

The

# Monograph

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**Counselling Corner: Exam Edition 16**

**CSHP AGM Highlight Reel 5**

**A Common Tragedy 10**

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# LETTER FROM THE EDITORS

**H**ooray! We're half-way done. Time certainly has flown by. It seems like yesterday we were welcoming the 1T1s. Now we are saying goodbye to our academically exhausted 0T8 friends. Have fun in the Dominican! Don't forget your sunscreen (as Debra would say), Twinrix and Dukoral.

We didn't expect to have such great number of wonderful submissions given that it's cram time. All years are still well represented...except 1T1s. Where are you? Hopefully, you'll have time over the break to scribble something down to amaze us all in 2008.

Flop! That was the result of last month's contest. Thankfully we had some entries. Congrats to Allegra Connor (0T9) for her inspiring piece on how we should progress as pharmacists.

For the next issue: At the risk of repeating the previous contest dud, we are asking all you lyricist to compose pharmacy lyrics to your favourite songs (à la Gabe Sin). We're switcing up the prizes too. So keep your submissions coming and we'd also love to hear your **FEEDBACK** on any of the content! (Sadly, Reality Check took a dirt nap this issue due to lack of response.)

The **Deadline** for the next issue is **January 21, 2008!**

"Until next time, keep fit and have fun!" Just like we will at PDW 2008 in Edmonton. And good luck on exams.

Keep on truckin',  
Matt and Lara

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colour, online at:  
[ups.uoftpharmacy.com/Monograph.php](http://ups.uoftpharmacy.com/Monograph.php)

## External Affairs and UPS

*Presents...*

### The External Affairs Student Writing Award

Two annual awards which recognize students who promote and raise awareness about opportunities offered by OPA and CSHP (1 award for each organization)

**Criteria:**

- an active student member of either CSHP or OPA
- completion of an article submitted to the Monograph between September-April which is about a service provided by the organization that you are a member of
- Examples include conferences, CE events, social events, other membership benefits etc...

**Award value:**

- a 1 year membership in the organization
- a plaque with your name on it presented to you by a CSHP or OPA member at the UPS awards night in April

## Questions?

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## UPS CORNER

**W**e are almost there--half way through the academic year! The curriculum is difficult as always, but events from UPS have helped us all remain sane! November is a great month for all of the pharmacy favourite events hosted by UPS and CAPSI!

November kicked off with the Pharmacy Phollies and ended with a bang at Semi-Formal: A Black and White Affair. The Pharmacy Phollies returned to its 3 show offering and had students from the whole faculty rolling off of their seats laughing. A classy night capped the month off at Le Dome Banquet Hall.

Tucked in between those events were two faculty-wide competitions, the Curling Bonspiel and Charity Week. A rockin' good time was had by all with the Bonspiel-especially the 1T0s who made such a strong presence with the charity and took home the class award.

Classic Charity Week events like the Pie Throw, Prof Auction and the Charity Week Bakesale have returned, while incorporating new events like the Urban Plunge. The class of 0T9 may have won the Doc Kennedy Award for having the highest contribution to Charity Week, but the real winners of the week were the

charities themselves.

Two years ago, \$3100 was raised; last year we raised \$4500 and this year was also a great year with \$4620 raised. Pharmacy students definitely make a tremendous contribution to their class charity in the four years they are enrolled in the program. All the proceeds from Charity week get split among the four class charities, with half of the money raised at the Prof Auction donated to CAPSI's local charity-The Candlelighter's Foundation. The class charities are: 1T1 - Canadian Cancer Society; 1T0 - Sick Kids Foundation; 0T9 - The Yonge Street Mission; 0T8 - Childrens' Wish Foundation.

November is also one of the busier months for CAPSI, as the local CAPSI council has been hard at work organizing annual events such as the Patient Interview Competition, Over the Counter Competition, Compounding and Student Literary Challenge. Winners in these competition will receive travel subsidies to the national student conference, Professional Development Week in January. PDW will be a rewarding and educational experience for those who attend, and we would like everyone to continue promoting professionalism in their

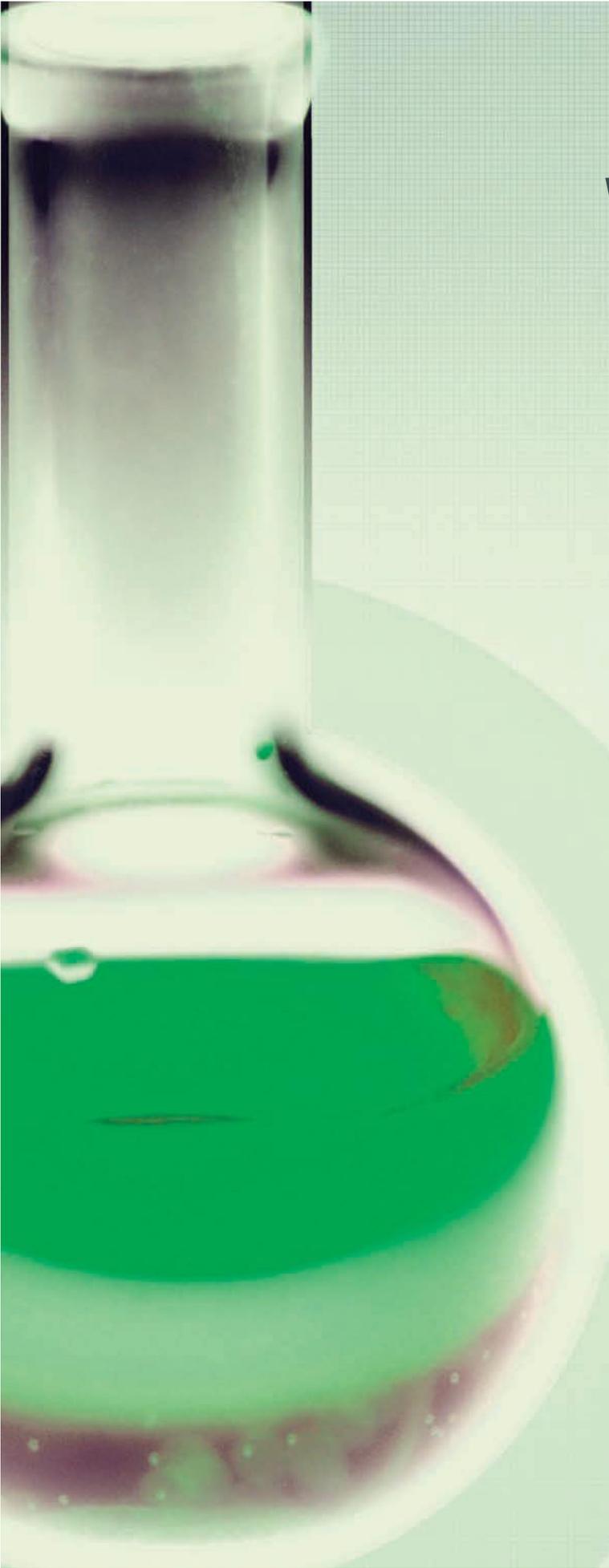
everyday behaviours.

With the UTSU bi-election occurring this month we also introduce a new member to our general council. Joseph Koo of 0T9 has been elected to serve as the UTSU rep. Joseph will work hard by acting as your voice at UTSU meetings and will relay relevant information to our student body.

Finally, we will also take this opportunity to bid farewell and good luck to our colleagues in 0T8. We hoped that you enjoyed all the recruitment dinners this past month, and the building will definitely get a little quieter without the presence of you all! On behalf of the UPS, we would like to wish you all the best of success as you complete your SPEP rotations. This will be your last printed issue of the Monograph in your hands, but remember that back issues and future issues will be available on the UPS website.

Cheers, best wishes and have a Happy Holiday!

Alexander Vuong    Stacy Yeh  
UPS President      UPS Vice-President



# **AT BIOVAIL, WE MAKE BETTER MEDICINES**

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**BIOVAIL** 

# CSHP AGM Highlight Reel

By Sara Rosaline Lavoratore (0T9)

The Canadian Society of Hospital Pharmacists (CSHP) is a national organization committed to safe medication practices and patient care in hospitals and related settings. Each year, CSHP hosts an annual general meeting (AGM) for their Ontario Branch. The general meeting serves to give updates on new treatment regimes for disease states, discuss impact papers, share changes occurring within the University of Toronto curriculum, and discuss the up and coming University of Waterloo program. Workshops were also offered where cases were discussed on complex topics. Finally, the day ended on a motivational note – pharmacists working outside of Canada.

When I received the letter this summer about the CSHP AGM, a few things really caught my eye on the agenda – an impact paper on inhaled insulin and the curriculum at the University of Toronto and the University of Waterloo. Inhaled insulin seemed like a novel idea; think about it – patients wouldn't have to inject themselves with insulin. With the increasing numbers of individuals being diagnosed with diabetes, this treatment option seemed promising. Also, learning about U of T's new curriculum and about UW's new school was something that really interested me. I went to UW for my undergrad, so my excitement may not be shared with the rest of you; however, I have been known to complain from time to time about our curriculum, so I wanted to see how UW's would stack up against ours.

When the inhaled insulin speaker took the podium I was a little shocked. Turns out Exubera has been removed from the market. The dosing was too complex for patients; 1 mg = 3 units, but 3 mg = 8 units – talk about a DRP. Also, the time to peak for Exubera was over 2 hours, so patients with poor glycemic control still needed long acting basal insulin. Exubera was also a lot more expensive than injectable insulin. In the UK, the National Institute for Health and Clinical Excellence advised against inhaled insulin because the benefits of avoiding injectable insulin did not justify the higher cost. All of these issues caused Exubera's withdrawal from the market.

After a coffee break, Professor Raman-Wilms discussed changes that will be occurring within the U of T curriculum. Professor Ramon-Wilms talked about how U of T will introduce modular learning. This will make the U of T pharmacy program similar to the U of T medical program. Modular learning is based on the idea that you learn in systems. So, instead of learning diabetes in medchem in 2nd year, in patho at the beginning of 3rd year, in pharmacology in the middle of 3rd year, and in therapeutics at the end of 3rd year we would learn all aspects of the disease at once. Also, working in smaller groups during problem-based learning classes was discussed. This would mean that instead of 240 people in therapeutics all listening and interacting, we would have therapeutics in groups of 60. These ideas seemed to be well received. However, some students were caught wishing the changes could be made sooner.

Nancy Waite spoke after Professor Ramon-Wilms about UW's pharmacy program. Many people were interested in hearing about the notorious co-operative learning program. Some concerns expressed over the co-op program were that students would not have a structured practical component of their education. Students would not be forced to complete care plans and interact with patients, since the experience a student receives will be up to the employer of the student. Nancy Waite assured everyone that students will be required to complete specific

clinical goals by the end of the 4 years. Additionally, Nancy argued that UW students will have the opportunity to see more areas of practice, since students cannot go back to the same place of employment after one work term.

After learning about curriculums, we had a delicious lunch. Myself and some other students were fortunate to have lunch with Carmine Stumpo, the director of pharmacy at Toronto East General. Carmine shared some pretty hilarious stories about his U of T days and some insight into hospital residency and Pharm Ds.

After lunch, workshops allowed the pharmacists and students to break-up into smaller groups and do some "brain-flexing". Cases were presented and everyone helped to discuss and solve them. I attended the workshop "Therapeutic Options for the Treatment of Heparin Induced Thrombocytopenia". The case presenter, Jennifer Pickering, was phenomenal! I had very little previous knowledge on the topic and I was pretty sleepy from a filling lunch, but she kept my interest for the entire workshop. It was really amazing to see pharmacists solve cases together and discuss obstacles they faced in practice while treating this illness.

After the workshops I was considering going home early. You know, it was a Saturday afternoon, and I had been in the faculty building since 8am, but I decided to attend the session on pharmacists working outside of Canada. I was so thankful I stayed! Emily Ng shared her experience volunteering for a week with MEDICO in Honduras. MEDICO is a group that sends medical teams to areas in South America with poor health care. The medical team Emily was part of had several physicians, a dentist, an optometrist, several nurses and a physiotherapist. Emily shared some touching stories about her experience. If you want more information about MEDICO, go to <http://www.medico.org/index.php>.

Overall, I had an amazing time at the CSHP AGM. I was able to learn about a lot of different topics in pharmacy. Also, I was able to interact with leaders in hospital pharmacy! If anyone is considering attending next year, I highly recommend it. It's only \$25 and you get it back from either the Jim Mann Subsidy or from UPS. Hope to see you at the AGM next year! **M**

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International Perspectives on Access to Healthcare in Urban and Rural Settings  
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Early Bird Registration \$15 | Regular-\$20

Keynote Address by Dr. Peter Singer, M.D.  
>How the Globalization of the Life Sciences Can Make the World a Healthier, Wealthier and Fairer Place

Presentations  
>Health and Human Rights - How the Other Half Dies  
>Close to Home: Challenges and Disparities in Healthcare for Aboriginals  
>An Interdisciplinary Approach to Healthcare Delivery in Underserved Communities

WWW.UTIHPCONFERENCE.COM

By Jennifer Teng (OT9) IPSF Rep.

Patricia Marr is the current pharmacotherapy specialist in the Immunodeficiency Clinic at Toronto General Hospital. She is a PharmD graduate from the University of Toronto and conducted her rotations at Sunnybrook Hospital. Read on to learn more about Dr. Marr's practice and how you might be able use your knowledge to help change the lives of HIV/AIDS patients in our community.

## What is your role in the Immunodeficiency clinic?

The physicians all have different needs and have different approaches with what they want from pharmacists. When I first started at the clinic, I shadowed the different clinicians because I thought it was great way to see what was done at the clinic, to build a relationship with clinicians, and to learn about HIV and patients. The physicians here are all fantastic and it's great to see how they practice patient care differently.

There is one physician that likes having the pharmacist right there when she's meeting with a patient. It's great because I am able to learn about the medical management of HIV: physical assessment, different tests they might order to work up a patient for different conditions. If issues come up with therapy, I work with the doctor to make the pharmacotherapeutic decisions together right there. In that scenario, I then counsel the patient, do drug histories. It's a great relationship for both of us because I am able to learn from the doctor and we are able to make decisions right away instead of reacting to a problem that developed that could have been prevented.

Other physicians will give me patients to work up ahead of time, asking me to go through the chart and see if I can make any suggestions. Some also approach me asking me to counsel patients on new regimens. I also get consults sometimes from nurses regarding patients who are suffering from adverse signs and symptoms. Sometimes even patients directly contact me. There is a lot a direct patient interaction, which I like.

## What kind of drug databases do you go to for drug interactions with HIV meds?

There are three really good websites that I use routinely. One of the websites is our own clinic website which is updated regularly. The challenge in HIV is that you can't just go to Medline and type in key terms and ensure that you get all the relevant articles. Many are only published in abstract form. The CPS, Micromedex, and other commonly used references are not usually helpful. Some of the easy websites that you would tend to use in other practices to look up drug interaction questions, I would not be able to use in this setting very much or at all. Altogether, answering drug info questions

## Do you do sequencing of each individuals HIV virus to determine resistance?

Resistance is a huge issue in HIV because it dramatically impacts what therapies we can use in a patient and what therapies will be effective. The best time to do resistance testing is when a patient is first infected. But sometimes patients don't know they're infected so if we haven't caught them in the seroconversion phase they may not get tested right away. We usually do testing when patients are failing a regimen. To conduct resistance testing, blood samples are sent to St. Paul's Hospital in BC and the results of that are sent to Belgium where a Virco type resistance report is generated. In the resistance report they test for the actual mutations and then they put it into a database to determine whether they drug will be sensitive, resistant, or have reduced response.

There are also databases that we go to such as the Stanford University HIV Drug resistance database. There, you can plug in all the genotypic mutations a patient may have and it will print out a phenotypic report that tells you which drugs will or will not work.

## What do you think are the major problems that you see on a day to day basis with patient therapy?

It varies a lot but patients may struggle with side effects of medications. Some of the side effects are short term so we help the patient manage those side effects or minimize them. I do provide support in that respect. It used to be in the past that patients would have a handful of medications and you'd have to set a beeper and patients would have to get up in the middle of the night to take their pills and be very diligent about taking them routinely. That was a real challenge for patients. I can't imagine taking a handful of medications every single day. So, one nice thing about the regimens now are that they have become simplified. It used to be that the pill burdens maybe 30 pills a day. But now with new medications like Atripla which has just come to Canada, it is one pill, once a day. It is a combination of medications. Truvada is a common medication which is tenofovir and emtricitabine and it is once a day. We would likely combine it with a protease inhibitor. The decrease in pill burden is fabulous for patients now.

Another challenge we are seeing a little bit more at the clinic are patients who were vertically infected. These patients were being managed at Sick Kids and are now presenting here, 20 years after being on a whole host of medications and having so much resistance. That is another challenge that we face. We have to decide what we do now for these patients. They have very limited treatment options and their compliance may not be great. For those patients, we may try some experimental drugs and if they do not work or the patient's compliance is not great, then we really don't have anything else waiting for the

patient. This is a pretty unfortunate situation. So it's important that we try to get the patients to understand the repercussions of taking medications regularly.

## How do you deal with patients that cannot afford their medications since HIV/AIDS medications are so expensive?

The social worker that we have in our clinic is excellent. He sets patients up through the Trillium program to help patients get coverage from the government. Drug therapy is very expensive it's thousands of dollars a month. Unless patients have independent coverage or have very high paying jobs, they usually get covered under the Trillium program. There are some challenges but overall we ensure that patients get the medications that they need. There is no patient that doesn't receive medication because of funding.

We also have a program where patients donate medications if they have stopped a drug regimen either due to toxicity or if it is not working anymore, rather than throw that medication away it is donated to the clinic and in certain cases, we look after re-dispensing that medication. This is only done in certain cases where patients need the medication but due to funding reasons, that we are working on, they can't receive the medication. Under health care provider judgment, ensuring safety and efficacy it is a good option for those that cannot access therapies in the short term.

## Do you have any suggestions for pharmacy students or pharmacists in the community in dealing with HIV medications or patients with HIV?

I would encourage my students to always engage their patient and find out what's important to them rather than going with a standard approach to counseling. Find out what your patient wants to know about the treatment and always to start with that rather than having a set agenda.

Also, I am always a resource for pharmacists in the community or pharmacy students on HIV medications. I enjoy receiving calls from other people with questions or concerns. It's a great way for me to learn as well. So I think sharing information with each other is a great way for us both to develop and help care for the patient. Overall, the bottom line is to engage your patient and find out what's most important to them instead of just making an assumption.

## What is the one thing that the general public/ pharmacy students/ etc. should know about HIV/AIDS?

Well that's a difficult question but the one thing that I am reminded of from my patients is stigma. From my perspective, I didn't have a stigma about HIV/AIDS. But talking to patients, depending on where they go, it is still an issue, which saddens me. It's not necessarily health care providers, but health care professionals including pharmacists should be aware that it still is an issue at least in their patient's minds and I think we still need to do a little more work on that. ■

# MedsCheck:

## What it is and what you need to know

By Alena Hung, OT8 Monograph Rep.

By now, you've probably heard about MedsCheck on the radio, on TV, and in every single one of your classes. But just in case you still don't completely understand what MedsCheck is, here's a brief synopsis of what the initiative entails, and more importantly, what it means to you as soon-to-be pharmacists.

About MedsCheck:

The MedsCheck program is a medication review program that was introduced by the government of Ontario on April 1, 2007. As reported by Zubin Austin in the November/December edition of Pharmacy Connection, the main purpose of the MedsCheck program is to allow community pharmacists to work individually with patients to "provide them with a better understanding of the purpose of, precautions associated with, and best use of medications (both prescription and over-the-counter)." While MedsCheck is slowly finding its place in the community, as pharmacy students, we need to learn how to conduct them thoroughly and effectively. Think you won't need to know how to do one? Think again. Starting this year, MedsCheck has found its way into the curriculum, surfacing as a topic of focus in Professional Practice Labs. Below is a fool-proof recipe for how to conduct a MedsCheck:

Conducting a MedsCheck Medication Review:

1. Start by gathering the following administrative information:
  - Contact information for patient
  - Known allergies (including description of allergic response)
  - Family physician (and other relevant health care providers)
  - Contact information for pharmacist completing BPMH
  - Date of BPMH

2. Gather medication information:
  - Medication name, Dose, Dosage form, Frequency of use
  - Route, Indication, Description of how patient is really (actually using medication), Source(s) of information
3. Answer the following questions for each medication:
  - Is the medication appropriate?
  - Is the medication effective?
  - Is the medication safe?
  - Is the patient taking the medication in the best way to optimize its value?
4. If the answers to any of the questions in step 3 are "No", then assess alternatives to generate a new action plan.

Still feeling a bit confused about how to do a MedsCheck? Or want to know more? You can refer to the OCP guidelines posted at <http://www.ocpinfo.com/client/ocp/OCPHome.nsf/web/Medication+Review+Program>. In fact, "I believe that any pharmacy student, and by extrapolation, any pharmacist, should be able to complete a thorough and accurate medication review using the resources that are currently available both through OCP and OPA."

For more information and resources relating to MedsCheck, refer to the following websites:

<http://opatoday.com/PS.asp>

<http://www.ocpinfo.com/client/ocp/OCPHome.nsf/web/Medication+Review+Program>

[http://www.ocpinfo.com/Client/ocp/OCPHome.nsf/object/PCx+Nov\\_Dec\\_07/\\$file/PCx-Nov-Dec-07.pdf](http://www.ocpinfo.com/Client/ocp/OCPHome.nsf/object/PCx+Nov_Dec_07/$file/PCx-Nov-Dec-07.pdf)

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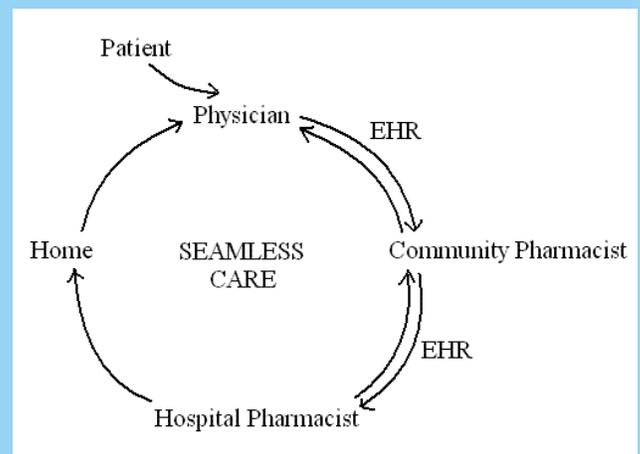
## Seamless Care

By Renee Woo & Deb Chang (1T0)

Pharmacists will be an integral part in providing seamless health care over the next twenty years. The key words being WILL BE, because as of now, it has yet to be actualized. Seamless care encompasses "the desirable continuity of care delivered to a patient in the health care system across the spectrum of caregivers and their environments." Within this framework, the role of pharmacists is to ensure seamless pharmaceutical care which primarily involves medication reconciliation. For instance, when a patient is discharged from a hospital, a pharmacist must be responsible for accurately communicating the patient's current medication record to his or her community pharmacist. This ensures continuity in care and prevents adverse drug events. Similarly, when a patient is admitted or is transferred within the hospital, it is important for the pharmacist to obtain the patient's original medication record and update it as needed. The process of medication reconciliation can be facilitated by electronic health records.

In a joint effort with Health Canada, Canada Health Infoway Inc. is establishing Canada's first national electronic health information system. An electronic health record (EHR) will provide health care professionals access to a patient's complete medical profile, which includes prescription medications. A community pharmacist will update a patient's EHR with a complete list of prescribed medications,

and if the patient is admitted to a hospital, the hospital pharmacist can use the EHR to verify the information and make sure that this list is complete and up to date. Then upon discharge, the patient can be



confident that he or she will receive the appropriate medication. Not only will the EHR improve communication between pharmacists, it will enable all authorized health care professionals across the country to access accurate patient medical information. EHRs, as a means of medication reconciliation, will give pharmacists the opportunity to play an essential role in providing seamless health care. ■

# PharmaFiles

## Your Rx for Success

Hi Pharmacy,

We can't believe the year has flown by so quickly and the holiday season is upon us already!

This month's Pharmafiles feature is Dianne Azzarello, a pharmacist who has worked in both community and hospital pharmacy settings, but currently is involved in industry. We hope Dianne's energy and atypical pharmacist role provides those of you interested with inspiration to pursue a career on the path less travelled.

Again, if you know of a specific pharmacist you would like to see profiled, let us know by emailing us at [angeline.ng@utoronto.ca](mailto:angeline.ng@utoronto.ca) or [mike.pe@gmail.com](mailto:mike.pe@gmail.com) – good luck and best wishes for final exams! Congrats to the OT8s who will be leaving on SPEP rotations beginning in January – we'll miss you!

Angeline Ng (OT8) and Mike Pe (OT9)  
UPS External Affairs



### Demographic Info

**Name:** Dianne Azzarello

**Year/Place of Graduation:** 1983, University of Toronto

**Have you completed any advanced training or certification?** No

**Do you participate in any other professional activities (e.g. committees, professional associations)?**

I have always been involved in some kind of volunteer work "on the side" whether it be raising funds for the local hospital, working for the local school council, or for the Pharmacy Alumni Association (PAA). I encourage all of you to participate in these kinds of activities. In this way you can continuously challenge yourself, give something back to your community, learn new things and meet people from many different walks of life. In my current volunteer life, I am a director of the Centre for ADD/ADHD Advocacy Canada (CADDAC) [[www.caddac.ca](http://www.caddac.ca)]

### Job Description

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

For the past 11 years, I have been the president of Market Access Strategic Regulatory Services Inc. We prepare and execute regulatory strategies for pharmaceutical companies from Canada and around the world including Australia, Denmark, Germany, Switzerland and the USA. In addition, we prepare Clinical Trial Applications (CTAs), New Drug Submissions (NDSs) and Abbreviated New Drug Submissions (A/NDSs) for companies wishing to commercialize their products in Canada. This involves interaction with Health Canada on a daily basis and also requires knowledge of patent, pricing and reimbursement issues. My current practice involves formulating a strategy and identifying the tactics necessary to implement that strategy to allow access to new medicines in Canada. Important skills critical for success include the ability to handle large amounts of scientific data, communication, technical knowledge, judgment and decision making. Typical activities consist of assessing and analyzing information from various sources to present a cohesive and comprehensive document as well as project management and negotiation.

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

During high school and pharmacy school, I had the opportunity to work at two independent pharmacies, a chain store and Sunnybrook Hospital. After graduation I entered the Industrial Pharmacy Residency Program at The Upjohn Company of Canada (now part of Pfizer). As a result of my participation in the program, I worked at Upjohn for 13 years in clinical research, sales and regulatory affairs. When Pharmacia (now part of Pfizer) bought Upjohn, I took the opportunity to start my own business. I have never advertised or had to market myself. I grew my business by providing tangible results and great customer service which has led to repeat business as well as referrals.

**If someone was going to make a movie called "A Day in the Life of Dianne Azzarello", what would the plot be? (i.e. walk us through a typical day for you)**

There is no typical day for me because the work is so varied. However, I did participate in a video, "A Day in the Life" when I worked at Upjohn. It was a recruitment video they used on university students. I had recently had a baby at that time and he is in the video.

**What do you like most about your job?**

Variety – never do the same thing twice  
Challenge – often very difficult to get products

accepted in Canada and I enjoy the challenge (e.g., Depo-Provera contraception, first approval for emergency contraception in Canada, and I am working on a very interesting and challenging project right now)

Satisfaction – enjoy meeting customer's needs and seeing projects through to approval

Facilitating choice – new products bring innovation, options and choices to Canadian patients and their families

### Fun Questions

**What is your best memory of pharmacy school?**

There are so many, it is hard to pick just one. I had the time of my life. I think it would have to be directing Pharmacy Phollies in 4th year.

**What is your most embarrassing pharmacy moment?**

Probably the Southern Comfort. A group of us girls drank at St. Joe's residence after writing the organic chemistry final exam. I remember we had some difficulty crossing University Ave to get to the next phase of the party.

**What is your favourite drug and why?**

Insulin - because it is keeping me alive.

### Advice Questions

**Did you have a pharmacy role model in school? If so, who was this person and why did you admire him/her?**

One role model I did have in pharmacy school was Brenda McBean who taught us therapeutics and communications and was also the faculty advisor to the UPS. She was very hard working and placed a priority on undergraduate education which was very important to me then as a student and is just as important to me today as a lecturer. Brenda was always available to advise anyone who needed help and she had a great rapport with students. She went out of her way to meet her customer's (students) needs and got very little if any recognition from the faculty. She did what she did because she loved it and because she was great at it. I think she inspired a lot of people in my class.

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

Don't be afraid to switch careers and start back at the bottom again. It will pay off in the long term. Whatever career choice you make, work hard, volunteer for every project/committee/initiative you can, treat your management, colleagues and subordinates with respect and above all know your customer and meet their needs. If you do this, you are guaranteed success. ■

*~profile coordination: Angeline Ng (OT8)*

# PDW is fast approaching ... are you ready?

By Marie-Hélène Irvine

Everyone knows that PDW is an amazing pharmacy conference! PDW is organized by pharmacy students from the host school and it's bigger than any other pharmacy conference in Canada!

Did you know that the CAPSI National Executive elections take place during PDW? That's right! If you want to run for a position on the CAPSI National Council, you can do it at PDW. You could be the next President, Finance Officer, VP Education, etc. of CAPSI! More information about the elections procedure has been emailed to you, but you basically need to prepare a detailed resume, a letter of intent to outline your position goals and reasons for running, as well as a speech that you will present during PDW! It's a very exciting and rewarding experience to be on the CAPSI National Council and I encourage you all to run for a position that you are interested in! Visit the CAPSI website ([capsi.ca](http://capsi.ca)) for more information and feel free to ask Rachel Knott ([rachel.knott@gmail.com](mailto:rachel.knott@gmail.com)) or myself ([marie.irvine@utoronto.ca](mailto:marie.irvine@utoronto.ca)) if you have any questions.

The annual competition "Pharmafacts Bowl" takes place at PDW. It is a competition between all the schools to see who knows more pharmacy facts! The team from each school is comprised of 4 students (1 student from each academic year). This year, we want U of T to win!!! We are going to encourage our team and make some noise! We will be purchasing some noise makers or attention grabbers to be the loudest school during Pharmafacts Bowl! Be prepared to cheer on the U of T team!

If you are going to PDW, you may be wondering about a few things... Here are a few tips to help you prepare for PDW:

1. You are responsible for providing your flight information by January 1st, 2008 to guarantee transportation from the Edmonton International Airport.

Please send an email with the subject line: Flight Information to [pdw2008@pharmacy.ualberta.ca](mailto:pdw2008@pharmacy.ualberta.ca).

2. Remember to keep your behaviour professional throughout the conference. We must all represent the University of Toronto to the best of our abilities.

3. Bring your business casual wear because you must dress professionally during the daily conferences (no jeans, please!)

4. Bring your bathing suit for the West Edmonton Mall Water Park "Beach" themed event!

5. Bring your Western outfit for the bar night!

6. Bring your semi-formal attire for the opening banquet with the "Black & White" theme and your formal wear for the closing banquet themed "Old Hollywood"!

7. Check out the PDW website for more details! <http://www.ualberta.ca/~lfong/PDW2008/>



## Recap of CAPSI Competitions

Wow! This year, we have had some very exciting CAPSI competitions! First, the 4th year CAPSI reps, Jessica Ng and Alena Saunders challenged the students to write for the Student Literary competition. They received 8 entries and these were judged by Michael Heffer, Zubin Austin and Linda MacKeigan. Our first place winner was Be Phan, followed by Kristin McCulloch who came in second place, and Andrew Tolmie in third place. Be's essay will be entered into the National competition! Congratulations to

everyone who participated, the scores were really close!

Next, on November 8th, the 3rd year CAPSI reps, Emily Charlesworth and Sara Lavoratore organized the PIC – Patient Interview Competition. The standardized patients came and tested the knowledge of many students. The therapeutic thought process was used to identify a multitude of DRPs and the final results are still pending.

The very next day, the 2nd year CAPSI reps, Gigi Wong and Laura Schultz ran the OTC – Over-the-Counter Competition. Some more standardized patients came to question our knowledge of OTC drugs and our patient interaction skills! Everyone did an excellent job at identifying the DRPs and counselling the patient. Our final winners were selected thanks to the wonderful 4th year student volunteers who marked the interactions. Congratulations to Evgenia Cheveleva, who came in

1st place, Amanda Chan, who came in 2nd place and Andrew Tolmie, who came in 3rd place. Evgenia will be going on to compete against the other Canadian winners at PDW! Encourage her to study hard so that U of T can take home a win at the National level!

Finally, on November 15th, the moment everyone was waiting for... the Compounding Competition! Thanks to the organizers Jessica Ng and Alena Saunders, everything went smoothly and our teams worked the night away to compound the best formulation! All the teams did great but our winning team was: Lara Tran, Michael Pe, Alexander Vuong and Amanda Chan. Close behind in 2nd place was: Joel Donnelly, Matt Fong, Neil Malhotra and Philip Lam. In 3rd place, we had yet another OT9 team: Laurie Cook, Hermia Cheung, Amy Randhawa and Jasmine Ahmed. You all did wonderful!

I would like to finish off by thanking all the organizers, the competitors, and of course, the volunteers! Your participation made the competitions a huge success this year! Let's hope some of our students can take home some National prizes at PDW! Go U of T Go!!

**Wyeth**  
Consumer Healthcare

# A COMMON TRAGEDY

By Matthew Lee, OT9 Monograph Rep.

*I felt the cold tiles of the bathroom floor sending chills up my spine. The icy sweat covered my body as I lay alone shivering. I stared at the ceiling wondering how I ended up like this. How I let things get so out of control. I was terrified. My eyes were closing, and I fought so hard to keep them open. I tried to focus, to keep my mind awake, but I couldn't... My breath was slowing... I lost consciousness...*

I woke up this morning, and wished I didn't. I couldn't see the purpose to my next breath, and I knew this was going to be just another mundane day to pass by. It was the 496th hour since it ended between us. We used to do everything together: talk until sunrise, go to our favourite ice cream parlor, hold each other... He was my everything, my happiness and my sadness, my anger and my joy, and now he's nothing. He's gone. Was I not good enough?

My words are heavy and dramatic. But please don't misinterpret me. I never used to be like this. I am as ordinary a person as you could imagine. I live just off campus and study Political Science and the University of Toronto. My goal is to join Red Cross and act as an ambassador to South America. I come from a small town about 5 hours away from the city, and right now, I dismally miss my home.

Despite the sorrow I was feeling, I knew there were still things I had to do, and that life still went on. I managed to make it to class, but felt isolated and nostalgic. I mindlessly wrote notes down, but really just wanted to get back home to my bed. I watched the second hand tick by, but the seconds felt like minutes as I impatiently sat through what felt like an eternity of classes. To make matters worse, as I flipped through my agenda I realized I had a midterm to study for tonight...

When I finally returned to my room, I looked around and realized he surrounded me. It took all my courage to finally turn down the picture frames, to put the stuffed animals away, and delete our songs on my iPod. I knew I had to study tonight, but my mind kept wandering, my head hurt, and my eyes were heavy from crying through the night. I sat still for a while staring out the window at the falling rain. I blankly looked at the notes in front of me, but my head was throbbing and my mind just could not focus. Instead, I took a couple of painkillers and lay down for a bit hoping the headache would go away. Thoughts raced through my mind which I just couldn't let go of. The memories which were most dear to my heart and used to make me smile, now only bring hurt. I could feel a tear begin to fall down my face.

"No, I can't cry tonight. Not again... it's been too long, I have to be stronger."

But I couldn't stop. The tears kept falling and I felt so alone. I grabbed the Tylenol bottle and took two more... maybe they would help numb the pain.

It was an odd feeling. The headache wasn't going away, in fact it was worsening. Maybe I really wasn't good enough... maybe I deserve this pain. I did something wrong to him, that's why he left

me, and I deserve to feel like this. I reached for the bottle and swallowed a handful of tablets. I felt a warm rush overwhelm my body. My insides started to burn and my head felt like it was going to burst. I knew I was in trouble. I needed water; I needed to call for help. I made my way over to the sink and tried to cup as much water as I could into my mouth. I felt weak... I fell to the ground.

*In 2004, suicide was the 3rd leading cause of death among youth and young adults aged 10-24. Death by poisoning (drug overdose or chemicals) was among the top 3 methods.*

*Authors note: I realize many of you reading this may think to yourself that the notion to commit suicide over a significant other may be over dramatic. It is known that emotional upset (ie. from a breakup) can act as a trigger for a person to start having suicidal thoughts. But, there is always an underlying depression/condition which exists. Further, I know it is near impossible to give justice to the seriousness and to complications surrounding a person contemplating suicide in a short one page story. But I do want to present to you the idea that as pharmacists, you are the final barrier to a person gaining access to many common drugs which are used to assist in drug overdose or even suicide. I'm not suggesting we question everyone trying to buy a bottle of Tylenol, but it is important to be aware of the potential severities of even the most common of drugs. ■*

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5635a2.htm>  
<http://www.handsonhealth-sc.org/page.php?id=964>



OPA is the professional advocacy association representing the views and interests of over 10,000 practicing pharmacists and pharmacists-in-training in Ontario.

For every year that you join as a student member of OPA, you will be eligible for a \$50 gift certificate that can be used towards your full or supporting membership fees after graduation. It's like getting your student membership free!

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[www.opatoday.com](http://www.opatoday.com)

# A quick thought experiment:

By Adam Calabrese, IT1 Monograph Rep.

Are pharmacists, along with being front line health care workers, also the front line soldiers in the war against drugs? The immediate reaction is a likely no. But given the amount of comics published in this paper about pharmacists dealing with addicts trying to get a fix, it merits more careful consideration.

The reason I bring this up is because of the Monograph's future of pharmacy contest. Low-value gift certificates to Tim Horton's aside, it seems important to consider the future of pharmacy in the event that the current criminal drug laws are brought in line with reality. It is not simply my intention to justify my position on the legality of drugs here, but to explore what would happen to pharmacy. In regards to drug laws, there are many arguments to draw from, such as the amount of money wasted in police and military action against drug cartels (and by extension the money not collected in taxes on said drugs), the fact that drugs being illegal gives drug dealers and gangs a currency on which to operate, the current drug laws being diametrically opposed to principles of self-determination and individual liberty that Western society is founded upon, and the confusion of the question of what an individual should do and what it should be legal for an individual to do. But that's beside the point. Given that I think drugs should be legal for recreational use, it would be absurd to suggest that ordinary medicines should be restricted to a doctor's prescription while narcotics and other fun things should be no more restricted than alcohol or tobacco. But it seems equally absurd to say that people should have unrestricted access to whatever medications in whatever amount they feel like taking.

What would happen if drugs were deregulated? Well, people would be able to take and change medications as they please (where they are currently only able to reduce their dose as they please). This would, of course, lead to adverse reactions and almost certain deaths from people thinking they know better than their doctor. It is important to remember that drug mishaps are already prevalent. And what would happen after these tragedies? The sky (or ground, depending on your perspective) would erupt in a thunderous boom from Charles Darwin's vigorous clapping. If it is to be argued that doctors and pharmacists need to be the stewards of drugs and medicines, there is an implicit recognition that we must condescend to and patronize patients on some level (which makes me wonder why I get marks docked for having a "condescending tone" in

my PHM 127 essays). It goes without saying that certain medications, like antibiotics, would have to remain controlled for very obvious reasons.

Pharmacists would, of course, not be out of a job if restricting the sale of medications were taken out of the job description. Current trends towards pharmacists using their "cognitive abilities" in a collaborative manner aside, smart patients will seek the advice of one when buying medication, whether or not they went to a doctor. In this respect, the responsibilities of a pharmacist would likely increase. Within reason, a sick person could walk into a drug store, consult with a pharmacist, and walk out with some medication that they would have otherwise needed to go to a doctor for, but for which a doctor's visit isn't altogether required. Two things must qualify this scenario: first, a responsible pharmacist would always send the patient to a physician when presented with an illness beyond their ability to diagnose, either for technical or scope of practise reasons. Secondly, pharmacy education would have to be modified to allow the pharmacist to competently suggest medications to patients within a new scope of practise. This may involve teaching diagnosing courses to pharmacists (I can think of a few courses that could be replaced), splitting up pharmacy education in a manner similar to medicine or engineering, where students pick a specialty depending on the role they wish to fulfill, or even creating a hybrid degree between a medical and pharmacy doctorate, combining each profession's knowledge of diagnosis and pharmacology to allow the practitioner to perform in this new capacity.

This does not, of course, silence the very obvious criticisms coming my way. Namely, that people can't be trusted to give themselves whatever medications they want, as they will likely end up hurting themselves. As it stands, no, people can't be trusted to give themselves drugs. This may sound harsh, but it will be a good learning lesson. Drugs and medications need to be taken seriously. People will figure out very quickly that if they take the advice of the Almighty Internet, the media, bad scientists and "them" when it comes to drugs, bad things are going to happen, and the realization will dawn that the advice of medical professionals ought to be heeded. Forcing people to be responsible for what drugs they put in their bodies will undoubtedly cause hospitalizations and deaths due to stupidity (see? there's that condescension), irresponsibility and innocent mistakes. The latter two already occur, and the former will be far easier to combat in a drug store than an armed drug dealer in Malvern.

Since the responsibility will be on the patient to procure their medications, doctors will not be able to write an illegible prescription and send their clueless patient to a pharmacy. The doctor will have to explicitly educate the patient as to what and how much medication they are taking, and why it is important they stick to the suggested dose. This will undoubtedly be good for pharmacists, who will no longer have to deal with patients who are entirely clueless about their medication. But it will be even better for patients. Understanding the importance of a medication regimen makes a patient more likely to stick to it, and therefore be better treated and more likely to recover. I suppose the obvious counter-argument is that since people have trouble understanding their medications as it is, opening up medications in such a manner would create chaos. And for some time after its implementation, it would. But, necessity being the mother of all invention, people would be forced to understand and keep track of their medications. If this counter-argument were submitted in a PHM 127 assignment, I would hope that the T.A. would take off marks, if not fail the paper altogether, for being so condescending.

Although the idea seems to superficially discourage patient adherence to medication and make patients less likely to seek professional advice when in need of medications, it seems more likely to me to reinforce both. First, by the economic force of choice, patients will be better educated on what medications they are suggested to take. Secondly, by the same force, patients will be forced to consult, and take seriously, the advice of doctors and pharmacists. I admit that there are many problems with this paradigm that simply cannot be overcome. They are, to my mind, preferable to the problems associated with maintaining the illegality of drugs: enormous sums of wasted time and money, and more importantly, the many innocent civilian and law enforcement lives lost each year to gangs and drug dealers, whose business would otherwise be pulled out from under their feet.

If I may close with one last bit of condescension that relates more to drug laws in general than pharmacy, I'd like to quote libertarian presidential candidate Ron Paul's passionate response to a rather rotund conservative debate opponent, who endorsed heavy-handed drug law enforcement: "What we're giving up on is a tyrannical approach to solving a social/medical problem, and we endorse an idea of volunteerism and self-responsibility, family, friends and churches to solve the problem [sic], rather than saying that some monolithic government is going to make you take care of yourself and be a better person. It's a preposterous notion, it never worked, and it never will. The government can't make you a better person; it can't make you follow good habits. Why don't they put you on a diet? You're a little overweight."<sup>1</sup>

<sup>1</sup><http://www.youtube.com/watch?v=88REf0tjZHo>

# The Dispensary



By Josh Lieblein (1T0)  
*UPS Events Co-director*

This Dispensary is going to be a little shorter than usual, for three reasons:

- 1) I'm studying for exams
- 2) You're (supposed to be) studying for exams, and
- 3) The Monograph Editors seem to feel that I am making "overzealous use of

my student voice", which basically means that there are a few too many notes in my symphony for their liking. I don't really understand it- one minute, Matt and Lara are putting asterisks beside my column's name on the Contents page and making me feel all important, and the next minute I'm told I'm in violation of some column length policy that I didn't even know existed. I guess I should be applying that "one-page rule" from PHM120 and PHM227, but it's funny...last time I checked the best-seller list, there weren't too many works of fiction that were Pharmacy Essay length. Ah well, such is life.

Here's what's making Pharmacy News:

## **Pharmacy Building Now Really Really Warm in Classic Case of "Be Careful What You Wish For"**

With a demand for pharmacists in Ontario, it's no secret that Pharmacy is a hot profession. It's no surprise, then, that the temperature has skyrocketed in the Pharmacy Building, especially in PB150 at around 3 PM on Thursdays (just after Debra's panel and just in time for MedChem! Awesome!)

"We were concerned that Pharmacy students weren't getting enough sleep with their workload, so we raised the temperature at this crucial period in the middle of the day to try and help them compensate," a spokesperson for the building staff said. "We were also disturbed by the idea that the atmosphere in the building was described as "cold" last year. We want Pharmacy students to work in a very warm and supportive environment, so we've fixed the "warm" part, and the "support" can come when students start giving each other artificial respiration once they start fainting from heatstroke."

## **Pharmaceutics Confuses Many Students: "It's Almost Like The Course Is Being Taught In Some Other Language"**

Pharmacy classes are known for being demanding, and for some students, the new material can almost be like learning a different language. The Dispensary has confirmed that this is the case for PHM224, Pharmaceutics.

"I had this annoying sense that certain parts of the lectures on surfactants and surface tension were being said two times," said one 1T0 who asked not to be named. Another source stated that the lectures on powder flow contained repeated references to "puddacles", and that despite her best efforts, she was not able to grasp this complicated concept. Said a third 1T0: "Sometimes the TA asks us, 'You know what I mean?' And, I have to say.... sometimes, I don't know what he means."

As always, though, some keeners are making the best of the situation. "It's not so bad. After all, they keep promising us some popcorn!" said a 1T0 yesterday.

## **ODB Dedicates New Edition of Ontario Formulary to Fallen Wu-Tang Clan Member Russell "Ol' Dirty B\*\*\*\*rd" Jones**

The Dispensary was surprised to learn that Edition #41 of the Ontario Formulary will be a limited edition "two-binder" special collection dedicated to the late Russell Tyrone (ODB) Jones of Staten Island, New York aka Shaolin. Jones (1968-2004) is best remembered for his performances on the Wu-Tang's Return to the 36 Chambers: The Dirty Version, for his collaboration with Mariah Carey on "Fantasy", and the commercial smash Got Your Money.

The ODB (the government body) defended their choice, saying that the ODB (the rapper) contributed significantly to the process of drug education. "On the classic Wu track Brooklyn Zoo, Mr. Jones clearly states, '\*\*\*\*\*s catching headaches- What! What! You need aspirin?!/This type of pain you couldn't even kill with Midol/'. Mr. Jones clearly understood the DRP associated with the headache in the clinical case- patient's headaches were not improved as a result of treatment with ASA po, and that a switch to Midol would not be effective. If that's not pharmaceutical care, I don't know what is," a spokesperson for the (government) ODB said.

Join us next time when we present one Pharmacy Student's harrowing account of how he missed the bus from the Pharmacy Building and his subsequent quest deep into the uncharted territory of Oakville to reach the semi-formal before the buffet ran out of food. Don't miss the shocking story that everyone's calling.....The Black and White Affair!!! (dun dun dunnnnn) ■

# Counselling Corner: The Exam Edition

Compiled by Andrea Tofano (OT8) for the Pharmacy Mentorship Program

**Y**ikes, exam time already? The Pharmacy Mentorship wanted to help out this month so we asked our mentors how they studied (or should have studied) for their exams. If you have any other questions email them, their contact information is on the UPS website. Use the username and password “mentor”. Also note that not all of these exams occur in December!

## ***ANA200Y Human Anatomy and Histology***

There is a lot of information in this class, the best way to study is to study from the notes you took in class, and supplement any missing information by going through the text for things you don't understand.

## ***CHM138H Introductory Organic Chemistry I***

Make sure you understand the general concepts and practice them! This is an essential class to understand the fundamentals of chemistry; you will need the knowledge for CHM247.

## ***CHM223H Physical Chemistry for Pharmacy***

Give your self plenty of time before the exam. Setting up a chart that explains when each equation should be used (e.g., like for what type of energetic reaction) is useful. As well, do all the questions that were assigned.

## ***CHM247H Introductory Organic Chemistry II***

Learn the rationale for why and how the reactions happen, if you understand the principles you won't waste your time memorizing. Think of orgo as a problem solving class.

## ***LMP232Y Microbiology of Infectious Diseases***

I would recommend attending class because some of what he talks about helps you learn the material better. If you have past multiple choice questions, those are helpful and I would suggest getting an early start on studying his lecture notes. It is a lot of material!

## ***PHM120Y Introduction to the Profession of Pharmacy***

Focus on the important concepts taught in class and learn to write your thoughts in an organized and concise manner. For 120, answer the objectives. Don't worry about the other stuff.

## ***PHM122H Introduction to Statistics***

For this course, my #1 tip is to do sample questions for each topic he covers because it's all about applying what he teaches. Also that's the best way to remember everything. You can try to do textbook questions or questions from past exams.

## ***PHM128Y Professional Practice I***

Terminology stuff: some of them are pretty much common sense, but she knows she can get a few marks back from you guys by giving you some tricky pre/suffixes, especially those with very similar spelling that's not easy to recognize, ditto for abbreviations.

Jurisprudence: make sure you know your schedules and regulations. You'll have to look up drugs based on NAPRA schedules and then figure out what to do in situations based on the requirements. Can you transfer/repeat/verbal rx/accept out of province etc... a lot of m/c revolve around those.

DI section: It's up to you to explain why you would use a reference and why you wouldn't use a reference. Be ready to list out things that make a particular reference a good one to have in a pharmacy.

## ***PHM129 Pharmacy Practice Lab***

The best way to prepare for the exam for this course is to make sure you are doing the labs properly, and if any mistakes are being made, correct them or seek help; have a check list or process to check through written and verbal Rxs (be careful and don't rush!)

If you are having time issues, then practice in the 7th floor lab to help you get more familiar with the Emergis program. Practice PCC (in front of a mirror or friend, memorize the steps and the drugs)

## ***PHM150H Introduction to Applied Pharmaceutical Sciences***

Prof. Austin's Part: major concepts are illustrated in class that should be noted and be applied to problem solving questions, pay attention (esp. examples he goes through, be able to answer them). Know definitions, make sure you are able to compare and contrast related terms (with significance or examples). You have already been tested on most of Zubin's stuff so just refresh yourself again focusing on the specific medical conditions and considerations of drug treatment.

Biondi's Part: Figure out what the big concepts are that should be focused on (if not email him). Know the steps involved with clinical testing as well as the organizations involved during the approval process, who they are and what they do. Know what is unique about each of the main steps in testing of the drug. Pay attention to 'general' comments on drug discovery, safety, etc. In regard to regulations, know the main bodies, i.e. Health Canada, PMPRB.

Hindmarsh's Part:

Have an idea of the different drugs he talked about

(what's unique about them). When studying, a chart with all the drugs with their key points may help. If any formulas were introduced and he went through questions in class, make sure you know how to do them.

## ***PHM220H Pharmaceutical Care Ia***

Practice the multiple choice questions, have a look at what discussion has been generated on the forum. Start studying with your class notes, summaries, and go through the cases. Supplement with the text if concepts are not clear or your notes are incomplete. Keep all your 220 notes organized, you are going to need them for your OSCE in 3rd year.

## ***PHM222Y Medicinal Chemistry***

Study well in advance because this course has a heavy load and it's all cumulative!

Try to review your notes regularly so that everything stays fresh! Memorize all the transporters from Pang's section! I suggest focusing on lecture notes first and then doing past exams.

## ***PHM223H Methods of Pharmaceutical Analysis***

The best way to prepare for PHM 223 is to focus on the lecture notes. The notes are generally very thorough, clear and self-explanatory, and can be understood even if you missed the class. Where there is a definition, a calculation, or an application of concepts though, be sure you understand it, because you'll very likely see a similar question on the test, so look it up or ask someone who went to class to verify even if you have to, but make sure you do it. Essentially one should walk away from this course with a basic idea of how to actually do some of the analytical tests that were taught.

## ***PHM224Y Pharmaceutics***

Start early, use past exams to see the questions they ask – they often repeat the important questions, for Poon's section - make sure to know the equations very well, he asks specific questions.

## ***PHM225H Introduction to Biochemistry & Molecular Biology***

Hampson: Pay close attention of what is discussed in class. He will usually ask exams questions about topics he talked and emphasized in class.

Wells: Do as many past exams as possible! If you understand them and can do them, you will definitely do well on his section. Some exam questions can be very specific, so try to know the material in as much detail as possible

## ***PHM226H Introductory Metabolic Biochemistry***

Henderson: Know the chemical pathways well. Presentation topics require additional research,

but the bonus marks are definitely worth the effort. Some questions may require additional research to gain a full understanding of the material so start working on them early.

O'Brien: Prepare the given exam questions well and in advance, and you should be able to do well in his section. Form a group, share your answers to the questions and study the material

### **PHM227H Health Systems in Society I**

As a start, make sure you go through all of the lecture slides and understand the "point", and the direction of thinking that each professor would like you to take. You do have to memorize a lot of the long lists, as there is some regurgitation on the exam.

### **PHM229H Professional Practice II Lab**

Don't stress too much about 229. This was basically the same as a regular lab except we weren't allowed to talk to each other. Prepare the same as you would for any other lab.

### **PHM231H Pharmacology I**

Beazely doesn't test beyond the slides. So just make sure to review them well. For the final exam, he will tell you what slides you will need to know, so don't worry too much beyond that.

### **PSL200Y Basic Human Physiology**

Everything you need to know is in your lecture notes, spend enough time on the physioec because the questions are sometimes tricky

### **PHM320H Pharmaceutical Care Ib**

See 220, and remember to keep brief notes for the practice OSCE in the spring.

### **PHM321Y Pharmaceutical Care II**

Focus on what the professor says; especially in therapeutics where the amount of information seems ridiculous... they tend to test on things

that they discussed in class.

We formed a small group and divided the cases among us to prepare 2-3 page FULL workup summaries of the most important points. That was really helpful for the case prep for the exam. The multiple choice questions also revolved around those summaries but some require a little more detail from the readings. So if there is time, then maybe refer back to some of the readings.

### **PHM322H Pharmacology/Medicinal Chemistry Tutorial**

Go to class!!! Uetrecht is entertaining and explains things well. He always reiterates the CORRECT answer which is important because you can't always rely on the group. You can tell which questions he is passionate about and which ones are extraneous. Use his hints as a guide for studying

### **PHM324Y Pharmacokinetics**

PHM 324—the most important study tip is the class notes. You need to have a good understanding of what he said in class, practice problems and past exams. So the most important thing is to do practice problems (questions were similar to past years but some require a little more thinking). The assignment is a good point to start so attempt to solve it without looking at the answers after reviewing your notes to see if you understand the material.

### **PHM325H Introductory Toxicology**

To study for this exam, memorize ALL diagrams and pictures! Practice writing them over and over again and try to get a general understanding of the notes. Know how specific toxic examples relate back to the diagrams. He wants you to know the big picture of the

topics and to also know the tiny details of the diagrams. Go to his classes because his stories will help you remember the concepts.

### **PHM326H Pharmacy Practice Management I**

To study for this exam, memorize the class slides. The exam is pretty straight-forward, so just use common sense. As long as you go over the notes a couple times, you'll do fine!

### **PHM328H Professional Practice III**

For the midterm make sure you have enough time to review all the material. Debra Moy asks general concept questions but they will be very comprehensive. For the final go through the material and make sure you know how to critique an article, the steps involved and how to use the equations. Practice never hurts either.

### **PHM329H Professional Practice III Lab**

See 229 and don't be nervous!

### **PHM330Y Clinical Biochemistry/ Pathophysiology/Pathology**

Pay attention to the objectives for that specific lecture. Usually the questions they ask relate to the objectives, so don't just mindlessly study every single slide. Pay close attention to slides which have a list of side effects/risk factors/treatment options as well as facts about pathophysiology. Those are usually good MCQs to ask. Expect questions that will ask you to make decisions to manage/treat a patient. Attend the review tutorial and ask questions right away if you are doubtful about some concepts. For Patrick's lectures, learn EVERYTHING, even the littlest details, he likes to test those. ■

## **Pharmacy Phollies Phollowup!**

By Chris Sawler and Josh Lieblein, 1T0 - UPS EventsDirectors

Hey everybody, it's your favourite Events Directors again, Chris and Josh! I'm sure you are tired of hearing these by now, but its time for the last of the Pharmacy Phollies info...

The Phollies were a huge success!

Friday night was totally packed, standing room only! It was also the longest of the 3 shows, going a bit past 11pm by the time it was over. Friday night was the one-night-only, first professor skit EVER, and it was hilarious! Doris Kalamut, Vinita Arora and Mike Heffer all did a great job. And for a big finale, the 0T8 grad class did their grad song a-capella! (This had nothing to do with anyone forgetting their music...)

Saturday's shows both went very well. The theatre wasn't as packed as on Friday night, but it was still a good crowd. We even found the music for the grads by Saturday night.

And the entertainment didn't stop with the end of the Saturday night show, as the cast and crew went over to the Fox and Fiddle for

the after-party! Pool, drinking, and drunken karaoke were soon to follow.

Both Chris and Josh want to thank all of our actors and volunteers for all their great work.

For all those people who want a copy of the show, DVDs will be available sometime in January.



# TWENTY TWENTY-SEVEN

by Adam Calabrese (1T1)

**2008:** Students from faculties of pharmacy and engineering unite to prank University of Waterloo's faculties of pharmacy and engineering, ramping up the constant battle of who couldn't get into which school.

**2009:** Rather than fix ventilation problems that cause difficult-to-open doors, the faculty adds it to course requirements. "You may be wondering why you have to open these ridiculously heavy doors" explains one professor. "But in fourth year, you'll realize just how important and useful it is."

**2010:** Rich pharmacy grads prank the faculty by creating a fake company and pay to rename the pharmacy building after it.

**2011:** Professors begin openly competing to see who can give the longest seminars while still conveying the least amount of information.

**2012:** Well-read pharmacy students etch "Abandon all hope, ye who enter here" into glass on the pharmacy building with acid. Nobody gets the reference.

**2013:** Leslie Dan reveals he has hidden a trunk of treasure somewhere in the building, revealing clues in riddle form. Blood sport and hilarity ensue.

**2014:** Intrepid Monograph reporter discovers the faculty makes all administrative decisions by dartboard.

**2015:** The faculty, desperate for corporate dollars and low on advertising space, begins forcibly tattooing names of pharmaceutical companies onto students. "Hey pharma-face!" becomes a common insult from non-pharmacy students.

**2016:** Almost 10 years after its introduction, professors finally stop talking about how revolutionary and cutting-edge MedsCheck is.

**2017:** The faculty pimps out students to drug companies looking for



clinical trial fodder.

**2018:** Student tattooing initiative stepped up: Valtrex advertisements on lips make life horribly, horribly awkward.

**2020:** Even more desperate for money, the faculty tattoos names of pharmaceutical companies onto professors.

**2023:** First suicide committed in pharmacy building. Is it a disgruntled pharmacy student overdosing on warfarin? A researcher jumping from the upper levels down to the atrium? Or maybe a high-ranking faculty member torn up over what the faculty has become? Stop by locker 079 to get in on the betting pool!

**2025:** The upper pod containing the faculty lounge collapses in the atrium. Students agree it would have been better if faculty were using the lounge at the time.

**2026:** 20 years after opening, the faculty building is still the biggest waste of 75 million dollars I've ever seen.

**2027:** U of T's second centennial! Celebrations in the faculty marked by more apathy and empty ceremony than ever. Incoming students still told that they have entered pharmacy at a very exciting time. **M**

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## Future of Pharmacy

by Allegra Connor (0T9)

**T**he only determinant of the future of pharmacy is the performance of pharmacists, and the only agent of change will be the public. As soon as the people demand something of the government, it is granted for fear of losing seats in the next election. This is the beauty of a democracy: the power is in the hands of the people. So why would the public demand from the government for more authority to be placed in the hands of pharmacists? They would as soon as pharmacists prove to them that they not only deserve the authority, but that the public would greatly benefit from it.

So what type of pharmacist should you become to better prove this to the public? At the career fair, I told the representative of a hospital in Barrie that I wanted to become a community pharmacist because it was my opinion that this is the route to take to make better use of your pharmaceutical knowledge. This notion stemmed from the fact that a community pharmacist has direct one on one contact with patients (who are generally cognitive in ambulatory care and will comprehend treatment and prevention advice), the pharmacist is the smartest person in the room (the patient isn't going to ask to speak to the doctor like

in hospital), and the pharmacy has a private counselling room (this is becoming the norm even in Zellers pharmacies). In the hospital, by contrast, the pharmacists are usually in the basement entering orders, and the patient is a piece of paper in a chart. Furthermore, lifestyle advice isn't generally as successfully received nor can it be implemented by patients whose food is brought to them on a tray and who are confined to bed. But this pharmacist from Barrie told me, "If you become a hospital pharmacist, you will be able to use your pharmaceutical knowledge to provide cognitive patient care, and if you become a community pharmacist, at least you'll make more money." I took this as an insult, and really asked myself which would be better. I wondered if maybe I'm steering clear of hospital because it would be more depressing. This was until I got a fresh perspective from Ron Elliott, a former president of CPhA, who guest-lectured our Pharmacy Management course. He said that there is no type of pharmacy practice that serves patients better. There are pharmacists who serve patients better, and these are the ones that choose to. Each individual pharmacist has the choice to use their knowledge to help patients or not to. Those that choose to do so advance our profession, and those that don't do not. So please use your skills to the fullest because you, and only you, will determine the future of pharmacy. **M**

# MY PERSPECTIVE - Television Shows: The underlying Effect



By \*\*Christobelle (IT0)  
(christine.truong@utoronto.ca)

I saw on the news the other day about how within the past few years there has been a shift in what kids say they want to be when they grow up. They polled grade 9 students at various high schools within a couple weeks of starting school. At this point in time it was thought that the students hadn't really been exposed to any real career guidance yet.

I think their responses would be based on things like what their parents do, their experiences, what they know about and what they have seen. So it isn't exactly surprising that when asked what they want to be when they grow up, most of them say they want to be teachers, vets, soccer stars, rappers, dancers etc. Then the news reporter said that there was a surprising amount of students that said they wanted to be specialized doctors, such as cardiothoracic surgeons, plastic surgeons, neurologists, oncologists and diagnosticians. I laughed.

The very first thing that pops into my head when they say plastic surgeon and neurologist in the same sentence is McSteamy and McDreamy. (Sorry for the Grey's Anatomy reference; I know many people don't watch the show and I know it probably sounds like nonsense if you don't know what I'm referring to). But the point is that it made me realize just how much television can have an affect on you without you even realizing it, especially at a young age.

Some of the most popular television shows these days includes Grey's Anatomy, ER, House, Scrubs and even Private Practice. All of these shows are lumped into the category of medicine-related television shows featuring a pretty cast. You can even count CSI and Law and Order even though they are more forensic-based than medicine-based. Now, I know personally that I am a sucker for these shows, but it is intriguing to know that they have such a significant impact on the lives of young teens deciding what they want to do with their lives. Just to be clear, I'm still on the fence with this. I haven't decided if I think this is a bad or good thing. Because, hey, if I was a young, naïve, easy-influenced teen today, I might have set out to be a heart surgeon or neurologist so that I could work in a hospital and have so much fun!

But what happens if in a few years the new and popular shows are about aliens from outer space or superheroes who live double lives? Does that mean grade 9 students are going to strive to be those things? I don't know and I guess we won't really ever find out, but it is rather interesting to think about.

Anyway, as an aside to those like me who tend regularly to these shows: wouldn't it be wonderful to see them add a pharmacist to Private Practice who could work alongside all those pretty people to counsel patients on drug use, provide pharmaceutical care and work in a collaborate manner within the team of health care professionals? ■

## I Found Things to Smile About...on the TTC!

### More or less. a Reflection

by Yuan Zhou (IT0)

A little girl asked me how to pray. I told her that I like to start off with some "thank yous". To this, she commented, "Oh, so you're always celebrating Thanksgiving?" I'd never thought about it that way, but I guess that is one way to look at it.

This got me thinking that rather than complain about the TTC some more (refer to TTC BINGO on page 22), I could share some positive things about using it. Well, below is a compilation of observed "random acts of kindness" and "random things to be thankful for because I was commuting." I hope that maybe they'll remind you of things you can also appreciate while riding the Rocket.

1. A teenager has fallen into a deep sleep and still has not wakened upon getting to Finch Station (last stop on one end of the Yonge subway line). A lady walks over to nudge his shoulder and wake him up. She was the second last person to leave the train. He was the last.
2. I look like I'm asleep and a man taps me on the shoulder. I look up and he tells me that it's Sheppard Station and he's concerned that I may have missed my stop. I assure him that I didn't nor was I asleep but was thankful that he let me know. I'm especially glad seeing how one of the last times I fell asleep, I was notified by a stranger that I was videotaped by a young couple who thought it was funny - oh yeah, that time I missed my stop by a LOT and woke up on my own.)
3. Seeing some people who give their seats away to mothers, kids, the elderly, or the high-heeled.
4. Seeing a friend I met from a trip to Quebec 3 years ago and other random friends while commuting (I went to high school in Toronto, so

it's more common for me to see people I know).

5. A lady who got my attention before I left the subway because I'd left my mittens on my seat.
6. A gentleman who'd tried to catch my arm before I tripped on the escalator at College Station (I still tripped and got a nice bruise, but it was nice that he tried to help).
7. A TTC bus driver who obviously had a good relationship with a group of 6 kids chat with them in a very Santa Clausey manner (his voice sounded so rich and "ho-ho-ho"y).
8. Seeing people who ARE willing to move to the back of the bus to let more people board in the morning rush hour.
9. Encountering smart bus drivers who open the rear side doors of the bus to let passengers on (because there are also people who refuse to move back, so it's actually a lot more spacey at the back).
10. Noticing the people who do NOT blast their music to the nth degree for all to hear.
11. Observing a group of elementary school kids who boarded the train with their teacher, I heard her instruct everyone to hold onto something. Next, I hear "I'm holding onto the pole", "I'm holding onto Chris" and "I'm holding onto the floor" (said, presumably by Chris). Hey, it made ME smile.
12. Hearing a conversation of a high school guy and girl beside me on the bus. To summarize, they were trying to figure out who the other person "liked." It was only too obvious that the guy liked THIS girl, but was not ready to declare it on the TTC (in public). However, she pries and pries, though all the while, I am quite convinced she thinks what I think, too. I'm grateful for this because it made my ride back home amusing and also brought back funny memories of the pre-university years. ■

# The OT9 Guess Who?

Ps. No answer key provided

by aleXXX

- 1) The chronic question asker.
- 2) The killer sneezer that will wake you up when you're sleeping in class—DAILY!! (take an anti-histamine no?)
- 3) The keener, that even Debra Sibbald jokes about.
- 4) The student who hilariously asked if answers will be bolded on the patho exam (and won \$5 from a bet!)
- 5) The boys on the left side of the lecture hall with their manly pink Nintendo DS systems.
- 6) The student that attends Ray Reilly's Analysis class (PS: this is a trick question, since no one attends Analysis!)
- 7) The students on the right side who play online Tetris instead of listening to Ray Reilly when they accidentally attend his class.
- 8) The student who dressed like the Ring Girl for Halloween—and had one of her better hair days
- 9) The constant shusher in our class, who sometimes needs to be shushed as well ;)
- 10) The most unconventional looking rappers, who produce the most un-ghetto (but high quality!) raps in the shoutouts of the Monograph

## 1T0s and 1T1s *mix* it up at O'Grady's

by Hayley Fleming (1T0)

Although we arrived at O'Grady's to a closed, dark upstairs that smelled a bit like a barn, and the staff were saying they lost the reservation book the weekend before, the upstairs quickly became packed with 1T1's and 1T0's. November 13th turned out to be a great evening and a perfect way to mingle and meet friends in other in the other class. It was a great way for us 1T0s to veg out after our calculations midterm.

The open pool tables, cheap pitchers and free nachos set the stage for a great opportunity to mix and mingle among other 1T0s and 1T1s. And those juicy \$4 burgers were just delicious! Thanks so much for everyone who came out to the mixer. It was really busy, and definitely a lot of fun! **m**



<< From left to right: Stacy Yeh (1T0), Rania Saghir (1T0), Laura Narducci (1T0), Mandeep Dubb (1T0), and Adam Calabrese (1T1)

## Debra,

### Won't you tell me this week's DRP

by Gabe Sin (0T8)

*Sing to the tune of, "tie a yellow ribbon round the ole oak tree" by Dawn featuring Tony Orlando...*

Performed at The Phollies with piano accompaniment by Alison Shipley

I prepped for PPL this time,  
And I hope my TA will be so kind  
Cause if I get an email telling me I failed lab B  
Then I'll meet her one-on-one, Fri-day two to three, Room 7-23

(And I'll say,)

Debra won't you tell me this week's D-R-P?  
Is it em-pathy? Or hemo-insta-bility?  
If I don't get another pass, then my tuition fee,  
Will go down the drain, and I'll come back again, but as a 1-T-3  
If you don't tell me what's for this week's D-R-P

Oh won't you please believe me  
I swear that I know all my OTCs  
But how would I know latest trial shows po tid  
If it's not on wiki-pedi-a then I won't see  
So I... gave suppository

Debra won't you tell me this week's D-R-P?  
Is point 5 of a gram low for A-moxi?  
But then the patient didn't tell me bout her allergy  
and the TA said, "well just too bad, sounds like a fail to me."  
So won't you tell me what's for this week's D-R-P

Well here is my final chance  
And if I fail again I'll crap my pants  
Cause I just want to graduate before I'm thirty three,  
But not if I keep mixing up these drugs for STD  
Or is that IBD

(But thank god,)

Debra said I captured this week's D-R-P  
Be sure to hold your breath, not just count to three  
If you're anemic then I'll check TIBC,  
I think I got them all, I even said I'll call  
To check complian-cy  
I got a feeling this week is a pass for me

I picked up my assessment from, and I can't believe I see  
A lovely little circle round the let-ter P!

# ATHLETICS

## Mens - October Summary

Well, men's action this month has been extremely intense. The men's Football team has had an amazing season so far going 3-1 with the one loss being attributed to a pesky Health Systems exam that saw star QB miss his first ever game. Men's hockey is off to the predicted start with two dominating starts and two big "W's".

There are two big players this month in sports and we'll start with one of the biggest in pharmacy. Vishal "BWG" Ravikanti (OT9) has had an amazing start to this year's sports. He's the undisputed captain of soccer having a heavy foot with that team and even though some "overzealousness" on the court cost him a game, his heart is definitely in the game. Keep catching those bombs in football and being a stone wall on the point Vish!

But, the player of the month has to go to the one, the only **Gabriel (Gaber to friends) Sin**. This OT8 has been a familiar face on the sidelines of almost every team in pharmacy. He is the heart and soul of both the soccer and football team. Without his inspirational speeches and antics at the hockey rink, a victory just might not have occurred. So kudos to the big man from North York and keep up the good work. And to all of pharmacy we hope to see you out cheering on our victories next month.

## Mens - November Wrap-Up

Fall sports have finally come to an end. Unlike last year there isn't as much to brag about; however, most of our boys had tremendous seasons and as always pharmacy is proud of their efforts. Men's Div 2 volleyball had a rough go of things this year pulling out only a 1-3 regular season record. However, they showed up to every game and had incredible enthusiasm in their battles.

Our basketball teams fared slightly better this year than last. This fall pharmacy was able to field two teams in the 2nd division and another joint team with grad house in the 4th division. Pharmacy A, captained by Brandon Thomas, was considered the dark horse this year as they were the 1T1 team and nobody knew the talent they'd possess. They had a rough go this year failing to tally numbers in the win column. They had great heart and will continue to develop their team for future seasons. Pharmacy B, the dominant OT9/1T0 team powered their way into the playoffs through the leadership of OT9 Vishal Ravikanti. They had a tough opponent in the quarterfinals of the playoffs and lost a 51-37 decision against the ruthless Commerce A team. I commend their ability to stay focused through their trials and tribulations throughout the season. Our grad house/pharmacy team in div 4 had a great season pulling out a 2-2-1 regular season and securing themselves in the semifinals. Unfortunately, they had bitten off a little more than they could chew and got knocked out by FPEH 51-16 (OUCH!!!)

I now have a heart-breaking story that may bring tears to the eyes of those on the team but the pharmacy football team was NOT able to bring home a championship this year. It is true the seemingly unstoppable force that is pharmacy football went down in the semifinals to radiation

Contact the Athletic Reps for more information on how you can get involved in Pharmacy sports!

Male Athletics: Bryan Langel - [b.langel@utoronto.ca](mailto:b.langel@utoronto.ca)

Coed Athletics: Rene Mader - [mader.rene@gmail.com](mailto:mader.rene@gmail.com)

Female Athletics: Linda Plong - [linda.plong@utoronto.ca](mailto:linda.plong@utoronto.ca)



Championship Men's Soccer team after overtaking GSU in a gruelling 6-5 penalty showdown.

therapy. The game was grueling, vicious and filled with blood; all for the glory of the Barbarian cup. Captains John Winter and Bryan Langel did all they could to ensure a victory but in the end it was not enough. We will be sorry to lose due to graduation (maybe) the OT8's that were apart of the championship team this year and last (Andrew "rat" Tolmie, Eric "stone-legs" Henderson, David "animal" Zhao, Mena "the glove" Ibrahim, and Gabriel "the truth" Sin).

Now onto Men's arguably most dominant sport, hockey. With the additions this year, this team has never looked better. This team is a force to be reckoned with and shows no sign of letting up. They've gone 4-0 in the regular season and have earned themselves a 1st place position in their division, which is one division higher than the championship they brought home last year. Coach Henderson had this to say in regards to the upcoming playoffs, "The Jean Harston Trophy is what our goal is. Anything less than that is unacceptable. But we got to take it one game at a time and ensure ourselves a spot in the championships." I couldn't agree more and hope to see everyone out at the future playoff games to support your pharmacy boys.

Last but not least is the selection for athlete of the month. What's more fitting than to give this month's award to Coach **Eric "rico" Henderson**. He has been a contributor on and off the field in all sorts of sports in his pharmacy career. Whether it's player/coach of hockey, wide receiver in football, or the backstop in water polo, he's certainly an irreplaceable athlete and will be sorely missed after graduation.

Bryan Langel  
Male Athletics Director



Pharmacy women's soccer team after beating Vic 2-1 in the Div III Championship final.

### Pharmacy girls soccer wins championship final with thrilling end

On November 10, the Pharmacy girls faced their rival, Victoria, during the Division III playoff finals at the new Varsity Centre. The game began with a slow start, as the Pharmacy girls weren't playing with their usual confidence and enthusiasm as they had all season long. The jitters may have been due to the nature of a championship final or the fact that our girls were well aware of Vic's strong offensive threat after they had rallied back from a two goal deficit to tie Pharmacy during the regular season. Despite this, the girls had to quickly snap out of it when Victoria scored the first goal of the game to take the lead by the end of the first half.

But Pharmacy would not be held off the scoreboard. By the second half, the girls countered with their own offensive attack. Nicole Samuel (0T8) tied the game up by muscling her way past two Vic defenders and banked her shot off a third defender to put Pharmacy on the scoreboard. After this crucial goal, Pharmacy finally settled down and played their usual aggressive style. Midfielders Shauna Forsey (0T9) and Christa Connolly (1T0) worked tirelessly up and down the field, providing huge support for their forwards while always getting back to help out with the defense. (It's worth noting both midfielders played the entire game which was quite the accomplishment considering the size of Varsity Centre's field!) Captain Lauren Mirabelli and Navjeet Uppal (both 0T8) poured on the pressure up front, creating chances for Pharmacy to take the lead.

However, it wasn't until the last two minutes of regulation time did the TSN Turning Point occur. On an attempt to keep the ball in Vic territory, defender Anna Huisman (1T0) booted the ball towards the net from over 40 yards away. Her shot sailed high through the air and as it descended, it fell just below the crossbar for the game winning goal. The girls had to quickly curb their excitement as they focused on defense for the remainder of the game. With only injury time left, Pharmacy defenders were able to hold the desperate Vic offense at bay and not allow one shot through to preserve the precious one goal lead and the championship title. Congratulations girls on defending Pharmacy's championship title in soccer!

Linda Plong  
Female Athletics Director

### COED Sports

This past November was a busy month for athletics in the faculty. The intramural season was winding down and there was the return of the Pharmacy Dodgeball Challenge and Curling Bonspiel! If you haven't participated in these annual traditions, then you are missing an important part of the pharmacy experience at UofT.

The Dodgeball challenge marked the return to glory of the 0T9 Class as Team Heather claimed VICTORY! With the big guns of the 0T9 girls (Megan Barkway, Michelle Peters and Heather Roth) plenty of pharmacy flesh felt the bitter taste of the dodgeball! I hope the other teams have been taking notes because this team of "CHAMPIONS" will be hard to beat!

The end of October mid terms was welcomed by the highly anticipated return of the Annual Curling Bonspiel.... err Funspiel!!! A record number of pharmacy students came out and curled to their hearts' content! Shouts of "Hurry" and "Curl Harder" resonated in the arena as rocks were thrown with precision and skill worthy of a tenth end brier shot! Congratulations to the 1T0 Class for having the most participants! Remember to come out next year for the UPS Award Banquet and get your picture with the trophy! That's right, there's a trophy for curling!

A big thanks to all the Team Captains that helped out this past term! Also, good luck to all the 0T8s that are heading off to their SPEP rotations. If you are close to the GTA, then maybe you'll come back for a little stress relief and play some intramurals!

"DRUGS on three!"

Rene Mader  
COED Athletics Director



Pharmacy is well represented on our U of T Varsity Blues Women's Fastpitch team with (above), Hayley Fleming, outfielder (1T0), Heather Roth, first base woman (0T9), and Megan Barkway, catcher (0T9). The team just finished their season in 4th place, dropping a close one (5-4) to the University of Ottawa Gee-gees in the bronze medal game of the championship tournament. Congratulations to these girls on a great season.

# The Arts



**Untitled**  
by Mavra  
Zvenigorodskaya

## Building a Condo Downtown Toronto: *The Last Poem of Pharmacy School*

The construction crew chosen,  
as Lesley explained that we had been selected from a large applicant pool,  
and presented a blueprint for professionalism.

In year one,  
the ground readied.  
Dressed in our best empathy and in new lab coats with 95% confidence,  
Dr. Ballyk imitated an ovary in a raincoat,  
while Jana introduced pharmacy practice, yes please.

In year two,  
the foundation poured.  
In a rushed timetable, Debra put us on panel,  
as Dr. Wells hosted roller coaster dose-response curves in the MedChem amusement park,  
while we got a drink of homeopathy and more than a mouthful of pharmaceuticals lab.

In year three,  
the floor and roof assembled.  
We made care plans, memorized pills,  
and counseled asthma patients with diabetes and a UTI.  
Welcomed to our new home, Dr. Uetrech serving the hotdogs,  
Under this roof I found a prescription for myself.

In year four,  
the walls strengthened.  
We made therapeutic decisions, memorized a few more pills and counseled  
objective cardiology and subjective psychiatry patients.  
We enjoyed the string of "last times" in a bitter sweet fashion,  
and tugged in a war, and won, finally.

Cheers: to Dean Hindmarsh and faculty, our parents.  
To the classes of 0T9, 1T0 and 1T1, our siblings.  
To the classes of 0T5, 0T6 and 0T7, for proving to us that it can be done.  
And of course, to the class of 0T8, we've made some chemistry.

Now we go into the world,  
dispensing and counseling (and hopefully being reimbursed for cognitive services).  
We have been given the tools,  
to furnish this new condo, that has taken four years to put up,  
will take a lifetime to maintain,  
and an army to break down.

*J.R. Chenard, 0T8*

J. R. Chenard  
Unpublished, 2007



## **in the wind, we will wave** Jon Lu (1T0)

she will cry for the children to be  
snatched in the dust of retreat  
from love. I will scale these hearts  
of men who wrestle defeat

from the world, expose their barren  
hills, and how they will grieve --  
beating their chest, void of the flag  
we bear on our tattered sleeves

### **Words**

I.  
poetry is words and  
worlds that appear there  
we are here, writing  
so choose your song

II.  
summer sunshine disappears  
and my muse comes in autumn  
when in morning we dance  
where in night we will be...

III.  
lines written in brilliant dreams  
in which you visited me  
will be forever beautiful as  
a place words cannot describe.

IV.  
yesterday's sweet words appear  
at a place where we were;

there my poet writes rhyming lines,  
his heart touching clear pages of morning  
and painting the beautiful evening...

by Mavra Zvenigorodskaya



**Kingdom Hearts Halloween Town**  
by Lucy Wang (1T0)

**Metal-work Necklace**  
by Allegra Connor (0T9)



**“Rose + Leaves: Hand-painted kraft paper, folded origami style. Stem: Chicken wire.”**  
by Michelle Chan (0T8)

## Gold

Sit with me  
Under the golden trees  
When autumn comes.

Watch with me  
The golden birds  
In their yearly flight.

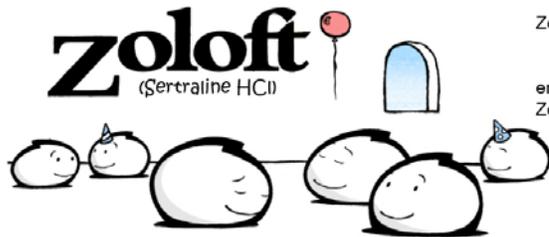
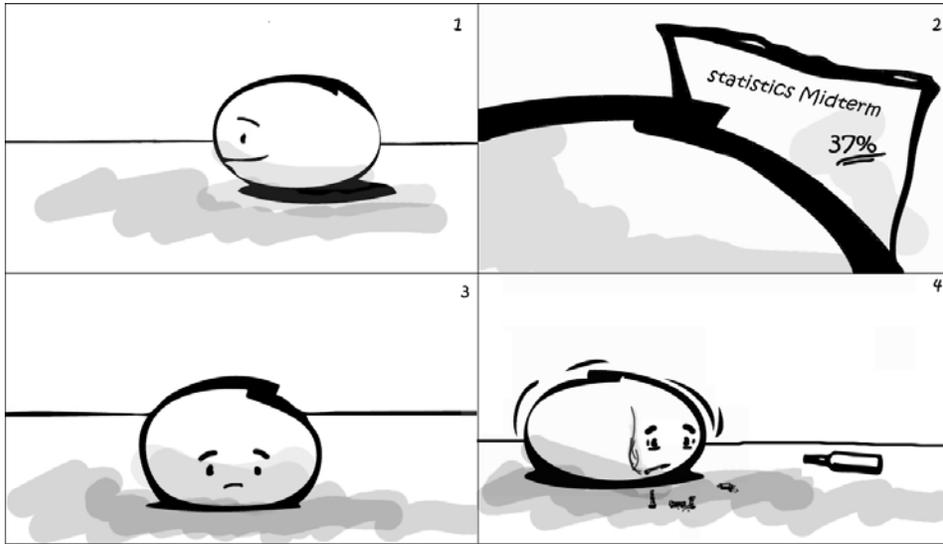
Come with me  
Share the golden warmth  
You gave to my soul

Stay with me  
After all the golden leaves  
Have been set free.

by Mavra Zvenigorodskaya

# COMICS

by Jorge Lam (1T1)



Zoloft is not for everyone. People doing well in statistics do not need to take Zoloft. In studies, many people were bothered enough by their midterm marks to start taking Zoloft. Please ask your statistics professor to see if Zoloft is right for you.

## Thoughts

by Mavra Zvenigorodskaya



## Commuter Bingo

by Yuan Zhou (1T0)

See how long it takes for you to fill this out, Commuters! (The rest of you can practice your empathy.)

You have a 9 AM class – better get up at 7:30 or earlier to be get there on time.	You wait at a non-Express stop and 3 buses pass you that are Express (and not all full).	You want to grab something from Tim Horton's on your way, but the line's too long.	The bus driver doesn't let you get on because the bus is "full" – yeah, but only at the <i>front</i> .	You can hear the music playing from someone who's further than an arm length away.
You know who's playing the subway music before you see him or her.	Three Not-In-Service buses pass you consecutively.	Three buses stop at your bus-stop after an extended wait for just one bus.	Your bus driver drives at a speed that's less than 40 km/hr on a 60 km/hr road.	Your bus driver drives at a speed so fast that you can't keep your balance.
You hear "Riders on the Yonge-University-Spadina line, we are currently experiencing delays..."	A couple is getting super publicly affectionate in obvious visibility while you are on public transit.	<b>Free Space</b> (UTSU Metropass still costs \$87.75 after Nov. 4 <sup>th</sup> TTC fare increase.)	Someone you don't know or something that didn't belong to you touches your bum, head, face, or anatomical private regions.	You stand underneath one of the spots on the bus where it drips when it rains.
You inhale more B.O. than you would like on a super-packed, closed windowed, no A/C vehicle.	You, or something that belongs to you, touches bum, head, face, or anatomical private regions of another commuter.	You enter a subway booth with no ticket-collector so you have to use a token – but you only have a ticket.	You get to class on time – only to find that class has been cancelled while you were commuting.	You hear "Riders on the Yonge-University-Spadina line, we are currently experiencing delays..." again.
You miss class or an exam in part, or entirely because of unexpected problems on the commute.	You hear "Riders on the Yonge-University-Spadina line, we are currently experiencing delays..." again!!!	You read what's in "the Metro" that someone else who's commuting is holding.	You fall asleep – and unfortunately wake up past your stop.	You see people wearing their backpacks in a packed bus that would be less so if they put their bags on the ground.

# Word Search

COMPOUND  
PSEUDOPLASTIC  
DILANTANT  
PLASTIC  
FLOW  
FLOCCULATION  
NEWTONIAN  
EMULSION  
SURFACTANT  
COLLOID  
SUSPENSION  
DISPERSION  
CREAM

ELEGANT  
VISCOSITY  
FLUX  
CAPSULE  
HLB  
OIL  
WATER  
WETTING  
TIGRAN  
GREASY  
DENSITY  
STABILITY  
PLO

Y T I S O C S I V Y T I S N E D  
L Y S U S P E N S I O N T P D M  
N M Y M N A I N O T W E N C N T  
T O T D I L A N T A N T I G U C  
T W I K D R B H X N N T T R O R  
N E L S F I K P C U S K F E P E  
A T I N L J S X L A L L B A M A  
T T B D O U F P L A O F L S O M  
C I A W W C M P E C S E D Y C H  
A N T D R A O E U R L T T N D E  
F G S V C D T L Z E S I I I W L  
R P G Y U H A E G B G I O C M U  
U X N E V T F A R R L L O K Z S  
S T S B I P N V A M L Q X N K P  
B P L O L T Y N T O G F N D L A  
J H N M J Y K Z C J L O I L J C

# Sudoku

8	4							
			4				9	5
	7			1	6	8		
7				6			5	
	2	4		5		9	6	
	3			9				1
		6	1	7			3	
3	8				5			
							2	9

## Christmas Tree Decoration

*plasticine with melted plastic*  
by Allegra Connor (0T9)



# Shout Outs

tWb:  
Veseline.  
-Y

Bon Voyage 0T8s  
and good luck with  
SPEP and PEBCs

MERRY  
HOLIDAYS  
PHARMACY

## Write a Shout Out

Every month, the shout out page will be featuring your congratulations, well-wishes, happy birthdays, and sappy, smoochy love notes. It's first come, first serve! Send your shout outs to [themonograph@gmail.com](mailto:themonograph@gmail.com).

# WANTED

## INNOVATIVE THIRD-YEAR PHARMACY STUDENT FOR UNIQUE PHARMACY INNOVATION STUDENTSHIP

Are you a third-year pharmacy student with a passion for community-based practice? Do you want to work in a position that gives you incredible opportunities and unforgettable experiences?

If you answered yes, then our Pharmasave Ontario Region Office has the opportunity you're looking for!

Located at Warden Avenue and Highway 7 in Markham, the Pharmasave Ontario Region Office is seeking a highly motivated and enthusiastic individual to become a member of our team.

As our Pharmacy Innovation Student, you will be actively involved with the development and implementation of professional programs and resources for Pharmasave Ontario. This includes organizing seminars and clinics for various stores, coordinating the annual Pharmasave Summer Student Forum, and planning Pharmasave's student programs for the 2008-09 academic year.

### REWARD

A full-time position in a dynamic pharmacy environment  
Competitive compensation  
Flexible 40-hour work week

To apply, submit your cover letter and resume in confidence to Peter Zawadzki by email to [pzawadzki@on.pharmasave.ca](mailto:pzawadzki@on.pharmasave.ca).

Application Deadline: Sunday, January 13, 2008

*For more information, contact:*

Peter Zawadzki, B.Sc.Ph., R.Ph.  
Manager, Pharmacy Innovation  
Pharmasave Ontario  
Tel: 905.477.7820 ext 232  
Email: [pzawadzki@on.pharmasave.ca](mailto:pzawadzki@on.pharmasave.ca)

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# DEC-JAN HAPPENINGS...

S	2	
M	3	
T	4	
W	5	OCP Registration (Year 1)
R	6	
F	7	Last Day of Classes
S	8	
S	9	
M	10	
T	11	
W	12	
R	13	
F	14	
S	15	
S	16	
M	17	
T	18	
W	19	
R	20	
F	21	Last Day of Exams! Happy Holidays!*
S	5	
S	6	
M	7	First Day of Classes
T	8	
W	9	
R	10	
F	11	Calculations Test 1 (Second Year)
S	12	
S	13	
M	14	
T	15	
W	16	PDW
R	17	PDW
F	18	PDW
S	19	PDW
S	20	
M	21	Monograph Submission Due

December 2007

January 2008

\*Dec 28, 2007: IPSF Student Exchange Program Deadline

