardest part about this course is that the protocol deadline falls either a few days before the finals, or

in the middle of the finals. Best to be organized, and to finish everything well in advance. Oh, and try to come to this class... it's rather insulting to have 15 people show up to a mandatory class. Besides, every lecture has a small amount of info that is essential for the protocol.

Health Systems in Society II (PHM 427) - Coordinator: Jim Mann (normally Linda MacKeigan)

The normal course coordinator was unable to perform her duties this year for reasons undisclosed. Therefore, we had Jim Mann as our coordinator for this year. This course picks up where 227 left off. Topics in the first section included a discussion of primary health care reform, models for billing for cognitive services, clinical pharmacy services in other areas, privacy and confidentiality, ODB, and private insurance plan structures. The above topics were the subject of the first midterm that was worth 50% of the final grade. Also, there was a 10% assignment on a topic from the first section. The second section led by Manny Papadimitropolous covered topics in pharmacoeconomics, and was designed to introduce the topic and develop basic skills in critiquing pharmacoeconomic analyses. Two quizzes and the final came from this section for a total of 40% of the final grade (5%, 5%, 30%).

The assignment was graded quite harshly, in that the TA's used research to dispute our assumptions when the assignment did not explicitly require research on our part (apart from attending lectures). Also, the depth that was needed seemed to approach that of a much larger assignment than the one page requested. The midterm was advertised as application of concepts and critical thinking, when what we received was a series of short-answer questions requiring regurgitation of specific facts. The section on economics went much more smoothly by comparison, with no surprises and a very straightforward final exam. I will mention again that we did not have the normal coordinator this year, so the problems we had may not be issues for you. Besides the marks, the topics discussed were relevant to pharmacy practice, and were quite informative and provoked some interesting discussions.

Professional Practice IV (PHM 428) - Coordinator: Zubin Austin

This is the last in the series of courses dedicated to issues in the practice of pharmacy. Jurisprudence is over, so relax. Heather Arnott will not be seen until your first inspection. In this course, you will delve deep into the psyche of patients as Zubin examines patient education from several psychological viewpoints. This will be the subject of the first midterm. It looks easy, but the marking was very picky, so be careful. The second section deals with Tort law and contract law. It's very useful to learn about the legal system that people can use to sue us for anything, as well as the system that determines our future employment options and responsibilities. Occasionally the material can be dry, but the lectures are informative, entertaining, and relevant to future practice. Traditionally, this lecture is on the same day as the PPL, so it's a great way to either unwind after the lab, or relax prior to the lab.

Pharmacy Practice Seminar – PPL IV (PHM 429) - Coordinator: Debra Moy

This is the final practical environment prior to SPEP, and one of the most instructive and yet nerve-wracking experiences you will ever come across as a student in the Faculty. Unlike the other PPL courses, there is no technical component this time, so no waiting in line for a computer, or tracking down a TA to make a doctor call. In each lab session, students will have a pre-assigned role from A1-A3 or B1-B5 (the number of B's varies as the number of students in a group). General topics for each session are given in advance, but topics from the OTC courses are fair game at any time. The biggest difference this year, besides no tech work, would have to be the simulated patients. These are the actors used in the mock OSCE, as well as the official OSCE. What you see is what you get. If they're arthritic, they will move slowly and grimace. If they're sad, they will cry. As rumors say, if they're bipolar, they may just flip out...

To pass the term work, you must pass two of three A-roles, and more than half of the B-roles (say three of five). Each student will play each A-role and B-role at least once. A-roles consist of a 15 minute interview with the actor, while the TA and all B-role students but B1 watch. B-roles consist of a 10-minute session alone with the actor and the TA, and will draw from the A-role interview that

happened earlier. B1 will go into this session with nothing but the documentation prepared by A1 to inform him/her about the first interview. Also, patients from other cases may return with additional problems, or you may have to discuss therapy with a doctor or registered nurse. The examination consists of two A-role style interviews on any topic covered in the lab, much like the interview portions of last year's exam.

You will be stressed about this course, but try not to be. When you get down to it, it's all just a learning experience. You may be very concerned with the TA feedback, but pay close attention to the actor's feedback as well. They will tell you how your posture makes you look, how your eye contact was, and how the overall combination of your verbal and non-verbal cues made them feel about the interaction. You will learn a lot about yourself and your abilities in this lab, and assuming you survive, you will be a much better practitioner for it.

Preparedness for SPEP – Andrea Cameron, Annie Lee

Several sessions will be spent covering the SPEP syllabus, and some case scenarios regarding the upcoming practical rotations. These are not fun. However, there is an examination here, and you must score at least 80% in order to proceed to SPEP in the next term. Bring caffeine.

Selective Classes

Each student must choose one of these three courses to take as one of two electives

Selected Topics in the Pharmaceutical Industry (PHM 454) – Coordinator: Diane Azzarello

As advertised, this course will deal with several aspects of the pharmaceutical industry, including what roles pharmacists can play within it. The coordinator comes from an industry background, as do the many guest lecturers. Topics include advertising regulations, pharmacoeconomics, drug approval, drug discovery, safety, and drug reimbursement, but topics may vary depending on current issues. The midterm and final exams are both essay style, with the question handed out in advance to allow preparation and insightful responses. Rambling on these tests is counter-productive. Other assignments included a critique of an advertisement, and a group presentation on government reimbursement. Lectures tended to be low-key, while remaining both entertaining and informative. The coordinator is flexible with respect to deadlines.

Pharmacy Practice Management in the Community (PHM 458) - Coordinator: Harold Segal

If you believe that you are destined for retail pharmacy, or are just curious to learn more about the business side of retail, then this is the elective for you. The professor has been teaching this course for some time, and wrote a great deal of the text on the subject. He will begin with topics surrounding starting a new business like business plans and models, moving into business maintenance with topics like financial statements and loss prevention, and will end with succession planning and placing value on a practice. The material can be dry at times, but current events are often discussed, along with small humorous episodes of the professor trying to relate to modern trends (you'll understand once you get started). There will be two multiple-choice tests, each worth 50% of the final mark. The first one was fairly simple, and had a reasonably high average. However, the final examination was quite challenging, requiring full knowledge of the many financial formulas presented in the lectures. A single night of studying for this final isn't enough. Try to do the calculation questions first, so as to not run out of time later on.

Institutional Pharmacy Practice Management (PHM 459) - Coordinator: Jim Mann

Using Bill Wilson's course as a basis with respect to human resources, this course will expand on the role of the pharmacist in a hospital setting, with an emphasis on administration. Several guest lecturers will be brought in to discuss their unique practice settings and specialties within their respective hospitals, such as

Scott Walker for research and Fran Paradiso-Hardy for cardiology. Additional topics include seamless care initiatives, and other administrative subjects designed to offer "a few gems and pearls" for program approval and advocacy on behalf of the pharmacy department. Marks will come from one 40% assignment and one 60% final exam covering the entire term. The assignment this year was a five-page report detailing a visit to a specialty pharmacy practice site. Rumour has it that Jim Mann may not be teaching this next year, which may change the content and layout of the course significantly. Otherwise, plan to attend and pay close attention in Jim Mann's lectures, as his slides may well be incomprehensible otherwise.

Elective Classes

Each student may either choose one of these classes OR another selective class as the second of two electives

Aboriginal Issues in Health and Healing (PHM 450) – Coordinator: David Burman

Co-taught with the Aboriginal Studies program within Arts and Science, this course discusses issues surrounding the Aboriginal community with a focus on health and healing. There is no final examination, or any form of tests at all. Marks will come from three assignments: a study of self-reflection, a book review, and a group case study project. Students will find classes to be very different than traditional university lectures. Classes consist of students sitting in a circle of couches, while the speakers relate their experiences within the aboriginal community and aboriginal history. Note taking is discouraged, rather students are encouraged to listen quietly, and to discuss their feelings if they so desire. Participation is not mandatory, nor is it evaluated in any way. This course offers a very unique learning environment, while having the advantage of easing stress from workloads from other classes as well as offering one less exam in December. Enrollment is very limited.

Introduction to Pediatric Pharmacy Practice (PHM 456) - Coordinators: Mirjana Chionglo, Lee Dupuis

This course discusses the use of medications and non-pharmacological treatments in children. The beginning of the course covers medications in pregnancy and neonatal therapeutics, and will progress to discussions of childhood infections, fever, ADHD and child psychology, to eventual discussions of adolescent eating disorders and substance abuse. Also of interest, there were topics discussing the differences in the drug disposition in children and pregnant women, lectures on children's views of medication and medication administration, as well as a seminar on the legal aspects and physical signs of child abuse. Lectures will be held at the Hospital for Sick Children, and will be led by leading practitioners in the field of pediatric medicine and pediatric pharmacy. Marks will come from a midterm, a written assignment, and a final exam. Examinations will cover a large amount of material, but are fair. The assignment was to design an exam question about a pediatric adverse reaction to one of a pre-determined list of drugs (students signed up for the drug of their choice as space allowed), and then give a response. This course does have some overlapping information from other courses, but for the most part contains vital information that cannot be found in any other class. I highly recommend this course for every student here. Childhood illnesses are very common, and you will receive many questions about pediatric patients in the future, regardless of your practice site.

Natural Health Products (PHM 457) - Coordinator: Heather Boon

Herbal material is lacking in the undergrad program and this class does prepare you with the knowledge and clinical evidence to recommend an herbal product, or not recommend one. And trust me when I say that patients and customers will ask about them, or will already be using them. The course is structured into 3 parts. The first part (3-4 lectures) outlines the basics of Natural Health Products - including laws for labeling, homeopathy, naturopathic doctors, and Traditional Chinese Medicine. The 2nd portion of the course is dedicated to Heather Boon providing didactic lectures on 12 common herbal products available on the market. This section is by far the most relevant portion of the class. Herbs covered are echinacea, ginkgo, garlic, St. Johns

wort, ginseng, saw palmetto and black cohosh just to name a few. Heather will discuss the clinical evidence available, drug interactions, side effects and recommended doses. The final portion of the class is presentations made by classmates. Please pick relevant topics that you will encounter in clinical practice - not herbs that are only found in far-flung rainforests every 10 years!!!

There is a midterm test worth 35%, an assignment of a clinical review/critique worth 20% and the remainder of your mark is for your presentation and write-up. There is no final exam in this course - which may be nice come December when your studying for 5 exams and everyone else is studying for 6. Incidentally, if your report receives an A, you have the option to revise is to be posted on the CAMline website for all practitioners to use. Enrollment is limited.

Alcohol and Substance Use Disorders (PHM 462) – Coordinator: Beth Sproule

The focus seemed to be on providing students with the basic understanding the differences between drug addiction, abuse and dependence; characteristics of a drug that increase its abuse liability, common drugs of abuse and their consequences, and treatment options that exist. Practical tips on using nicotine replacement therapy and answering DI questions were also given. Beth is a great instructor, who clearly outlines expectations for course material, assignments and exams. Overall the course was useful and the workload was fairly easy to manage. Not hard to get a decent mark as long as you attend classes (as much of what is discussed in class shows up on the exams), keep up with the minimal reading and hand in assignments on time. This is an excellent course, with plenty of relevant material that won't be found anywhere else. Keep in mind that one day you will be the last line between any patient and many medications with the potential for abuse...

Pharmacotherapy in Obstetrics and Gynecology (PHM 463) - Coordinator: Tom Brown

This course, as the name would suggest, covers the use of medications that relate specifically to women. You may have received brief lectures on some of this material in other courses, but there is quite a bit more to learn. Topics include female reproductive physiology, a lengthy discussion on the uses and composition of birth control pills, PMS, dysmenorrhea, polycystic ovarian syndrome, HRT, menopause, infertility, and urinary incontinence. You've all met Tom Brown by now, and yes, this class is highly entertaining, as well as very informative, with several new therapeutic topics that will not be covered anywhere else. There is no text, so come to class with pen and paper, as Tom Brown lectures with the chalkboard. Midterm and final exam questions will come from material covered in class at any time, including the occasionally erratic Q+A periods. There are two midterms, for which you will need to have your facts straight. If you include irrelevant or incorrect information, you will lose points... so keep it concise. I highly recommend this course. Though it was held at 9AM, I never failed to leave it feeling energized, and I was just sitting in. Also, for the few guys in the faculty, the more information you have on female-specific drug / disease topics, the easier it will be to counsel when the time comes. Trust me on this.

The following classes were cancelled this year secondary to lack of interest:

- Radiopharmaceuticals in Diagnosis and Therapy (PHM 451) – Barry Bowen
- Specific Topics in Nuclear Pharmacy (PHM 453) – Barry Bowen and Raymond Reilly
- Pharmaceutical Marketing (PHM 460) – Brian Segal

Other Elective Courses:

- Self-Directed Online Problem Based Learning Elective in Self-Medication (PHM 468) – Debra Sibbald
- Research Project I (PHM 489)
- Research Project II (PHM 499)

Featured Professor of the Month

Name: Micheline Piquette-Miller

Course(s) taught: Pharmacokinetics (PHM 324)

Most embarrassing moment as a professor or as a registered pharmacist in practice? Completely forgetting what my point was - in the midst of a long story which was to illustrate my point (????- which was???)

Hidden talent(s): Cooking and interior decorating

Nicknames: Mickie.

What is a weird obsession that you possess? I prefer working at night and will often work until early morning - but I hate getting up.

What kinds of things do you collect? Clothes (For years I've been trying to convince my husband that shopping is a legit hobby).

How can students ace in your class? Practice doing old exams and examples from the text book.

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AGONIST, ANTAGONIST AND DOSE-RESPONSE CURVES

By OT8 request, this one orbits around the unique world of MedChem..

Be sure to pick up the phone book before class, he explains.
Bound, three whole punched and envied.

To begin, evidence.
Proved with simulations to "clarify the concept".

At first, low occupancy,
but the blocks will soon fit together, efficaciously
(or perhaps simply at basal rate).

What were Michaelis and Menton thinking?
Unaware their derivations
and the wonder that is the rectangular hyperbola
would haunt pharmacy student 'till saturation.

A concept to be practiced,
in each day of our working lives:
drug plus receptor gives response, eventually.

Nicotinic and muscarinic cholinergic, radio-labeled beta-adrenergic.
Cholera and Pertussis, non-competitively cycling.

Agonistic probes, coupled together like G proteins.

Partial, full or inverse?

As pharmacist, MedChem tests qd.

The signal gated by ligand and voltage,
nothing homologous anymore!

The affinity of a one hour class is bimodal:
high through the first twenty minutes,
low after the doc introduces non-specific binding.
Toward the hour's end, desensitized and Qmax.

Should an electric eel slither into my dispensary,
clenching a prescription requiring x-ray crystallography,
I'll know what needs to be done.

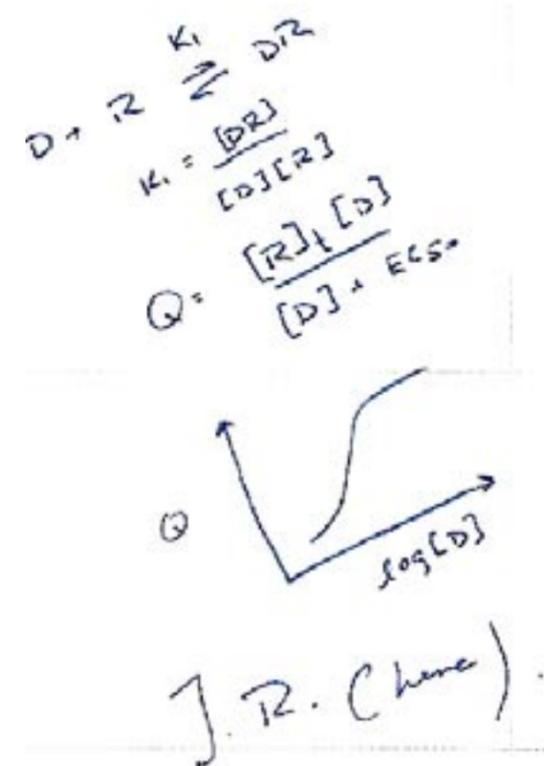
With pride,
Consider what model to derive,
Isolate all terms wrt DR star,
Plot a dose-response curve.
Shall we say, logarithmic?

When the storm is over,
and tests are sealed in large white envelopes,
it is time to realize how much was really learned,
and how capable we truly are.

TO THE PHARMACY CLASS OF 2008,
WELL DONE.

Special thanks:
Sameh Malak & Poonam Prajapati

J. R. CHENARD, OT8
UNPUBLISHED, 2006



SPEP – TALES FROM THE OUTSIDE (COMMUNITY ROTATION)

By: Jonathon Wright OT6



A better prescription for living



Well, here we are again. This is the second or third article (depending on the layout of this issue) in a series of three articles that I hope all other fourth year Monograph Reps will create in years to come. Right now, I'm just about to come to the halfway point in my second rotation, the Community rotation. The biggest change between this rotation and the hospital rotation is the focus. In hospital, I spent much more time looking for serious problems and optimizing drug therapy in acutely ill and/or rehabilitating patients. In Community, patients are already stable... usually. The focus shifts from actively seeking DRP's to a combination of patient education and preliminary triage of signs and symptoms.

To restate this, your hospital rotation will teach you how drugs are used, and your community rotation will teach you how to use drugs. Cryptic? Think about this. Community patients want to know very low-level facts about their medications, usually revolving around the following things: what the medication is for (and the basics of how it works), side effects, with or without food, interactions with current medications and OTC's, what time(s) to take it, and when it will start to work. Besides what they're for and how they work, these are very simple facts that were probably left out of your therapeutics notes except in specific cases like the timing and restrictions with bisphosphonates. In a hospital, pharmacists are involved in answering these questions, but in most cases this is left to the nursing staff, freeing up pharmacist time to examine higher level DRP's like dose adjustments in renal failure (as one example). In community, patient education is all up to us. But that's fine, as the interaction gives you time to ask questions related to patient care, as well as another excuse to examine the patient profile for actual and potential DRP's. Take this time to perfect your interviewing skills with real patients, as well as to learn the practical aspects of pharmaceutical devices and medication administration.

Image: <http://www.piperreport.com/archives/Images/Pills%20Spilled.jpg>



As to triage, a community pharmacist must always know what can and cannot be managed with self-medication. Is a headache related to stress, or is it a potential sub-arachnoid hemorrhage related to recent trauma? Is a child's fever a cold or meningitis? Is a cough related to an ACE inhibitor, asthma, allergies, or all three? Will the medication I offer to this patient work with existing medications and disease states, or will it do more harm than good? Take this time to solidify your knowledge of these red flags, and to learn about the more obscure OTC products on the shelves.

Pharmaceutical care in its purest form is admittedly easier to provide in an institutional setting, as the patient is right there, but that doesn't mean that it doesn't exist in retail. The presentations and clinics that you will organize while on SPEP will be of great value when you go to plan similar events once licensed. I had the opportunity to help out with a drop-in blood pressure clinic. This was a sponsored event from LifeSource, but we were the ones taking blood pressure and offering information on anti-hypertensive medications, as well as suggestions on diet, exercise, and other lifestyle changes. In accordance with the activities, I plan to give two presentations on sleep disorders, and I'm putting together an appointment-based clinic on headaches and migraines. So many possibilities, so little time...

What has surprised me so far is the demand for natural products. Admittedly my practice site is known for a specialty in natural and homeopathic products, but many patients are using these products, and will expect pharmacists to know something about them. Not having taken the Natural Health Products course, I needed to give myself a crash course in herbal medicines and vitamins. I dread the day where homeopathic products become the topic of discussion, especially after Utrecht and Wells finished discussing it in their classes. But if you think about it, if they don't get their herbals information from you, do you think the high school student at Nutrition House will do a better job? If you have to ask...

So, there you have it. SPEP in a nutshell. I personally find it hard to believe that I'll be finished this program in four weeks, and that I'll be a licensed practitioner in just a few short months. My hospital site manager described this feeling as "POOF! Now you're a pharmacist." It's scary, but I'm slowly getting the feeling that I'll be ready when the time comes. For all of you still on the inside, have faith that you are learning what you need to survive on the outside. I wish you all the best of luck in your studies, and your future careers. If you need help with anything, including elective choices or more SPEP info, drop me a line at engpharm0t6@hotmail.com. If I can't answer the question, I'll do my best to point you in the right direction. This is Jonathon Wright, signing off from the outside.

LET'S HEAR IT FOR THE ARTS!

By Mayce Al-Sukhni, OT7



This year saw the first ever Pharmacy Arts Night take place in the Hart House Music Room. Without a doubt, the night was a huge hit! The arts were in the spotlight and normally unassuming pharmacy students suddenly transformed into singers, pianists, artists and poets and displayed their talents for all to see.

The night started with early-coming attendees viewing the art and poetry on display while wondering how so much talent has remained secret within the Faculty. It wasn't long, though, before the audience was asked to be seated so that the singers and musicians could begin their performances. And what wonderful performances they were! With a repertoire ranging from The Phantom of the Opera pieces to a traditional African song, the performers wowed the audience with their musical gifts.



All good things must come to an end, and unfortunately, so did the performances. Still, the setting sun, peeking through the wide west-facing windows, provided a most exquisite and appropriate backdrop as the musical portion of the night came to a close, with the Pharmacy Choir belting out RENT's "Seasons of Love".

But the night was far from being over! After the singers and accompanists had taken their final bows, Arts Night attendees were once again invited to read and view the student poetry and artwork on display, as well as to vote for their favourite art and poetry pieces. The degree of talent was breathtaking and all were clearly impressed with what they saw. It was also clear that choosing a "favourite" piece would be a very tall task indeed.

But the votes were tallied at the end, with the photography of Muhammad Basil Ahmad (OT7) and the poetry of Jason Chenard (OT8) proving to be the favourites of the night. Congratulations! Of course, everyone who was involved came out a winner for having participated in such a successful event!



On behalf of the Janet Chong, Arts Night Co-Director, I would like to thank everyone who volunteered his or her time to help out in this event. Thanks as well to all artists, poets and performers. Last, but not least, thank you to all who attended Arts Night 2006 and supported their fellow classmates. You all made this show a success and we hope to see you next year!

Government Promotes Steroid Use in Athletes? Apparently, so does the AC

By: Evgenia Cheveleva, OT9

On a late Wednesday afternoon, I was taking a stroll through the Athletic Centre, and dropped by the washroom. I am quite used to all the washrooms being covered with different ads and posters, but this one made me flip. I almost forgot why I was in the washroom in the first place, and stormed out of the stall in rage, scaring a poor woman who happened to be there at the time. Let me describe to you what I saw, as I am sure some of you saw this one as well.

The photo depicts a young athletic man sitting in a locker room in shorts, holding a syringe, drawing out a clear substance from a vial. Below, there is a caption: If you share your steroids, you could be sharing hepatitis C. A message from Health Ontario, along with a website address below. I don't know about you, but I couldn't believe what I was reading. Steroid use in athletes – perfectly OK?!

Of course, I understand, it's one of those really popular ideas like the needle exchanges or nurses administering heroin to addicts safely – 'harm reduction'. Never mind that I am personally absolutely opposed to ignoring problems and just making sure they do not burden the health care system – that is

not the issue here – the issue is that this poster was in the ATHLETIC centre. I thought that athletes were discouraged from using steroids, and encouraged to pursue a healthy life style. At the Olympics, the committees were strict about doping for a reason – to protect athletes. Silly me, I guess. However, here we have these kinds of posters, basically saying "it's OK for athletes to inject steroids, just as long as you do it safely and don't catch Hepatitis". At this point, I know that I am probably upsetting our liberal readers – "everyone has the right to do whatever they want as long as they aren't hurting anyone!" However, this IS hurting someone. Justifying steroid use in athletes cannot be right in any way. You disagree – here's a hypothetical story:

Jimmy is a 1st year student who really wants to 'buff up' and have long endurance, but doesn't really have the time or the energy to train all the time. Jimmy's heard of steroids that will do the trick and has just the source: a shady character, who owns a "sports club" in his basement. This fellow tells him that if he ever wants to become a successful athlete, he needs to pay him a visit. Jimmy's eager to try this secret to success, but is a little scared,

because he's heard of the 'bad' effects steroids and other drugs have. So, on a day when he actually had the time to be in the AC, and nature called, his question was answered – it's OK to do steroids and other stuff! The poster made by the Government says there's nothing wrong with doing this sort of activity, as long as you don't share your needles and get Hep C. Not only that, it's in the Athletic Centre, where there's a sports clinic, a healthy attitude and plenty of physiologists - they wouldn't suggest anything bad, right? Jimmy calls up his 'sports club' acquaintance and tells him he'll drop by in the evening.

Now, I know this may sound unreal, but do not tell me this cannot happen. Don't tell me that anybody looking at that poster cannot see that the government is 'approving' steroid use in athletes. What makes me even more upset is that the Athletic Centre thinks it's OK too. Where do we draw the line between these 'personal freedoms' (i.e. do whatever you want, even if it seriously harms you or kills you) and justifying harm, and who is it exactly that makes these distinctions? I'll definitely want to know and drop them a line.

in my space

Michelle Wong
OT7

My Frightful Public Transit Observations

The following cases are true yet shocking accounts of my experiences riding the rocket over the past 4 years. Read at your own discretion.

Case 1

Man with coffee cup.
Man drinks coffee.
Man looks around furtively and when he believes no one is watching, spits coffee back into coffee cup.

Case 2

Girl picks teeth.
Subway is crowded.
Girl pushes me with "hygienic" hands in her rush.

Case 3

Sir is sitting on the bus.
Sir aristocratically picks his nose and elegantly sticks hand back into black slim-line leather glove.

Case 4

Guy waits at the front of the bus next to driver.
He is standing.
Guy aggressively picks his nose.
Everyone on bus watches.
Booger is apparent.
Guy touches bus-pole while booger is actively moist.
Guy gets off bus and says "Thank you" to bus driver.

Case 5

Large fellow standing near back doors of bus
He is animatedly talking to lady who says nothing.
Another man, talking on cellphone, rings the bell to signal for the next stop.
Cellphone guy prepares to exit bus.
Large fellow guy turns to cellphone guy.
Large fellow guy blatantly interrogates cellphone guy, "Don't you remember me?!"
Cellphone guy is startled and shakes his head.
Large fellow says: "You live downtown. Why are you on the uptown bus?"
Cellphone guy tries to ignore him and tries to continue conversation on his cellphone but is clearly distracted by Large fellow who pokes his head into area surrounding cellphone guy's personal space.

Cellphone guy leaves bus.

Large fellow guy starts talking to lady on bus.
"I just wanted to be acknowledged. We used to be in the same Petri dish. All I wanted was to be recognized!"

Lady stares blankly.
Large fellow gets off at next stop.

Man sitting next to lady (man is a stranger to lady) says, "Did you know him?"
Lady – somewhat shaken – says, "No. He just started talking to me."

Everyone on bus looks at each other with widened eyes.

Epilogue: Yes, Large fellow did indeed say "Petri dish"! All of the above cases truly happened.

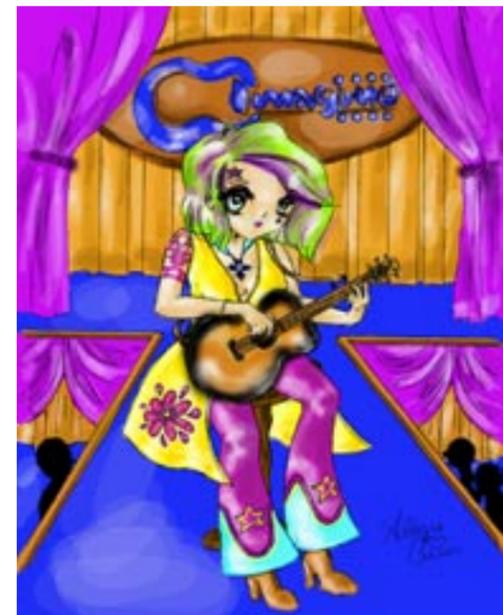
Top 5 Tips for the Rocket-Riding Pharmacist

- 1) Recalled from Dr. Crandall: "If it's moist and it's not yours – don't touch it!"
- 2) Post-OSCE OTC recommendation: Purell® ~ apparently kills 99.99% of germs although the evidence for this is somewhat controversial. Double-blinded randomized control trial would need to be performed to verify such a statement.
- 3) Wash hands more frequently
- 4) Avoid touching poles (especially booger'd ones) and touching your mucous membranes like your eyes, nose, or mouth.
- 5) Express empathy, tolerance, and understanding. People may require education on hygiene. As pharmacists, we have the clinical knowledge and scientific background to help them achieve their health-related goals ☺

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WRITING IDEAS

By: Gayathri Radhakrishnan, OT7

In past issues, a few students have been overheard saying : "The monograph is sooo boring, I'm not going to read it!" ... "Why can't they write more interesting articles" ... "Monograph should be changed to Bore-o-graph"...

GASP!!! How can you say such things! My heart...she is bleeding after hearing these comments about our beloved magazine. After much self consolation and reassurance, I have been able to wrench myself out of an emotional blackhole to type this meager article. If the students out there in Pharmacy land feel that our magazine could use some spicing up, here are a few ideas you can try out for future issues

- 1) "Mango – How I learned to be yellow". An in depth look into the trials and tribulations in the life of a mango: from seed to rich, yellowey, deliciousness told from the perspective of the mango...Mmmmm...mango...ldodijhtrfovu (*sorry, started to drool a little bit*)
- 2) Looking at the meaning behind the phrase "Well, I'll be a monkey's uncle"...Hmm, what is so great about being a monkey's uncle? Better grooming skills? Exceptional poop-throwing ability? Eating a banana faster than a speeding bullet???
- 3) Conduct an interview with farm animals to address major issues like "Cows: Invasion of private space during milking", "Horses: Personal thoughts about glue factories", "Chickens: Do they count themselves before they hatch?"
- 4) Anti matter – A love story. Tracking the story of an electron and a positron (*a.k.a. anti matter*) before, during and after their tumultuous relationship when they collided in a gamma ray
- 5) Write a FAQ section on nose hair trimmers. Address issues like "The etiquette of sharing nose hair trimmers" and "Oh no, I have a stuffed up nose, can I use my trimmer?"
- 6) Keeping record of how you feel when you create and perform an interpretive dance about "The Drug Development Process" to kids in kindergarten
- 7) Rewrite the Oscar Myer wiener song into an "Ode to Hemorrhoids song". Here's a start..." ♪ My hemorrhoids has a first name, it's H.U.R.T.S ♪..." and so on....
- 8) Record the responses you get when you approach random strangers and say "Boogidy, woogidy...rhymes with noogidy"
- 9) Write an article, entirely in pig-latin, that highlight the importance of nuts and bolts in a pharmacy. Remember, ix-nay the wear-say ords-way
- 10) Present a 10 page summary about the physics involved in sneezing. Include subheadings like "Velocity of mucous trajectory", "Sneezing faster than the speed of light: implications in time travel"

Pharmacy Spirit + Interest in Pharmacy on an International Basis + Summer = STUDENT EXCHANGE PROGRAM TOUR GUIDES

By Cherie Wong, OT7

Hi Pharmacy, this is my last article in the monograph as your 2005-2006 IPSF Representative. My successor is none other than Kaspar Ng, who will be going to Ghana as a participant of the Student Exchange Program. Be sure to stay tuned for a wonderful symposium/ overflowing passion in international health from your next IPSF Rep.

Before I hand the baton to Kaspar in this "IPSF-relay" race, I would like to draw your attention to the different things that you can do over the summer if you are interested in pharmacy in a global aspect. Yes, those of you who have very much wanted to - but have refrained from taking part in IPSF initiatives during the school year due to heavy school/ workloads - here's your opportunity!!

Toronto hosts a number of Student Exchange Program Participants every year. Aside from providing them a pharmacy to work at, it is my desire to organize U of T hosts to show these students around in our great city (Toronto is great to those who came all the way here, so the opinions of us commuters are not applicable).

I have had the opportunity to do this with a student from Germany. I have learned tremendously about the German pharmacy practice, and made a great friend (I know I will have a place to stay in Germany when I eventually go on my "backpacking Europe tour"!). And did I mention UPS points? Especially for those of you who have your eye on the "P"?

I think this is an amazing experience for those of us who are staying in Toronto over the summer. Please let me know via email at apothecherie@gmail.com if you would like to sign up as one of the Student Exchange Program Tour Guides or if you would like to find out more about it. If you are staying relatively close to Toronto this summer and believe your city has a lot of offer to pharmacy students from abroad, please let me know as well!

On a final note, I would like to thank everyone who has contributed to my overall awesome experience as the 1st ever IPSF Rep on UPS.

All your emails and support have been greatly appreciated and constitute a great picture as I look back to the UT-IPSF year of 2005-2006.



Image: <http://www.iciworld.com/html/pics/cn-tower.jpg>

I now conclude my term as a monograph rep. Hope you had as much fun reading these articles as I did writing them. If you are thinking of becoming a monograph rep or just writing an article, go for it!! There's something indescribable (*is that even a word?*) to see your name appear (*in a good way!*) in a publication. Good luck on your exams and have a good summer!



Image: <http://www.iciworld.com/html/pics/cn-tower.jpg>



Car Insurance

By Lukasz Krajewski, OT8

How much do you know about car insurance? Do you know how an insurance company determines your rate? Do you know what they can and cannot use to determine your rate? Do you know your rights? I have found that many people actually don't know that much about insurance. They know it's required by law and after that, knowledge is sketchy. If you're interested in learning more, keep reading, I guarantee that you will read something insightful.

Due to limited space, I will go over the little known facts about insuring an automobile in Ontario, for more basic information please visit the Financial Services Commission of Ontario (FSCO) at www.fSCO.gov.on.ca. After all they're the official keepers of car insurance in the province.

To address the first question, car insurance companies have a very elaborate rating system that they use to assess the level of risk of a driver. In this case, 'risk' is defined as an action that will cause the insured individual to file a claim and therefore cause the insurance company to lose money. High risk drivers will generally not obtain car insurance from the regular market. They will only obtain insurance from special companies in the facility association. They will also pay through the roof (maximum Ontario rates); all other drivers will pay less and can insure themselves within the normal market. You're probably wondering what a facility association is. Well, it is an insurer of last resort, which makes automobile insurance available to high-risk drivers who are unable to find automobile insurance in the regular market. In Ontario, if you are a high risk driver, no normal insurance company will insure you. You can only get insurance from the facility association.

Now, here are some interesting questions that I will answer.

- How long will it take for a ticket or accident to disappear off your record?
 - o Ticket – 3 years from the time you were issued the ticket.
 - o At-fault accident – 6 years from the time you had the accident.
- Is there a difference between what the police deem as an at-fault accident and what the insurance deems as an at-fault accident?
 - o Yes! Even if you were to take an accident case to court and be found not guilty this does not guarantee that your insurance company will come to the same conclusion.
 - o In essence, if you file a claim, it's irrelevant what the court outcome would be, since an insurance company has its own rules.
 - o You may not have an at-fault accident on your driver abstract, but you will have a 'record' with your insurance company.
- Are insurance brokers really working in your best interest?
 - o Nope, actually the fact is that they are paid on commission.
 - o The commission is a percentage of the rate that they get you to pay.
 - o The higher the rate, the more they get.
 - o So you see it is a conflict of interest.
 - o If a broker says to you 'I'm doing the best I can'. He or she probably is not.
 - o Research car insurance on your own.



Image: http://www.moneyclick.co.uk/images/content/insure_title_pic.jpg

Anyway, I hope this has been insightful. This is my last article for the Monograph I hope you enjoyed them as much as I enjoyed writing them. I wish all of you a great and relaxing summer and best of luck on exams.

Stop and Rewind

By Janet Chong, OT8

Tongue-tied.
Love blind.
Stop and rewind.
I think history would repeat itself.

Decisions made.
Memories saved.
Stop and rewind.
I wouldn't change a thing in the world.

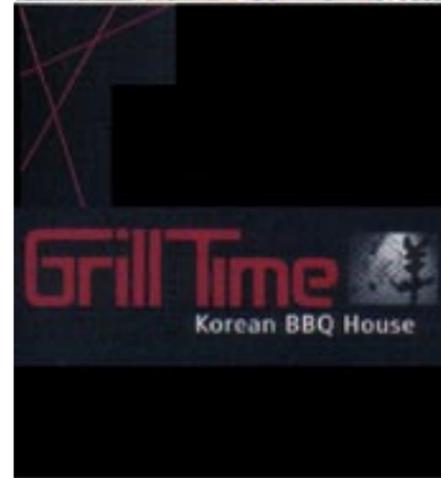
For although I'm heartbroken
Over words not spoken.
Stop and rewind.
I find solace in my somber state.

Fast forward and pause.
Feelings will fade.
It won't be the same.
But I will still remember.



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PAW – A REVIEW

By: Mayce Al-Sukhni, OT7

Students passing through the Sidney Smith and Bahen building lobbies were greeted by pharmacy students willing to offer advice on various topics. Their goal was to advocate for the profession of pharmacy while demonstrating the available knowledge of pharmacists.

This year marked the 16th annual Pharmacy Awareness Week (PAW) held nationally in Canada. This event gives current and future pharmacists the opportunity to celebrate the achievements of the profession and promote the contributions of pharmacists to the health care system. Pharmacy students did not miss out on the chance to participate and show their fellow university members the significance of the profession.

According to first-year pharmacy student, Jennifer Teng, “PAW is a very important event as it highlights the value of pharmacists in the health care team. It encourages people to develop long-lasting relationships with their pharmacists so as to better improve health outcomes.”

Booths and themes this year included cough and cold, contraception, and skin care. Pharmacy students were enthusiastic about answering questions from the university community on these subjects.

“It’s important for young pharmacy students to help others with skin care problems,” said a third-year student. “It’s something that comes up a lot during the winter, and people do not have of information on proper skin care.”

While some students sought practical advice, controversy concerning pharmacists. At the by asked about the pharmacy’s views in This provided a great opportunity for the pharmacist intervention when it comes to fact, was for the best interest of the female

Other events included visits to elementary of the importance of keeping their hands tools – “fake bacteria” cream, stuffed toy students explained to their rapt young can be avoided simply by conscientious hand washing.

One of the presenters commented that she would be very interested in working with children in the future, especially after seeing how intelligent and willing to learn they are. She adds: “As pharmacists, we will want to encourage people to take care of their health to prevent diseases, and what better way to do that than to speak to young children who are more likely to pick up on good health habits.”

UofT’s pharmacy students hope to have prompted others to reflect on the role of the pharmacist and the profession’s vital contributions to patients. “It seems that first line health care professionals are becoming less and less accessible,” explains Aarthi Iyer, Events Co-Director of the Undergraduate Pharmacy Society. “The community pharmacist is an untapped resource, and PAW is meant to spread the message that

pharmacists are available to help you with and answer questions about your health.”



MOVE OVER ANCIENT JERUSALEM: A MODERN SOCIETY OF HYPOCRITES

BY ALLEGRA COMMOR, OT9



image: <http://www.aaapostcards.com/cards/fullsize/411.gif>

Before you all get upset that I just called you a society of hypocrites, allow me to iterate that by writing this, I am proclaiming myself to be the greatest hypocrite of all, as I am about to cast stones with very sinful hands. I have to admit right off the bat that I haven’t seen the inside of a Church since my grandmother died eight years ago. Furthermore, the only reason I even remember the words to Our Father is because my high school was so fervently Catholic, I’d get detention for faltering. I suppose they got their job done, but if my only reason for learning it was fear of writing lines after school everyday, then they only succeeded in converting me from an ordinary harmless heathen into a hypocrite.

But who can blame them? With the diminishing level of faith in today’s society, scare tactics are the only thing keeping religion alive. Some of the OT9’s will recall my post on our forum complaining about the popular truncation of the good name of the patron saint of Ireland and the widespread capitalization on it for personal profit. Although I must admit that the revenue from the pharmacy candygrams is being used for a good cause, I have to wonder if we are really justified and authorized to manufacture products for our personal utilization in St. Patrick’s “honour”, especially when there are countless others who misrepresent and defile his name for corrupt purposes. I really don’t see what a priest born from the British aristocracy in 400 AD, who spend a good 20 years of his life in total isolation from society, and then nobly brought the Catholic faith to the same barbaric Irish who kidnapped him and sold him into slavery as a young boy, has to do with dressing up in green and getting drunk. But then, that’s the problem. The vast majority of those who claim to celebrate St. Patrick’s Day know next to nothing about St. Patrick himself. In fact, I’m willing to bet that some really keen bar hoppers would be surprised to hear that “St. Paddy” refers to an actual human being who existed, and, no, never owned or operated a brewery. Most ironic of all is the fact that St. Patrick was a walking antithesis of hypocrisy. And yet, the exemplary name which represents his honour has been abbreviated, generified and assimilated into our commonplace colloquial clichés by a people blissfully ignorant of the real reason for the season.

In Jesus’ honour, we all went out, bought “Xmas” day candygrams, lit our “holiday trees”, and gleefully exposed our arteries to atherosclerosis. In St. Valentine’s honour, we all went out, bought Valentine candygrams, and again lightened our pockets to fill our stomachs. And now, in St. Patrick’s honour, we all bought our candygrams again, and this time exposed our brains to premature senescence. And it’s all thanks to the diligent efforts of our fiercely liberal forefathers who believed in creating an emancipated society in which to live. Unfortunately, a society which prides itself on believing in nothing will believe in anything. Even the righteous faculty of pharmacy has devised a way of profiting from the free-spirited nihilists of today.

Yes, it’s really too bad that high schools have to resort to scare tactics to convince their students to learn a thing or two about religion. I guess we’ll all find out soon enough if we were right to abandon the solid, unflinching faith of Jesus’ time in favour of liberation. Too bad I can’t ask my grandmother to give me the head’s up. Now, if you’ll excuse me, while I took a break to write this article, some of my precious St. Paddy’s Day ethanol molecules have been getting oxidized by pesky molecular oxygen to acetic acid. So, without further ado, cheers!

SMASH! IPHSA’S FIRST ANNUAL BADMINTON TOURNAMENT A GREAT SUCCESS!

By Evgenia Cheveleva, OT9

The day could not have been better – a sunny afternoon of Sunday, March 26, marked the First Annual Inter-Professional Healthcare Students’ Association’s (IPHSA) Badminton Tournament. A first event of its kind, IPHSA (pronounced ip-sa) organized a sporting event where students from Medicine, OT/PT, Nursing, Radiation Sciences and Pharmacy could meet and play badminton. The turnout was unheard of – 48 people from all faculties were on the court in the AC, along with 6 volunteers that helped with the scoring, timing, and getting things going.

The idea was conceived by our very own OT9er Milka Ignjatovic, the IPHSA rep for pharmacy. Milka spent countless hours trying to book the courts, getting sponsors and promoting the event at each faculty. Weeks before the tournament, she was finalizing who was playing with whom, who doesn’t have a racquet, and who has one they can lend, and a hundred little things that go into organizing an event at such a scale. With the help of OT9er Rene Mader, the bracket system and scoring system was implemented and organized. Volunteers were recruited, and everyone was assigned a specific task. In other words, everything was ready to go long before the tournament started.

The games began with the first part of the tournament - a Round Robin, with every team playing each other in their leagues. While not on the courts, we had the opportunity to talk to our partners and people from different faculties (just about everyone was mixed with someone from another faculty), or watch some of the amazing players strut their stuff.

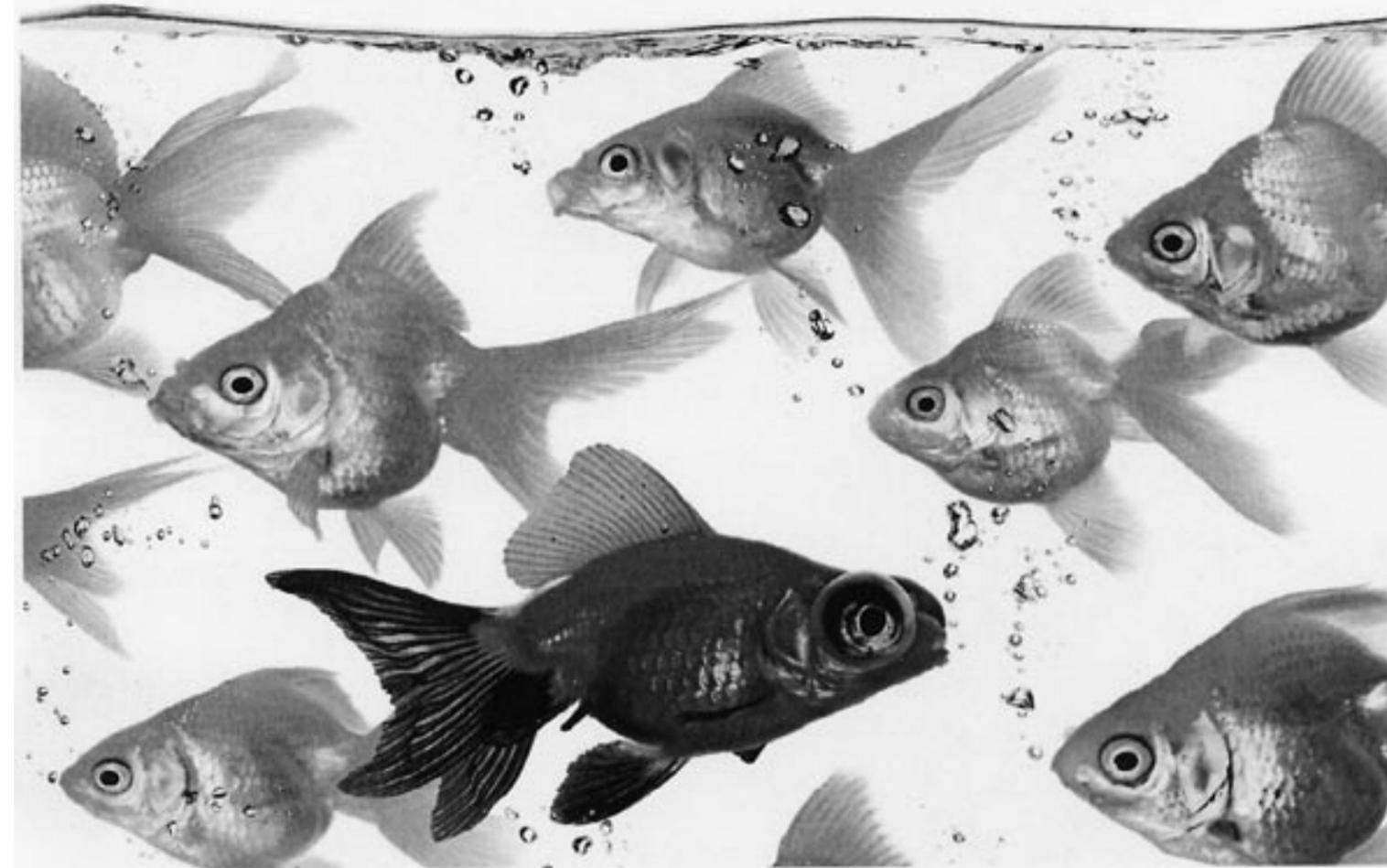
After everyone was done playing, the points were added up, and the top 2 teams were off to the semifinals between each pool winners. There were 2 brackets, or divisions; the Wyeth Division, with top two prizes of baskets and gift certificates, and also a Pharmacy Alumni Association bracket, with a top prize of a gift certificate. The birdies flew at super-sonic speeds, and soon, the winners of the Tournament were determined. Pharmacy can boast the winners of the Wyeth bracket (top of the tournament) – Anthony Chen (Pharm OT9) and Lillian Chen, while Crystal Chan (Med) and Duc Nguyen took the second prize in the Wyeth Bracket. Leslie Mok and Tony Tam (Meds) won first place, and Carrie Roth and Jenn Trieu (Pharm OT9s) second place of the Pharmacy Alumni Association bracket.

Overall, it was a huge hit – many people got the chance to meet other future members of the Health Care profession – and not just their names. When one plays a sport, especially with a partner, teamwork is critical. This teamwork, hopefully will be a stepping stone to something larger in the future, when we will be working together in a health care environment. That is exactly the goal of IPHSA – to show students that this teamwork is not only possible, but also critical, whether playing a game or working together for the benefit of the



patient. Plus, it can all start right here, by telling your partner – “I got it – go up front!”

What does it take to stand out in a crowd?



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Heartfelt Thanks

Finally, it's the end of the year - a time when everyone looks back savouring every moment and cherishing every memory built as intricate networks in our brain. I am no different (except that the network building is a little slower in my brain).

As the end approaches, I realized that this is the final issue of the Monograph for this year as well as the last week of my term as the UPS co-events director. So, I decided to dedicate a few lines to those who helped make this year's events a great success.

The key to professional development is networking, whether that is networked memories in your brain (aka learning) or the amazing network of volunteers and friends you could always count on to help out. It is true that it is the role of the Events Directors to organize faculty and campus wide events, however without volunteers to help and an audience to watch, an event is not an event.

With that, I would like to take this opportunity to thank each and every student who was part of the volunteer team, participants and/or audience for coming out and supporting our endeavours. The Phollies, Info Nite, PAW and the list goes on and on would not have been a success without you guys. I hope that you continue to offer such support as our new council members take on their positions to bring you all another whole year of fun and memories.

Aarthi Iyer, OT8

3rd years

Rescheduled classes will be the death of us all!

an exhausted OT7 student

To Pei, Lydia, and Dave:

Thanks for all the laughter and tears in LMP lab. It had been great working with you guys! Good luck on the final exam, and no more p. mirabilis ...

DPKL All the way!

-KX

To Eric, Angela, and Caroline, my dearest friends on earth, who have stood by me through thick and thin. Grace a vous, je vois la vie en rose.

Love,
Allegra

To Quan, Lis, Ellen, Kimx2, Ann, Amy, Ruta, Alena:

It was a stressful year, but we're almost done! Good luck on exams and I'll see you guys at Wonderland!!

~Em

OT6 Back Row Boys,

The dream has just begun. See you at the millionaires club!

Lates,
Big-V

First year of pharmacy school was such a blast, still can't believe that it has gone by this fast. I made a best friend named Mike and saw his kind heart, and hung out with Lara, right from the start.

Had one too many drinks with the infamous Neil, and was bedazzled by Amanda with her kinky sex appeal. Shared a lot of laughs and jokes with my Korean friend Matt, and lived with Onyeka who saw me as a big brat. Chestnut girls, Remon and Shaun were never too far, with Bik, Sandra, JJ and Matt, we'd go to a bar. So many memories which we will remember in our prime, with my wicked pharmacy friends we always had a good time.

---Thanks for everything guys. I love you all!
-aleXXX

Hey Lucy,

You are an awesome co=editor! It was great working on the Monograph with you this past year. Have a great summer in London!!

~Em

Jenn, Cecilia, Lina...
Are you guys hungry????
me too!!!!!!

Here's to our fantastic teamwork..Thanks for making everything so much easier!!

Starving R

To: Astro, Campfire, Lil D, Mama Nina, Maja, Mathur, and Matty

This was another awesome year together. Good luck on final exams!

- Wolfpack wonger

Raashid,

Which dress should I wear to graduation; blue strapless or daffodil moo moo?

Love always,
Tranny Vella

Hey Henry,

Congratulations on becoming 21 years old! Now you're actually of legal age :P Now the question is, do YOU look your age? =)

Janet

To Emily and Lucy,

Congratulations on a job well done as editors for the Monograph.

Ann V.

Kristin, Cheryl, Sarah and Sari,

Thanks for infusing some sanity (and fun) into this crazy year. You guys are the very best of the best!! Who can forget our struggles with sleep/caffeine (you know who you are, "Mistress of the Redbull") and the desire to RUN!! We're almost there.....

-Andrea.

Tranny Vella,

Daffodil moo moo all the way. It's easier to take off!

Your love,
Raashid

To the performers and volunteers of the Arts Show (and to all those that made it possible):

Thanks you VERY much for your

time and dedication. Without you, there wouldn't be a show. I hope we can have another one next year!

Janet

Shout out/Big up to KP (x2), L C, SC, TD, NL, JP, JF, SS, MH and everyone else who helped get me through 3rd year. I could not have made it without your laughter, your hard work, your team spirit and your initiative. Let's get drunk on May 12th! Who's in? Lots of love,
JC-W.

To Lisa T, Amy K, Ellen T, Charlene Q, Kim L, Alena H, Ruta S, Emily L, and Kim T.

Thanks guys for another memorable year.

Ann V.

Dear UPS Council,

Wow, I can't believe it's already been a year! I will miss sending out your listserv emails, and taking down minutes. I hope that you guys continue to make a difference in undergraduate pharmacy life. Take care and all the best,

Janet
UPS Executive Secretary 2005-2006

Emily!!! :)

HAPPY BIRTHDAY!!!

P.S. Awesome job with the Monograph! We're so proud of you, hehe.

---the girls

To Emily, the world's most amazing co-editor,

I hope you had fun this year with the Monograph. Have a wild time in Cuba/HK! - LC

WRITE A SHOUTOUT

Every month the shoutout page will be featuring your congratulations, well wishes, happy birthdays, and sappy smoochy love notes. It's first come first serve, so make sure you get your space. Send your shout outs to themonograph@gmail.com

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The graduating Class of 2006 would like to acknowledge and thank all the sponsors of our upcoming Graduation Formal. The following companies, who are established members of the pharmacy community, made extremely generous contributions to our event. We, as graduates of the Leslie Dan Faculty of Pharmacy, strive to achieve the standards of practice set forth by these companies. Most importantly, we thank them for their continuing support of the pharmacy students at the University of Toronto.

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*Congratulations, class of 0'06
You did it! We wish you all the
best of luck in the future.*