

The

Monograph

VOL. 8 NO. 6

April 2007



**Fourth Year Anti-Calendar
Pharmacy Athletics - a great year!
Pharmafiles - Pharmacy Consultant**

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UPS Corner

Andrea:

OMG – Habibat, I can't believe this is our last UPS corner! Wow – this year has flown by! Okay – so lets get right to it...first off, we would like to thank Michelle Chan and Henry Chen for being such fantastic Monograph editors! Their hard work and devotion throughout the year has ensured that the Monograph continues to be a means of communication, as well as a creative outlet and a source of entertainment for pharmacy students. Also, we would like to extend a big thank-you to each and every UPS member for their enthusiasm, motivation, and dedication throughout the school year. In fact, all student council members, be it on class council or UPS, have put in a tremendous effort to continue past traditions or start new initiatives to make this year as enjoyable and memorable as possible – and for that we thank you!

Habibat:

Yeah Andrea, this year has certainly had its challenges. I never realized that people could be so rabid about their UPS Points!!!! Indeed, we have a great faculty and pharmacy students definitely show a lot of school spirit! So many students obtained their Pharmacy P and their Pharmacy Plaques this year (some even obtained BOTH in one year!!!). We even had some students who won the Dean's Award for 200+ UPS Points which really is a phenomenal achievement! Our UPS Awards Night this year is certainly testament to our amazing students.

Andrea:

Ahhhhh – and of course there was UPS elections...the ballots were a little bare this year seeing as many positions were acclaimed – but I think that's just because everyone wants to be on class council and work up to UPS...little do they know that UPS is less work and comes with an office ;) But seriously, we have just voted some fantastic candidates onto UPS for the 2007-2008 school year! And of course I am extremely proud to announce that Alexander Vuong will be filling my shoes as UPS President ...

Habibat:

...and I must also say that I have every confidence that the ever capable, always resourceful and simply stellar Stacy Yeh will be "continuing my legacy" (in her own words) as the UPS Vice-President. We wish them both all the best in the upcoming academic year. We know that they will lead our student body competently and will continue to be innovators and initiators.

Andrea:

Alright pharmies, best of luck on your exams and we hope you all have a safe and relaxing summer! Did I forget anything Habibat?

Habibat:

Even if you did, no one reads our UPS corner anyway...

Andrea Narducci

UPS President

Habibat Aziz Garuba

UPS Vice-President



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Pharmacy students show off their talents. A night to remember!

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Letter From the Editors

It is a sad time for us, as we reach the final issue of The Monograph for 2006-2007. Thank you to those who have contributed submissions so diligently over the year! We appreciate your support very much, and we urge you to continue to contribute in the upcoming year.

As OT8s we realize that our time at the faculty is rapidly coming to an end and our diplomas are within sight but just out of reach. We are confident that the OT9s and 1T0s will continue the spirit of pharmacy after we are long gone. Reminiscing on the good times we've had as pharmacy students, we just wanted to part by encouraging each and every one of you to put yourself out there, participate in intramurals, get involved in events, and sit on student council. Remember, we only get to be pharmacy students once!

On this one and final note, we would like to pass the torch on to the next set of editors for 2007-2008 ... Matt Fong and Lara Tran from OT9. Congratulations on getting the position. Everyone, you are going to be in great hands!

Best of luck to you all on exams!



Michelle Chan
Monograph Co-editor 2006-2007
Undergraduate Pharmacy Society



Henry Chen
Monograph Co-editor 2006-2007
Undergraduate Pharmacy Society

COVER PICTURE: Pharmacy Arts Night (PAN)

With the musical extravaganza resonating in our ears, the visual element of the show was no less stunning. Artists, photographers, and poets presented their best work in an attempt to snatch the coveted Pharmacist's Choice Awards of Arts and Poetry. It was a tight race between the beautiful watercolour paintings by Ester Liu (OT8) and the gorgeous digital photographs of Muhammad Basil Ahmad (OT7). In the end, Beaux Arts tradition proved to be the winner, with Esther Liu's watercolour painting of tropical fish triumphing over Muhammad's digital dexterity by a mere 2 points. In the poetry field, Jason Chenard from OT8 took home the Pharmacist's Choice Award of Poetry in a landslide ballot. And it isn't just us who recognise Jason's talent in the written word – he has already published one collection of poetry and has been signed on for a second. With any luck, the next generation will be furrowing their brows over them as required reading for English Literature classes.

Once again, congratulation to our Pharmacist's Choice Award winners and to all PAN participants! With over 35 pieces of artworks and poems, an amazing choir and some fantabulous performances, Pharmacy Arts Night was an unprecedented success with a great turn out!

Eager for more great artwork and music? Stay tuned for PAN 2008!!!

The Pharmacist's Choice Awards and Pharmacy Arts Night 2007 are brought to you by **Janet Chong (Music Director) and Catherine Chung (Arts Director)**.

UPS Athletics

Male Athletics

This year's intramural season has come to an end with great showings by the Men's Basketball and Hockey teams, both of which made it deep into the playoffs. The teams hope to build on their successes and take home the championships next year!

Congratulations to David Zhao (0T8) and Vijay Rasaiah (0T8) for being February and March's Male Athletes of the Month. These two individuals have made priceless contributions to pharmacy athletics on and off the field. Keep up the awesome work guys!

Thanks to everyone that came out and participated in intramurals. This year was one of the best in recent memory for pharmacy! Next year will be just as good with Bryan Langel (1T0) taking over the reigns of male athletics. Bryan has played on many intramural teams and possesses great organizational skills that will definitely help pharmacy athletics next year.

Remember to take full advantage of your study breaks during exams! A healthy body equals a healthy mind!

---**Rene Mader (0T9)**
UPS Male Athletics Director

Recognize

---**Amy Tam (0T8)**

On April 4, 2007, the Pharmacy Intramural Representatives went to "Recognize 2007", an intramural awards banquet, held by the University of Toronto Intramurals Council. This event commemorates the finale of intramurals for the academic year and celebrates the achievements of the athletes from all colleges and faculties.

I am proud to share with you all that Pharmacy brought home the Stewart-Wodehouse Award, a banner that we will be able to hang proudly in our building. This award represents the recognition to the college or faculty that accumulated the most points based on participation. This is an amazing achievement and the UPS athletic directors would like to thank everyone who has participated in the intramural program this year. It has been an awesome year with successes in championships and participation. We hope that Pharmacy can continue on with this legacy! In addition to this award, several graduates (class of 0T7) received their Intramural "T" Award. This award is for students in their graduating year who have significantly contributed to the intramural program as a player, coach/manager, official, administrator, or committee/council member. I would like to congratulate Stephanie Barnhill, Stephanie Linney, and Milton Reisis for being awarded their Intramural "T" this year.

Thank you and congratulations to the pharmacy athletes for your amazing participation and dedication to the intramural program. We hope that intramurals can continue to be a fun and integrated part of student life for many years to come!

Co-Ed Athletics

The 2006-07 intramural season has come to an end and Pharmacy has once again shown its tremendous talent, dedication and sportsmanship this year. Thanks to everyone who participated!

The highlight of the Winter semester was the championship won by our Division 3 co-ed volleyball team. Their determination to take home a coveted blue intramural t-shirt never waned. Congratulations to MVP Denise Kwan of 0T9.

The Pharmacy dodgeball teams also made a name for themselves in their inaugural season. They dipped, dived, ducked and dodged their way to playoff berths before bowing out. Leading the way were MVPs Heather Roth (Division 1) and Hayley Fleming (Division 2). Great work guys!

--- **Eric Henderson (0T8)**
UPS Co-Ed Athletics Director

Female Athletics

Women's intramurals ended with yet another great season!

The basketball team squeezed into the quarter finals and won their game against Dentistry, but was defeated against Vic in the semi finals. Pharmacy also showed good effort in volleyball, just shy of making it to the playoffs. Indoor soccer was played in the newly built Varsity Bubble and the team did an amazing job. A big thank you goes out to all participants who represented Pharmacy. Surely, all that sweat and blood on the field/court must have boosted the adrenaline! I hope you enjoyed your sports experience so far for there's plenty more next year! Congratulations to the Athletes of the Month: Shauna Forsey 0T9 (January), Amy Tam 0T8 (February) and Miki Hayano (0T8)! Come out to the Pharmacy Awards night to celebrate the hard work of your teammates! Good luck to everyone on their finals.

--- **Rosanna Yan (0T8)**
Female Athletics Director

| | Sport | Captain | MVP | Notes |
|---------|-----------------------|------------------------|------------------------|--------------------|
| COED | Dodgeball - div1 | Rene Mader - 0T9 | Heather Roth - 0T9 | Team made playoffs |
| COED | Dodgeball - div2 | Hayley Fleming - 1T0 | Hayley Fleming - 1T0 | Team made playoffs |
| COED | I.T. Waterpolo - div1 | Eric Henderson - 0T8 | Aaron Boggio - 1T0 | |
| COED | Volleyball - div3 | Alexander Vuong - 0T9 | Denise Kwan - 0T9 | League Champs |
| Men's | Basketball - div2 | Matt King - 0T9 | Vishal Ravikanti - 0T9 | Team made playoffs |
| Men's | Basketball - div2 | Tommy Lam - 1T0 | Eric Ojha - 1T0 | |
| Men's | Hockey - div4 | Eric Henderson - 0T8 | Earl Kim - 1T0 | Team made playoffs |
| Men's | Soccer - div3 | Mena Ibrahim - 0T8 | Mena Ibrahim - 0T8 | |
| Men's | Volleyball - div2 | Rene Mader - 0T9 | David Zhao - 0T8 | |
| Women's | Basketball - div2 | Janet Chong - 0T8 | Rosanna Yan - 0T8 | Team made playoffs |
| Women's | Indoor Soccer - div1 | Lauren Mirabelli - 0T8 | Lauren Mirabelli - 0T8 | |
| Women's | Volleyball - div1 | Julie Dyck - 0T8 | Megan Barkway - 0T9 | |

SEE LAST PAGE OF THE MONOGRAPH FOR PICTURES!

Reflections of a Faculty Rep

First of all, let me start off by stating that I am by no means a self-proclaimed poet. However, I do enjoy making up the occasional rhyme. Some of you may even remember that in an attempt to become Faculty Rep in second year, I gave my speech in the form of a rhyme. Probably more of you remember that I didn't actually win in the election (so maybe my rhyming skills aren't that great). In any case, I've decided to phrase my reflections on being the third year class' Faculty Rep in the form of a rhyme, so here it goes:

A year's flown by in the blink of an eye,
and here's what I have to say:
Being a Faculty Rep, in the so-called hardest year,
I sure entered the position with apprehension and fear.

How would I do in representing my peers?
Would I excel? Or just grind my gears?
I knew it was expected that I did what was best,
but does that mean accepting every single request?

I quickly learned, that saying no was okay,
but saying "I think that's a good idea, I'll look into it" was
better at the end of the day.

But I've tried my best to respond to all your suggestions,
but in the end I wouldn't be surprised if you still had some
questions?

It's true what they said, that third year's so tough,
our endless midterms, labs, and assignments were definitely
rough.
But it's starting to slow down and we can almost see the end,
just think, summer is just around the bend.

Now you may think this rhyme is cheesy or sad,
but there's just one more thing I want to say real bad.

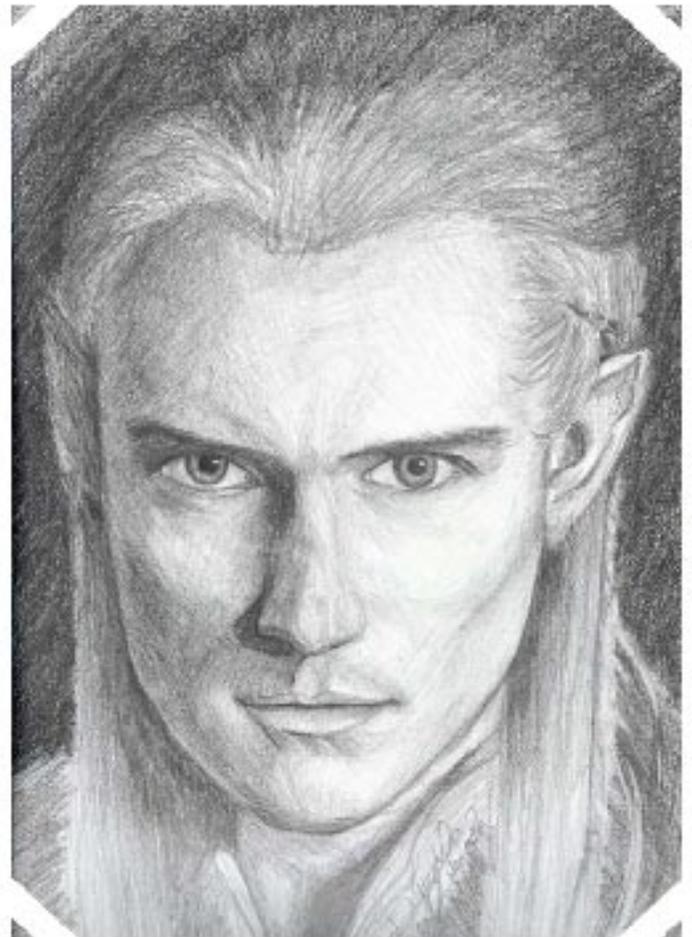
That is:
I hope I have served you well as Faculty Rep,
that none of you are disappointed or truly upset.
It's been a great year and I'd just like to state,
It's been an honour and a pleasure serving you OT8.

Sincerely,

Alena Hung
OT8 Faculty Rep



--- by *Allegra Connor (OT9)*



Legolas Greenleaf
Medium: pencil sketch
--- by *Lucy Wang (1T0)*



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If I Have Learned Nothing Else...

--- Lauren O'Connor (0T8 Monograph Rep)

This time of year, when things are winding down and everyone is in that period of elation that class assignments are done and it is not yet exam time is a great time for reflection. This is a good activity not only because it wastes time from studying (I am a pro at that), but also because after a whole school year of sleepless nights, fun times with friends, and newly acquired knowledge, it is good to benchmark how far you've come.

I understand that 0T9s and 1T0s must get sick of hearing about third year...how much work the third years have, how everything is hard and impossible etc. etc. etc. I'm not going to lie, I hated hearing that in first and second years, but at the same time...having almost finished the dreaded year...I regret to say some of the rumors are true.

Even though this year was no piece of cake (as no years in pharmacy are), I still learned 5 fundamental lessons (besides all that drug stuff) that I would like to share. I hope that this article will lay to rest the first and second year fears that third year morphs us into PCC counseling, CPS reciting zombies, and provide 0T8s with a chuckle or two. If not, camping season is coming and I'm sure this article will make wonderful kindling to keep you warm. So without further ado:

Lesson 1: You can run on minimal sleep, and caffeine is your friend.

While I understood the basics of this lesson since first year pharmacy, it definitely got drilled into my head this year. With the amount of stuff we seemed to have to do this year and my mildly procrastinatorish tendencies, sleep was one of the first things to go. I did miss it at times, but trying the list of lattes from Second Cup and Starbucks and sleeping for 10 hours one night every week soon became a suitable replacement. And honestly, there were few more satisfying things in life this year than falling asleep at 10 pm and not having to wake up at 6 am the next morning to study. Bottom line...this year made me appreciate the little things in life like sleep and a nice cup of tea.

Lesson 2: Breaks are essential.

In this crazy panel preparation, case study work-up, lab attending, mid term studying existence we all live in, it is easy to go overboard on the reading, writing, and revising. I was always told to make sure I took breaks, but I never really got how studying less would help me know more. Sure, I would take the breaks, but I'd always feel a little guilty. This year I learned the value of breaks when that page seemed impossible to learn, that sentence just couldn't be written, or that problem couldn't be solved. The 15 minute health break restores that mental clarity required to face the insanity of working your butt off.

Lesson 3: Time management is as important as hard work.

This lesson became quite clear this year because I felt more than ever that there was just not enough time to get stuff done. I used to believe that my lack of time to do things was my own punishment for not working enough ahead of time (which don't get me wrong was sometimes true), but more often than not, there was just not enough time in a day. So what this year showed me was that not only working hard, but working "smart", trying to learn the things I should know for life, rather than memorizing small details seemed to make the most sense at the end of the day.

Lesson 4: Friends make even the worst days better.

We will get bad marks, we will question why we chose the path we did, we will wake up on the wrong side of the bed, we will have to study when there's a new episode of Grey's on. Let's face it, life has its disappointments. It's important to remember that we don't have to go it alone. There's no better way to cheer up than joking about bad marks, forming a study group while gossiping about your own Grey's-like drama, or complaining to someone who understands exactly why that class is so exasperating. Friends provide that little push (or kick) that keeps you pushing on, and that is why they are invaluable.

Lesson 5: Involvement in your community is rewarding.

This year, I really got a big appreciation for the students in our pharmacy community and their dedication. It was my first year on class council, and seeing the hard work and participation in class and faculty-wide events by both members and non-members of councils made me understand what a cohesive pharmacy student community we have. The experience I had this year was definitely a rewarding one, and I encourage everyone to get involved - it's easy to get caught up in the daily grind and forget about the other opportunities life has to offer, but there are a lot of things going on - so check them out.

I want to thank everyone who submitted to The Monograph this year, and thank you for reading. I had a great time contributing - have a great summer!

Compiled By Jason Lam, 0T7

Contributors: Carole Chan, Lori Chen, Ramon Goomber, Gus Karageorgos, Cathryn Sibbald, Jonathan Wright, Luxin Ye and anonymous 0T7ers.

Mandatory Courses

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. This year, the topics were hypertension and congestive heart failure (the same as the year before). 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. 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. The level of detail needed for the tests is high and so prepare to cram like you did for PHM321. Lalitha will offer as much help as you need, provided that you ask for it.

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 will not be covered. Instead, you will learn about 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 patients and employers 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.

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 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. Also, the depth that was needed seemed to approach that of a much larger assignment than the one page requested. The section on economics went much more smoothly by comparison, with no surprises and a very straightforward final exam. Besides the marks, the topics discussed were relevant to pharmacy practice, and were quite informative and provoked some interesting discussions if you attended class.

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. The hardest part about this course is that the protocol deadline falls in the middle of the finals. Best to be organized, and to finish everything well in advance. I lied. The hardest part was actually trying to show up to class as the material was so dry or confusing at times.

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

Coordinators: 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. Don't worry! It's open book so just bring the manual with you and you'll pass without studying before hand. But you will be spending a lot of time flipping through the manual during the test.

Selective Classes

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

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. I was able to do well in this course without going to class. But then again, I kept up with the readings. 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.

Selected Topics in the Pharmaceutical Industry (PHM 454)

Coordinator: Dianne Azzarello

This course is strongly recommended for anyone interested in gaining insight to issues within the pharmaceutical industry. The course coordinator, Dianne Azzarello did a great job of organizing an interesting class, which encouraged group discussion and participation. Almost every week, there was an invited guest pharmacist who would speak on a selected topic. Topics included formulary access and drug coverage, patents, the drug development process, drug safety, post-marketing surveillance, media crisis, sales & marketing, the generic industry and other current issues such as Bill 102. Evaluation was based on participation (30%), a midterm paper (30%) and a final exam paper (40%). There was also a class where students had to give presentations on provincial formulary access (grade for presentation was included in participation mark). Guest speakers discussed their personal career paths and answered questions about their experiences with respect to residency, graduate studies, pharmaceutical industry, government and consulting work. This class offers a nice change of pace from other classes and will give you the opportunity to explore other pharmacy career options outside of retail and hospital pharmacy.

Institutional Pharmacy Practice Management (PHM 459)

Course Coordinator: Bill Wilson

This course is a continuation of Bill Wilson's Phm 326 Management course, with a focus on hospital practice. Highlights of the course include guest speakers such as Jim Mann, Olavo Fernandes, Beverley Hales, Emily Musing, Ross Davis, Scott Walker. Topics include models of hospital management, role of pharmacy manager, patient safety, medication reconciliation, drug distribution automation, marketing, leadership, hospital accreditation, and residency. Course evaluation is based on the midterm assignment (40%) and a cumulative final exam (60%). Bill Wilson tries to involve students in CSHP (Canadian Society of Hospital Pharmacists) events / world of hospital pharmacy. For example, through his collaboration with Ross Davis, students were sponsored to attend the annual professional practice conference (PPC) held by CSHP. The workload of this course is relatively light compare to other 4th year courses. For those who would like to do well in this course, it may be worthwhile to dedicate your 2 hours a week to the lecturers, especially because many guest

lecturers have a variety of lecturing styles. Moreover, Professor Wilson's weekly anecdotal "stories" do help to make your weeks in 4th year more enjoyable.

Elective Classes

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

Pharmacotherapy in Obstetrics and Gynecology (PHM 463)

Coordinator: Tom Brown

PHM 463 is one of the commonly recommended and most popular electives in 4th year, and with good reason. Tom Brown is one of the best professors I have had in my university career – he teaches in such a way that you actually remember what he said, even after you write the exam. It doesn't hurt that the course content is pretty useful in practice too.

On the first day of class, he remembers the names of everyone enrolled in his class...on subsequent days, he proceeds to walk in and joke around with the class before he seemingly effortlessly produces an informative, interactive and fun lecture. There are no Powerpoint notes for his portion of the class; everything is taught in the old-school fashion, on the blackboard. He stresses basic concepts, which you can use to reason out more complicated situations. This is the way his exams work as well; know the basic concepts like the back of your hand, and you can usually work your way through them and get a fairly good mark. Just remember to read the questions carefully. He is usually looking for a fairly succinct but detailed answer and takes marks off for wrong answers.

The second half of the course is taught by Lisa McCarthy. Last year was her first year teaching such a substantial portion of the course, and since she does have Powerpoint notes, her lectures were more like the conventional Powerpoint lecture style we've now become used to in other classes. While not as interactive as the first half of the course, the material is still very relevant. Her portion of the exam tends to be a little less detail-oriented and she doesn't take marks off for wrong answers.

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 you're studying for 5 exams and everyone else is studying for 6. Incidentally, if your report receives an A, you have the option to revise it and have it posted on the CAMline website for all practitioners to use. Enrollment is limited.

Self-Directed Online Problem Based Learning

Elective in Self-Medication (PHM 468)

Coordinator: Debra Sibbald

This is a great course for the independent learner. It will definitely lessen the load on your fall courseload if you are able to work ahead and get a lot done in the summer. However, if you are a procrastinator, it is a huge amount of stuff to get done last minute! You don't need to be savvy in computer programming but entering your work into the internet template will take time so plan ahead for that. Debra is very flexible with deadlines, but will expect those "higher level" complicated patient cases with multiple topics integrated and creative ideas to keep your readers interested. You will also learn a lot in writing the questions and be able to practice those critical appraisal skills! You're almost guaranteed a good mark if you take it seriously and put the work into it.

Introduction to Pediatric Pharmacy Practice

(PHM 456)

Coordinators: Sandra Bjelajac Mejia, 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.

Aboriginal Issues in Health and Healing **(PHM 450H)**

Coordinator: David Burman

Alongside students from the department of Arts and Science, this course aims to provide an understanding of the issues surrounding aboriginal people in Canada, and provides an understanding of their holistic methods of healing. This course helps pharmacy students develop insight into other cultures which will assist them when providing counseling, especially when the patient's view of health and healing differ from the scientific perspective that we have been taught. There are no tests or exams, and evaluation is done through 3 assignments; a life story, a book report, and a group project. Classes consist of sitting around a circle and sharing snacks while listening to elders tell stories involving the aboriginal community. Students are encouraged to sit and listen (rather than take notes) and if comfortable, share personal experiences. The assignments can be quite time consuming, so if you manage your time well, this course can ease your workload for the semester. Enrollment is very limited.

Alcohol and Substance Use Disorders (PHM462H)

Coordinator: Beth Sproule

The course begins by providing students with a basic understanding of the differences between dependence, abuse and addiction. Each of the following weeks, a different class of drugs that has addiction/abuse potential is chosen. Some examples include alcohol, opioids, cannabis, stimulants, tobacco, hallucinogens, etc. Video clips, real patient interviews and guest lecturers make for very entertaining lectures. Beth is an excellent instructor as are the rest of the lecturers. The course is fairly light on the workload. There are 2 exams (1 mid-term and 1 final) and 1 brief paper (2 pages) per 2 students. Exams consist of short answer and multiple choice questions often involving short practical cases. If you attend the lectures and read the handouts you should do very well in the course. More importantly, you will learn a lot of useful and practical information not taught in other courses.

The following classes were cancelled this year due 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:

- Research Project I (PHM 489)
- Research Project II (PHM 499)



--- by Pei Yong (0T8)

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Majoring in Facebook, Minoring in Pharmacy

--- *Habibat Aziz Garuba (0T8)*

Unless you've been living under a rock for the last year and a half, you must have noticed how Facebook, one of the most popular online social networks, has become the mainstay of electronic communication among our generation. I have heard a number of students utter such comments as "I check facebook more often than I check my email", "I spent 3 hours on facebook last night instead of studying for Med Chem" and "Who uses the phone anymore?" etc. And notice how nobody prints photos? We just promise to post them on facebook and tag each other...even when everyone else looks horrible and you're the only one who looks good in the photo

So for anyone who has at any period in time developed an addiction to facebook, no matter how mild or how extreme, this one's for you...

Ode to Facebook

Every look...

Every word...

Every picture...

Every click...

Leaves me

....wanting more

Hanging on,

attempting to salvage

the thinning threads of

my academic performance

a fruitless effort

as the digital allure reels me in

I've made a vow of abstinence

To prevent it from taking pre-eminence

But Andrea just tagged me

And Jackie wrote on my wall

And Cynthia changed her profile pic

And Alex created a new pharmacy group...

O who will save me from this compulsion?

The Harsit Sandwich

A sketch about myself. Ahh, a perfect way to avoid doing work at SPEP. My preceptor is probably going to think I have a serious illness - the amount of bathroom breaks I take. So now that I'm almost done pharmacy, I've had the time to look back at things I have done in the last four years, and it's close to lunchtime, so maybe this may seem like I am thinking of food more than my life. I'd like to present to you, Harsit Patel: My Life as a Sandwich.

Have you ever thought of ordering the Harsit Sandwich? Let me tell you what's in it. First, we have succulent buns. Buns are the main part of the sandwich, and for me, buns are like bookends. I started off pharmacy in first year as the VP of our class, and I finished off pharmacy in fourth year, also as VP of our class. Maybe this is where the name Mr. VP came from - my lack of never being a president, NOT a hurtful stab at my Venereal Polyps. In the middle of the sandwich, you have a big, beefy (though I personally am vegetarian) patty. It is full of calories, makes you gain weight, and sometimes gives you indigestion if not done properly. This integral part of the sandwich for me was in third year, serving students as the VP of UPS. As Burger King says, you know you can have it your way. There are plenty of other toppings on the Harsit Sandwich as well. The onion, strong and pungent, is like my leadership skills, being active on councils, and raising a lot of money for our grad fund. The tomato, sweet and acidic, is like my participation, like in the practice OSCE for ear infections, which was sweet to put myself out there so others could learn, but bitter when I made a fool of myself. The pickle, came when I was co-host of the Phollies this year - what a pickle I was in trying to pass midterms, host the Phollies, and create the YouTube sensation of SexyBabe with pals Usman, Kirk, JP, Bik, Matt and longtime lover Leanne. Now, as I move through SPEP and toward graduation, I can appreciate the little things, such as the sesame seeds on top of the succulent buns. I consider my sesame seeds my battle wounds, as they are my stress-induced pimples from trying to maintain my individuality in my SPEP and future career.

Over the years, I have worked hard in perfecting the recipe of the Harsit Sandwich. I hope that if nothing else, you enjoy your four years in pharmacy as much as I have, and realize that school is more than just classes.

I look forward to seeing you all in the future either in school (I hope I pass my SPEP, seeing as how I am currently sitting on the toilet with a laptop) or as colleagues. Enjoy school, make friends, and take it easy when you can - don't strain, it's not worth the pain!

Harsit Patel
Proud to be Class of 0T7

ANNUAL FACULTY DRUG FAIR: A HUGE SUCCESS

On Friday, March 9th, the class of 0T7 welcomed 15 drug companies to our brand new building for the annual Drug Fair!

A&P Canada Co.

Apotex Inc.

Hoffman LaRoche Ltd.

Jones Packaging Inc.

Katz Group Canada

Medical Pharmacies Group Inc.

MethaPharm Inc.

Ontario Pharmacists' Association

PCCA

Pharmasave

Ratiopharm

ScotiaBank

Shoppers Drug Mart

Swiss Herbal Remedies

Wyeth Consumer Health Care

The attendees were all extremely impressed with the student turnout and enthusiasm, as well as the new location!

As organizers of the fair, we would like to thank all the students for their courtesy and professionalism.

We hope to see the Drug Fair become an even greater success in the years to come. Best wishes and good luck with exams everyone!

--- Stephanie Linney and Jacky Usakovsky, 0T7 Graduation Representatives

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methapharm

Patents or Patients?

The dilemma regarding the cost of AIDS medicines in India

---Tulika Singh (ITO Monograph Rep)

As conscientious pharmacy students, the above question might appear to be a rhetorical one. When confronted to choose between patents or patients, we would choose to prioritize patients, and this dilemma would not exist. Halfway across the globe however, patients might be in a predicament. The multinational pharmaceutical company Novartis International AG is challenging India's current patent laws, putting India's generic drug industry under dire threat in addition to patient welfare.

Novartis is pursuing legal action in India following the patent office's decision to decline the patent for Glivec® (imatinib mesylate), a cancer drug for chronic myeloid leukemia and gastrointestinal stromal tumours [1]. The Indian patent office only grants patents to 'new and innovative compounds' and since Glivec was evaluated as a 'modified' compound, Novartis was denied patent protection [2].

Novartis is challenging this decision [3], claiming that this ruling does not comply with Trade Related Aspects of Intellectual Property Rights (Trips); a covenant that is a pre-requisite for entry to the World Trade Organisation (WTO) [2]. In 2005, India entered the WTO, and consequently was forced to change its patent laws to grant patents on technological products, including pharmaceuticals [2]. Novartis acknowledges Glivec is an improved version of an older drug, and although the company gives the drug away for free to "99 percent of the people who need it," it wants the courts to overturn the patent decision [2].

Hence, the court case is about patent rights and not access to life-saving drugs [2] and herein the major quandary lies: if Novartis wins the Glivec case, it would establish a precedent that would allow other drugs that have been slightly changed to receive patent protection in India [2]. This means that countless medicines that are available cheaply to the poor now could be patented [2]. This has mammoth implications, especially when it comes to HIV/AIDS medications.

India, the Pharmacy of the World's Poor [2], provides low-cost generic drugs to half the HIV/AIDS patients living in the developing world [4]. According to Medecins Sans Frontieres (MSF), the generic industry has allowed the cost of AIDS treatment to decline significantly. From a cost of \$10 000 per patient per year in 2000, AIDS treatment now costs \$130 presently [2].

Novartis' success in this lawsuit would allow pharmaceutical firms to modify AIDS treatments, patent it in India, and prevent cheaper generic versions from being exported to other nations that are severely inflicted with the AIDS epidemic. The challenge that is arising out of this court case is already creating much alarm amongst India's generic manufacturers [2]. The Indian generic pharmaceutical firms have decided not to manufacture generic versions of second-line AIDS drugs, drugs that are needed desperately by AIDS patients that have acquired resistance to the antiretroviral drugs over time [2].

Despite a quarter million signatures from people in 150 countries requesting Novartis to forgo the case, the legal battle ensues [2]. To aggravate the situation, 9 000 more patent applications are waiting to be reviewed in India, out of which 7 000 are believed to be slight changes to old drugs [2]. The future of India's generic drug industry, and ultimately, the lives of millions of the worlds poor seem to be hanging precipitously.

On the flip side, Novartis is pointing out that during cases of national emergency, nations are permitted to over ride the patent protection [2]. When there is a public health need, compulsory licenses can be issued which dissolve the patent protection granted to companies and allow the reproduction of drugs at a modest royalty cost to the companies [2].

However, the issue of compulsory licensing is not as simple as Novartis is making it seem. A case in point is Brazil, which has tried to initiate compulsory licenses three times unsuccessfully, because the US Congress has threatened to revoke Brazil's trade preferences [2].

This takes us back to the question asked at the beginning of the article: patents or patients. Since the word patent is practically a synonym for profit, another way of phrasing the same question would be to ask: profits or patients. Pharmaceuticals, a 600-billion-dollar a year industry [4], have made their choice clear. As soon-to-be-pharmacists, we too need to be clear in our minds. If we have sworn by our profession to always put the patient first, we should realize that healthcare is a concept that extends past our dispensary, our province, and our country. We must appreciate that our patient population is not just restricted to those whose name is stored in our pharmacy's database. We do not have to jump up and sign up for Pharmacists without Borders or condemn the pharmaceutical companies, but we should advocate for those patients who can not advocate for themselves.

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Wyeth
Consumer Healthcare

“More than You Imagine”

---Laura Narducci (1T0)

I passed a poster with those words on the old pharmacy building everyday last year on my way to life science classes, as did I pass our new building in the works as I hopped onto the subway at the end of each day, always hoping that I would make it in. Today was the pharmacy entrance exam, and it brings back memories of when I wrote last year's exam on April Fool's Day and how the events of my life have unfolded since then.

After already being at U of T for my first year of university, one wouldn't think that I have experienced much of a change, but I'd have to disagree. Our school of pharmacy is truly a unique tight knit community, which somewhat brings me back to high school days, but of course with a much more prestigious touch and an outlook of cutting-edge health care professionalism. Seeing smiling familiar faces every morning, making friends with all sorts of students from all sorts of places around the province and the country, having fun outside of school with such charismatic and enjoyable people, and learning from others that have more to offer than they realize, are only some of the things that I look forward to each day. I have made some really great friendships this year, and I look up to so many talented and brilliant people, mostly older than me but some younger than me too! With 240 students in my class, it's exciting to know that there are still lots of people I have the opportunity to get to know.

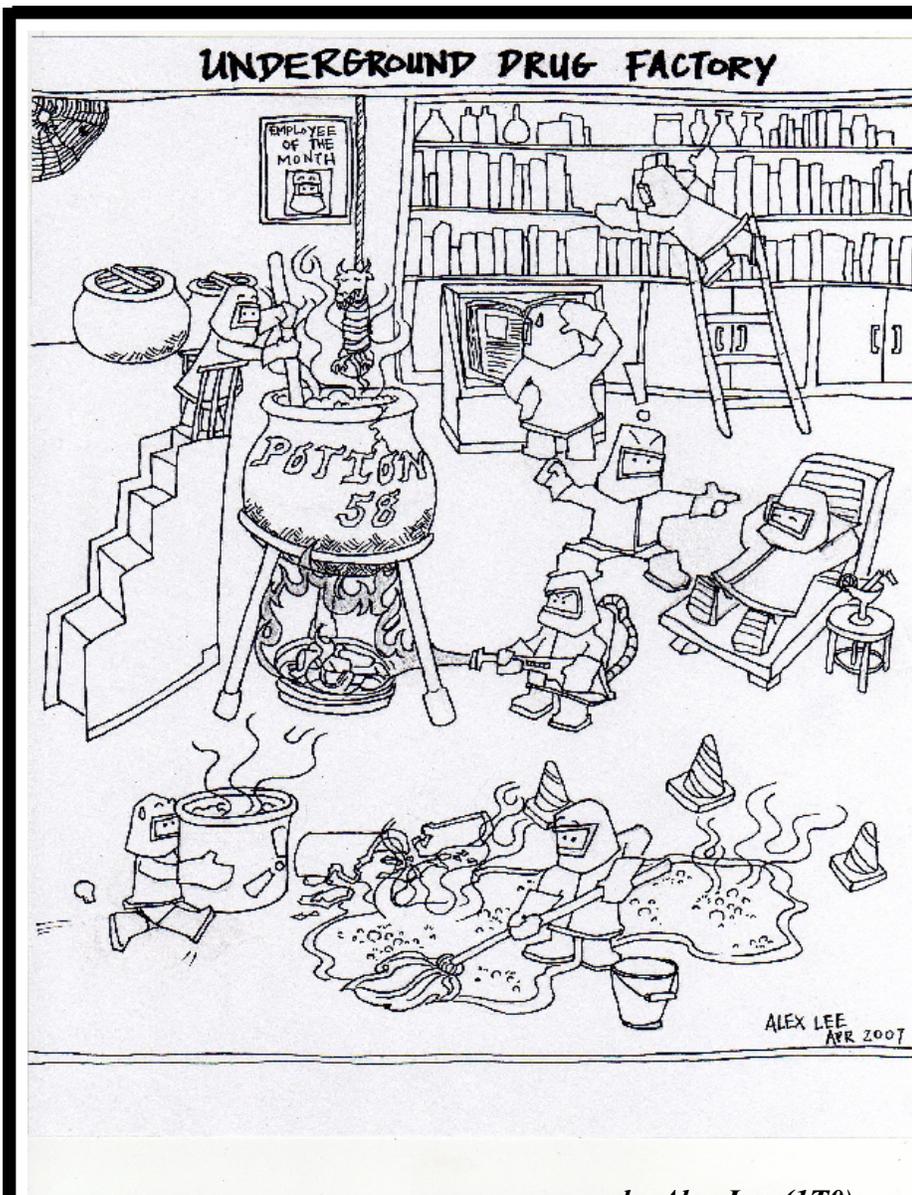
This year hasn't always been a breeze, with commuting downtown from the suburbs or with the stresses of no exemptions. I sometimes wondered if I would ever make it past stats class, or when the day would come when I would produce a first-class writing assignment. Life is never easy though. It is not supposed to be, and in every challenge we grow a little and become something more than we were before. I have come to understand this even more while in pharmacy, and with this realization it becomes easier to embrace new challenges, whatever they may be. This will only prove as an aid for the challenges that lie ahead of us in our future studies and careers as pharmacists.

Maintaining balance in life is another important keystone that started to hit home for me this past year. An anonymous writer wrote “Enjoy yourself. These are the good old days you're going to miss in the years ahead.” I am really glad that I involved myself in the student life here at the faculty, because it was so much fun along the way and I really enjoyed myself. All the activities and events planned this year, no matter how simple or extravagant they were, brought people together in a positive way, and from which unforgettable memories were made.

Another anonymous writer wrote “In order to receive, you've got to give, and that's what life is all about.” This year I have really come to understand the meaning of this. Just taking the minute to stop and talk to classmates, whether you're offering your help, some encouragement, your advice, or lending an ear, you can make a difference for someone else, and as the saying goes, for the giver as well. So often I have found that it really is these little things in life that matter. There are a lot of truly caring and compassionate people here in pharmacy, and at the end of the day, it's the kindness that I've experienced from these people that I won't forget.

As a whole, I have thoroughly enjoyed my first year, and I really couldn't imagine not being here at a place that has so much to offer me and from which there is so much I can gain. I guess the saying really is true because I can only imagine what more might be in store for me in the years to come.

To all readers: have a well-deserved summer break and we will all meet again in September!



---by Alex Lee (1T0)

Being a “farm”-assist

I am currently in 4th year completing my second SPEP rotation in Cobourg at a community hospital. I’ve lived a rather different experience of pharmacy school over the last 4 years than many others have. For the first 3 ½ years I commuted every day from Whitby to Toronto. I dreaded the daily ride in on the GO train. I chose to commute for a couple of reason. The biggest reason of course was money. It’s a heck of a lot cheaper to live with Mom and Dad in Whitby and commute than to get an apartment downtown. I also did it for the lifestyle. See, I don’t like Toronto. I know many, if not most, of you love the downtown. Good for you. I’m happy that there are people who enjoy urbanism. It’s just not for me. I don’t like busy subways, smelly streets or the non-stop nauseating smell of hot dogs. However, if that’s your cup of tea I won’t knock it. I tried it, I didn’t like it.

Over the Christmas holidays I got married and my husband and I now live north of Port Hope in Campbellcroft. We each have normal, respectable day jobs but in our off hours we farm. We raise chickens and have 200 acres of cash crops (oats, barley, corn, wheat, hay). It’s a lot of work but very rewarding. Many of my colleagues have questioned my choice to live and work in a rural environment. In fact, it’s very difficult to find pharmacists willing to live and work where I do. The argument is that there is no challenge for a pharmacist, no social life in off work hours and although the money may be good the practice of pharmacy is not nearly as advanced as in the city. This is all not true! I would argue that true pharmaceutical care has been occurring in small towns for years and not because of some revolution in pharmaceutical practice started by Linda Strand. Rather, it is by necessity that pharmacists in rural environments perform pharmaceutical care. I see my patients every day at the grocery store or at the general store for coffee every morning. Just today at the hospital I counseled a neighbour on a PCA pump for an upcoming surgery and saw my aunt waiting in ambulatory care. Follow up is mandatory because we cannot get away from our patients! In a rural environment care is entirely holistic. I know how my patients eat because they buy their vegetables from the fruit stand where I sell my eggs. I know if they smoke because I saw them on the weekend at a local bond fire. Pharmaceutical care is not a formula in a rural environment, it is a lifestyle.

In a small community as a health care professional, I am forced to advance my practice. I have to investigate rare conditions and forge ahead mostly because there is no one to pass the problems along to. Rare conditions can occur in a small town just like they can in the city except that as a generalist pharmacist I have the opportunity in a small town to investigate these conditions to a depth that may not be possible in the city.

Finally, when it comes to the after hours social life nothing can beat the country! While the country may appear lonely and isolated to an outsider, once you’re in you find that there is nothing like it. There is always someone to visit, a party to go to, or a sight to see. Doors are left open, and friends are always welcome.

So, if it is your time to consider where to practice when you complete pharmacy school, then look at someplace rural. If nothing else, consider requesting an SPEP placement in a small community. It may just open up a whole other world of career possibilities to you.

*---Kristin Ferguson (formerly Martin)(OT7)
4th year “farm”acy student, currently on SPEP*

MY PERSPECTIVE

My Walk from Yonge/College to University/College

It started out as a, dare I say, normal day. However, during my 10 minute walk down College; my perspective was totally changed by two and a half very interesting things that happened.

About 10 feet in front of me, I saw a middle-aged man, dressed very business-like with a briefcase and all. He stops at a phone-booth, walks inside the swinging doors, does something, then walks out. I didn’t think anything of it until 10 feet later when he did the same thing at another phone-booth. It intrigued me so the next time he found a phone-booth; I glanced over to see what he was doing. He could have been checking if there was a phonebook or putting up an ad or hmm... maybe he could have been making a phone call --- but do you know what he was doing?? He was sticking two fingers into the coin return slot and checking for change!!! So this makes me wonder: are looks really that deceiving? Could it be that this man, who appeared to be one of Toronto’s finest, formally educated professionals, was actually in the same boat as that other man you see standing on the corner with an empty Tim Horton’s cup asking for change? (Yes, I do realize I could be jumping to conclusions but it provoked an interesting thought that I wanted to address)

The second interesting thing has to do with the fact that people who rush don’t always get the result they wish to achieve. So here I am, casually walking when Person A, who is walking at a near-jogging pace, passes me. Person A gets to an intersection at a red light and must stop. 10 seconds later, I get to the same intersection and the light turns green. So Person A starts his near-jogging pace and I continue my casual speed. The same thing happens at the next few intersections. At the final intersection, Person A gives me with this annoyed look indicating he was thinking what I was thinking. Not wanting to prove a point or anything, I just smiled. Then I recapped to myself: Person A and I started at the same point. Person A was in a rush so he proceeded at a much faster speed than me. In the end, we both arrived at the destination at the same time. Now, I wasn’t in a hurry but if I had been running late, I would have been rushing like Person A. Little would I have known, but my rushing plan would not have benefited me. So the second thought provoking question of the day was, do plans and rushing really work and how do you know? If it hadn’t been for Person A noticing I caught up at every intersection, he would just go on to believe that his rushing plan was getting him to where he wanted to be faster.

The last of the series of interesting things I saw was a lady with an umbrella out. It was sunny out but definitely not bright enough to be using an umbrella for shade purposes so I’m not entirely sure why she had the umbrella up. However, seeing as I was already preoccupied with other weird things going on, I did not have time to thoroughly investigate this (which could have led to a perfectly logical reason). So this event only gets a half on the interesting scale and leaves my total at two and a half interesting events on my walk from Yonge/College to University/College.

It has been my pleasure sharing my thoughts and experiences with you this year. Any thoughts or opinions on your end are more than welcome. Have a great summer pharmacy.

***Christobelle
(Christine.Truong@utoronto.ca)*

Lifetime Friendships in the Making –

Random memories/dialogues

--- Janet Chong (0T8)

Encounters with a bear:

Janet: "So, what do we do if we see a bear when we go camping?"

Henry: "Act dead."

Peter: "I'm not sure that works; he'll probably sniff you to see if you're alive."

Dave: "I'll run – the bear can't catch me!"

Peter: "Yeah right! Well, if I encounter a bear and I'm with Dave, I'll break his legs."

Dave: "I'll STILL run faster than you with my broken legs."

Brutal honesty:

Scenario: *A cold rainy day in the Banting building, before a PHM330 lecture*

GA: "The rain looks like nits in your hair."

Janet looks dumbfounded and stares.

GA (louder and slower): "The rain looks like nits in your hair!" ☺

On speed walking:

Peter: "We're taking a nice slow leisurely walk to Eatons. None of this crazy fast Asian walking."

Terri: "It's because they're all from Hong Kong and China and if you're too slow, you'd get trampled."

Peter: "Uhhh... I doubt they'd trample me."

On peeing in the shower:

Terri: "Do you guys pee in the shower?"

AV (in a loud and proud voice): Of course I do!! (smiles)

Pedestrians slowly move away and walks faster...

To...

The BBQ in first year

The numerous games of Twister

Playing Street Fighter on DDR mats

Rounds of Cranium

O'Grady's after Med Chem!

Potluck at the ZYCs

Camping in 2nd year

The many chats on MSN to procrastinate

Suffering exams together



OT8 Pharmacy Casino Night – A Great Success

---Lauren O'Connor (0T8 Class Council)

While I'm sure we all know that the mood inside and out of PB 200 can be a far cry from fun and excitement (unless excitement = the anxiety felt when picking up an exam and fun = going to class on a Friday afternoon), this was definitely the opposite one Monday in early March when the area was transformed for the OT8 Casino Night sponsored by associate Bhavika Prajapati of Shopper's Drug Mart #906.

A great turn-out from all three classes enjoyed the excitement of Black Jack, War and Big Small in the lobby as well as the tastiness of the treats from the bake sale and of course the amazing mocktails. For those who wanted more sweat inducing competition, there was Dance Dance Revolution played on the big screen inside the lecture hall.

Of course no casino night would be complete without some sort of reward, and there were great prizes won including: gift cards, movie tickets, and a pharmacy care pack.

The OT8 class council would like to thank everyone who came out and participated, especially those who donated baking to this really successful event. We would also like to give a huge thanks to our sponsor Bhavika Prajapati and Shopper's Drug Mart #906 we could not have done the Casino Night without her generous support!

Hatake Kakashi

Medium: charcoal

--- by Lucy Wang (1T0)



When a little goes a long way

--- Gigi Wong (1T0)

We hear about the patient medication experience in class. At first thought, one may think ‘oh no, not those words again!’ However, an experience earlier this month helped illustrate the importance of a patient’s *perception* of the experience to me.

Earlier this month, I signed up to be a research volunteer to do two Magnetic Resonance Imaging Scans. This required two separate visits, and I went with a friend. The trade-off? You get a picture of your own brain and \$20 for each session. Cool! We thought... pictures of our very own brains, seeing what MRIs are like, and getting money.

In case some of you do not know, Magnetic Resonance Images or MRIs are a non-invasive way to capture images of living tissue. The object to be viewed is placed in a powerful uniform magnet. I am not sure how it works technically but it has something to do with relaxation properties of excited hydrogens and their lipids. Physically, the machine is a short cylinder on its side, with a hole in the middle. The patient lies on a bed that can slide horizontally into the hole in order to take the desired images. Each one of these cost \$2 million dollars on average.

Fueled with curiosity on our first visit, we were excited to see what MRIs were like and to experience what actual patients experience in the machine without the burden and worry of an unfavourable diagnosis. The machine has its own separate room with a window for viewing into the room. The first thing we had to do was to remove any type of jewellery, coins, and belts on our body because these metallic objects could influence the quality of the results.



Monster in My Room

--- by Yuan Zhou (1T0)

The machine was big, the noise was loud, and lying there was chilly. The technician was nice, and the images of our brain were really neat...we felt like people in hospitals on TV. We chatted with the technician and the researcher of the study. After leaving, we agreed that the visit was easy and that we learned something. It wasn’t bad at all.

The day of the second visit came along and we were calm and relaxed because we knew what to expect. As we walked down Bathurst on the beautiful sunny evening towards Toronto Western, my friend told me of a story she heard about MRIs. Once during an MRI scan, there was a fire emergency. The fire marshal came to the scene, and pounded on the window, and the window shattered. Somehow, whether it was interference with the magnetic field or something of that sort, the broken window sent a fire extinguisher flying into the MRI towards the patient lying inside and killed them. “Err...” I said, and we laughed it off like people do in these situations. However, my friend had already planted a seed of fear and hesitation in my mind. Finally we arrived. This time, the machine was a different because the study was to compare the results two MRI machines with different magnets. Not only was the machine different, the room was different too. The room was bigger, and there were side doors that permitted the easy wheeling of patient beds into and out of the room. This fact somehow made



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Do you ever get the feeling...

*Do you ever get the feeling
That you'll never be happy again?*

*Do you ever wonder when it was
That you began to neglect those closest to you?*

*Have you ever tried to find yourself
And realized that you were grabbing at thin air?*

*Have you ever sensed that you needed God's help
But refused to truly acknowledge your weakness?*

*Do you ever wonder whether history will repeat itself
And whether you would break free?*

*Have you ever thought about the future
And feared that you would be alone?*

*Do you still smile for the world to see
But your pillow is stained with tears?*

*Have you ever felt so broken inside
That you don't know how you will face the day?*

*Have you ever spent hours on the phone,
But really said nothing at all?*

*Did you reach out, but your hand was left hanging in the cold?
Did the one person you hoped might understand, not understand at all?*

*Do you ever miss the days
When life seemed simpler,
when the world was younger, and you were more naïve?*

So do I.

---Anonymous

the room more intimidating for me because it was actively used for patients. It didn't really make much sense, but I was more scared. Then, concerns ran through my mind that I didn't have the first time... Is repeated exposure on a stronger magnet safe? Would trace amount of metal have an effect? (I had forgotten to take my watch off this time.) If patients actively use this device, are the surfaces disinfected? This thought made me think back to the LMP 232 lecture about disinfectants and antiseptic practices and made me wonder how critical it is to ensure clean equipment for MRIs. Plus, this time, I got a blanket to cover me while I was lying inside. This made me wonder if the blanket was washed thoroughly, and what type of patient had used this blanket before. In addition, if there was something bad from the previous patient, would infectious material or microbes remain, perhaps due to virulence factors or poor cleaning practices as a result of human error? Paranoia? Perhaps. Or the application of microbiology that small things make big a difference?

We left, and I asked my friend what she thought about the second time. She agreed too that the second time was scarier and somehow more intimidating. We agreed it was because of the story she told

that negatively affected our experience. I thought about how the situation didn't change much between the first and second visit, but our perception of it did. This is when I was amazed at how a small story of an unknown origin or credibility could alter the kinds of thoughts that passed through my mind. The cliché that 'A little goes a long way' is true. Better phrased, it should say 'A little negativity goes a long way'. The many lectures on the patient medication experience and creating care plan in PHM 128 have a purpose that I now recognize. The patient's perception, which is directly linked with their experience, can change with the seemingly insignificant negative notion, story or rumour. Lesson learned? We learn the things we do in class probably for a good reason!

Outsmarting Pharmacology: An Ode to ASA

I was once asked:

"How does the Aspirin® know to go to your head?"

What took us three years to learn,
was that this was a trick question.

Non-steroidal; that's hard for me to swallow.

I mean,
If you were a powder,
Compressed ever so tightly,
Then coated in film,
Absorbed across a gut lumen (without the aid of a transporter, mind you)
Distributed throughout the bloodstream,
Covalently bound to a receptor,
Metabolized into fragments,
And eliminated in the urine,
You'd have to be on steroids.

And accomplishing all this
with someone constantly trying to pluck off your protons,
irreversibly acetylating COX non-competitively becomes more than a challenge.

And after all this,
We are told to take her with food: merely an insult to ASA's talents.
From inhibiting prostaglandin H synthase-mediated neurotoxic DNA oxidation
inevitably inducing Parkinson-like symptoms,
And bumping off warfarin from albumin causing vigorous bleeding,
Or tunneling a peptic whole,
To decreasing joint pain, eliminating fever and reducing the propensity of a
second myocardial infarction, expanding your lifespan,
ASA's duties are endless.

At this point, most try to compare ASA's evil twin, acetaminophen.
Canabonoid receptor, big deal.
Do ASA a favor, don't doubt her.

Well done ASA.
Impressive for a simple piece of willow bark.

J. R. Chenard Unpublished, 2007

Sympathetically Innervated

Somehow,
Seated in lecture hall,
No one else present.

Building from previous knowledge,
brick, mortar, brick, mortar.

Vagally suppressed, sympathetically innervated, highly
vascular.

We study the nervous system's automaticity,
Purely autonomic.

One thought trespasses:
We utilize the brain, to study the brain.
The iceberg of cerebral talents,
Routinely performed in its diurnal tasks.

Mydriasis, reflex tachycardia, syncope,
and dilating the canal of Schlem.

Grey matter computes complex formulae and synthesizes
delicate computations, ameliorates minor anomalies, amends
bodily secretions.

And the part that gets on my nerves:
If the brain can do all this already,
Why does it refuse to share this information with me?
That would save me studying it!

I guess it just likes the attention.

J. R. Chenard Unpublished, 2007

As this is the last edition of this year's MONOGRAPH,
a **bonus poem** is featured,
keeping the pharmacology theme.
-JRC



NEW DRUGS FOR WOMEN !

---anonymous (OT9)

DAMNITOL

Take 2 and the rest of the world can go to hell for up to 8 full
hours.

EMPTYNESTROGEN

Suppository that eliminates melancholy and loneliness by
reminding you of how awful they were as teenagers and how you
couldn't wait till they moved out.

PEPTOBIMBO

Liquid silicone drink for single women. Two full cups swallowed
before
an evening out increases breast size and decreases intelligence.

DUMBEROL

When taken with Peptobimbo, can cause dangerously low IQ,
resulting in exorbitant enjoyment of teletubbies and/or small little
yappy dogs.

FLIPITOR

Increases life expectancy of commuters by controlling road rage

and the urge to flip off other drivers.

MENICILLIN

Potent anti-boy-otic for older women. Increases resistance to such
lethal lines as, "You make me want to be a better person."

BUYAGRA

Injectable stimulant taken prior to shopping that increases potency,
duration, and credit limit of spending spree.

JACKASSPIRIN

Relieves headache caused by a man who can't remember your
birthday, anniversary, phone number, or to lift the toilet seat.

ANTI-TALKSIDENT

A spray carried in a purse or wallet to be used on anyone too eager
to share their life stories with total strangers in elevators.

NAGAMENT

When administered to a boyfriend or husband, provides the same
irritation level as nagging him.

Pharmacy/Dentistry Inter-Professional Speed Meeting and Mixer

---Alexander Vuong (OT9 Class President)

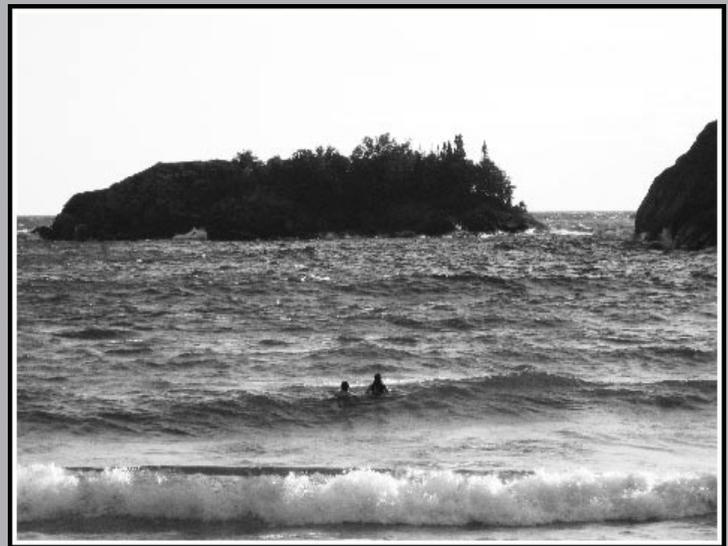
To continue the “phriendly” relations that were developed between pharmacy and dentistry students at the Pharmacy Inter-Professional Boat Cruise, the Pharmacy/Dentistry Inter-Professional Speed Meeting and Mixer was co-organized by Matthew Dang (OT9 Social Coordinator on the Dental Students Society) and I on February 16, 2007. It was a blast! More than 50 Pharmacy students showed up to meet their fellow health care professionals with tons of tasty free food available!

Even as health care professionals in training, we can start to understand more about our fellow health care professionals to promote a truly collaborative health team environment as we enter the workforce. This ultimately leads to patients receiving optimal care as we develop compassion, cooperation and appreciation for our fellow health care professionals. Dentists have a more limited opportunity to study the vast arrays of medications out there. With 4 years of drug specific training, pharmacists can play a huge role to help. Dentists routinely prescribe medications for their patients, and as medication specialists, pharmacists make themselves available for consultation regarding medication dosing, interactions, etc. What we can really appreciate about dentists is that their scripts are generally written much neater than doctors! Their skillful hands lead to amazing penmanship!

I encourage you all to keep mixing and mingling amongst the various health care professionals. There will surely be more opportunities in the rest of your pharmacy education for you to do this! Just keep your eyes peeled on UPS and class events coming up!



Quiet Place--- by Mavra Zvenigorodskaya (C.L.)



There --- by Mavra Zvenigorodskaya (C.L.)

Shout Outs!!

B’sB’sB - you’re more than I could ever have asked for. Thank you for always being there for me, and staying up late even when you don’t have to. You’re the best!

Happy Birthday Dana Kennedy – thanks for having the best impromptu gatherings ;)!

Love,
Your friends

“ /^&* “? - Anonymous

Big Huge THANK YOU to all the great volunteers and helpers from the Events Directors - thank you Phollies helpers and participants (and audience!), Info Night,

PharmaFiles

Your Rx for Success

Hi Pharmacy,

We can't believe the year has flown by so quickly and that this is the last Monograph edition of the school year. Our final pharmacist feature for the year is Martin (Marty) Belitz who has done it all throughout his colourful pharmacy career. We hope he will inspire you all to get involved in everything pharmacy has to offer and hopefully we will see some of the OT7's featured here soon!

Again, if you know of a specific pharmacist you would like to see profiled, let us know by emailing us at cathryn.sibbald@utoronto.ca or angeline.ng@utoronto.ca – good luck with exams and enjoy your summers!

--- Cathryn Sibbald (OT7) and Angeline Ng (OT8)
UPS External Affairs



Demographic Info

Name: Martin (Marty) Belitz

Which pharmacy school did you graduate from?

Long Island University – Arnold Schwartz College of Pharmacy & Health Sciences (Formerly called the Brooklyn College of Pharmacy)

Have you completed any advanced training or certification?

I held a teaching certificate from Queens College of the City of New York which I received after receiving my pharmacy degree. I was originally disappointed with community pharmacy and thought I would try teaching. I went back to community practice after 2 years.

I have taken courses at York University re: Business development and management with the goal of receiving an MBA.

Do you participate in any other professional activities (eg. committees, professional associations)?

I have been an elected member of the council of the Ontario Pharmacists' Association, serving as President in 1985-86.

Also during the 80's I was on the CPhA Council of Delegates and a Board Member.

During the 90's I sat on the Council of the Ontario College of Pharmacists, serving as President in 1996-97. I continued on council as chair of the discipline committee and member of same until 2005.

I sat on the board of NAPRA serving as president in 1999-2000.

In between all these I served on many committees and task forces of several pharmacy organizations.

Job Description

What position do you hold or what is your current practice?

Today I am a Principal Consultant of the Marpharm Group, a Canadian Health Care consulting organization with a specific concentration working with the legal community as an expert in civil and criminal matters.

Prior to that I was a member of the senior management team at the Canadian office of a multinational pharmaceutical manufacturer for 5 years. Prior to that I was the head of the pharmacy operations, pharmacy marketing and pharmacy government affairs department of a major Canadian Chain drugstore operation.

How did you get to where you are today? What was your career path?

Started working as a pharmacist in community pharmacy, eventually owned my own community drug store. Switched to chain drug operations after several years.

What do you like most about your job?

Every day is different.

Fun Questions

What is your best memory of pharmacy school?

In 3rd year a group of us created a phantom student for a Pharm. Chem. course. Since attendance was taken in lectures by occupied seat, we used to alternate people to sit in "his seat". For exams, we used to take an extra copy and one of us would fill out 2 exam papers. The game went on successfully and no one caught on even after exam marks were posted. The scam was uncovered when the prof. decided to call on some students one day after a tough quiz. When several students failed to answer verbal questions, the prof. referred to his notes and called on the phantom student, prefacing his remarks with how good a student he was. His seat was occupied by one of the guys who the prof. recognized and being someone else. The jig was up. We all had a good laugh.

What is your most embarrassing pharmacy moment?

As a student...when working in a pharmacy I was asked for a prophylactic. There used to be a tooth brush line called Prophylactic and it came in various textures Hard, Med and soft. I asked the question...which one: hard, medium or soft and found out, much to my embarrassment, that the customer really wanted a box of condoms. You have to understand that many years ago the condoms were kept behind the counter. Oooops.

Tell us something very few people know about you (eg. hidden talent).

I used to drive in rally races

Advice Questions

What advice do you have for current pharmacy students or new graduates?

Don't limit yourself to one type of practice environment in your early working years. Try all types of practice. Work in a hospital, in industry, for small independent stores, and large chains, food stores etc. After making the rounds you will be better able to make a decision on how and where to spend the rest of your career.

The Dispensary

---Josh Lieblein (1T0)

After a brief hiatus due to space restrictions last issue, The Dispensary continues to be the only section of The Monograph that is verified by multiple scientific sources, and those sources have provided this humble compiler with a very important scoop: 1T0 student Darryl William Wallis, who has been recently removed from active duty for surgery, is expected to make a full recovery. The Ontario College of Pharmacists, also known as the OCP, has made the decision to rebuild Darryl into a futuristic law-enforcing cyborg, allowing him to dispense (heh) Pharmacy Justice in the Faculty of Pharmacy.



Fig. 1: L: Darryl (centre) as he appeared before being rebuilt....better..... stronger.....faster than he was before. R: Darryl after reprogramming. It seems that what he has lost in female companionship, he has gained in shiny armor and oversized weapons.

The compiler wishes Darryl a speedy recovery and wishes him luck serving the public trust, protecting the innocent, and upholding the law.

Before we get to what's making Pharmacy News this hour, the compiler wishes to continue the trend of adding new features to the Dispensary so as to make it more accessible to readers. The Monograph may be a free newspaper, but there's still distribution to think of.

Pharmacy Personal Ads:

-Permanently "short-staffed" manager seeks pharmacist for "relief" during "busy evening shifts". Must have excellent telephone voice for "long conversations" and be willing to keep things "confidential".

-I'm warfarin, you're vitamin K. When we interact, it's potentially fatal and my heart may stop, so professional management on your part is necessary to keep things safely in the therapeutic index (TI).

-Pharmacy student desperately trying to reconnect with you, my pharmacist mentor. We've only spoken on the phone once before..... you gave me your number, demographic information and a prescription for 300 mg of romance to be taken stat, but I need to clarify some information. This is my only callback attempt, so, whatever you do, please don't "FAIL" me now!

-I'm tired of "least-worst" solutions to my romantic troubles. I just want someone who's autonomous, non-maleficent, beneficent (but obtains informed consent as a check on paternalism) just, honest, confidential, and values fidelity. Why is that such an ethical dilemma?

-Wanted: A pharmacist to systematically apply the Therapeutic Thought Process to resolve my drug related needs, select appropriate interventions, and prevent recurrence of DRPs as they interfere with the goals of therapy. Be sure to consider non-drug alternatives and assess all medications for efficacy. Is it any wonder I'm still single? Find me online at page11@utoronto.ca

And now, finally, the news:

Burnt-Out Pharmacy Students Claim Not to Be Burned Out

As final exams approach and the 2006-2007 academic year draws to a close, one thing is for sure: Pharmacy students are absolutely convinced that they are not burnt out, even though they really are.

Evelyn Fung, 1T0, echoes this sentiment. "First year is so boring," she moans as she sips the day's fifth cup of coffee. "I'm just, like... 'can we move on now, please?'" Farah Zahir, her friend and study partner, nods in agreement, but not too hard so as not to unstick her upper eyelids, which she has taped to her forehead.

Upper-year students are expressing similar views, although they are clearly more experienced in the area of burn-out denial. "I find that I have plenty of time to fulfill my duties as captain of two Pharmacy Intramural teams, as well as my role on class council. I'm also a regular at Pharmacy social events, and I work at two different community pharmacies in my spare time," said Manjeet Dwivedi, 0T8. When asked how he is maintaining his GPA with such a busy schedule, Dwivedi seemed surprised and said, "GPA? You mean...people still care about that?"

Ficus Tree Runs Unopposed for Junior UPS Position, Wins

In the latest UPS electoral developments, a ficus tree that was initially nominated as a joke for the position of UPS Junior Financial Affairs Speaker has won the election by acclamation. The ficus tree had no comment when asked about its election victory.

When they were informed of this turn of events, UPS representatives seemed pleased. "The UPS council has always tried to represent all the different cultural backgrounds of the students that make up the Faculty of Pharmacy," an e-mail listserv message sent later that day read. "We welcome students from all walks of life, and plant life is no exception."

Prior the ficus tree's victory, reports had surfaced that an inanimate carbon rod was considering running for the position, but ultimately backed down when it heard that the ficus tree had thrown its hat into the ring, so to speak. "It's all just a popularity contest," the rod complained.

Editorial: Faculty of Pharmacy Resembles High School In More Ways Than You'd Initially Expect

Despite the high level of prestige and professionalism that characterizes the Faculty of Pharmacy, there are many students who have claimed that the Faculty is a lot like high school, and it is the opinion of the compiler that they are not half wrong.

To begin with, your average student at the Faculty goes through four years of classes with the same group of students, and everyone in a year eventually gets to know everyone else, even if it takes a long time. Classes have divided into distinct groupings of academic keeners, athletes, social butterflies, slackers, and class clowns. When two Pharmacy students begin a romantic relationship, people take a great deal of interest (more than they're supposed to in some cases). Popular students become members of the equivalent of student council, and students chat constantly about TV shows and celebrities. Students may not pass notes in class, but they send each other Facebook and MSN messages. Some people choose to sleep in class, while others sit in the front row and write down every word the teacher says. In short, our faculty has more in common with your average high school than you'd think.

The compiler foresees this trend continuing, to the point where our compounding team begins a rivalry with the Waterloo Faculty of Pharmacy's compounding team which is eventually settled with a drag race at "Thunder Road" like at the end of *Grease*.

That's all the Pharmacy News for this edition, and for this year as well. Next time, we'll answer the burning question: Why do they call it a "DIN Number" when that actually means a Drug Identification Number...Number?

Don't get drunk, don't party, and don't take a hit because you will learn nothing about Drug Policy

---*Vincent Ho (1T0)*

St. Partick's Day has always been a day of celebration across university campuses. From virgin froshies to worn-down grad students, adorned in their finest green jackets, t-shirts, tank-tops, baseball caps, g-strings...and topped off with a plastic bowler hat. Anyone looking for a good party knows it starts well before the sun even sets. So perhaps it's by coincidence that the Students for a Sensible Drug policy (SSDP) decided to hold their first Canadian national conference in Montreal on this weekend to demonstrate to others the damaging effects alcohol already has on today's youths...yeeaaah sure, why not? I must admit that when I heard of this conference, my first thoughts were that it would provide me with a legitimate excuse to head up to Montreal to visit my buddies in the middle of the semester. Having glanced over dean Hindmarsh's last lecture on the subject before I headed off, I had little idea about how much I would find out firsthand about what sensible drug policies really are.

Before I left, I had managed to e-mail one of the organizers who offered me an affordable ride up to Montreal. An avid political and marijuana activist, Ms. A had coordinated closely with the much larger American SSDP organization in establishing a Canadian counterpart. Joining us for this morrr-bidly long journey were equally interesting characters. There was Ms. J, a former intravenous drug user turned marijuana activist who holds a permit for medicinal usage, which for the courtesy of her fellow passengers on this trip, was limited to consumption in the brownie form. Then there was Mr. K, another former IV drug user turned marijuana activist. Bearing the scars and "dental blemishes" of having banished his methamphetamine habit, he now works with several community organizations to promote drug policy awareness. The final member of our fellowship of the Enterprise rent-a-car was Ms. S, perhaps the most inspiring of all. Having ran away from a physically abusive father into a life of drugs on the city streets but only to be informed by the police of a gruesome accident that killed her family, Ms. S spent the next 3 years of her life wasting away a \$300,000 inheritance on her drug habit. Broke but not broken, she successfully completed a rehab program that transformed her life. After stints of volunteer work supervising food bank operations, co-founding drug awareness organizations, chairing student senates at York, campaigning for Toronto city councilor and speaking in behalf of CAMH, recognitions for her achievements began to suddenly appear. It was also at this same time that she finally found the courage to deal with her sexual issues and completed her transformation to a woman. Throughout the 7 hour journey to mount dooo...Royal near McGill university, I was pleasantly entertained with their tales of struggle, endurance and determination, with no specific one ring-ing true to what my simple life can possibly compare with (aaaaah HA! finally got it in lol).

The conference featured several very interesting speakers.

From political activists working on various drug policy issues and scholars with Harvard degrees in political science and economics, to more grassroots advocates such as my friend Ms. S. They discussed topics such as community harm reduction and international drug policy. However, the only thing that disheartened my thoughts was the fact that several people found the talk seemingly hilarious. I could only conclude that they have, shall we say, intimate background knowledge on marijuana that I was unaware of. Serious discussions were often interrupted by pointless giggles from certain sections of the crowd and I am pretty certain that it is inappropriate to practice miniature cigar rolling techniques out in the open. What was even more curious was the fact that at the end of each coffee break everyone came back smelling like a fresh cut lawn. Funny, it snowed pretty hard the night before...

Having learned something about drug policy, I went to investigate the effects of alcohol on the teen population and fortunately for me, I was there on the right weekend. While over sushi and red wine at a birthday celebration of one young socialite, the group of us that gathered debated over the finer points of interpersonal etiquette when at a young persons' summer retreat. We concluded that whatever we did there probably no impact on the Pacific Rim Economy and the outlook on the Nikkei futures market...that and what mamma don't know won't hurt her.

After spending the next afternoon at a local fraternal beneficence society's "lock-in-kegger", my next encounter was at a local social hotspot where I attempted to correlate the relationship between alcohol consumption and the propensity for excessive "getting jiggy with it". However, my research was interrupted when at the designated prohibition time of 3 am members of the local constabulary began to apprehend boisterous hooligans in the city streets. As I stood there watching with my friends, I came to the realization that there are far worst vices young people abuse today that is of greater concern than the much feared reefer madness.

So the lesson in this story you might ask? I'm not quite sure as a matter of fact. I believe that there are still many issues about the topic of sensible drug policies that I am still unaware of, but one this is for certain, researching it is damn enjoyable!

Supplication

Hands held open.
Palms to the sky.

Shukr_[1] overwhelms.
Heartbeat subsides.

Life illuminated.
Troubles uplifted.

Hope ignited.
Strength reinstated.

Sakeena_[2]...felt.

--- Farzana Chowdhury (0T9)

1 - Thankfulness, gratitude

2 - Arabic word derived from "Sakoon", meaning "peace" or "tranquility". (Wikipedia.org)

Pharmacy Awareness Week 2007

This year's themes for Pharmacy Awareness Week were minor aches and pains – sports injuries, headaches and migraines and lower back pain. Even though it was what seemed to be the coldest day in the year, our amazing team of volunteers helped us set up a display in the lobby of the Medical Sciences Building complete with a Faculty of Pharmacy sign.

In the beginning, it seemed that MedSci had been abandoned; however, after a little while, a group of caretakers approached us with questions and concerns about back pain. After that, students appeared from seemingly nowhere – many approached our stand to take a look at our pamphlets or enjoy a whole bagful of gourmet jelly beans with those cute PAW 2007 stickers that said “Take one by mouth three times daily as needed”. Some were hesitant; however, after assuring them that I personally picked the flavours as not to include black ones, they took the bag. (Licorice lovers – sorry, but it's true).

In addition, many tried their luck at a quiz, which was not as simple as it looked, with questions ranging from whether or not you need to stretch before exercise to how many pods and lecture theatres there were in our building. The prize was a whole bottle of Centrum!

Overall, the event was a great success – we talked to many students and felt that we managed to get the word out not only about minor pains, but about us as future pharmacists – friendly, professional, and always eager to answer any questions.

Thanks to all that participated!!

**Evgenia and Andrea
2006-07 Events Directors!**



Pharmacies Around the Globe

---Tom He (1T0)

In such a diverse world as ours, the very idea of pharmacy is varied as are colors on an intricate tapestry, and the application of pharmaceutical care ranges from futile to fatal - occasionally both. Here are some more infamous historical pharmacies.

1) Demand and Supply: At a location close to the Olympic Games, weightlifting clinics and college residences, secret pharmacies sell such products as anabolic steroids, popeye spinach and stimpacks.

2) Sparta, 370AD: Spartan pharmacists always carry a heavy CPS, with the inscription “with it or on it” on its side. With the highly demanding job of supplying the population with anabolic steroids, they have developed systematic pharmaceutical care practices. For example:

iv) Situation: patient comes in asking for water.
Assessment: patient wants the pharmacy's submission.
Care Plan: push patient down 300-foot hole.
Follow-up: none required.

v) Situation: patient asks for medication advice in up-coming flu season.
Assessment: patient is inquiring about the future.
Care Plan: tell patient “wait while I consult the Gods.”
Follow-up: prepare sacrifice as Oracle (the CSV student will do).

vi) Situation: patient suffers from depression and claims to be filled with hate toward the world.
Assessment: patient is responding appropriately to anger.
Care Plan: supply patient with spear and Xiphos.
Follow-up: (optional) expand city walls.

3) Italian Apothecary: When Romeo visited the apothecary and obtained deadly poison, the following exchange is said to have taken place when the intern counseled:

I: “Have you ever taken this medication before?”

R: “..... nay? At last, this cursed life shall end!”

I: “I see. You seem a little frustrated with recent events, sir.”

R: “Yes, for my heart be shattered.”

I: “That must be very tough. Now, about any allergies you may have-”

And so forth.

So in conclusion, the practice of pharmacy continues to evolve, and is now safer than ever, at least until the graduation of class 1T0.

An Ode to Coffee

---Amanda Chan (OT9)

(ex-Second Cup Primo Barista)

You depend on this dark liquid to wake you up in the wee hours of the morning. It is the same steaming heavenliness that sits before you as you catch up with friends and family. You drink it before work, before PPL labs and especially before exams (but no later than an hour before to avoid having to run to the bathroom mid-test!). Some may even drink it merely for the chance to roll up their rims.

During the days I worked at Second Cup, I gained quite a lot of knowledge about coffee – in much more depth than I will ever need. So, in light of the dreaded exam month being just around the corner, I'd like to share with you some random facts about coffee (mostly from what I remember from my training).

Have you ever wondered why Second Cup coffee is better tasting and more expensive than McDonald's coffee?

Well, there are two main types of beans: arabica and robusta. Arabica beans are considered the cream of the crop, and thus used in Second Cup and Starbucks coffees, but they are also more expensive. McDonald's and Timmie's on the other hand, mostly brew their coffee with robusta beans – which is why their coffee is lower in cost.

When it comes down to keeping you awake for an all-nighter before the Med Chem exam, should you choose medium or bold coffee?

Before they are ground and brewed to make that delicious cup of coffee, beans must be picked, sorted and roasted. Roasting is necessary to bring out the distinct flavour of coffee. The longer the bean is roasted, the bolder the coffee tastes, but the caffeine content also dissipates. So if you're in need of a caffeine fix, go for a medium or light roast!

Flavoured coffees such as Irish Cream, Carmelo, or Bavarian Dutch Chocolate, have their flavours infused during the roasting process. It turns out that the flavoured beans actually have the lightest roasts of all the blends, meaning they have the most caffeine content.

So why do people drink espresso with their desserts?

Keeping in mind the previous question, espressos are one of the darkest of roasts. One fluid ounce of espresso is in each small latté (or any specialty drinks, like moccacinos). The caffeine contained in one of these is definitely less than a cup of regular coffee.^[1] That's why lattés are an ideal after-supper drink. The slightly bitter taste also helps to complement the sweetness of your cheesecake.

What is the difference between a latte and a cappuccino anyway?

The difference is only in the proportion of milk and foam that is added to a shot of espresso. When you steam milk, the air creates bubbly goodness within the milk which what you know as froth, or foam. A latte is 1/3 espresso, 2/3 steamed milk, and just a touch of foam to finish it off. A cappuccino is 1/3 espresso, 1/3 foam and 1/3 milk. Some people like their cappuccinos "dry", which means filling most of the cup with foam and just a touch of milk.

Sure instant coffee is convenient and all, but how exactly does it work?

Apparently, ground coffee is dried into soluble powder or freeze-dried into granules (for better flowability and compressibility, of course!).^[2] These can then be dissolved in boiling water, but has less caffeine than regularly brewed coffee.^[1]

Are you getting sick of adding plain old sugar and milk to your coffee?

Spice things up next time by asking your server for a pump of 'creamy white vanilla' in your coffee. The same syrup is used in beverages like Vanilla Bean Lattés. After that, you won't even need to add sweeteners or milk to your coffee! You can also try white chocolate, chocolate or even cinnamon syrups if you're feeling adventurous!

I'm sure you may have heard rumors that coffee could possibly raise your blood pressure or stain your beautiful pearly teeth. But I'll save that for another article for another day. Thanks a latté for reading!

1-Caffeine Content of Common Beverages. MayoClinic. <http://www.mayoclinic.com/health/caffeine/AN01211> (March 31, 2007)

2-Coffee, Wikipedia. <http://en.wikipedia.org/wiki/Coffee>. (March 31, 2007)

0T9 Year 2 Wrap-up

---Matt Fong (0T9 Monograph Rep)

With the end of my term as Monograph rep. approaching, I decided it would be a great idea to stop and reminisce about the year that has just flown by. For those who could not or did not attend, weren't aware, or who just forgot, I've compiled a small list of some happenings that have taken place through this year. Although, this article may not directly represent the faculty as a whole, as it focuses primarily on the class of 0T9, the feelings that it evokes may bring back some old memories or incite anticipation for those yet to go through 2nd year

2006-07 was a year filled with great achievements, camaraderie, intense work, and maybe a few blunders here and there. To start it all off we finally moved into our new building. Many were quick to offer criticisms about the flaws of the new building. I would like to remind all of you that not everything will run smoothly on the first try and most new things need a little tweaking. What's most important though is that we got OUR OWN new building! How many other faculties can boast that?

For some the new year began, as usual, with the first day of class. However, for a small handful of us, second year actually began early in the summer. These dedicated souls were members of the phrosh week committee. All summer they met up to plan and coordinate phrosh week, which recorded the highest attendance ever. A great number of 0T9er's also helped out by volunteering or by taking on the role of phrosh leaders. Having been on the committee, I was pleased to see how enthusiastic our class was to participate in this event. This level of involvement, typical of 0T9, was just the beginning of a year that would show again just how much we 0T9er's know how to get engaged in our faculty life and have a good time doing it!

Following this came the UPS welcome BBQ where most of us enjoyed hot dogs and popcorn and where we lost the tug-o-war for the second consecutive year. Admittedly the turn out was better than last year. I mean 40 is better than 6. Maybe we should get together and practice during the summer...then again maybe not.

As anticipated, second year was a lot tougher than the previous one; with new classes, the introduction of panels, Poons, Pangs, Sexy Wu's, and let us not forget Debra. Regardless of the workload, we continued to enjoy faculty life as seen in the many days of post-phrosh partying that ensued during the first month (the -it's good to be back with friends month) at events such as Profac and the Boat cruise. Then came Halloween. We can all remember the classic costumes that were sported by our classmates; witches, Fred Flintstone, Michael Jackson, the guy from the game of operation, and a mammogram machine?...to name a few.

Shortly after Halloween came Phollies. An event organized this year by our very own Andrea and Evgenia. A lot of our talent was showcased this year in films, songs, comedy skits,

and Sexybabe. Everyone seemed to like your shuffle Kirk. The next major event was Semi-formal which took on a little Indian flavour this year thanks to 0T9's Leanne D. We ate food (notice the lack of adjective), drank, and bhangra'd the night away. Again, with 0T9 swaggering a huge turnout! It's almost unreal how many beautiful people you can fit into a picture!

In late November, we all participated to some degree in Charity week and proudly contributed an amazing number of donations to our cause (The Yonge Street Mission). The number of donations made for almost all individual events rivaled all the other classes. Short by only 30-odd dollars, we lost the prize for most money raised, which went to 0T8. At least we got to see pies in the face, Matthew King's Costanza hair-cut, Ali in drag, and Joel as Debra (I think for the third time). Perhaps there is something going on there that Joel isn't letting on? But the most important thing is that we gave to our charity.

Then, just before Christmas, we had our second Secret Santa which brought us closer together and helped forge the ties that will bind us together for the rest of our lives as 0T9er's

Coming back from break, many of us packed up and readied for PDW. Our class had great presence this year and we all had a great time. Next year in Edmonton, let's show the rest of the Faculty just how much spirit and dedication we have and make PDW-2008 the best for U of T Pharmacy ever!

In the weeks after PDW, events took a back seat to exams and projects yet we still worked hard to keep showing our 0T9 zestiness. Bake sales filled our tummies with goodness while we earned more money for our Grad Fund and our charity. Occasionally, we took some breaks from the grind to hit up the pubs and clubs.

Elections came before we knew it. New faces and new ideas presented themselves to the class. While the outcome of the elections are still pending as I write this article, I am certain that whomever takes the reigns of our class council will do as good a job as ever to make third year run as smoothly as possible. Imagine, in one and a half years we'll be out in communities and hospitals across Ontario exercising all that we have learned since we first set foot on campus. But before we get there, finals must be attended to.

While I couldn't mention everyone who contributed to making our year as great as it was or every event that took place, I can honestly say that every member of our class seemed to pick up the 0T9 crest and wear it proudly. It is amazing to see how much our class has to offer the faculty and our community. Now your perception of the year may have differed quite a bit from mine but I'm sure we can all agree that the class of 0T9 is truly a spirited bunch! Kudos to you all and have a great summer.

For pictures of the many events discussed in this article please visit the Pharmakon website (an initiative also created by 0T9's Shaun and Lara) pharmakon.smugmug.com

Do You Sudoku?

Instructions: Fill in the grid so that every row, every column, and every 3x3 box contains the digits 1 through 9.

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|---|---|---|---|---|---|---|---|---|
| 1 | | | | 3 | | | | |
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| 3 | | | | 9 | 2 | 6 | 7 | |
| | 9 | | | | | | 1 | |
| | 6 | 5 | 1 | 4 | | | | 3 |
| 4 | 1 | 6 | 5 | | | 9 | | |
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See article "RECOGNIZE" from page #4