

# The Monograph

Feb/O8  
Vol. 9 No. 4

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**-What does it mean for you?**

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## Contributors

### EDITORS

Matt Fong

Lara Tran

themonograph@gmail.com

### 0T8 REPRESENTATIVE

Alena Hung

alena.hung@utoronto.ca

### 0T9 REPRESENTATIVE

Matthew Lee

synergy\_85@hotmail.com

### 1T0 REPRESENTATIVE

Christine Truong

christine.truong@utoronto.ca

### 1T1 REPRESENTATIVE

Adam Calabrese

adam.calabrese@utoronto.ca

### PRINTED BY

The Learning Achievement Centre

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# LETTER FROM THE EDITORS

So it seems like it's cram time for the whole faculty right now. Third year students seem to be locked in study mode since before leaving for the christmas break. Second years have their own woes, tackling midterms, labs, and panels, all while keeping a strong face. And the first years are starting to learn about what it means to be sweating the PPLs. No matter what year, most of us are still dreaming about the A's we use to get in undergrad and trying to figure out how we came to settle with the the faculty-frowned-upon adage '6-O and Go!' as our final comfort. And with the fourth years gone, the whole place just feels so empty now. Not that we're coming down with a case of empty-nest syndrome, but we're sure not to be the only ones to feel a little less complete without our OT8 siblings around.

Surprisingly, even with the mega course load we have to bear, we still managed to produce a full and fantastic issue, with the help of our diligent regular columnists and some new authors too. What can you look forward to reading about in this first issue of 2008? Well, our feature article this month is an infopinionative\* piece about the soon-to-occur regulation of pharmacy technicians in Ontario. SPEP is also a recurring theme in this issue and it seems that our OT8s are fighting off those SPEP blues, whether it be beating down the near-absolute zero chills of Northern Ontario or withstanding the disheartening barrage of questions from their preceptors. We're also proud to include in our issue Be Phan's (1T0) third place winning essay about the HPV vaccine and how pharmacists can get involved. And if you didn't get a chance to go to PDW this year, you can read all about it from two different perspectives. Of course, you can also find our regular columns such as the Pharmafiles, My Perspective, and other articles from your Monograph Reps.

To our dismay, last issue's pharmacy song contest was a flop. Either pharmacy students were too busy enjoying the much needed break following exams, or it was too difficult to fit such words as *pharmacokinetics* or *therapeutic* into a lyrical lullaby, although 'Ace, Ace Inhibitor' would have been a great rendition of Vanilla Ice's one-hit wonder. This month we'll try something a little more focused. Given the opening of the new school of pharmacy at the University of Waterloo, we were seeking your thoughts and concerns about the opening of a new pharmacy program in Ontario. How do you feel about the much anticipated co-op pharmacy program? Would you consider applying? What about the job search four-years down the road? Would you like to get to know the new pharmacy students better (via socials, joint conferences, etc...) or would you rather not have anything to do with them? Will the new Waterloo students be your friend or foe? Let us know what you think by writing a short essay with your opinions. We will be offering our finest prize ever – a \$25 gift card to Chapters for the best article (min. 500 words)!

The deadline for contest articles and all other submissions is **Wednesday, February 27**. We encourage all of you to submit anything you would like, such as shoutouts, art, poetry, short stories, anecdotes, and articles about subjects that interest you. (Especially you first years... we're starting to wonder if anyone else writes besides Adam Calabrese) We hope to hear from more of you this time since you have reading week to write!

Until then, take care, good luck on midterms, and keep on truckin'!

Lara and Matt  
Co-editors, The Monograph

\*infopinionative is a fabricated word meaning *pertaining to both information and opinion*

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in full colour at  
<http://ups.uoftpharmacy.com/ups2/monograph>

## UPS CORNER

Hello Pharmacy!

Happy New Year and welcome back to the winter semester! We hope that everyone had a fun and restful holiday and are gearing up to soak in some more of what pharmacy has to offer!

Many students have just returned from PDW in Edmonton, Alberta this year. A big thank you to our CAPSI Senior and Junior Rep, Marie-Hélène Irvine, and Rachel Knott, along with the help of their CAPSI council, in helping to promote this educational experience! U of T represented well with professional behaviour, good performances at the national competitions and heavy representation on next year's CAPSI National Council.

Our athletic reps, Linda Plong, Bryan Langel, and Rene Mader are back to work getting students to sign up for intramural sports, as many students learned at PDW to "keep fit and have fun!"

Class council activities are popping up from the 1T0 Movie Night which featured "Knocked Up" to OT9's Matchmaker. Keep your

eyes and ears open for some more events coming your way such as Matchmakers, a Foosball Tournament, a Raptors game and more!

Our IPSF Rep, Jen Teng, has organized a screening of "The Second Tsunami" for pharmacy students on Monday February 4 from 12-1pm so be sure not to miss that! Also, contact Jen if you're interested in summer opportunities abroad with IPSF!

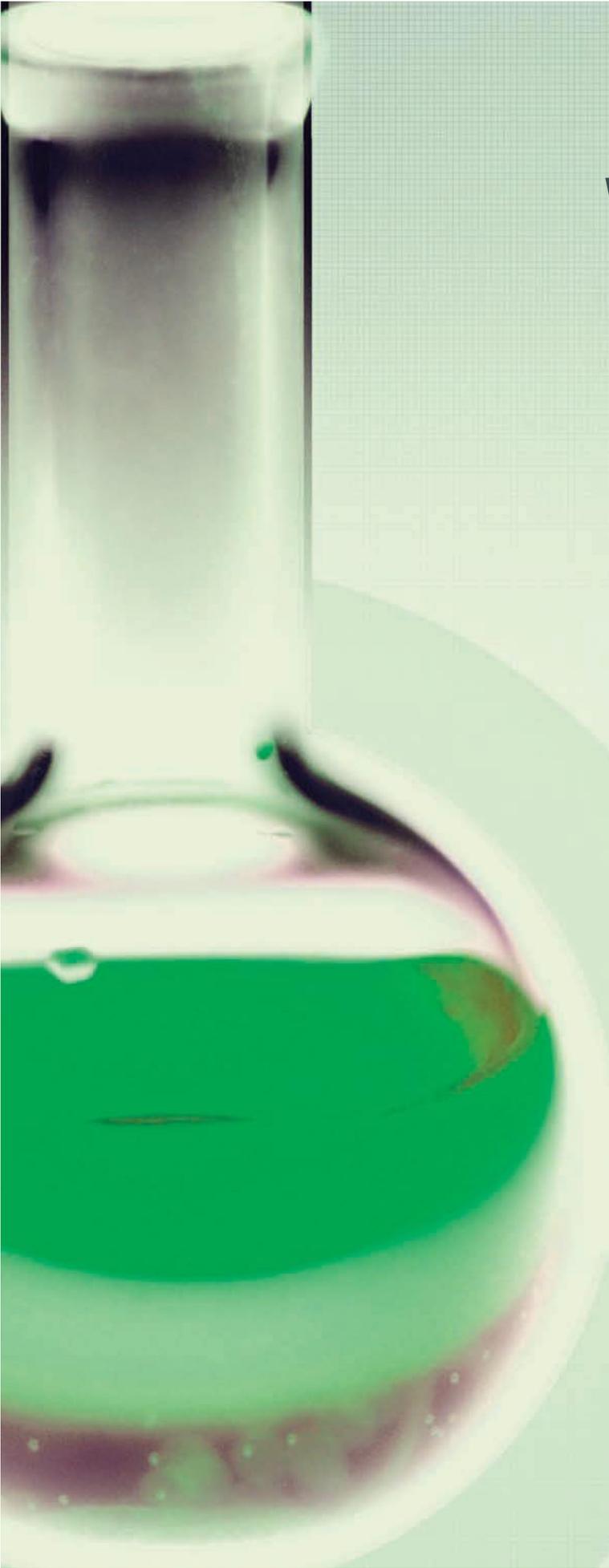
If you're starting to search high and low for summer jobs, our Junior External Affairs Co-Director, Mike Pe, has the perfect remedy! Come out to a helpful Hospital Summer Student Information Session coming up (TBA) with students providing information about their summer job experiences in hospitals.

January brings a new start for everyone and we hope the year has gotten itself off on the right foot!

All the best,

Alexander Vuong  
UPS President

Stacy Yeh  
UPS Vice-President



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**BIOVAIL** 

# THE REGULATION OF PHARMACY TECHNICIANS IN ONTARIO

By Christine Truong - 1T0 Monograph Rep.

The regulation of pharmacy technicians is a new initiative started by the Health Professions Regulatory Advisory Council (HPRAC) within the past year and eventually pursued by the Ontario College of Pharmacists (OCP). In pursuing this, the OCP is taking on the role of governing not only pharmacists, but also their subordinates as regulated professionals. The regulation of pharmacy technicians will be similar to that of pharmacists which entails upholding standards of practice, registration with the college, certification, practical training, a code of ethics, entry to practice exam and jurisprudence. In order to do this, changes will be made to the Drugs and Pharmacies Regulation Act.

The major difference between the role of the pharmacist and the pharmacy technician is the area of expertise. The level and extent of knowledge also differs. With this regard, students from high school can directly enter the pharmacy technician program offered at a community college while the pharmacy program, especially here at U of T, is still evolving with the progression to entry-level Pharm. D. program near to implementation.

## Benefits

The creation of a new discipline for health care will have benefits on what we do as pharmacists and the profession of pharmacy in general. Firstly, there will be title protection for the pharmacy technicians. A pharmacy technician will no longer be the same as a pharmacy assistant. Along with the title is the position itself. It has the potential to enhance patient care and safety because the pharmacy technicians are considered to be qualified personnel in this field, whom are held accountable and responsible for their own work. This independence from the pharmacist allows more time for pharmacists to do other things such as focus on counselling and monitoring patients. This progression will likely lead to increasing our integration in the health care team and allow the opportunity for us, as pharmacists, to show that we are valuable and can contribute significantly to a multidisciplinary health care network.

## Impact and Challenges

Along with the benefits to the regulation of pharmacy technicians come many impacts and challenges to the profession of pharmacy. Current technicians will require additional education and training to become licensed, and will be subject to complaint and discipline. They will also be expected to participate in quality assurance programs. Although it is presently still a choice whether current technicians would like to be qualified or not, some still oppose this change in regulation because of the additional requirements.

The transition to regulate pharmacy technicians is another important point to consider. It is predicted that this process will still take several years to take effect with the first group of technicians being registered

by the OCP beginning in 2010. The ultimate goal is the regulations of all technicians.

Balancing the roles between pharmacists and pharmacy technicians is another possible challenge. As of now, the idea is that pharmacy technicians will get access to the authorized act of dispensing, selling and compounding drugs subject to terms, conditions and limitations. It will also authorize registered pharmacy technicians to receive verbal prescriptions. Not only will there be numerous guidelines for the role of technicians but there will

also be a published set of guidelines for pharmacists denoting the role of pharmacy technicians.

## The Future

Looking twenty years down the road or so, is it possible that there be bridging courses that allow registered pharmacy technicians to become licensed pharmacists? The public's view is that there should be. Why? Because, as the public sees it, pharmacy technicians are perfectly capable of doing the pharmacist's job. They work full time along side the pharmacist and should only require a few courses here and there to obtain pharmacist status. The public's impression is that the pharmacist's job is based on practical experience, not knowledge.

The pharmacist's view is quite the opposite. How can you allow pharmacy technicians to become pharmacists just like that? Pharmacists go through 4 years of education in addition to a minimum of one year of general undergraduate studies. How can all this be combined into one bridging course? The fact of the matter is that it can't. What might happen is that the education level of pharmacists will be neglected, meaning pharmacy technicians who become pharmacists will not be required to take courses such as pharmaceutics, medicinal chemistry and physiology to the depth that we, as pharmacy students, currently have to take. How is this justified? It isn't. What this would imply is simply that these courses are useless to practice community pharmacy. This brings about the question, "is it really necessary to learn these things to practice pharmacy in the community?"

## A Comparison

On another note, the benefits of regulating pharmacy technicians has the potential to wring out minor flaws in the system. For example, the relationship between pharmacy technicians and pharmacists parallels the existing relationship between dental hygienists and dentists. In respect to their profession, dentists are required to complete 3 years of undergraduate studies before they can apply. Upon graduation of the 4 year professional program they are granted a DDS (doctor of dental surgery). On the other hand, dental hygienists are required to obtain a dental hygienist certificate for an accredited college or university. Something different about this profession and ours is that dentists and dental hygienists are regulated by two different colleges. The benefit of this current system is unknown.

## In Conclusion

Having qualified personnel assist pharmacists with their basic roles on a daily basis will allow them to move forward in the direction of more patient centred care as a profession. However, there still remain many questions as to how this will turn out and when the transition will actually be completed, but nonetheless, regulating pharmacy technicians can be seen as a good advancement for both the OCP and the profession of pharmacy itself. ■

# AIDS EveRyday

A joint GMI and IPSF Initiative

by. Jennifer Teng – IPSF Rep

**\$955.43 dollars!** I think it's amazing that this is how much money our faculty was able to raise for Medecins Sans Frontières in the month of December for the AIDS EveRyday Challenge! This campaign ran from November 13th – December 3rd this year with a total of 30 participants. For those who don't know, the challenge involved taking "jelly bean triple therapy" to simulate taking HIV/AIDS medicines for two weeks. Over the course of these two weeks, several students came up to me telling that they found it difficult to be compliant with their "meds" everyday. It's hard to imagine having to do it everyday for the rest of your life. I sincerely hope that this challenge was able to broaden our perspectives on the everyday challenges that HIV/AIDS patients and all patients taking chronic medications face. I truly believe that you will be able to take these experiences into your practice of pharmaceutical care. Thank you to all the participants, their sponsors, the bakers for the bake sale and the creators of the idea. We hope to challenge you again next year!

## The following is a list of all participants:

### 0T8

Jason Chenard  
Joti Dhillon  
Habibat Garuba  
Victoria Siu  
Sarah Salama  
Marion Visser  
Atusa Morshed  
Vijay Rasaiah  
Terri Chan

### 0T9

Alex Vuong  
Julianne Kim  
Matt Fong  
Janet Chow  
Sandra Ng  
Rabiah Siddiqui  
Lara Tran  
Mike Pe  
Safiya Ladak  
Aliya Mitha  
Melodie Lau  
Alisha Rahemtulla  
Shelina Jessa

### 1T0

James Morrison

### 1T1

Kalena Truong  
Nayeon  
Adrian Leung  
ManYing Ho  
Amy Rajan  
Meaghan Linseman

## Campaign Helpers

1T1 – Amy Rajan, Rasha Ahmed, ManYing Ho,  
Adrian Leung  
1T0 – Gigi Wong, Ravneet Uppal, Stacy Yeh  
0T9 – Jennifer Teng  
0T8 – Victoria Siu, Navjeet Uppal.

## Bakers

Geetha Mahalingam, Matt  
Koehler, Jonathan Chiu, Katie  
Mok, Wendy Li, ManYing  
Ho, Amy Rajan, Rasha  
Ahmed, Adrian Leung, Safiya  
Ladak, Alisha Rahemtulla,  
Aliya Mitha, Jennifer Teng,  
Gigi Wong, Stacy Yeh,  
Victoria Siu, Sara Lavoratore.

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# PharmaFiles

## Your Rx for Success

Hi Pharmacy,

Welcome back to a new year! Pharmafiles is a regular in the Monograph that profiles pharmacists who are leaders of the profession. For this month, we are featuring Michael Wong, Education Coordinator and Clinical Pharmacist for the University Health Network. Michael is also a graduate from the University of Toronto and we hope Michael's various experiences gives you insight on the opportunities that you have when you graduate. 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).

Angeline Ng (0T8) and Mike Pe (0T9)  
UPS External Affairs

### Demographic Info

#### Name:

Michael Wong

#### Year of

Graduation: 1996

#### Which pharmacy school did you graduate from?

University of Toronto



**Have you completed any advanced training or certification?** Accredited Canadian Pharmacy Resident, St. Michael's Hospital 1996/97

**Do you participate in any other professional activities (eg. committees, professional associations)?** Metro Toronto CSHP Education Committee, U of T Faculty Experiential Working Group

### Job Description

**What position do you hold or what is your current practice?** Education Coordinator, Department of Pharmacy, UHN – I still practice part-time as a Clinical Pharmacist in the Medical Surgical Intensive Care Unit at the Toronto Western Hospital

**How did you get to where you are today?**

#### What was your career path?

Faculty of Pharmacy, U of T 1992-1996  
Summer Pharmacy Student, Multi-Organ Transplant, UHN, Toronto General Hospital 1994-1995

Hospital Pharmacy Residency, St. Michael's Hospital – 1996-1997

Clinical Pharmacist Medical Surgical ICU, St. Michael's Hospital – 1997

Clinical Pharmacist Cardiovascular ICU, St. Michael's Hospital – 1998

Clinical Pharmacist, General Cardiology, UHN, Toronto General Hospital – 1998-1999

Clinical Pharmacist, Cardiovascular ICU, UHN, Toronto General Hospital – 1999-2000

Clinical Pharmacist, Medical Surgical ICU, UHN, Toronto Western Hospital – 2000-2004

Education Coordinator, UHN – 2004 to present

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

Tough question – I don't think it would be a movie anyone would want to watch! I wouldn't want to watch a movie about me! I'll pass on this question.

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

The people I work with. At UHN, the staff are great and they provide a fun, warm atmosphere that gives me motivation to keep doing my best. The hospital's mission statement of "Achieving Global Impact" doesn't seem so daunting when you are surrounded and work with so many dedicated individuals at every level of patient care, education and research. In my position as Education Coordinator, I have many opportunities to meet students in various levels of training and every year I am very impressed about the ever-increasing level of commitment and passion the students have about their profession. When I think about my days as a pharmacy student I am astounded by how much time and effort students give back to their community through volunteer and association work given their hectic schedules.

**Have you experienced any challenges that you had to overcome?**

I've worked part-time in a colleague's community practice and have found that it's a difficult transition providing care to patients in a community drugstore. In hospitals, we have the luxury of being able to access a lot of information about a patient at our fingertips. I have a very high regard for my friends and colleagues in community practice who not only have to deal with a myriad of reimbursement

issues on a daily basis but who have to do a lot of investigative inquiry and legwork to gather sufficient information to make an appropriate clinical decision for their patients.

### Fun Questions

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

The friends I made. You really do become friends for life and over 10 years later I still keep in touch with many of them.

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

Walking across Bloor St. during Frosh Week in our lab coats. Soaked in purple potassium permanganate.

**Tell us something very few people know about you (e.g. hidden talent).**

I'm Assistant Captain and defenceman for my beer league hockey team and play a very sieve-like defensive style.

I was the editor of The Script (U of T Pharmacy school newspaper – precursor to The Addict, now The Monograph) and CAPSI's CAPSIL during my undergraduate pharmacy days. Contributing to this column is coming full circle in a way.

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

Flavoxate hydrochloride – brand name: Urispas – it's the only drug name I can't say with a straight face.

### Advice Questions

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

I had the opportunity to work an ICU pharmacist early in my student career and was impressed by their level of clinical knowledge, confidence in working with the medical team and their ability to translate and teach this knowledge to students from all different levels and disciplines from 1st year to post-graduate. This greatly influenced my own career path.

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

Try and get as much exposure to as many different aspects of pharmacy practice as you can whether it be in hospital, industry, research or other realms. My most important piece of advice is not to look at your exposure as "just a job" – think about how your job fits into the bigger realm of patient care and the healthcare system. This will certainly help you assess your own professional and personal needs as you make decisions in the future on which roads to take in your career. ■

~profile coordination: Mike Pe (0T9)

# Reviewing the Human Papillomavirus Vaccine Program and the Role of the Pharmacist

By: Be Phan - 1T0 (3rd Place, CAPSI Student Literary Challenge)

*~ I would like to thank T.K. for all her guidance and support. Thank you for everything!*

## Introduction

In July 2006, Health Canada approved a new Human Papillomavirus (HPV) vaccine, Gardasil, manufactured by Merck & Co.<sup>7</sup> The approval of Gardasil and its recommendation for use in a national HPV vaccination program has raised both excitement and concern from Canadian health professionals and the public. As trusted health care providers, pharmacists must take an active role in understanding the facts surrounding the introduction of the vaccine in order to properly address the concerns of the public. This article shall briefly outline the main facts about HPV, discuss the introduction of the HPV vaccine into a publicly funded immunization program, and explore the potential for pharmacists to play a critical role in the program.

## The Human Papillomavirus

HPV is one of the most common sexually transmitted infections in Canada.<sup>6</sup> The HPV family consists of over 100 viruses and are transmitted through skin contact.<sup>2</sup> There are about 40 genotypes that can infect the genital tract. Estimates of the overall prevalence of any type of HPV, in Canada, ranges from 10.8% to 29.0%.<sup>6</sup> The peak prevalence occurs in young adults (<20 years of age), with a subsequent decrease with age.<sup>6,2</sup> It is estimated that 75% of sexually active men and women will have at least one HPV infection in their lifetime.<sup>3</sup> There is no known cure for HPV infections, but most people who have healthy immune systems will eventually clear the infection without treatment.<sup>3</sup> Furthermore, many people with HPV will have no obvious signs of infection<sup>3</sup> and may pass the infection unknowingly to their partners. A small proportion of those infected will go on to develop cancer.<sup>2</sup> HPV causes almost all cases of cervical cancer.<sup>2</sup>

Of primary concern are HPV viral genotypes 16, 18, 6, and 11. HPV genotypes 16 and 18 account for 65%-77% of cervical cancers worldwide.<sup>2</sup> HPV genotypes 6 and 11 are estimated to cause 90% of genital warts.<sup>6</sup> The newly introduced Gardasil HPV vaccine provides protection against these four HPV genotypes when administered in three doses.<sup>6</sup> The vaccine does not protect against other HPV genotypes, nor does it protect against other STIs.<sup>6</sup>

## The National HPV Vaccination Program

In 2007, the Canadian federal government announced that it would provide \$300 million, over 3 years, to fund a program to immunize young women, ages 9-13, with the recently approved Gardasil vaccine.<sup>5</sup> Currently, there are four provinces that have agreed to offer the vaccine, free of charge, during the 2007-2008 school year to female students through a voluntary school-based program. In Ontario, the HPV vaccine will be offered to an estimated 84 000 young women in grade eight. Publicly funded HPV vaccination will also be offered to Nova Scotian females in grade seven, whereas, Prince Edward Island and Newfoundland shall administer the vaccine to female students in grade six.<sup>8</sup> The other six provinces are still considering the implementation of the program.

There have been steps taken to educate and prepare parents and students for the HPV vaccine. Educational materials on HPV, cervical cancer, and the vaccination program have been provided to young women and their families, along with consent forms in advance of the scheduled vaccination clinic.<sup>7</sup> Consent to receive the vaccination has been addressed in the same manner as other voluntary school-

based vaccine programs.<sup>7</sup> The immunization is not mandatory but governments are hoping that the vaccine will be well-received so that it may prevent as many cases of cervical cancer as possible.

## The Role of the Pharmacist

There is much potential for pharmacists to play an important role in vaccine distribution and providing patients with accurate information and advice. Pharmacists are highly accessible health care professionals and are commonly approached by patients for health information.<sup>9</sup> As a result, pharmacists have a vital role in educating patients on the HPV virus and vaccine.

Pharmacists have a duty to address patient concerns about the HPV virus and vaccine. Public concern about the safety of the vaccine will be a common issue for the pharmacist to resolve. Myths and misunderstandings about immunization are problems that must be addressed by health care professionals because they can cause reduced population vaccine coverage and result in resurgence of vaccine-preventable diseases.<sup>4</sup> Pharmacists may find it useful to employ the principles of risk communication to communicate effectively about immunization. The goal of effective risk communication is the development of an informed decision-making partnership with the patient, through education and advocacy, in an open and respectful atmosphere.<sup>4</sup> Effective risk communication requires communicating current knowledge, respecting differences of opinion about immunization, representing the risks and benefits of vaccines fairly and openly, adopting a patient-centred approach, and presenting clear, evidence-based messages about immunization.<sup>4</sup>

Particular to the HPV vaccine is the need to inform patients and parents that the vaccine is not a replacement for safer sex practices and regular Pap smear screening. There is public concern that the universal vaccination program may produce misunderstanding and lead to reductions in safer sex practices and Pap screening rates.<sup>5</sup> The progress made thus far in reducing cervical cancer rates in Canada has mostly been attributed to the widespread use of regular Pap screening.<sup>1</sup> The HPV vaccine is a tool that is meant to complement Pap screening in the prevention of cervical cancer, not replace it.

## Conclusion

Pharmacists may find themselves taking on an important role in educating patients during the implementation of the national HPV vaccination program. Immunization prevents more Canadian deaths and disease than any other health intervention.<sup>4</sup> Although it is important to recognize that there remain many issues that have not been explored in this review, the main message is that pharmacists can contribute significantly to implementing this program. It was recommended that the development of a model HPV vaccine program requires governments to start by educating the public about the reality of cervical cancer, HPV infection and vaccination, and promote healthy personal practices, including use of barrier methods, regular Pap smears, and screening for STIs:<sup>5</sup> an important mission that can be achieved in partnership with Canadian pharmacists.

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# “What’s the OPA doing for me?”

By Josh Lieblein - 1T0

## “What’s the OPA doing for me?”

That’s the question that I hear most often from students at the Faculty of Pharmacy whenever the subject of the Ontario Pharmacists’ Association comes up. It’s a little troubling, especially when you consider that:

- the OPA is the voice of our profession at a provincial level.
- pharmacy students are themselves walking advertisements for our profession, as they work their magic in practice each and every day.
- pharmacy students will not stay pharmacy students forever, and it will be up to them someday to promote our profession.

More and more, I’ve felt that the greatest challenge facing our profession today is not rising drug prices or how to manage our practices. Our greatest challenge is quite simply, that the general public and health care professionals are not aware of what pharmacists do, or what they could be doing. And, if the quote at the beginning is any indication, pharmacy students may also not be aware of what their own professional organizations do, or what they could be doing.

The truth is, however, that the OPA is doing quite a lot for pharmacy students. I’ve compiled a short list, a Top Ten, if you will, of the opportunities that the OPA offers specifically for students.

1. The OPA offers employment opportunities to student members only. So, if you sign up, you can make extra cash helping OPA representatives out by calling members during the Annual Membership Drive, or by letting members know of new OPA initiatives.
2. If these job opportunities aren’t enough, the OPA maintains a list of classified ads on their website. Post an ad, or respond to one!
3. You can receive discounts on cellphone packages and hardware as a member of OPA. I’m sure lower cellphone bills will make you happy...but they will make your parents much happier!
4. While the health of your patients is important, your health comes first- if you’re not well, you can’t be the effective health care professional you need to be. The OPA’s Professionals Health Program can provide medical and emotional support to students in need.

5. When you document what you do in practice, you are covering yourself in the event that you ever need to appear in court or defend what you did. OPA members get another form of coverage- special insurance benefits that are a smart investment for when you begin practicing.

6. Want to surprise a friend with tickets to Wonderland, the Science Centre, Wild Water Kingdom, or the Chinese Lantern Festival at Ontario Place? The OPA gives discounts on tickets to these and other events to its members.

7. If you need to rent a car to help you move or for a road trip during Reading Week, the OPA has partnered with Enterprise Rent-A-Car to help members get where they need to go.

8. The OPA has its own Drug Information Resource Centre, which could prove to be a very useful resource if you want to blow your classmates’ minds during PPL’s...or, more importantly, if you want to give your TA a reason to circle that letter “P”.

9. You always hear about how Bill 102 is changing the way pharmacy is practiced in Ontario, but are you keeping up with the latest changes? OPA members get updated frequently through e-mail blasts. Stay informed!

10. Most of all, you, the student, get to network with OPA members and get the advantage when it comes to finding references!

So now that I’ve answered the question of what the OPA is doing for you, I have a question for my fellow students: What are YOU doing to make sure the OPA is effective, efficient, and is everything that you and that the profession of pharmacy deserves as they show Ontario- and the world- that pharmacists are the most valuable resource in health care, and the best health-care professional group around, bar-none?

It’s your call. ■

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# A NEW APPROACH

By Matthew Lee - OT9 Monograph Rep.

This jerk off waltzes in here with his clean suit and shiny shoes on and thinks he can tell me how to live my life? He thinks he understands what it's like to live on the street after reading books in the shelter of his classroom. I've seen this lousy routine a million times. A pompous person offers their glorious aid, a fix to all of our problems, and after a few weeks, they have given up. They disappear. And I'm sure this guy was no different.

East Hastings Street is our domain, our land to rule freely. It is an oasis amidst the metropolitan area of Vancouver. It is where the drugs are readily available and hookers patrol the night. I watch as the suit man has conversations with a few of the homeless lying down in front of First United Church (which has always been good to us). They shrug him off. Initially I thought he was a missionary trying to spread the 'good word', which to me is defined as a free meal in the church while having to endure a couple of gospel songs. Then I realize he wasn't, which was odd, because it wasn't too often we saw a government worker fighting in the frontlines of the 'problem'. The man carries on his duties by putting up sheets of paper outside of the shelter. I wait until he leaves, and proceed to head over and read what this man has posted. I couldn't believe my eyes. I read the words on the page again and again before beginning to understand what was happening. This man was offering me free heroin for the next several months. FREE HEROIN!?!?

It was called the North American Opiate Maintenance Project, or project NAOMI for short. I don't know all the logistics of why the government was doing this, or how this was to help me. I do know that my daily struggle, the worry which always torments my life is not where my next meal is going to come from, because you can always find a kind person or organization willing to help. It is not even where I will spend the night, for you eventually become accustomed to spending the night outside. My only problem, the stress which is on my mind from the second I wake to right before bed, is where my next shot of heroin will come from.

Don't be deceived by my words. I may sound intelligent because I can tell a good story, and put my thoughts together quite effectively. But when my desire for heroin grows, when my palms get sweaty and my head pulsates; I won't lie, things get ugly. Have you ever needed something so much, you would break all your morals and restrictions to get it? I'll assume if you are reading this, you are generally well mannered and wouldn't exactly know that feeling. Me? I steal. I steal pretty much anything I can get my hands on. There was once an elderly lady with a purse I needed. So I grabbed it from her and ran. I didn't stop running until I found my dealer and paid him directly from the purse. He gave me the needle. It was rusted and the product seemed sketchy. I didn't care. I injected it immediately and went home for a smoke during the high. It was worth it.

I went into the clinic on the first day they offered the 'free heroin' expecting to get a quick fix. Instead, they sent me into a room for a lengthy interview. After a tedious process, they concluded I was a candidate to receive the clinical injections of heroin. Some of the guidelines I passed (which many fail) include being over 25, an addict for over 5 years, previously trying to quit by methadone maintenance, be free of a criminal record, and not having a mental illnesses. They then proceeded to counsel me in regards to my lifestyle and heroin maintenance. I blanked out for the most of that part.

Three times a day, for seven days a week. This is serious. They were strict in my attendance, and even more so in monitoring my injections (which I preformed myself). So here was the deal, they told me they were giving me a pharmaceutical grade heroin which would supply me with enough dose to fulfill my desire, while avoiding the side effects which

could cause me harm. At the same time, they had a full support staff on site which included doctors and social workers which constantly bombarded me with advice and counselling.

The truth is I do want to stop using heroin. I've tried multiple times before, but in the end, I just can't stop. It's torn me away from my family, and has caused me to lose all my friends, but nothing can pull me away from it. And it doesn't look like anything ever will...

*There is an estimated sixty to ninety thousand heroin addicts in Canada. Although one of the goals of the NAOMI project is to of course reduce this number by having addicts quit, but this is an unrealistic outlook. Rather, its main objective is to reduce the burden of this addiction on Canada's health system. Project NAOMI aims to provide addicts a safe environment with sterile conditions to inject themselves with heroin. This is important as often street needles, or the heroin itself is contaminated. The repercussions of this are immense as addicts are highly vulnerable to severe diseases such as HIV, Hepatitis C, and endocarditis. These diseases can impose preventable strain on the health system.*

*In addition to this, studies in European countries with similar clinics have shown that there was a significant reduction in the local crime rate. Theft and prostitution amongst addicts to obtain money for heroin is a major problem, and NAOMI will no doubt help reduce these levels in Canadian communities as well.*

*One wouldn't think to give heroin to someone who is trying to quit. But most heroin addicts in the study are beyond the point of resolve. It is impossible to wean off their body and mind's dependence on the substance. And the only way to see any improvement is to keep them off the vicious cycle they face on the street. ■*

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## 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

[angeline.ng@utoronto.ca](mailto:angeline.ng@utoronto.ca) or [mike.pe@gmail.com](mailto:mike.pe@gmail.com)

# A lesson on patient education

By Rabiah Siddiqui - 0T9

It was during exams not more than a month ago, and the stress was getting to me. I was frantically cramming antibiotic charts into my brain when suddenly my sister interrupted. “Rabiah!” she yelled from downstairs, “dinner time!”

Her in-laws were over. The food was great but the conversation that ensued afterwards was not. Her father-in-law, the retired computer expert that knows (or has an opinion) about everything in the world, was speaking on the evil that is drugs.

“Lipitor is the worst thing a doctor could ever give a patient,” he said.

“It does nothing but break down your muscles. The doctors and drug companies are just in it for money. All drugs do is cause side effects, nothing more. Did you know that they lowered the range of cholesterol considered ‘normal’ just so that more people start taking drugs? The target levels were much higher in the 70’s!”

Yeah, it’s called evidence-based medicine, I thought. But I wasn’t in the mood to deal with all the conspiracy theories, so I just tried my best to address his concerns about Lipitor.

“Uncle,” I started out politely. “Some people need to take cholesterol-lowering drugs because diet and exercise alone don’t always do the job.

Like if you have a genetic predisposition to high cholesterol, or if you can’t do vigorous exercise as with arthritis patients, for instance.”

For every argument I put forward, he had a counter-argument. I explained the concept of risk versus benefit when taking drugs, and even warned him that high cholesterol directly causes atherosclerosis and heart disease, which is the biggest killer in North America. I recalled our cardiovascular lecture and the fact that South Asian men are at highest risk for myocardial infarctions.

But in the end, my three years of pharmacy education did not allow me to win this one; and clearly neither could my debating skills. Ironically, he told me to “read up about it on the internet.” I went back upstairs, insulted.

A week later, I had forgotten about the whole incident and was happily spending the holidays in my hometown. Then the phone call came. “Uncle just had a heart attack this morning. He’s in the hospital for testing”

My stomach tightened into a knot. I felt so guilty for some reason. He was actually a healthy man, and later I learned that because he was in such good shape, it was only a mild infarction. Adding to the irony, I was told that after having an angioplasty on one coronary artery, he was started on daily low-dose ASA as well as... Lipitor! Of course, he didn’t start taking them without first putting up a fight with the doctors. Thank God he’s back to normal, I thought and smiled to myself. ■

## PHM 12X

by Adam Calabrese - 1T1 Monograph Rep.

*With sporadic contributions from Rachel Fu*

It was at some point during my studying for a recent and unnamed PHM course midterm that I realized that it needed a good and public textual indictment. I realized soon after that despite my best efforts I would never be able to damage the reputation of the course any more than the course itself. Referring to the wisdom of the Enlightenment, I decided that mockery was the only course of action that had any chance of being effective, and could only hope that MacLean’s magazine would adjust university rankings accordingly after learning that such a course is offered at a university that can only pride itself on its reputation and prestige.

I therefore offer this curriculum of a course that might replace it. It contains, in my opinion, content that is infinitely more useful to success in pharmacy school, without any complicated pseudo-words like psychosocial or neuroeconomic.

### Unit 1: How to unjam the stapler in the third floor resource room

- Concepts include not trying to punch out more staples when they don’t seem to be coming out, and using a sharp, pointy object to pry them out
- Critical assessment of why there is an electric stapler in the seventh floor practice lab but a non-functional one next to a photocopying machine

### Unit 2: How to locate the card-reader for the second floor study room door

- An exploration of the wall next to the door so as to encourage

- independence in entering the second floor study room
- The thoughts and feelings of students already inside the room will be considered from an open-minded perspective: how did they get into the room? Did they not rely on jiggling the handle and expecting someone else to open it for them? Why is that cranky Monograph rep throwing things at me when I stand at the door and expect him to open it for me?

### Unit 3: That ‘gosh-darned’ photocopier

- Students will independently research why there is never any paper in the third-floor photocopier
- Holistic examination as to why the photocopier always jams when there is paper inside of it
- Economic assessment of the inflation of photocopying cost

### Unit 4: Washroom-ology

- Critical examination of why male pharmacy students are incapable of not urinating on the seats of the stall toilets, or flushing
- Gender relations 101: Why are there an equal number of male and female facilities in a faculty with a significant female majority?

### Unit 5: Cranio-rectal interactions

- Concepts include instructing students when their questions are asinine, useless, or general verbal diarrhea
- Independent study unit to be conducted on why not having a PharmD will not render you jobless after graduation ■

# Professional Development Week -Learning Beyond the Classroom-

By: Alexander Vuong - OT9, UPS President

From January 16-19<sup>th</sup>, 2008, Eight hundred pharmacy students from across the country were invited to a four day conference in Edmonton, AB hosted by CAPSI. The conference was a combination of continuing education presentations of both professional and clinical nature, a huge exhibition hall featuring companies demonstrating their products, all the way up to fabulous cocktail receptions.

The theme of the conference was “Empowering our Patients” and called on pharmacists to motivate their patients to take responsibility for their health. Patients should be educated about their health by first line healthcare professionals like pharmacists. Patients who understand what medications they are taking and the reasons for taking them, can improve their quality of life - ultimately reducing burdens on our healthcare system.

The continuing education seminar choices had accessible topics such as compassionate medicine, readability of labels, pharmacy and ethnicity, removing cultural barriers, etc. My favourite speaker was Dr. Ian Blumer’s talk on the potential role of the pharmacist on the diabetes

2<sup>nd</sup> nationally in the Compounding Competition.

Next year’s CAPSI National Council features more than a quarter of its council coming from U of T (Marie Irvine as VP Education, Sara Lavoratore as VP Interprofessional Affairs and Alexander Vuong as Executive Secretary). U of T can continue its dominance on the CAPSI



health care team. The motivational talk by Hal Johnson and Joanne McLeod also proved to be very popular with students, and talked about controllable risk factors such as eating well, being active and feeling good. They were extremely kind and stuck around to take photos with students and even had lunch with Seema Mistry and Laura Savaterra of OT9!

At the exhibition hall, many students were seen leaving with multiple bags of information and samples. Students just can’t seem to get enough of the freebies! The social events were also fantastic. The first night had a black and white themed banquet and featured a hypnotist, while the closing banquet revolved around an Old Hollywood theme with a 19 piece big band. The water park night was marked for exclusive use for pharmacy students and all the beach bodies would have made Hal Johnson and Joanne McLeod proud. It was obvious that most pharmacy students like to keep fit and have fun.

Throughout the conference, U of T definitely represented! The famed Pharmafacts quiz bowl was a lot of fun, as U of T students all donned matching shirts to cheer on for the team representing U of T; Manying Ho, James Morrison, Sara Lavoratore and Trevor Polson. They performed very well and made us all proud! Be Phan placed 3<sup>rd</sup> nationally in the Student Literary Challenge, and our compounding team (Alexander Vuong, Mike Pe, Lara Tran and Amanda Chan) scored

National Council as there are 3 positions up for bi-elections. Stay tuned for details on how you can get involved!

The CAPSI awards ceremony inspired students to make a difference in their pharmacy community. Our CAPSI National President Omolayo Famuyide was honored with the CAPSI-CSHP Hospital Pharmacy Student award, and UBC was awarded the Award of Professionalism with hosting the best PAW. I was fortunate to represent University of Toronto with the Guy Genest Passion for Pharmacy Award locally. Pharmacy students have a world of opportunity to make a difference in their community, and it is never too late to get involved.

I know that cost sometimes prevents us from attending conferences, but remember that there are subsidies to make them more affordable. Also, a great way to attend conferences like PDW is to win competitions or be a member of the National Council. Stay tuned to your emails, put in a little bit of elbow-grease during the competitions, and until then-hope to see you at the next conference! Conferences like PDW are learning experiences you can’t get in a classroom. **M**



# PDW 2008 Edmonton: A Recap

James Morrison - 1T0, Yearbook Co-editor



This year's professional development week was packed with motivating speakers and exciting socials. There was a great diversity of speakers and topics ranging from compassionate medicine to HIV education to laughter yoga. Keynote speaker, Dr. Ross Tsuyuki, raised the issue that pharmacists declare they have the skills needed to enhance patient care with programs such as cholesterol or asthma management, but very few pharmacists are actually participating in these programs. There are various barriers stopping pharmacists from expanding their role in patient care such as corporate or pharmacy owner control and traditional dispensing pharmacist attitudes. With the increasing competency of pharmacy technicians it is important that pharmacists move beyond the role of the dispensing pharmacist and prove we are essential for the health of our patients. Dr. Tsuyuki stressed that new pharmacy graduates need to demand time for patient centered care when negotiating our contracts with various pharmacies in order for these changes to be realized. The change must begin with us.

PDW delegates were able to experience laughter yoga for the first time under the direction of Billy Streen. He got us all on our feet doing laughter exercises as the whole room laughed on cue. There were a few uncontrollable outbursts of laughter in the room which added to the experience. He shared his personal thoughts on how laughter has some healing powers and that we can use laughter to build interpersonal connections with patients.

The most popular speakers of the conference were Hal Johnson and Joanne McLeod from TV's Body Break. Hal and Joanne shared the story of how they became involved in health promotion and encouraged us to help our patients to "Keep Fit and Have Fun." They also answered their most frequently asked question: Yes, they are indeed married. After their presentation they stayed for numerous photo-ops with their many pharmacy fans that grew up watching Body Break on TV.

The numerous social events at this year's PDW were truly phenomenal. My personal favorites were the opening and closing banquets. Opening night was a black and white theme complete with a hypnotist and DJ. U of T students showed the other pharmacy schools that we can hold our own on the dance floor. The theme for our final night in Edmonton was Old Hollywood including a red carpet and big band. Pharmacy students made their best attempts at swing dancing and the odd salsa number. There was also a western



themed bar night where we broke out the plaid shirts, cowboy hats, and bandanas. U of T pharmies tried to keep up with the line dancing talent of our western contemporaries. Friday night was a trip to the West Edmonton Mall. The water park was booked exclusively for PDW delegates. Many of us took time to explore the shops, restaurants, pirate ship, submarines, and other oddities that make this mall truly unique.

The planning committee for PDW 2009 in St John's, Newfoundland, was in attendance. They tell me that we can expect more fascinating speakers and excellent socials at next year's PDW, including a night on the famous George Street and a masquerade ball. Be ready for some east coast hospitality! Hopefully I will see many of you there. ■



# FROM T-Dot TO T-Bay: PART I

by Gabriel Sin - 0T8

Hello everyone! Most of you don't know me, but my name is Gabriel, and I'm currently doing my SPEP community rotation up in Thunder Bay! (Actually, Thunder Bay is in NW Ontario) As for those of you who do know me, and especially those of you currently in 3rd year who are seriously worried about failing out of school, I hope my successfully passing all my courses (despite being an absolute mess in life) will be an inspiration to you, as I am living proof that it's possible for anyone to survive the pharmacy program. If I can do it, there's no way you can't!

Now that I've started SPEP, I've decided to share my experience with you. This month's article will focus on my SPEP community experiences in Thunder Bay. Next month I will talk more about Thunder Bay's arts, entertainment, culture and heritage – the lakes, the mountains, the Crystals, the Persians – basically where I've been spending my nights.

For starters, let's clarify one important fact – I didn't get sent to Thunder Bay, I volunteered. Truth is, had I really wanted to stay close to T-Dot, the faculty probably could've accommodated me. I, however, decided to leave the comforts of my home town, leave behind my family and my friends for SPEP, because I realized that someday, my kids will ask me why their old man spent 9 years in university, and lived at home for all of them. Learning how to be independent, I believe, builds strength in one's character, which in turn helps to build a good pharmacist. Also, having worked in community pharmacies in Toronto, I didn't think T-Dot is the optimal place to learn how to become a pharmacist. While there are many great pharmacists and preceptors in Toronto, in many locations, daily community practices might be too busy and too tangled up with customer (and not the patient) services to support proper learning. As a student I believe I can benefit more from a smaller community with a slightly slower pace.

It was not an easy decision, as leaving Toronto meant no more free food, doing your own laundry, missing out on friends, families, chips and parties (although I did go to PDW this year and things got absolutely out of control, but that's another story), and spending more money that I don't have. When my GTA job and residency offers started to solidify, however, I realized that the chance to see what pharmacy practice is like (and more importantly, how Canadians live) outside of Toronto was now or never. So I packed up my adventurous heart, my open mind, 22 pounds of notes and textbooks that I photocopied from other people (I sleep in class), my RAT shirt, and a whole lot of warm clothes, and hopped onto a small plane destined for Thunder Bay.

My first impression of Thunder Bay is that it's cold. Real cold. T-Bay's winter can be deadly, with temperatures dropping to the negative 30s. It also didn't help that my roommate/buddy had to stay in Toronto for a few extra days, while the old lady who lives in the basement decided to move out the same day I moved in, taking most of the furniture and kitchenware with her. Suddenly, I found myself arriving in town all by myself, with no friends and no furniture.

Fortunately, a few things worked in my favor. First of all, turns out I lived



in the upper downtown district of T-Bay, and everything from grocery stores to restaurants to the LCBO were a few paces away. I also discovered that I actually have a few pharmie friends in town, some home for the holidays, others also doing their SPEP in Thunder Bay. These friends showed me a lot of support - everything from showing me around to helping me shop for groceries and chairs.

Most importantly, I benefited from the fact that people from Thunder Bay are extremely friendly. Wherever I went – whether it was a restaurant, a bar, a grocery store, or a hockey shop – the locals immediately recognized me as the new kid in town (granted there are maybe like 5 Chinese people in all of T-Bay, so it's really not that hard), and greeted me with much enthusiasm and sincerity. Initially it was very shocking, because coming from Toronto you're constantly scanning for threats in people you meet, but in T-Bay people appreciate visitors, and are always glad and proud to greet someone who is here to check out their town. Chinese restaurant owners picked up my tab because they were glad to see someone who speaks their language. Neighbors and technicians at work lent me furniture and kitchenware and brought me leftovers (Thunder Bay Perogies are awesome). Regulars at

bars bought me rounds and introduced me to their friends and owners. One day, I missed the bus and was walking home in the cold when an old couple who was driving by stopped the car and offered me a ride back to my house. Turns out they lived on the complete opposite side of town. It was then that I realized that I'm not in Toronto anymore.

As far as my community placement is concerned – well, I can't disclose too many details due to patient confidentiality, but what I can tell you is that based on my personal experience, it's a lot better than Toronto. Thunder Bay is a relatively small community with an aging population and never enough health care professionals - most people have trouble accessing a family doctor. So they're always appreciative when someone new

is in town to help out. I've clocked over 100 hours and so far I haven't encountered a single – not one – patient who is disrespectful. Not once have I been rushed, yelled at, or had a pill bottle thrown at me. Not once did I find myself burdened with the rigmaroles of having to argue with a patient on why he has to pay his deductible, why something's not on sale, or why 'it takes 10 minutes to pour pills into a little vial'. Unlike patients in some of the Toronto pharmacies I've worked at, here everyone is friendly, polite, appreciative, and are always willing to listen to what you have to say. Thank you's and smiles always fill the air. This in turn allows future pharmacists



such as myself to provide more extensive care in terms of counseling and monitoring. Maybe it was sheer luck that I ended up being placed in a nice neighborhood, or maybe my experience in Toronto is unusually bad, but the important thing is for the first time I find myself truly enjoying working in the community. To show you how much I actually enjoy this place, get this – since I started, I haven't fallen asleep at work!

On top of being in a great community, having an awesome preceptor also makes or breaks your SPEP experience. My preceptor is not only a top notch pharmacist and teacher, but is also an advocate of the profession who truly believes in expanding the image and role of pharmacists in the Canadian health care system. The initial transition from school to the real world can be shocking and scary, and a student, such as myself, is fortunate to have a mentor who makes the transition smooth by helping me build knowledge and confidence. My preceptor is also very attentive to her student's wellbeing – when she's not reminding me to read up on my therapeutic topics so I don't accidentally murder my patients with poor knowledge, she's reminding me to put on my mitten and scarves on those especially cold days when I might've underestimated the power of Thunder Bay winters. Likewise, the rest of the pharmacy staff members are equally friendly supportive. When we're working, laughter fills the air, and on our off days we go out for lunches, or hit up bars on Simpson Street.

Another thing that I have to mention is the native community here. Thunder Bay is across the river from Fort William Indian Reserve. Stricken by generations of neglect, poverty and discrimination, many who reside on the reservation have little or no access to proper health care (or social services for that matter), and health problems are disproportionately high

amongst this population. These problems are evident in our pharmacy's everyday practice, as everything from diabetes to substance abuse to neglected children pour onto our dispensary on a daily basis. Despite living in desolate conditions, many members of the First Nations community continue to fight hard, not only to better their lives, but also the lives of their families and communities. Seeing these individuals not only changed my previous stereotypical views of aboriginals, but also inspired and motivated me to do what I can to better their health.

Obviously I can continue on forever – from the time I had to counsel on antibiotics entirely in French, to the time I almost stabbed myself while demonstrating how to use a glucometer, to my first time counseling on oral contraceptives, or even the interventions I made that potentially saved lives – but I suppose I will save those stories for myself, lest I risk breaching patient confidentiality. So I shall end this month's article right here.

Until next month, somewhere up North,  
Gabriel

*Special thanks to J-Dub and McNabb – your presence made a difference*

Strength and courage, 3rd years! And always work together.

Sure am glad I'm not in Espanola though ;) ■

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## Reflections of SPEP—Part 1

By Alena Hung - OT8 Monograph Rep.

### \*DING\* ROUND 1:

Filled with excitement, anticipation, and expectation, I walked into my first SPEP rotation—community. It was a new year, a new setting, and a new leg of this journey that we all go through to become pharmacists. Albeit nervous, I was sure that this experience would rapidly bring into perspective everything I had learned in the past three and a half years at the Faculty. I'm not sure why, but somewhere in my delusional head, I felt that I would shine in this new opportunity. Then reality set in.

My first day at SPEP was a blur. It consisted of rapid introductions and orientation activities, interrupted only by the quizzical questioning of my preceptor. Just when I thought I'd survived day 1, I was assigned a list of readings to do for day 2. And keep in mind, the days seem a lot (and I mean a LOT) shorter when you're spending 8 hours of it in the physical SPEP setting itself. At last, it was time for me to make my escape into the refuge I call home.

### \*DING\* ROUND 2:

After surviving my first week of SPEP (and really, survival is a relative term), I woke myself up on a dreary Monday morning for week 2. As soon as I stepped into the pharmacy, it became all too clear that this wasn't only week 2, but round 2 of the 8-round match we call the SPEP rotation. In week 2, I was exposed to a wider range of experiences, including counselling, patient follow-up callbacks, and MedsCheck. And again, the quizzical questioning of my preceptor never let up. Now don't get me wrong. I'm in no way complaining about the questioning that my preceptor

performs because in the end, humiliation is a great motivator to learn. This way, when I don't know the answer, I look it up and vow to never forget it again. However, at the same time, I never thought I would have to remember that single question from Prof. Utrecht's PHM322 about why proton pump inhibitors increase in effectiveness as the duration of treatment increases...do you remember the answer?

So now that you've all read to the end of this rant (which I really appreciate by the way), my main point is this. Regardless of whether you're sitting in a lecture hall, PPL room, or at a SPEP site, the punches just keep coming. So when life knocks you down, you just have to get up, dust yourself off, and get ready for the next round.

Round 3, here I come!!! ■



Wyeth  
Consumer Healthcare

# Counselling Corner: And the OSCE goes to...

By Andrea Tofano - OT8, for the Pharmacy Mentorship Program

It's finally happening, you've been waiting for it ever since you first met Professor Sibbald.... the OSCEs! The 320 OSCE is the final exam for Professor Sibbald's 3rd year Self Care class and also a practice run for the board exams at the end of 4th year. There are many rumours that surround the OSCE; how to do well, how you could blow it, who laughed and who cried, but the Pharmacy Mentorship Program is here to give you the facts.

## Fact 1

The OSCEs shouldn't be scary. Although, I admit being quite nervous before and even after the exam, in the end I survived and so did everyone else. In fact the OSCE is great practice for the 4th year Professional Practice Lab. Take this opportunity to become comfortable in role playing with a patient-actor, this will become routine in 4th year.

## Fact 2

Practice, practice, practice. I cannot stress this enough. When the nerves kick in it will be the practice that gets you through the case. Practice with both people from class and people that are inexperienced in healthcare, you will get very useful insight from both groups that will help you fine tune your counselling skills.

## Fact 3

Professor Sibbald isn't out to trick you; the cases are straightforward and fair. Keep in mind that nothing seems easy when you are being examined so even a basic case may seem very tricky. Study well in advance and try to avoid cramming. In a test situation common sense and practice role playing will get you through it.

## Fact 4

Your case, although intended to be identical to the others, will end up completely different. Although this won't happen to everyone, it did to my friends and I. Don't panic if it does because there are multiple issues that need to be addressed in each case and you will get credit for every one that you touch upon.

## Fact 5

After the OSCE you will be mentally exhausted and you may feel like the year should be over. There is still a lot left to do, stay motivated and avoid getting burned out. ■



By \*\*Christobelle (1T0)  
(christine.truong@utoronto.ca)

## MY PERSPECTIVE ...

*Adversity May Bring about Virtues but Ignorance is Bliss*

A few definitions to get out of the way before I begin elaborating on the title of this article:

Adversity – state of misfortune

Virtue – doing what is right and avoiding what is wrong

Ignorance – lack of knowledge

Bliss – extreme state of happiness

So there are two parts to this title. The first being “adversity may bring about virtues.” It's a simple statement implying that adverse events can sometimes bring out the good in people. Usually adverse events are unwanted and undesired so people tend to associate them with negativity. However, there are often times that these adverse incidents lead to good things. It is possible that they may bring about something or shed some light on something you never thought about before. For example, said incidences can bring about virtues such as patience or selflessness can be discovered. Such is a pro, however, the con and an important thing to consider about this statement is that what brings about the discovery of these virtues is adversity. With adversity comes agony and frustration. Living through and surviving any type of adversity is a test of endurance, tolerance, patience and even self motivation.

Now for the second part, “ignorance is bliss.” I'm sure everyone has heard of this before. Easy to understand: if you don't know something, it can't hurt or affect you. Therefore, you continue living your life without any additional knowledge and just carry on with your state of happiness. In other words, sometimes it's better to be out of the loop and in your own little bubble. Because in this little bubble, nothing else matters. It's a happy place.

So putting these two things together, it's like a debate: adversity to discover virtue versus state of ignorant bliss. Are you willing to discover your virtues by putting yourself through chances of misfortune? Or is it simply better to just be ignorant and completely happy? ■

# My Friday Nights are *Boring...*

By Adam Calabrese - 1T1 Monograph Rep.

I was mildly surprised to find an e-mail from Doris Kalamut in my inbox on January 19th detailing a PHM 129 “Night at the Movies”, inviting students to stay in on Friday night and watch a screening of Patch Adams so that we might better understand “the patient’s perspective”. A few things ran through my mind: does Doris really think I have nothing better to do on Friday nights? Is she trying to depress us by telling us to watch really sad movies? And what does it say about the state of our faculty when we are referred to fictionalized accounts of former mental patients to get a better perspective of class concepts? Alert readers will notice that the 19th was a Saturday, and the night before was spent watching an illegally downloaded copy of the new Futurama movie. Sadly, most of the interesting stopped there, as Saturday was spent checking e-mails, watching my uncles stuff dead pig shoulders into dead pig intestines, and in a throwback to my high school days, watching TV. Wracked with guilt over not being as keen as Doris would have liked, I watched a CBC documentary called “Desperately Seeking Doctors” instead of a rerun of Conan O’Brien’s beard.

I’m a bit of a nerd, if you haven’t noticed, so I found the documentary pretty interesting. I had read an issue of MacLean’s magazine in my orthodontist’s office a few days before dealing with the same issue, so I was kind of interested in the content (or the demise of the medical profession). It followed, among other things, a UBC medical student torn between family practice and a more glamorous specialty, and the plight of small towns in desperate need of family doctors. I’m sure most of us have, at some point, heard something about a doctor shortage in this country that will only become worse, so I needn’t explain it. If you haven’t heard of this shortage, I can probably summarize it by telling you to panic, but not to the point where you need to see a doctor. More accurately, there isn’t so much of a “shortage” of family doctors as there are the same numbers of family doctors per capita who are not as willing to put in the same amount of work as those who preceded them. Still, panicking sounds like a good idea.

Towards the end, the documentary went on to discuss the new concept of health teams, which I hope doesn’t need to be defined. What I found significant about this is that I had previously only heard of the concept in PHM courses and agonizing phrosch week seminars. I am, in fact, writing this in a lecture (guess which!) and it’s no stretch to say that the way inter-professionalism is being presented, it sounds as though it was born out of some horrible patient-centred echo chamber and not something that might actually be useful. As glad as I was to see some outside confirmation of the validity and usefulness of these family health teams, I was disappointed to notice that the documentary maintained the old fashioned physician-centered view of health care. Any mention that a patient would not see a physician depending on their needs was delivered with a distinct disapproving tone, as though patients had to settle for something less than optimal. Further, while the idea was hailed as a significant advance with the possibility to ablate the family doctor “shortage”, it was made clear that several professionals working together would not be able to solve the shortage. Not that I’ve hopped on the bandwagon after one semester of pharmacy school but it only seems to make sense that multiple professionals (including a physician) working together

are more than capable of completely replacing a family practice. While I can understand the concept of pharmacists doing more than simply dispensing prescriptions receiving a frosty reception from the public, its presentation in class exhibits, to me, too many characteristics of dogma and echo chamber production to keep me from being sceptical.

The little experience I have had so far with inter-professionalism does not bode well for the future. The most significant experience is an aunt of mine who happens to be a registered nurse working towards her nurse practitioner’s degree. She has a borderline obsessive need to repeatedly remind me that my life will be little more than an exercise in underpaid subservience. Between actively discouraging me from pharmacy school and, since September, reminding me that I will always be taking her orders, I think we’ve talked more in the last year than we had ever talked before. It’s not that I think all nurses are necessarily wracked with both superiority and inferiority complexes, but it’s become difficult to conclude otherwise. Other experiences include hearsay, highly edited television clips and an inter-professional education event held on the Ryerson campus. Although the students I was grouped with were awfully nice (if only slightly creepy after discussing all the corpses they mutilate), I’m not sure I can write a profanity-free description of the event’s sheer uselessness. Its notion of inter-professionalism was so unrealistic as to make communism sound like it just needed another chance. The rest of my experience with inter-professionalism, as you might have guessed, consists of lectures in which I write post-deadline Monograph articles, play solitaire, browse the web, and occasionally take notes. They are going to have to beat the enthusiasm into me. ■



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

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

# ATHLETICS

## Mens - Pharmacy Hockey Reigns Again!!

I know a lot of people questioned me when I pushed for Men's Hockey here in Pharmacy to move up a division. Well hoisting the Jean Harston trophy for the second time in three seasons has definitely silenced all the critics.

After last seasons agonizing defeat deep in the playoffs pharmacy was given the option of moving up to a more superior division. Both Male Rep. Bryan Langel (me) and Coach Eric "Rico" Henderson didn't even flinch in accepting the offer to terrorize a new division. Pharmacy came into the first game a little uncertain about what lay out there on the ice for this was a "new" season with "new" players. But star forward Trevor Polson and Earl "Dyneo-mite" Kim blazed onto the ice, carving up opponents and leading their team to a deciding 3-2 win over Architecture. Little did this squad of future pharmacy hockey hall-of-famers know but this was to be the team they would later face in the semi-finals.

Cruising through the season, pharmacy racked up 5 in the win column and secured themselves a place in the semi-finals against the feared Architecture team. The game started off slow but then was blown wide open with a flurry of pharmacy goals. There were almost enough goals for everyone on the team to get one, but

alas the semi-final game ended in a 9-1 victory. After the game pharmacy had the chance to witness the other semi-final game and was impressed by the play of one of the "Dentites". It

was later found out that this franchise player was an ex-NCAA hockey player from the US of A. So, there it was; the one obstacle in pharmacy's road to glory.

Showing up for the final game there was a heavy feeling in the air, or maybe that was just the smell of rotting hockey gear. Either way, regrettably in the first half they were not able to prevent the "Dentite" power forward from scoring two quick ones. However, when the team finally took to the ice in the second they were greeted by the rowdiest bunch of pharmacists this arena had ever seen. Amongst the fans and well-wishers was Professional Practice Lab extraordinaire Doris Kalamut and Dean Wayne Hindmarsh. The boys were "fired-up" and showed that one the ice. The hit parade was lead by In-Vince-able Vinny Cheng who grinded low in the corner and was the reason for pharmacy's first goal. Then with 7 minutes left Coach Eric tied up the game with a short angle shot. And then... with barely 2 minutes left; The

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)



The Champion Div. 3 Pharmacy Hockey Team 2007

Prodigy, Aaron Boggio, came flying down the wing and sniped a goal past Dentistry net minder for what would eventually be the game winner.

It was an exciting and momentous season that will only be recreated in the record books, since this year there will be no Pharmacy Men's Hockey in Division 3. But, don't fret because there will be Pharmacy Men's Hockey in Division 2. So, come out and watch history in the making. **M**

### ATHLETES OF THE MONTH

	SEPT	OCT	DEC
WOMEN'S	Beth MacMillan - OT8	Lori Tribe - OT9	Lindsay Tribe - OT9
MEN'S	Gabriel Sin - OT8	Eric Henderson - OT8	Jason Chenard - OT8

## Women - Athletes of the Month for November and December

Lori Tribe (OT9) is October's female athlete of the month for her involvement in both the Women's (Div II) and Co-ed (Div I) basketball teams. Tribe's consistent shooting from the perimeter all season helped advance the women's basketball into playoff action. During the last regular season game against St. Hilda, Tribe got into foul trouble early in the first half. Despite this, Tribe continued playing solid defense and effectively grabbed rebounds against a much taller St. Hilda offense. On offense, Tribe showcased her shooting ability, scoring from the wings, around the key and under the boards. Good job, Lori!

November's female athlete of the month goes to Lindsay Tribe (OT9) for her strong defense and confident ball handling on both the Women (Div II) and Coed (Div I) basketball squads. During the Coed semi-final game against Meds, Tribe fearlessly stood her ground against the aggressive baseline attacks, drawing fouls for Pharmacy in what would turn into a very physical game. Tribe was also able to gain rebounds by effectively boxing out the Meds centers despite the glaring height disparities. When asked about Lindsay and Lori's contribution to the team, coed captain Rene Mader said both "play a strong game full of tenacity, skill and unselfishness which brings praise from their teammates and groans of despair from their opponents." Mader has also vowed to eventually be able to distinguish between the twins instead of depending on their jersey numbers! Congrats, Lindsay! **M**

# FALL PHARMACY SPORTS TEAMS ROUND-UP

Sport		Captain	MVP	Notes
COED	Basketball - div1	Rene Mader - 0T9	Jelena Sparavalo - 1T1	Team made playoffs
COED	Basketball - div2	Matthew Fong - 0T9	Janet Chong - 0T8	
COED	Ultimate - div2	Jason Chenard - 0T8	Jason Chenard - 0T8	Team made playoffs
COED	Volleyball - div1	Rene Mader - 0T9	Tatyana Depcinski - 1T0	
COED	Volleyball - div3	Vishal Ravikanti - 0T9	TBA	
Men's	Basketball - div2	Vishal Ravikanti - 0T9	Mina Antonios - 0T9	Team made playoffs
Men's	Basketball - div2	Brandon Thomas - 1T1	Sachi Sharma - 1T1	
Men's	Basketball - div4	Will Chung - 1T0	Will Chung - 1T0	Team made playoffs
Men's	Football - div2	John Winter - 1T0	John Winter - 1T0	Team made playoffs
Men's	Hockey - div4	Eric Henderson - 0T8	TBA	Team made playoffs
Men's	Soccer - div3	Vishal Ravikanti - 0T9	Mena Ibrahim - 0T8	League Champs
Men's	Volleyball - div2	Rene Mader - 0T9	Rene Mader - 0T9	
Women's	Basketball - div2	Janet Chong - 0T8	Lori Tribe- 0T9	Team made playoffs
Women's	Flag Football - div2	Stephanie Chan - 1T0	Stephanie Chan - 1T0	League Champs
Women's	Hockey - div1	Linda Plong - 1T0	Michelle Peters - 0T9	Team made playoffs
Women's	Soccer - div3	Lauren Mirabelli - 0T8	Lauren Mirabelli - 0T8	League Champs
Women's	Volleyball - div1	Julie Dyck - 0T8	Julie Dyck - 0T8	
Women's	Volleyball - div2	n/a	Kit Chan - 1T1	Team made playoffs

## CALLING ALL CANDIDATES

The position for **Junior Finance Officer** is now open for elections! It is a two-year position, where you first learn the ropes from the Senior Finance Officer for a year, and then you take the reigns in the second-year of your term. Some duties include maintaining cash flow, the annual budget, as well as a member of UPS! If you like money (and who doesn't?), then this position is for you! For more information about the position, you can contact:

Jr. Finance Officer 2007-08:  
Keith Wong [keithmh.wong@utoronto.ca](mailto:keithmh.wong@utoronto.ca)

Sr. Finance Officer 2007-08:  
Kirk Wong [kirk.wong@utoronto.ca](mailto:kirk.wong@utoronto.ca)

Thinking about applying for Junior External Affairs Director? The **External Affairs Director** position on UPS is a 2-year position and is open to first and second year pharmacy students. This position entails acting as a liaison between the UPS council, the student body, and external organizations. It also involves fundraising for the Key, Pharmakon, and other student initiatives. If you are interested in the position, please do not hesitate to contact either Angeline Ng or Mike Pe with further questions ([angeline.ng@utoronto.ca](mailto:angeline.ng@utoronto.ca) or [mike.pe@gmail.com](mailto:mike.pe@gmail.com)).

To apply, please email your cover letter and resume to [mike.pe@gmail.com](mailto:mike.pe@gmail.com), no later than Sunday, February 10, 2008 by midnight.

Ever wondered what those "cool" **Pharmakon Editors** are up to when they're not busy taking your pictures? Well, here's your chance to find out! We're now accepting applications for 2008-2009 Pharmakon Editors! In order to apply, simply send a copy of your resume to [ut.pharmakon@gmail.com](mailto:ut.pharmakon@gmail.com) by Sunday, February 10 at midnight.

\*Note: Individuals must apply in PAIRS!

Are you anal-retentive, like to read, write, and design layouts? The position of **Monograph Editor** may be the position for you! In addition to publishing 6 glorious issues, you get to be involved in UPS, promoting social, athletic, and professional activities to pharmacy students. Please apply in PAIRS by sending a joint cover letter and resumes to [themonograph@gmail.com](mailto:themonograph@gmail.com). The deadline is February 10, 2008. If you have any questions, please feel free to contact us. Make your voice heard!

# *The Abscess of Love*

Co-written by the Gerstein Girls - 0T9

Already infected with the cardiac bacterium? Smitten with that guy or girl in your PPL group? Write them one of these lines on one of your five million free post-it notepads to make their hearts palpitate.

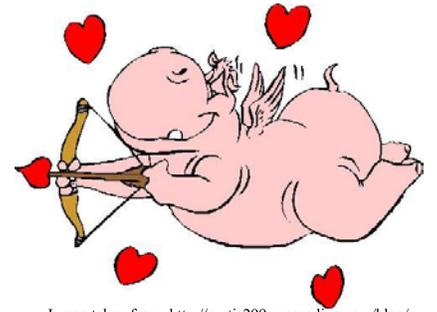


Image taken from: <http://curtis299.spaces.live.com/blog/cns!7C942BF88C2B05ED!1698.entry>

*"If you needed a heart transplant, and I gave you mine, you wouldn't need an immunosuppressant because we're perfectly matched."* (Sandra)

**"If I had meningitis and you were an antibiotic, I would inflame just so you can penetrate deep inside my tissues."** (Maggie)

**"You're so sweet, you give me diabetes."** (Sandra)

*"If I was a heart, you would be my digoxin."* (Amanda)

*"You're so hot, you exacerbate my PUD."* (Sandra)

*"If I was an antigen, you would be my antibody."* (Sandra)

*"I have anemia because I hemorrhage love for you."* (Maggie)

*"If I had a stroke, and you were an embolus, you would have originated from my heart."* (Sandra)

*"If you had cyanosis, I would give you all my B<sub>12</sub>."* (Amanda)

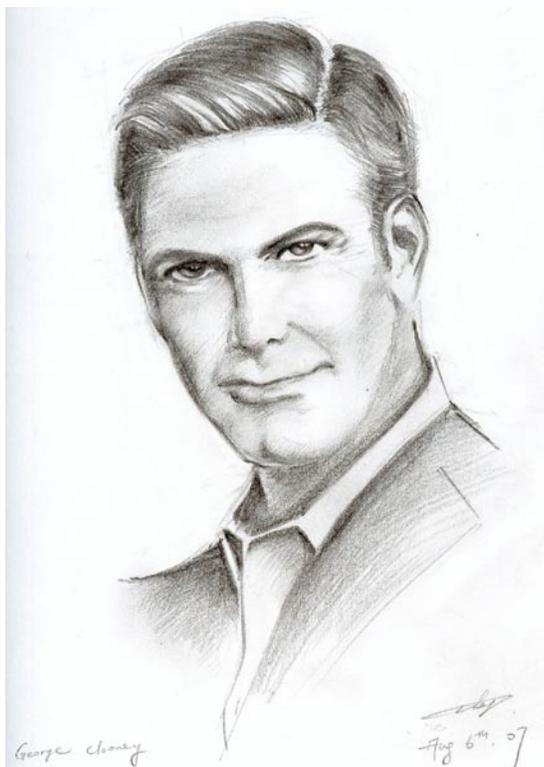
**"You are so smoking, you exacerbate my asthma."** (Maggie)

# The Arts

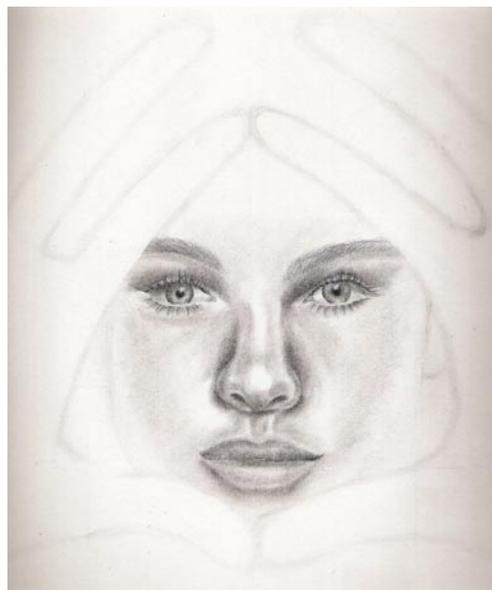
**Charcoal Drawing**  
by Allegra Connor - 0T9



**George Clooney**  
by Catherine Chung - 0T9



**Pencil Sketch**  
by Michelle Chan - 0T8



Submitted by Jon Lu - 1T0

the labours of bertrand russell

her heart  
splayed upon descartes

he foils =  $\int f(x)$  cardiogram (pray newtonian)  
 $\approx \lim_{x \rightarrow \mathbb{R}}$  [vital function]

but she is  
a möbius strip  
and he, a product  
of paradromic rings

upon the diligence of graphite  
he determines - love:  
the condition of absolute value

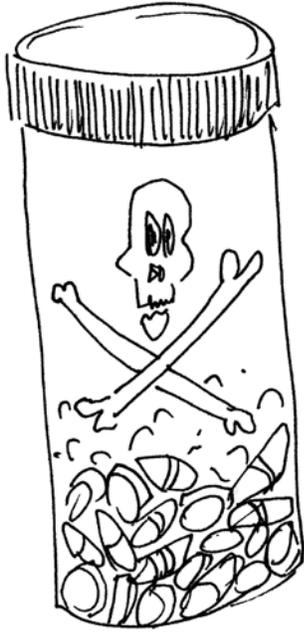
$$x(u,v) = (1 + \frac{v}{2} \cos \frac{u}{2}) \cos(u)$$

$$y(u,v) = (1 + \frac{v}{2} \cos \frac{u}{2}) \sin(u)$$

$$z(u,v) = \frac{v}{2} \sin \frac{u}{2}$$

*Jon Lu*

By Maria Schell - 1T1



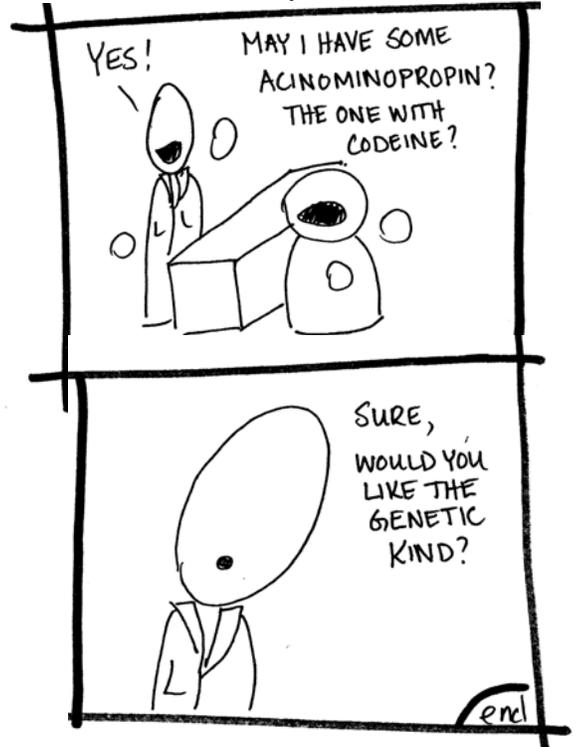
### JAR OF DEATH:

WHERE ALL THE DEFORMED AND DROPPED PILLS END UP BEFORE DISPOSAL

AKA. PHARMACIST'S PICK-ME-UP CANDY

### ANECDOTE

By Maria Schell - 1T1



R xxx ist ? Submitted by Katrine Dragan - 1T1



# Word Search

## PPL PUZZLEMENT

DORIS  
STRESS  
DRPS  
VERBAL  
WRITTEN  
COUNSELLING  
ASSYSTRX  
COMPOUNDING  
JURISPRUDENCE  
PRESCRIPTION

REFILL  
TRANSFER  
AUXILLIARY  
NARCOTIC  
CHECKING  
ALLERGY  
HONOURS  
PASS  
FAIL  
DISPENSING

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

# Shout Outs

Lara, Mike & Alex,

I had so much fun compounding with you guys. Though it gets stressful in there, and we never really expect much for ourselves, it turns out we work awesome as a team! I'm super proud of us. Going for the gold next year? :)

Amanda

To ITIs,

Congrats for surviving our first PPLs through trembling hands, sweaty palms, and blankouts despite cue cards!

Good luck at CSVs and see you lovies around!  
Cheers, TH :)

P.S. Looking goooood in those white lab coats!

To the CP girls,

Don't know what we'll do without our midnight emergency sessions after we move out. Love you girls to pieces.

# Sudoku

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

Level of difficulty: **Genius**

### 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).

## So—what's under your lab coat?

Is it a passion for innovation and a drive for excellence?  
If so, we want to hear about it!

Nominate yourself or a friend for the **Pharmasave Award for Student Innovation**. This award is given to an undergraduate pharmacy student who embodies outstanding leadership qualities and has demonstrated involvement in community outreach and innovative initiatives in the profession of pharmacy.

These are the qualities that have made Pharmasave into Canada's leader in health and wellness programs. We want to recognize students that share Pharmasave's values and commitment to community-based pharmacy. If you or a friend are proud of your leadership qualities, community outreach, and innovative initiatives, send in a nomination form today.

Entry forms can be obtained from your UPS Vice-President or from the UPS website.

We also encourage you to get involved in your Faculty and your profession by considering the following:

- Running for a student council or class council position. Demonstrate your leadership and commitment to your Faculty and fellow students.
- Joining the Canadian Pharmacists Association and the Ontario Pharmacists' Association and actively supporting and promoting the profession of pharmacy.

*If you're interested in working for a company that is passionate about students and values their achievements, consider working for Pharmasave!*

*For more information, contact:*

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

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## FEBRUARY HAPPENINGS...

S	3	
M	4	
T	5	Call for Nominations I (UPS Positions requiring interviews)
W	6	
R	7	
F	8	
S	9	
S	10	UPS - Nominations I close
M	11	
T	12	
W	13	Matchmaker Pick-Up
R	14	Matchmaker Pick-Up
F	15	
S	16	
S	17	
M	18	
T	19	
W	20	Reading Week Break
R	21	
F	22	
S	23	
S	24	
M	25	Call for Nominations II (UPS Positions requiring an election)
T	26	
W	27	
R	28	
F	29	UPS- Nominations II close
S	1	PHM 320 Practice OSCE (0T9)

## YOUR COUNCIL MATTERS!

Elections are just around the corner. It's time to think about getting involved and joining your class or UPS council. Several positions are available. You can get information about the positions on the UPS website ([ups.uoftpharmacy.com](http://ups.uoftpharmacy.com)), in the UPS constitution, or by asking the current members of council.

Look for deadlines in your mailbox!

For those of you who don't want to run, get to know your candidates so that you can make an informed decision. And most importantly **go vote!**

**\*\*PDW2010 Alert!\*\***

Watch for information on how you can be part of the PDW2010 organizing committee for PDW in Toronto!