

# The Monogran

Sept/08  
Vol.10 No.1



Check out....

**Anticalendar - p. 17**  
**Summer "Phun" - p. 24**

## Executive Team

### EDITORS-IN-CHIEF

Ruby Liang

Yuan Zhou

themonograph@gmail.com

### 0T9 REPRESENTATIVE

Leanne Drehmer

leanne.drehmer@utoronto.ca

### 1T0 REPRESENTATIVE

Josh Lieblein

obsidian\_17@hotmail.com

### 1T1 REPRESENTATIVE

Cameron Forbes

cameron.forbes@gmail.com

### 1T2 REPRESENTATIVE

T.B.A.

### PRINTED BY

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The Articles of The Monograph are not reflective of University of Toronto, the Leslie Dan Faculty of Pharmacy nor the Undergraduate Pharmacy Society. They are strictly opinions of the authors. If you find any articles that are inappropriate or offensive, please contact us to discuss the matter in further detail.

\*Feature articles that will likely appear in each issue.

From the

# Editors “Is this the real thing? Is this *really* the first issue of The Monograph?!”

Well, rest assured, our friend, you finally have in your hand what you’ve been waiting for all these weeks. We didn’t mean to taunt you with our new stand by the stairs - you weren’t one of those “What, this is the 2007 issue???” people, now were you?

These frustrations aside, we hope you will be as pleased as we are with both the look and the content of The Monograph this year.

Keeping to tradition, you will continue to find familiar features such as Pharmafiles, The Dispensary, My Perspective, and the much anticipated Anti-Calendar! New additions include a health column, Youtube videos, Simply Complicated and more. Stay tuned for next month’s results of class and faculty-wide surveys, as well as The Monograph in Unlikely Places.

Two other changes this year: Instead of deeming one entry each issue as the “best submission,” we’re entering *every* contributors into a random draw for a prize. Each person also receives a small token of gratitude for their first submission to The Monograph. It’s just us saying “thank you.”

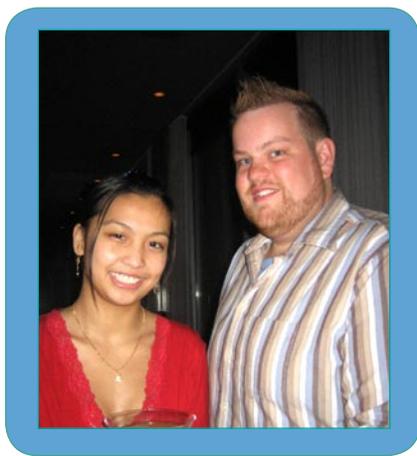
The tentative deadlines are on Sundays: **Oct. 19, Nov. 23, Jan. 18, and Feb. 22.** Just send your entries to your Class Monograph Reps (their info’s on the inside cover). Let them or us know what you think because The Monograph is here to be *your* voice and spirit.

Please feel free to say hello,  
Ruby Liang and Yuan Zhou, *Co-Editors-in-Chief*



See us and the rest of  
The Monograph in FULL COLOUR at  
[ups.UofTpharmacy.com/Monograph.php](http://ups.UofTpharmacy.com/Monograph.php)

## UPS Corner



On behalf of the Undergraduate Pharmacy Society, we would like to welcome the newest addition to our faculty: the class of 1T2. We would also like to welcome back the upper years as we embark on another year of challenging material together. UPS has been working hard all through the summer months to put together a year full of fun social events, energetic athletics matches, and enriching professional occasions.

This fall is packed full of many pharmacy events. We will see the return of several traditional favourites ranging from boat cruise, to Phollies, to the Semi-Formal as well as some new events.

UPS has partnered with Dean Wayne Hindmarsh to promote the CIBC Run for the Cure in support of atrium receptionist Lori Greenbaum who is afflicted with breast cancer. Over 70 students, staff, and faculty have signed up to be part of team “Lace up for Lori” and so far we have raised over \$10,000. Lori will be joining us on October 5th to walk the 5 km loop. Thank you to everyone participating in or sponsoring the event. We wish Lori all the best in her fight against cancer.

On September 29th, we are having the UPS welcome back BBQ with free hamburgers and hotdogs sponsored by Loblaw’s/Drugstore Pharmacy. Come out and be served lunch by faculty and UPS members. Make sure you stay for the annual tug-of-war competition

We have just touched on a few of the events UPS has in store for your enjoyment. Whether this is your first, second, third, or final year in pharmacy – we hope that you will take advantage of all we have planned for you.

Also, congratulations to Yuan and Ruby for their first Monograph of the year. We look forward to seeing the rest.

We hope this year is truly memorable for each and every student.

All our best,  
James Morrison (*UPS President*) and Christine Truong (*UPS Vice-President*)

# UPS COUNCIL

HELLO  
my name is



**James Morrison (ITO)**  
UPS President

Position description: To oversee the activities of the council and ensure it operates smoothly. The president also acts as a liaison between UPS and the Faculty.

"If I wasn't gonna be a pharmacist I would be studying rare orchids in a remote mountain range."

HELLO  
my name is



**Christine Truong (ITO)**  
UPS Vice-President

Position description: The UPS VP organizes the Phrosh banquet at the beginning of the year; puts together the Key, organizes the UPS Awards Night at the end of the year and assists the president throughout the year.

"If I wasn't gonna be a pharmacist...I'd be travelling the world and writing stories about my adventures."

HELLO  
my name is



**Brenna Hanwell (ITO)**  
Executive Secretary

Position description: Keeping track of stuff - in particular meeting minutes and UPS points.

"If I wasn't gonna be a pharmacist I would be opening a bakery like in 'Stranger Than Fiction'."

HELLO  
my name is



**Linda Flong (ITO)**  
UPS Speaker

Position description: Conduct all orders of business at UPS meetings. Basically I bang my gavel and try to keep everyone in order.

"If I wasn't gonna be a pharmacist I'd be working at a casino. If I can't deal the drugs, I'll deal the cards."

HELLO  
my name is



**Keith Wong (ITO)**  
Senior Finance Officer

Position description: In charge of setting the budget for the year and overseeing that the money is being used accordingly.

"If I wasn't gonna be a pharmacist, I would build myself a nice shiny red and gold suit."

HELLO  
my name is



**Giana Tassone (ITO)**  
Junior Finance Officer

Position description: Works with the senior finance officer to create a balanced budget for the school year, manage the flow of funds into and out of UPS and sits on various UPS committees.

"If I wasn't gonna be a pharmacist...I'd be a singer...if only I could sing!"

HELLO  
my name is



**Mike Pe (ITO)**  
Senior External Affairs

Position description: I help fundraise for the various UPS events and publications. I also sit on the Ontario Branch of the CSHP as the UPS Liaison. Lastly, I help provide student subsidies to various professional conferences that you may want to attend during the year, so stay tuned.

"If I wasn't gonna be a pharmacist, I would be an Iron Chef."

HELLO  
my name is



**Sassha Orser (ITO)**  
Junior External Affairs

Position description: To raise money for UPS programs and events.

"If I wasn't gonna be a pharmacist I would be a feline life coach/ crazy cat lady."

# WHO'S WHO

HELLO  
my name is



**Rachel Knott (ITD)**  
Senior CAPSI Representative

Position description: To oversee the running of all CAPSI events and services.

"If I wasn't gonna be a pharmacist I'd be a dietician."

HELLO  
my name is



**Meaghan Linesman (ITD)**  
Junior CAPSI Representative

Position description: To facilitate all local CAPSI events such as CAPSI competitions, symposiums, PDW, CAPSI charity week, etc., and to represent U of T pharmacy students as a member of the national CAPSI council.

"If I wasn't gonna be a pharmacist, I would be a party planner (I love cooking and hosting dinner parties/get-togethers)."

HELLO  
my name is



**Elnaz Haddadi (ITD)**  
Events Co-Director

Position description: Promote and organize several exciting events throughout the year including the Phollies, Fall Info Night, Pharmacy Awareness Week (PAW), etc.

"If I wasn't gonna be a pharmacist, I'd be a professional beach volleyball player living in Brazil."

HELLO  
my name is



**Koren Lui (ITD)**  
Events Co-Director

Position description: Plan events including phollies, fall info night, PAW, etc.

"If I wasn't gonna be a pharmacist I would probably go into dance and choreography."

HELLO  
my name is



**Rachel Fu (ITD)**  
UPS social Director

Position description: My job is in making all of those pharmacy social events happen: Summer Camping, Pharmacy Interprofessional Boat Cruise, Semi Formal, etc.!

"If I wasn't gonna be a pharmacist, I'd be chasing down Lucky Charms for all his pots of gold."

HELLO  
my name is



**Vincent Ho (ITD)**  
IPSF Representative

Position description: To promote all International Pharmaceutical Students' Federation activities and initiatives to the student body including the Student Exchange Program, IPSF internships, IPSF World Congress and other health awareness campaigns throughout the year.

"If I wasn't gonna be a pharmacist...I'd find the devil again and get my soul back."

HELLO  
my name is



**Ruby Liang (ITD)**  
The Monograph Co-Editor

Position description: Work with Yuan and Monograph Reps to organize, edit, compile and distribute the student newspaper.

"If I wasn't gonna be a pharmacist, I would be one of those people who get to watch and review TV shows; basically, I want to be paid to watch TV all day."

HELLO  
my name is



**Yuan Zhou (ITD)**  
The Monograph Co-Editor

Position description: Making the Monograph an informative and fun read for all. Always open to your pheedback.

"If I didn't get into pharmacy, I would've studied psychology and loved it (I think). I also may have accompanied the masses, stressed out, and freaked out over the MCAT's. Instead, I had my brains sucked out by PHM222."

# UPS COUNCIL

HELLO  
my name is



**Yali Gao (ITD)**  
Pharmakon Co-Editor

Position description: Attending events, taking pictures, and putting together an awesome Pharmakon yearbook.

"If I wasn't gonna be a pharmacist, I'd be a photo-journalist, using my tuition to pay for expensive photo equipment and plane tickets."

HELLO  
my name is



**Jadie Lo (ITD)**  
Pharmakon Co-Editor

Position description: Being in charge of all things yearbook-y related. So remember to smile when you see a camera, because it might go to print!

"If I wasn't gonna be a pharmacist, I'd be a TV show writer/ producer/ creator and bring back "Veronica Mars."

HELLO  
my name is



**Anna Husman (ITD)**  
Female Athletics Director

Position description: Coordinating and promoting female intramural athletics and other athletic events for pharmacy students.

"If I wasn't gonna be a pharmacist, I would travel the world and write Lonely Planet travel guides."

HELLO  
my name is



**Paul Bazin (ITD)**  
Male Athletics Director

Position description: I take care of the male athletics and intramurals in Pharmacy and make sure we have teams organized and guys playing on them.

"If I wasn't gonna be a pharmacist, I would be travelling the world right now..."

HELLO  
my name is



**Brandon Thomas (ITD)**  
COED Athletics Director

Position description: Promote a healthy active lifestyle to lazy people (by poking them with a stick).

"If I wasn't gonna be a pharmacist...I'd sell drugs...wait dammit Or, if I wasn't gonna be a pharmacist...I'd be a sell out. (This response has been brought to you by Tylenol)"  
Or if I wasn't gonna be a pharmacist...I probably wouldn't have to repeat myself so much  
If I wasn't gonna be a pharmacist...I probably wouldn't have to repeat myself so much

HELLO  
my name is



**Joyce Zhang (ITD)**  
UPS Webmaster

Position description: I send out listservs and update the UPS website.

"If I wasn't gonna be a pharmacist, I'd be a manga artist and turn them into movies as well!"

HELLO  
my name is



**Shawn Lee (OT9)**  
4th Year Class President

Position description: Act as the liaison between the class of 2009, recruiters and the faculty.

"If I wasn't gonna be a pharmacist...I'd be a stay at home dad playing Rockband while ensuring my kids become pharmacists so that I may live vicariously through them."

HELLO  
my name is



**Matt Fong (OT9)**  
4th Year Class Vice-President

Position description: Fundraising through various events and activities at class and faculty levels; helping organize charity week and just being an all-around nice person. Also, I provide support to the class and its council PRN.

"If I weren't a pharmacist, I'd be an irresponsible, superficial playboy who lives off his family's personal fortune. At night, I would prowl the streets using only my scientific knowledge, detective skills and athletic prowess to combat evil and injustice."

# WHO'S WHO

HELLO  
my name is



**Saeed Tavaraki (IT0)**  
3rd Year Class President

Position description: Make sure that the class council is accomplishing its duties efficiently, and act as a liaison between external organizations and our class.

"If I wasn't going to become a pharmacist, I would fly my magic cape to Naaaaaarnia."

HELLO  
my name is



**Stephanie Chan (IT0)**  
3rd Year Class Vice-President

Position description: CPR recert classes and fundraising fundraising fundraising! Clothing sales, charity week and candygrams!

"If I wasn't gonna be a pharmacist I would bake cookies and cakes all day long."

HELLO  
my name is



**Tina Huu (IT2)**  
2nd Year Class President

Position description: Representing the second year student body to pharmaceutical companies & organizations, having early morning pow-wows with the Dean, and taking care of my classmates! =]

"If I wasn't gonna be a pharmacist, I'd be Chase Crawford's lawfully wedded...!"

HELLO  
my name is



**Rasha Ahmed (IT2)**  
2nd Year Class Vice-President

Position description: Organizing a bunch of fundraising events for our class, most notable Phrosh Week, as well as IT2 CPR training, class clothing sales and many others.

"If I wasn't gonna be a pharmacist, I'd be a chef for the Food Network."

HELLO  
my name is



**Nadeem Remtulla (IT2)**  
1st Year Class President

Position description: Work with fellow students, faculty, and council members to ensure unity, as well as represent the IT2 class with external organizations, events, and meetings. I hope to make this a fun and exciting year for all!

"If I wasn't gonna be a pharmacist, I would be the security guard protecting the Leslie Dan Faculty of Pharmacy building!"

HELLO  
my name is



**Zao Zhu (IT2)**  
1st Year Class Vice-President

Position description: Receiving and addressing general concerns of the students, keeping the class updated, working closely with UPS to foster cohesion between students, complying with the Nadeem's orders, holding class-wide events, and keeping my fellow classmates in high spirits!

"If I wasn't a pharmacist, I would likely have pursued a career in statistics. More likely than not, aiming for the clinical trials departments in drug companies."

HELLO  
my name is



**Alexander Vuong (OT9)**  
UPS Past-President

Position description: The Past President shall serve as a non-voting member of the General Council and act as an advisor to the current President. The Past-President will also provide historical advice to the current council, based on what has worked/ hasn't worked in the past. I am also an advisor to the IT2 class council.

"If I wasn't a pharmacist, I would be a politician or lawyer. I might as well take advantage of my networking skills, plus I look good in a suit :)"

HELLO  
my name is



**Anna Wong (OT9)**  
U.T.S.U. Representative

Position description: I act as a liaison between Pharmacy and UTSU. I attend UTSU meetings and report back with any information that may be of interest to Pharmacy students.

"If I wasn't gonna be a pharmacist I would attempt to be a gourmet chef, fail miserably, and then become a food critic (a.k.a. professional eater)."

# PHROSH 2008: GENERATION RX

-Rasha Ahmed (1T1)

September 2nd 2008, a scorching 27 °C and sunshine, not a cloud in the sky, the weather was perfect, forecasting the week to come. Phrosh Week 2008: Generation Rx was underway for the 1T2's! The phrosh leaders from 1T1 greeted the new students and helped them get to know each other through icebreakers, phrosh bingo and group cheers. Claritin, Morphine and Crestor's cheers took top prize, landing them at the front of the food line for the DrugStore Pharmacy BBQ. The Phrosh then took turns getting to know each other at the speed meeting and ended the night with a hypnotist performance by the amazing Adolfo B.!

Day 2 got off to a great start with the Amazing Race where phrosh groups solved various clues, leading them all around campus and leaving them out of breath. Advil and Claritin finished neck and neck and decided to share first place prize points. A new addition to Phrosh week was the Casino/Movie Night where students got a chance to try their hand at blackjack, poker, over/under, roulette and slapjack. 1T2er Nadeem Remtulla raked in an impressive 185 chips! Others relaxed while watching the movie "21" in our lecture-hall-turned-movie-theatre. After a pizza dinner, everyone headed to O'Grady's for the pub/karaoke night where all inhibitions were left at the door. Phrosh and leaders dominated the stage singing along to some of their favorite songs.

After a late night, a relaxing day at Ashbridge's Bay Park was just what was needed. The 1T2's were kept busy at Beach Day with relay races, sand pictionary and the sponge game. There was also beach volleyball, frisbee and football going on concurrently. The evening was filled with laughs as we got to watch an array of comedians at Yuk Yuk's Comedy club.

The last official day of phrosh week began with the pharmacy fair where students got to learn about pharmacy life. We all cheered our hearts out at the UTSU parade, leaving us with just enough energy for the scavenger hunt. Each group had 30 minutes to find as many items on the list. Group 14, Crestor won this challenge by finding almost every item! At night, phrosh, leaders and upper years headed to Blvd Room to party one last time before school began. On Saturday, phrosh headed to Canada's Wonderland where they conquered the Behemoth rollercoaster and some daring phrosh took the plunge bungee jumping. Congrats to Group 11, Amoxicillin for winning the group prize for the week with 106 group points due in large part to their exceptional attendance at the parade!

Generation Rx was a huge success and there are many people who deserve the credit for making the week as amazing as it was. First off, to the Phrosh Committee who lent their summer to plan the events, to the Phrosh Leaders who showed the phrosh a good time all week long, to the Phrosh volunteers for all their behind the scenes work in running the events, to Jadie Lo for using her vector skills to help with the phrosh t-shirts and to the 1T2's, because this week was all for you!

Thank you to all our University of Toronto Phrosh Week 2008 sponsors:



# Victoria Vitality: CPhA Annual Conference

-Alexander Vuong (0T9)

From May 31 to June 3, 2008 hundreds of pharmacists, pharmacy students, industry reps and other health care professionals gathered on the west coast of Canada for the Canadian Pharmacists Association Annual National Conference. The tranquility of Victoria's harbourfront was the perfect opportunity to renew, re-engage and refresh on some of the top issues in pharmacy today.

Inarguably the biggest draw of the event was the presentation of the vision for the Blueprint for Pharmacy, done in May 2008. The initiative brings pharmacists of all disciplines together, in an effort to produce a common vision and implementation plan to set the stage for practice change in our country. The vision is this: Optimal drug therapy outcomes for Canadians through patient centered care. To realize the vision, strategic action is needed in five key areas: pharmacy human resources, education and continuing professional development, information and communication technology, financial viability and sustainability, and lastly; legislation, regulation and liability. An implementation plan for the five key actions in the five areas are currently being developing by expert working groups.



Another important event was the town hall meeting on the Moving Forward: Pharmacy Human Resources for the Future synthesis report, unveiled in May 2008. Moving Forward presented the Blueprints' core elements investigates pharmacy human resources priorities based on the vision. The results from the national student survey were also discussed, and one central message was clear; students are open to basing compensation on the level of pharmaceutical care they provide. Future phar-

macists are looking for a practice model that emulates the vision of the Blueprint and are optimistic about the future of the profession.

A trade show full with booths from various pharmacy companies and organizations also provided a wealth of information, trials and freebies for delegates. The trade show was also a great opportunity to network. As this was a national conference, you see a lot of the people with positions that spanned the entire country. If schmoozing if your cup of tea, you would be in networking heaven.



The national conference also had an awards ceremony, where a current U of T student and a U of T alumnus picked up some serious hardware! Marie Irvine of 0T9 was the recipient of the CPhA Centennial Award, while Cathryn Sibbald was the recipient of the Apotex/PACE Future Leader Award. Congratulations!

While the continuing education and professional development sessions were fascinating, the highlight of the conference for me was an address by the keynote speaker, Dave Chalk. Dave is a tech guru who overcame a learning disability and succeeded when no one thought he ever could. Dave reminded us that sometimes taking the simplest approach can be used to complete a complex task and left the entire crowd in awe.

The conference was an excellent experience, as it gives delegates an opportunity to learn more about pharmacy issues that are affecting the country as a whole. In addition, the annual general meeting was an opportunity to hear exactly what CPhA has been doing to support pharmacists. I am so glad that I was in attendance. We had a small number of U of T students attending, but we stuck together and had a ton of fun, while learning a lot!

Next year, the CPhA Annual National Conference will be in Halifax, NS from May 30-June 2, 2008 and I hope to see many of you there! For details on next years conference, please view the following link: [http://www.pharmacists.ca/content/about\\_cpha/who\\_we\\_are/events\\_conference/meeting.cfm?meeting\\_id=9&CFID=976879&CFTOKEN=87292458](http://www.pharmacists.ca/content/about_cpha/who_we_are/events_conference/meeting.cfm?meeting_id=9&CFID=976879&CFTOKEN=87292458) ■

# NAVIGATING THE CURRENTS OF CHANGE: THE 2008 OPA CONFERENCE

-Alexander Vuong (OT9)

The currents of the Niagara Falls waterfalls brought over 20 U of T pharmacy students to OPA's annual conference. The largest number of students in recent history, this year was also special as it marked the appearance of two University of Waterloo pharmacy students. As a united student front, we were reminded of the role OPA plays in charting our course through the new and changing waters of the pharmacy profession.

With over 450 delegates in attendance, OPA had the luxury of offering continuing education sessions in 5 different streams: Keeping Current, Change Management, Mother and Child, Smorgasbord and Natural Health Products. With such an eclectic mix, there was something for everyone. My favorite continuing education session was Anticoagulation Update, presented by Jeff Nagge, a University of Waterloo School of Pharmacy professor. His upbeat and charismatic style of speaking made the subject of warfarin,

ASA and clopidogrel more interesting than ever, and I will remember his key points while in my 4th year Therapeutics class!

Another fascinating session was the keynote speaker: Douglas Tessier, director of eHealth Strategy for the Ontario eHealth Program. Douglas

mentioned the 4 immediate priorities of e-health: the Ontario Diabetes Registry, Portals/Integrated Clinical Views, e-Prescribing and Drug Systems and Physician e-Health. E-Health in Ontario is moving from strategy approval into action and delivery! There are still some kinks to work out, but the EM-Rxtra pilot project in Sault St. Marie was a success. Every single SSM pharmacy was enrolled in the project and 64/70 pharmacists attended a clinical refresher, IT training and privacy training and 98% of patients signed consent to allow their pharmacy EMR access. With this system, pharmacist activities with primary care providers and patients increased in quality, the number of pharmacist-PCP activities doubled, pharmacists identified twice as many DRP's, medication management recommendations made by pharmacists to PCP's more than tripled, and pharmacists identified fewer medication list discrepancies during medication reconciliation reviews. This program was a huge success!

The quality and caliber of the speakers was amazing. That being said, there was quite a few speakers who are our professors at U of T!!! Zubin Austin, Heather Boon, Lalitha Ramn-Wilms, and Harold Segal, leaders in their respective fields, shared a wealth of information to OPA conference delegates. Another person who represented U of T was our very own alumnus,

Cynthia Cho-Kee of OT8 who was awarded the OPA Student of Distinction Award. Cynthia has contributed so much to pharmacy students across Canada and truly deserved the honor. Congrats!

Of course, a conference wouldn't be a conference without a trade show, and OPA's tradition of

combining it with wine and cheese makes it a successful event year after year. This is my third OPA conference, and the freebies

get better with each successive year! The conference also had two very successful social events, which were intricately planned and enjoyed by all. The western themed night had pharmacists trade in their lab coats for jeans and cowboy hats while playing in arcade horseracing, mechanical horse lassoing, laser tag and line dancing. The closing gala was a black tie affair, which was another perfect opportunity to network and build contacts.

All in all, the pharmacy students left the conference with more than they bargained for: bags full of goodies from the trade show, information from all the CE's, innovative ideas on how we can further the profession, heaps of business cards from all the networking, and some have even received job offers!

The OPA conference is an annual highlight of mine, and I would encourage as many of you to come as possible. Next year's conference runs September 10-12, 2009 at the Sheraton Centre in downtown Toronto. With this convenient location, I would suspect another record breaking number of students in attendance. Hope to see many of you there! ■



# Pharmafiles

## Your Rx to Success

**H**ello fellow pharmies! Welcome back to all of you returning students and a special welcome to the 1T2's. We hope that you are enjoying your semester so far and that you enjoy it even more as the year continues. There's lots of fun (and, of course, learning) in store for all of you, so make the most of the 2008-2009 school year.

Daniella, our first pharmafiles pharmacist is an amazing pharmacist and instructor. We hope that you enjoy reading about her career and the different avenues of pharmacy she has explored so far.

Best of luck in the upcoming school year and we'll see you next month!

Mike Pe and Sascha Orser  
External Affairs Directors,  
2008-2009.

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### *Demographic Info*

**Name:** Daniela Gallo

**Year of Graduation:** 2003

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

University of Toronto

**Have you completed any advanced training or certification?**

Ambulatory care residency at Sunnybrook Health Sciences Centre and PharmD program (U of T)

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

OPA, CAPHO (The Canadian Association of Pharmacy in Oncology) and OPTRA (Oncology Pharmacists in the Toronto and Regional Area)

### *Job Description*

**What position do you hold or what is your current practice?** 1.

Oncology Pharmacist Practitioner at North York General Hospital; I provide education to new chemotherapy patients, symptom management and participate in evidence-based practice decisions in the clinic 2. Therapeutics Co-coordinator for the IPG program at U of T

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

I graduated from Bachelor of Pharmacy in 2003. From 2003 to 2004, I completed an ambulatory care residency at Sunnybrook Health Sciences Centre 2003-2004. Then, I was in the U of T full time PharmD program from 2004-2006. I was also a summer student for IPG program in 2002, and I have been a TA for PPL labs since 2003.

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

In the mornings, I provide education for new chemotherapy patients one-on one (clinics run every day); also discuss how to take their antiemetics and perform a medication history to check for drug/vitamin/herbal interactions with their chemotherapy. I also make follow-up phone calls and symptom management referrals throughout the day to deal with patients experiencing nausea/vomiting, bowel changes, mucositis etc. In the afternoon, I attend various program committee meetings to enhance evidence-based practice in the clinic and communicate progress on various projects. Friday afternoons are new chemotherapy patient group teaching sessions where a general education session on chemotherapy is provided for all patients starting chemotherapy the following week.

**What do you like most about your job?** 1. The direct interaction with patients and lots of follow-up throughout their chemotherapy treatment. 2. Being able to help patients cope through a very difficult experience and provide support. 3. The interaction with physicians and leadership team, as well as involvement in clinical decision making

**Have you experienced any challenges that you had to overcome? (eg. personal challenges – improve communication skills, confidence building)**

My role was brand new when I started, and it was a challenge to create and mold the role from scratch and shape it to fulfill my career objectives. Also, developing relationships with the oncologists did take time.

**What is your best memory of pharmacy school? Graduation:** realizing what we had accomplished and how many great friends I had made

**What is your favourite drug and why?** Ibuprofen – I never leave home without it.

**Did you have a pharmacy role model in school? If so, who was this person and why did you admire him/her?** Tom Brown & Lalitha Raman-Wilms

I loved their teaching styles and my interests matched their clinical practices. I became very interested in working in an ambulatory care clinic and admired their skills and advanced knowledge in therapeutics.

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

Ask lots of questions and expose yourself to as many different areas of pharmacy practice as possible to find your specific area of interest - job shadowing, practice placements, interviews. Network at conferences and CE events – put your name out there and make your interests known. Do not be afraid to challenge yourself and further your skills/knowledge in your area of interest. ■

## MY PERSPECTIVE -

### Pharmacists vs. Drivers: Alike in so many ways

I would like to extend a quick welcome back to all the 1T1s, 1T0s and 0T9s and also a congrats to the 1T2s. As always, this column is written to provoke thought in its readers. Any comments or opinions are appreciated and can be directed to myself at the email below.

Being a pharmacist is like being a driver. From the beginning to the end, there are endless similarities.

**Licensing:** To become a licensed driver, you are required to take a written test based on the rules of the road. Then, you take the practical test driving a real car. To become a licensed pharmacist, you are required to take a written jurisprudence test based on the rules of practice. Then, you take the practical test of counseling on a patient.

**Experience:** The more experience you

have with driving, the better you are at it. Before you even sit behind the wheel, you are taught everything about the laws and how to drive. This is all theory though. Until you are in the seat with the car in drive, you have no idea what it's really going to be like. With pharmacy, you can be taught everything about the profession and how to be a pharmacist, but until you are out in practice, you won't know what it's like. With both drivers and pharmacists, the more you practice (or the more times you do it), the more confident you will become and the better you will be.

**Critical thinking:** When you drive, you don't always follow every single rule in the book. Each encounter is different and calls for personal judgment. This is the same in practice. It doesn't matter how much you know about jurisprudence, or how much you aced medicinal chemistry or pharmaceuticals or how

well you can decide between effective wound dressings. What it comes down to is your own personal judgment based on your experience as a pharmacist.

**Discipline:** If you suck at driving, they usually give you a warning. They will then recommend additional training. Same with pharmacy. If you violate the rules of driving, you get fined. Same with pharmacy. If you break the rules so many times, they take away your driver's license. Same with pharmacy.

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



## Simply Complicated So What About 2012?

-Milson Chan (1T0)  
<milson.chan@gmail.com>

To most people, 2012 is just another year in the future. But the year 2012 holds great significance for some people, because they believe that something immense is going to happen. We're not talking about deciding on the least incompetent party to vote for in the next federal election, or predicting how many medals Canada should have won in the Olympics. They actually believe that the world will come to an end in 2012. That's right ... we're talking about Apocalypse 2012.

These people base their belief mainly on the Mayan Calendar. The Mayans, who inhabited Central America until the 16th century, were known for their knowledge in math and astronomy. They calculated the length of a solar year long before the Europeans were able to, and using much worse technology, they did it with higher accuracy.

Based on their calendar, they predicted when all future lunar and solar eclipses would happen with great precision. The intriguing thing is that their predictions stop when this cycle of 5125 years in their Long Count calendar of will be completed on December 21st, 2012. And they have predicted something monumental is going to happen at that time, so people figured it must be the end of the world.

Philosopher, Terrence McKenna, introduced the Time-wave Zero theory in the 1970s. It was based on the I Ching, the Chinese book of change. Through a whole bunch of calculations, he arrived at the novelty-time graph that novelty approaches infinity on exactly December 21st, 2012. It could be a coincidence, but scientists noted that for the first time in over 25,000 years, our sun will be aligned with the center of the Milky Way on that same day. And according to science writer Lawrence Joseph, "energy [that] typically streams to Earth from the center of the Milky Way will indeed be disrupted on December 12th, 2012 at 11:11 p.m. Universal Time."

Interestingly, the Mayans actually have not mentioned that "the world will explode" or "everyone will die". Some people just chose to interpret it that way; and in 2006, more writers began to publish books explaining why and how the world would end. They actually made big time money by selling quite a lot of copies.

I just think this is something intriguing to know or read about, it also makes a good topic for dinner conversation. Personally, I cannot predict the future. If I could, I probably would have done much better in med chem. Maybe that "monumental event" is that pharmacists being granted the right to prescribe. Or maybe someone in 1T2 will save the world by re-writing the entire Therapeutic Thought Process six months after graduation. Who knows? Maybe the world WILL explode, and then those believers will rejoice ... maybe not.

Sources:

1. [www.usatoday.com](http://www.usatoday.com)
2. [www.webexhibits.org](http://www.webexhibits.org)
3. [www.wikipedia.org](http://www.wikipedia.org)

# The Dispensary



By Josh Lieblein  
IT0 Monograph Rep

It was the noble Lion King, Mufasa, who first observed in the Disney movie that shares his title that we are all connected in the great Circle of Life. Truly, this philosopher came closer to the basic truth that binds all humanity together than any human before him, and it wasn't just because he was voiced by James Earl Jones. Like the noble Canadian geese flying north after the long bitter winter, like the sudden first freeze that halts the waterfall's mighty

waters, and like the drop in "The Dark Knight's" ticket sales after the impressive \$155.3 million opening weekend, the idyll of summer must give way to another year of Pharmacy. And so, it is with great anticipation that I, your humble compiler of Pharmacy News, welcome you all back on behalf of The Dispensary, The Monograph's only information source that is verified by multiple non-scientific sources.

In keeping with the highest standards of professionalism and commitment to excellence that are maintained within the Leslie Dan Faculty of Pharmacy, The Dispensary endeavours year-round to bring you only the highest-quality Silly Pharmacy News. For those lucky 1T2s joining us this year, and those enlightened Pharmacy students who have relied on the Dispensary before, we have prepared a short overview/review of how the Dispensary is, um, dispensed to you. Each edition (except for the shorter sample currently being read by you) contains three fast-breaking Silly Pharmacy News items, along with a picture accompanied by a silly caption, and one Dispensary special feature. A sample news item has been presented below for your edification:

## "1T2's Wearing of Ottawa Senators Jersey In Clas Leads to "Beef"

One of the first Anatomy classes of the new school year was briefly derailed when a member of the Class of 1T2, obviously uninformed about the "way things are done" here in

Toronto, came to class wearing an Ottawa Senators jersey. Order was quickly restored following this colossal blunder thanks to decisive behaviour on the part of the Anatomy professor, who told everyone to stop talking.

The member of the so-called "Sens Army" (whose name is not published here to protect his identity) was apparently hoping that everyone had forgotten about that ridiculous "This Is Ottawa" display before Game 3 of last year's playoff humiliation against the Penguins. He also attempted to defend his team by insulting the Leafs, but the words got stuck in his throat and he wound up choking. The Dispensary has also learned that choking is very common among Sens fans.

Happily, the spirit of volunteerism is alive and well within our Pharmacy building as many other members of the Class of 1T2 offered to re-educate their poor confused classmate. "With any luck, we'll have him believing that the Leafs will make the playoffs this year in no time," one said.



*It's still funny, and will be for ever and ever and ever. Look! You can see his lines on the inside of his shield!*  
*Ahahahahahaha!!!*

We hope that you found this preliminary edition of The Dispensary to be worthwhile, or that it at least registered on your visual centres.

Coming soon.... to The Monograph:

- "The Monograph in Unlikely Places"
- "In the Hallway": a suspenseful thriller published in segments
- Student Surveys



# Pharmacy questions Weird

We asked you what sort of strange questions you were asked this summer. You said:

“Can you spare me money to get to the airport? I need to go back to Hong Kong because I don’t want to die here.”

“So how many Plan-B packages should I take if I’m going on vacation for the week?”

*1/2 an hour from closing...and someone calls:*

Me: “Guardian Pharmacy, how may I help you?”

Person: “Do you sell Air conditioners?”

Me: (snort) “Hold one one second.” (puts person on hold) “Hey, do we sell air conditioners” (pharmacist gives me a weird look) “No we dont!” me: (talks to person again) “Hey, sorry we don’t sell Air Conditioners”

Person: “But don’t you sell everything? You’re Wal-Mart right?”

Me: “No, this is Guardian Pharmacy.”

Person: “But I swear this is Wal-Mart.”



Me: “No, this is not Walmart.”

Patient: “What is the dose of Lactaid to give to a cow that’s lactose-intolerant?”

Pharmacist: “Seriously...wouldn’t the cow...you know...explode or something if it was lactose-intolerant? Is that like an autoimmune disease or something!?”

Patient calls the pharmacy: “I have a prescription here. It says Oxycontin 40 ‘m’ ‘g’, 120 tablets, and Percocets 360 tablets. I’ll be in later, can you go ahead and get those ready for me?”

*Patient approaches the pharmacy:* “Where would I find Vitamin H?”



Pharmacist: “Hmmm, vitamin H? What are you using that for?”

Patient: “Vitamin H! You know, for hair loss!”

Patient: “I picked out these vitamins but I just wanted to make sure about something before I take them.”

Pharmacist: “Sure, go ahead, what would you like to know?”

Patient: “So these PregVit ones...do I only take the blue ones if I want a boy?”



## Your Picks from YouTube

Title: “Girls are like M&Ms”

Description: A guy complains about intraracial selection and plays jokes on his dad.

Submitter: Wendy Li

<http://www.youtube.com/watch?v=oDigaWrvCq4>

Title: “Is McCain Palin’s...”?

Description: A spoof on McCain and Sarah Palin.

Submitter: Shirley Lin

<http://www.youtube.com/watch?v=d-QevraCQUc>

\*profanity warning in effect

## Make a Difference with Medical Pharmacies

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# The CAPSI Corner

## PDW 2009: A New Found Land of Responsibility

PDW 2009 is coming our way! This year PDW will be held in St. John's, Newfoundland and is sure to be lots of fun. Here's what you can look forward to: multiple interesting speakers (including Sue Johanson!), a masquerade ball, Newfie night, students competing against each other in the Pharmafacts Bowl, and a night out on George Street. Registration can be done through the PDW website at <http://www.mun.ca/pdw2009/>. Hurry and log in, as registration begins on Monday, Sept 22nd at 11 am.

Here are a few important tips for PDW registration:

- Make sure to select University of Toronto for the registrant category
- You will need a credit card to register, as payment is made through PayPal
- Double check your registration application, as mistakes may result in cancellation of application without a refund

If you have any questions about PDW or how to register, please contact Laura Narducci ([lauranarducci@rogers.com](mailto:lauranarducci@rogers.com)) or Katie Mok ([katie.mok@utoronto.ca](mailto:katie.mok@utoronto.ca)).

*You are formally invited to . .*

CAPSI'S Fall Symposium

The topic of this year's symposium is 'Regulation of Pharmacy Technicians'. Susan James, the OCP's Project Director for Pharmacy Technician Regulation, will be speaking about the progression towards tech regulation and how registered technicians' roles will change. Joining her will be Della Croteau who will discuss how these changes will impact practice for pharmacists. This symposium will be an excellent opportunity to better understand how the regulation of pharmacists will affect our future scope of practice as pharmacists. There will also be lots of time to have your questions about technician regulation answered.

Date: Thursday November 13th

Time: 4pm

Location: PB150

## CALLING FOR CAPSI/WYETH GUY GENEST PASSION FOR PHARMACY AWARD APPLICATIONS

Are you passionate about the profession of pharmacy? Are you involved in pharmacy related events and/or initiatives? If yes, then you are an ideal candidate to apply for the CAPSI/Wyeth Guy Genest Passion for Pharmacy Award.

To be considered for this award, applicants must demonstrate "passion for the profession of pharmacy". This may include participation at events or conferences, involvement with councils and/or professional organizations, volunteer work, research, outreach efforts, involvement within the faculty, etc.

The prize for this award is \$500 and recognition at the Awards Banquet at PDW 2009 in Newfoundland.

How to apply:

Write a short paper (1 page maximum in length) explaining how you demonstrate passion for pharmacy

along with 2 letters of reference/support (1 page maximum for each letter) (i.e. from peers, educators, employers, co-workers, etc.).

E-mail your application to [meaghan.linseman@utoronto.ca](mailto:meaghan.linseman@utoronto.ca) as a document attachment by \*\*\*Friday October 17th, 2008 at 5pm\*\*\*. \*\*\*No applications will be accepted after this deadline\*\*\*. All applications will be reviewed by a panel of professors and the award winner will be announced in mid November.

If you have any additional questions, please e-mail [meaghan.linseman@utoronto.ca](mailto:meaghan.linseman@utoronto.ca)



# CAPSI HEADS TO VICTORIA

This past May, we, your local CAPSI reps, headed to beautiful Victoria, British Columbia for the annual CPhA conference. After a brief introduction to the new national CAPSI council, we began our week of daylong meetings. Everyone was eager to plan for a successful 2008-2009 school year. The hours of meetings paid off and CAPSI is ready for an exciting year ahead. We got an update on the upcoming PDW 2009, which will be in Newfoundland and will include a masquerade ball, a pub night out on famous George St., and a top-secret surprise guest speaker. The planning committee for PDW 2010, which will be hosted right here in Toronto, announced that arrangements have been made to have our hotel accommodations in the glamorous five-star Sheraton Hotel. This year, the national council also selected the topic of 'registration of pharmacy technicians' for our fall symposium and they'll also be bringing back the Novopharm leadership seminar this fall and the student outreach program (including Operation Wash-Up, an Allergy program, and sexual education for high school students). We also got an update from a representative of the pharmacy program at the University of Waterloo and planned this year's upcoming pharmacy competitions. The motivational speaker at this year's conference was David Chalk, an entrepreneur, television personality, and one of North America's leading technology experts. He gave a very inspirational talk about the need to embrace changing technology in order to perform at our best and to provide the best possible services to our patients. We also got to celebrate with Marie-Hélène Irvine, a 4th year student here



at the faculty of pharmacy, who was awarded a Centennial Award for her commitment to promoting the profession of pharmacy. CPhA 2008 was also extra special this year, as Leslie Dan was awarded an honorary lifetime membership for his dedication to pharmacy on a national level and for his years of involvement with CPhA. In between meetings and after council dinners, we did manage to squeeze in a little bit of sight-seeing, whale watching, tea at the Empress hotel, some rooftop beach volleyball, and a night out to downtown Victoria's 90's bar. After a productive, memorable (and tiring) conference, we're ready and eager to start off a great year of CAPSI events at UofT!

Rachel Knott  
Senior CAPSI Rep

Meaghan Linseman  
Junior CAPSI Rep

## Braving the Wilderness

-Adam Calabrese (1T1)

From July 25th to 27th, a handful of exceptionally tough pharmacy students braved the elements to go on a camping trip at Earl Rowe Provincial Park. What motivated these crazy weekend warriors to abandon their modern comforts? Current theories suggest an affinity for sleeping in leaky tents and eating trail mix for dinner (tip to future campers: bring cooking appliances and good tents). Some of the highlights included hikes to Tim Horton's, swimming in the park's saltwater pool and Wilson running from the wildlife, although my own favourite memories include grilling over the fire, cold beer, and even more fire. ■



Adam and his manly grill.

## YEAR ONE COURSES

by Cameron Forbes

Congratulations and welcome to Pharmacy, n00bs! Apparently being elected monograph rep on a platform of "people find me funny" qualifies me to give you advice on passing classes. So, I've been tasked with outlining all your courses with what to expect, helpful tips, and some good-natured ribbing of professors (not actually part of my tasks). Hopefully all these words I've written will help you at some point in your busy upcoming year! (and if not, hopefully you will at least be slightly entertained.)

Before I start, I'd like to thank a few people for their input, even if they weren't aware of it: first off, Ehsan Haghshenas, for reading it over in early stages and offering advice, Samer Charab for not realizing I was mentally recording everything he said last year, Adam Calabrese for forcing me to run for this darn position in the first place, and all the people who were and continue to be nice to me in my class even though deep down I know I must for sure annoy them on many levels.

### ANA200Y Human Anatomy and Histology

Prof: Dee Ballyk

:| Go and type that in MSN messenger, right now. A colon : followed by a (vertical bar??) | That's Professor Ballyk's msn emoticon. Trust me, do it.

I really liked Professor Ballyk. She has an intense look (tried the emoticon yet?) and seems really imposing and strict, but she's actually super nice to talk to outside of class and even makes an effort to learn people's names. She also doesn't mind answering questions.

The course is fairly straightforward: memorize lots of anatomy. There are four, 50 question multiple choice exams worth 25% each. She organizes the sections pretty well and the lecture notes are an excellent resource. She also made videos of the lectures (and hopefully will for you too), which might seem to give an excuse to skip class, but that's a stupid idea. Rather, use them for studying before the exam, as listening to her explanations for things can make them so much clearer.

Study hard, as her questions are very specific (usually a "pick which of these are false" with only one tiny detail changed). A silly but in this case correct classmate of mine named Samer accurately described the exams as "100 true or false questions, but if you get one wrong, you get 4 wrong." Her questions are also often based on

things she said that aren't written anywhere in the slides, so take good notes. Also make sure to check the anatomy museum out, as it can not only be a valuable resource but is pretty frickin' sweet.

### CHM223H1 Physical Chemistry for Pharmacy

Prof: Douglas McIntosh

This is only a half-year course. It can be pretty tough at times, but overall, if you practice and memorize what you're told, it's fairly doable. Marks for us were very high at midterm but dropped significantly overall after the final.

Having gone and extensively interviewed Dr McIntosh (the things I do for you guys!) I'll offer up a few conclusions and what advice I can. From what I can tell, he's a pretty straight shooter. He's going to tell you truthfully what to expect. You're not going to like it, though. For example: no formula sheet. So my best advice is to take his advice; practice, practice, practice, and write out your notes. Just reading them over won't be enough, especially not with having to memorize the formulas.

It's probably not a bad idea to do well at this course anyway. I'm two weeks into second year as of writing this, and we're already utilizing stuff we learned in phys chem (and I'm having trouble remembering!) So try and do more than the cram it in one day, forget it the next method, if you can.

### CHM247H1 Intro. Organic Chemistry II

Prof: Andy Dicks & Cecilia Kutas

All I can say is... memorize, memorize, memorize. Nothing matters if you haven't got the ~160 equations memorized. I found this the hardest course of my entire first year. Labs weren't too bad (in many ways, easier than CHM138). The final exam is hard though. Do the best you can on the midterms and labs (I mean, work REALLY REALLY HARD on the midterms) and you will have enough marks accumulated going into the final that getting your minimum 50 in the course shouldn't be too difficult.

For those of you like me who don't have any exemptions for first year, here's a bit of advice for 138. It seems hard at first, but work through and try your best to get a handle on the concepts. 247 assumes you know a lot of what you learn in 138, so if you work hard it will be good and fresh in your mind come second semester. Believe me, even though 138 seems really hard at times, when 247 comes along, you're going to miss 138 hardcore.

### LMP232Y1 Microbiology of Infectious Diseases

Prof: Ian Crandall

This course is a lot of fun. I may be a bit biased though, as people keep telling me I remind them of the professor, so probably I might have been more inclined to like it. (BTW: shut up, everyone).

You're going to learn more scary, yucky diseases than you could fit in an entire crate of processed ham, as well as how to treat them. Crandall's humour is complemented by his selection of disgusting visuals, so hopefully you're not too squeamish or you'll be laughing out vomit!

The first semester is all bacterial stuff, and second semester is all viral/parasites/fungal/nematodes (WORMS!) There are two exams, both the same format (72 multiple choice questions, 3 from each lecture). Crandall will explain this to you, but his exams are incredibly fair. If you talk to him outside of class he will also tell you there is no need to go to lecture – he's right! You can learn everything you need right from the notes. The lectures are worth it though because he fills in a lot of side stories and interesting information (none of which is exam question potential), not to mention the pictures. The lab component is fun too, as the overall labs aren't graded (just quizzes and a small lab final exam). You get to do all sorts of fun stuff such as culturing bacteria, staying in the sterile ring of fire, and making inappropriate body part representations with your fingers through the holes in your lab coat (and having your picture taken by the prof).

Overall, I found making information summaries of each lecture really helped me learn the material, which seems like a lot but isn't as bad once you break it down. Learn your symptoms and treatments and you'll do fine.

### PHM120Y1 Intro. to the Profession of Pharmacy

Prof: Alison Thompson

Have you ever seen the Shawshank<sup>1</sup> Redemption? Well, while taking this course you'll feel as if you're living through it, except this time, you can't escape.

This course takes a look at many different topics, some of which may be considered interesting. It is essentially a sociology course geared towards pharmacy students. You'll start off (assuming the new professor follows the same curriculum as ours did, and I don't see any reason why she wouldn't) with a history of pharmacy and what it means to be a professional. Then you'll move into

topics such as sociological factors in health care, interprofessional education, harm reduction, and ethics (the most relevant part of the course – pay attention!)

This course involves a ton of readings. The TAs will encourage you to do the readings. They are correct. Try and do them as you go along because they're pretty hard to do in one sitting (they're loooooong). One way some people got around this was to have everyone summarize one reading and share it with others in a group. Many exam questions consisted basically of "in the reading titled this by so and so, what did the author feel about something?" The readings also can come in handy on the in-class writing assignments: how quickly can you organize your ideas in 30 minutes and fit them into ¾ of a page? Write tiny, seriously. There is also an ethics presentation which seems really daunting but turns out to be not too big of a deal.

Overall, it's hard to give advice for this course beyond "write exactly what they expect you to write, even though you have no idea what that's going to be." My peers and I had similar experiences of studying and preparation having absolutely no effect on overall marks, at least for the writing assignments. Just do the readings and try your best.

<sup>1</sup>Oh and by the way, Cameron was here. Should I have spelled it "Shah"shank? You tell me, later in the year.

### PHM122H1 Introduction to Statistics

Prof: J. Charles Victor

AHHH! What's that blinding glare from the front of the room? Oh, it's just all the light reflecting off Charles' forehead. (Don't worry, I can get away with saying this. Oh, and DO call him Charles, he prefers it.)

This version of stats is kind of like taking a full year course and compressing it all into one semester. But don't fret just yet. While the midterm will be (paraphrased from the prof's own words) "the hardest exam you've ever written and without enough time to finish", the assignments are very doable and an easy way to accumulate marks, and the final isn't too bad either (by that point, you should be pretty familiar and practiced with the different types of questions). He gives you this flowchart for the final that helps things immensely (oh yeah, and both exams are open book); you might want to ask a 1T1 for a copy of it earlier in the year.

So, the best advice I can give for this is to get someone who understands what's going on to explain it to you, and then practice, practice, practice. Additionally, don't talk during the tutorials.

My (male) friend Samer also chimes in his two cents about the course:

"I would have J. Charles Victor's baby."

Good luck.

### PHM127H1 Professional Communication Skills in Pharmacy Practice

Prof: Michael Heffer

This once-a-week lecture goes over different skills that help you communicate effectively with different types of people and act properly in difficult situations. Professor Heffer is a funny and engaging lecturer. Sometimes, the information provided seems like it might be common sense, but there are many little effective social tools taught that can be integrated into your counselling and everyday life.

The tutorials are pretty fun, and the written assignments aren't too bad. Relevant textbook and lecture sections are provided before each one so just study the stuff and you'll be fine. The oral assessments are pretty scary (and yes, you WILL be videotaped) but you'll get used to them quickly, and they provide good practice for the second term labs. Make sure to know what drug you'll be counselling on (i.e. Nicotine patch vs. gum) and memorize your steps well. Practice in front of a mirror! If you get the steps down, you'll be less likely to stumble over the unexpected parts of the sessions. Just be confident, and know that I understand it will be a tough time for you.

### PHM128Y1 – Professional Practice I

Prof: Anna Taddio & Maria Rocchi

Yet another course with a professor change. As such, I can't really tell you how to get marks, but I can give you a little advice pretending that it will be exactly the same as what we had.

In 128 you start off learning some basic essential skills of pharmacy, such as how to read a prescription. You then move into Jurisprudence (pharmacy laws!) which is impeccably boring but incredibly important. Finally, you get into the topic of Pharmaceutical<sup>2</sup>Care™ practice and all sorts of crazy stuff that's hard to understand without context. From what I can tell, it becomes pretty important in later years.

This course is pretty normal in terms of marking, just study and you'll be fine. One thing I'd recommend (and I think this part might stay the same) is doing the Language of Medicine stuff early on and throughout the year as you go. This textbook is basically a big glossary of medical terms, and you're assigned something like 6 chapters per semester to memorize. Not only are they interesting, they come in handy in real life when people start talking medical to you. But, they're hard to cram for, due to sheer volume. Besides, the quicker you go, the quicker you get to the digestive system chapter... where you get to learn about such incredible inflictions as flatus, melena, and my personal fave, steatorrhea! ALLL RIGHT! In case you haven't

looked it up yet, it means you have undigested fat in your feces causing it to be frothy and foul smelling.

<sup>2</sup>Yep, I know. I did it on purpose.

### PHM129H1 Professional Practice I Laboratory

Prof: Doris Kalamut

IF YOU VALUE YOUR INTACT LIMBS, DON'T BRING PERSONAL ITEMS TO THE LAB! I CAN'T STRESS THIS ENOUGH!

The night before the first set of PHM129 labs (second semester) is probably one of the most stressful of the year for most students. You have to have your cue cards done and ready, your dress shoes laid out, your nametag pinned on... and you have to be ready to counsel in front of 7 other pharmacy students and a TA! Is everyone going to laugh at you when you make a mistake??

Yes. But don't worry; it will be behind your back.

These labs are a cinch, if you're prepared. They set you up to pass, so just relax. You'll have to fill a written prescription, take a verbal prescription on a phone (\*gasp\*) and fill it, as well as check two filled prescriptions for mistakes. Then you trade sections for the 2nd half of the lab, go into a little room, and take turns counselling a student partner on one of 10 drugs that you get to make cue-cards for. (To answer your question in advance, no there are NEVER any tricks they pull during this section of the lab.)

PHM127 and 128 prepare you fairly well for these labs. So again, just breathe deeply, have a stiff drink if that helps, and go try your best. Ask upper years for help preparing. You'll be fine.

(I would recommend reading this particular section of the anticalendar again at Christmas Break. I would also recommend making your cue cards over that same break. This will make a lot more sense at that time. Trust me.)

Oh, and also, Ehsan said I should mention about the CSVs here. And because I'm a slave to peer pressure, I will. CSV stands for Community Site Visit. On alternating weeks, you get to go four times and spend three hours with a community pharmacist. I'd like to say they're really fun, but the stories I heard varied from "They offered me a job" to "They made me stand in the back and not talk to patients." My own CSV went really well, I had a great time, and had no problem accomplishing the assigned tasks. Just be confident and show your mentor that you're enthusiastic, and they will hopefully respond in the same manner. And of course, make sure to ask a lot of questions!

### PHM150H1 Introduction to Applied Pharmaceutical Sciences

Prof: Zubin Austin

This course is kind of a collection of various

pharmacy odds and ends that didn't really belong in any other course. It starts off with some pharmaceutical science, moves into the business of pharmacy, then illegal and abusive drugs, and finishes with a smattering of lectures pertinent to different topics and issues in the world of pharmacy today. It's a smaller course, and a nice breather from some of the more in-depth courses. The business section can be very tough (aka boring) to study, but otherwise the exams are pretty straightforward and fair. It's that one exam you can save for the last minute, which is good because it tends to kind of sneak its way in between two more intense exams.

Make sure to attend lectures, as some questions on exams weren't in the notes. It shouldn't be too big of a deal to do this though as the lectures are short, once a week, and Professor Austin won Professor of the Year award for a reason (he's good!) Don't stress this course too much, and enjoy it. Will you do well, though? The answer, of course, is "it depends"<sup>3</sup>. Nothing comes for free.

<sup>3</sup>Don't forget the "it". The answer to every problem is not adult diapers.

### Concluding Thoughts

Since you guys ARE going into your first year ever of pharmacy school, I thought I would just throw in some general tips. First off, make some friends and have fun with them. I had zero exemptions first year, yet I still managed to fit in some activities and stuff. It may seem like studying should ALWAYS take precedence, but learning to communicate in social venues can also go a long way in your pharmacy career, especially when you're only sacrificing a few percents off your final grade. (Also, fun = important!) Secondly, don't be afraid to ask for help. Professors, TAs, and even other (upper year or otherwise) students are generally very willing to help! That also goes for people at pharmacy fairs and events... don't be shy to talk to everyone and find things out. You never know when you'll make a connection that will come in handy down the road. Finally, leave the competitive instincts at home! You've made it into pharmacy. Marks have become strictly a reflection of personal levels of achievement. You have nothing to gain by not helping a classmate out. Just think: if you help a classmate get a better mark, you may in fact be helping a future colleague become a better pharmacist. And that's in the profession of Pharmacy's best interest.

Well, that's all I've got for now. Best of luck in all of your first year and future pharmacy adventures and endeavours, especially if they involve yelling "Vagifem is for atrophic vaginitis" in the middle of lecture.

Comments/questions? Feel free to email me at [cameron.forbes@gmail.com](mailto:cameron.forbes@gmail.com) or just find me in

person.

## **YEAR TWO COURSES**

by Josh Lieblein

This guide will take the form of "DO's" and "DON'Ts" for each class. I have also noticed that people have trouble remembering the actual names of their courses so I've tried to include clever alternate names for the courses that will help you remember them, along with descriptive nicknames for the professors.

### PHM220 Pharmaceutical Care 1A, or, How To Actually Talk To Patients, Part I

Prof: Debra Sibbald. She (often) refers to herself as "Debra". Her full title is: Debra Sibbald B. Sc. Phm., M.A. (Adult Education), and Ph.D Candidate. DON'T forget it.

DO get used to Debra's teaching style as soon as possible. You will have Debra this year and next year. Debra does not adjust her teaching style for you. You adjust your learning style for Debra.

DON'T assume that the MCQ questions Debra asks will be easy. You need to think like she does. Remember: Zinc oxide is ALWAYS the right answer, anti-viral agents DO NOT exist, and aloe vera is an evil, evil substance.

DO figure out Debra's website and learn to operate the clickers (used to answer in-class MCQ's) as soon as possible. It is the opposite of user-friendly but you will need to master it in order to get your marks, find readings for next class, and sign up to write cases. Signing up to DO extra work is a good idea because you get extra percentage points added to your final mark!

Debra will select groups of students to sit in front of the class and answer questions about the topic of the day, so DON'T start panicking about looking dumb in front of the class.

### PHM222 Medicinal Chemistry, or, "Yes, The Final Is Cumulative"

Prof: A range of professors including:

- Lakshmi "Anti-Wirals" Kotra
- Sandra "Hockey Stick" Pang
- Jack "Santa Claus" Uetrecht
- Peter "7 Questions" Pennefather
- Patricia "OMG Only 5 Lectures" Harper
- Stephane "EGF...or is it IGF? Ah, tabarnac!" Angers
- Brian "What The Heck Is All This Philosophy Stuff" Baigrie
- and of course, His Holiness the Pope of Graphs, James Wells.

DO get A's on all three midterms because the final is cumulative!

DON'T assume that drugs are acids or bases for silly reasons on midterms. For example, I thought lysergic acid diethylamide was an acid

and it isn't. Sure, the drug name contains the word "acid", but oh well...

DO lots of past tests, which are made available. These are more useful for some profs as compared to others. Wells, Kotra, Pang = useful. Pennefather = REALLY useful because he uses the same 7 questions every year! Memorize his answers word for word to get an A, but then the questions becomes...which answers DO you memorize?!?! Everyone else = not so much.

DO memorize transporters and the drugs they use for Pang's section. Brute memorization for her section.

DON'T cry when you see Wells' brick-sized book of lecture notes. While his portion of the tests/exams is by far the longest and most detail oriented, he is fine with belling marks...unless of course everyone gets A's on his section...

DO try to make sense of Baigrie's philosophy oriented lectures so you can write a nice essay on the final.

DO go to tutorials for Pang and Wells- by far the hardest teachers- so you can ask questions and make sense of their material. Pennefather's teaching style is so...unique...that you DON'T even need to attend tutorials! (or lectures!)

### PHM223 Methods of Pharmaceutical Analysis, or "Zzzzzzz..."

Prof: Taught by Raymond Reilly last year, a nice guy charged with teaching boring material. Of course, if chromatography is super interesting to you, then you will love this course! Obviously, the following is only relevant if he's still teaching:

DO remember lots of equations and how to use them.

DON'T panic about the labs and assignments. Easy marks for the most part!

DO remember that this is an 0.25 credit course. Still, out of respect to the prof, try not to sleep through EVERY class.

### PHM224 Pharmaceutics, or "The Particulars of Particles"

Prof: Another large group that includes Gregory "Mr. Intuition" Poon, Tigran "Messy Overheads" Chalikian, Shirley "Popcorn" Wu, and Barry "The Only Prof Who Doesn't Need A Microphone To Be Heard" Bowen.

DO old tests in preparation for the midterm and final, even though those DON'T officially exist.

DON'T stay up until 4 in the morning before one of the labs. These are long, somewhat slow, likely very early in the morning, and unless you have extensive experience designing drugs you may partially lose your mind by the end of the year when you must DO two LOOOOOONG labs in groups of six. Oh, and DON'T forget to wear your goggles in the lab or the consequences will be dire.

DO remember your calculus for Poon and when he shows you an equation, understand how all the component parts work. By the end of his section you will feel like you also have a Ph.D. in Fick's Law like he does.

DO feel lucky if you are used to having a family member who speaks English with a really thick Chinese accent, because you will be miles ahead of everyone else when it comes time for Wu's lectures.

DON'T write your notes in pen during Chalikian's lectures because you will need to make several crossouts...about as many crossouts as he does.

#### PHM225 Intro to Biochem & Molecular Biology, or "The Slightly Harder Biochem"

Profs: Wells again, as well as David "Thorough Notes" Hampson.

DO remember your high school genetics, protein structure, and DNA for Hampson's section.

DO go to Wells' classes even if you have an exemption. It will make Wells' Medchem lectures less unclear, particularly the derivations and equations. Wish I'd known that last year.....DO go to tutorials as they are helpful for understanding Wells' section! Are they a replacement for the MedChem tutorials in Wells' section? You decide!

DO be happy when you hear that the final is not cumulative. It is all writing though, and Wells' material tends to repeat.

#### PHM226 Metabolic Biochemistry, or "The Slightly Easier Biochem"

Profs: Jeff "Awesome 80's Mustache" Henderson and Peter "Giggles" O'Brien.

DO sign up for one of the student presentations so that you can get bonus marks.

DON'T do O'Brien's long, difficult, and research-intensive assignment by yourself. Break it up among your friends.

DO feel relieved when you learn that O'Brien gives you the exam questions before the exam. Break up answering duties among your friends (again).

DON'T allow the drama over dividing up the work for this course among your friends to ruin your life.

#### PHM227 Health Systems in Society, or "Aw man, ANOTHER writing course?"

Prof: Jillian "I <3 Stephen Lewis" Cohen-Kohler

DO write in the traditional 5 paragraph essay with an intro, body, and conclusion. It's that "sandwich" model of essay writing from high school all over again!

DON'T be surprised when the professor rejects the traditional "big donor" models of international

aid and the market-oriented solutions offered by the pharmaceutical industry. (If you understood the previous sentence, you may just get a 90 in this course.)

DO try to get feedback from the TAs and the professor on your writing abilities, because they will give it.

#### PHM228 Professional Practice II, or "More Stuff that they couldn't Fit Into Other Courses"

Prof: Vinita "I Want To Learn All Your Names, But I Probably Won't" Arora. You may remember her as the Ethical Dilemma lady from PHM150.

DO the practice questions for the Calculations test. On the test, all that matters is that the right answer is correct, which is good in some ways and bad in others- no part marks!

DON'T do every single question in the Calculations book! Think to yourself, "DO I need to DO this math in practice?" If the answer is "yes", then know it well! (When you think to yourself, make sure the DO's are in capital letters.)

DON'T take advantage of Vinita's niceness and skip every class.

DON'T leave the Language of Medicine chapters until right before the exam or you'll end up largely screwed because it is a BIG part of the exam!

DO try to find some way to practice the dosing calculations that the guest lecturers go over in class before the exam. She is nice and approachable so you can easily work out a plan with her if you are that serious about getting an A.

#### PHM229 Professional Practice Lab II, or "PPWN'D by PPL, Part II"

Taught by: Doris, who needs no introduction

DO memorize the chart given out by Vinita about the various rules and laws governing different types of prescriptions (narcotics, controlled drugs) because you will have to apply them over the phone this year!

DON'T show up late for your hospital site visits, and remember: when you're counselling patients, DON'T ask them for their Optimum Points cards like you DO at Shoppers!

DO watch Doris's famous compounding video so that you can compliment her on her acting skills. Oh, and so you can learn stuff about compounding. Maybe.

DON'T smash the torsion balance in a fit of rage when it won't balance your Glaxal base and you only have five minutes left to compound the prescription. The balances have to go back to the museum after the course is over, you know!

DO remember all the mistakes you made in PPL Year I and try not to make them again. If you DO, go to Doris' office hours at your own peril.

#### PSL200 Basic Human Physiology, or "Basic Human Physiology"

Profs: A range of teachers that you won't remember because you will likely stop going to class after the first midterm. Plus they're Arts and Science teachers so they won't read this anyway.

DO ace the super easy MCQ's on the midterms. Oh, and they drop your lowest test mark. Yay!

DON'T make fun of the Arts and Science students who are taking the course with you and who may actually find this course somewhat difficult. Just because they're not professionals doesn't mean we should mock them. To their faces, anyway.

DO the PhysioEx CD with "interactive" computer exercises that recall those old-school Learning Company games from 1993. You won't stop Morty Maxwell from making the Shady Glen School disappear at the stroke of midnight (10 points to anyone who gets that reference) but you will have to answer questions based on these exercises, so they're worth DO-ing.

#### PHM231 Pharmacology, or "Finally A Course About DRUGS!"

Prof: A new prof who goes by the name of Mary Erclik. The previous professor, Michael Beazley, was a nice prof with detailed notes who had the distinction of being the only professor I've ever had who looked like he needed a nap more than the students did.

DO be prepared for fun terms such as Minimum Inhibitory Concentration, Post-Antibiotic Effect, and Time-Dependent Killing. You may find that you fool yourself into believing that you understand these terms when you really DON'T. Learn to explain them in one simple sentence.

DO expect a LOT of info for this course. It is crammable but it kind of helps to actually know this stuff because you kind of need to know how drugs work when you practice.

DO have your Important Point detector turned on when you study. As is the case with many other Pharmacy courses, this course is easy IF you know what you need to study.

### **YEAR THREE COURSES**

by Leanne Drehmer, with input from Kevin Curley, Diana Law and Sandra Ng

Hey 1T0s!

Well, this is the year you have all been waiting for...or dreading! Third year is typically the year when you get down to business, and start learning things that you feel are directly applicable to practicing pharmacy (not that those first two years should be forgotten!). Here are some guidelines you may find helpful as you

navigate through 3rd year:

### PHM 320 Pharmaceutical Care IB

Prof: Debra Sibbald

This course is a continuation of PHM 220. Panels are much the same as in second year, with pre-readings to prepare your two page key point summaries. It is highly suggested that you DO prepare these summaries, or at least do the readings and modify old summaries, since these will help you a lot when studying for the OSCE in May. OSCE is a much anticipated stressor that goes along with PHM 320, but if you prepare and keep up during the year, and practice well in advance before the OSCE, you will be fine. Also, there may be opportunities to practice role-playing the pharmacist in cases, so take the opportunity for more practice if you can. There was also a ½ page product assignment and options to create multiple choice questions and cases for easy marks.

### PHM 321 Pharmaceutical Care II ("Therapeutics")

Profs: multiple guest lecturers, course coordinator Lalitha Raman-Wilms and \*Amita Woods\* (changed from 2007-2008, Sharon Yamashita and Olavo Fernandes.)

This is the class you have all been waiting for! Finally you learn things that you will feel are useful and you (should) want to learn. There are a lot of readings to keep up with each week for each topic, but do what you can to get a handle on the material. You will be divided into groups, which can help a lot if you decide to divide up the case-based work-ups each week. Be prepared for class in case your group is called for panel, as group participation as a whole is desired by the instructor. A lot of Term I is spent on infectious diseases, so it is important (for the class, and future practice) for you to get a handle on all of the antibiotics and anti-infectives (especially microbial coverage). There are also Case Study Seminars, or CSS's, in this course, which can be a little stressful. Prepare by doing the pre-assigned readings, and use group learning and discussion to its fullest advantage. The three midterms are written and are usually non-cumulative, but require a lot of detail for full marks. The final exam has a written component and an oral component. The oral component is much more difficult, and can be very complex, encompassing multiple topics and patient factors. A lot of the content of the oral exam is recall, so be prepared as if you were going on a therapeutics quiz show!

### PHM 322 Pharmacology/Medicinal Chemistry Tutorial

Prof: Jack Utrecht

This course is nothing like the Med Chem of 2nd

year (insert sighs of relief here!). The atmosphere is very laid-back, and the class is formatted as a discussion-based tutorial. Again, you will be divided into groups and given an assigned topic at the start of the year, with readings to refer to. Your group prepares answers to the questions beforehand, then answers them in front of the class – easy! Utrecht will throw you curve balls every once in a while to keep things interesting, but it is all in good fun. Make sure to pay attention to what HE says after the students speak in class, as he often summarizes or clarifies the answer he was looking for. There are 3 midterms, and a cumulative exam. Study the answers to all the questions in class, and pay attention for subtle hints for exam questions and variations on questions based on discussion in class. Don't forget the acid-base-neutral structure stuff from PHM 222, because it will come up again often in this course.

### PHM 323 Applications of Pharmaceutical Analysis

Prof: Ray Reilly

This is a continuation of PHM 223. Course load is very light, with only one hour of class per week, one laboratory, and one tutorial. A lot of the marks come from the tutorial assignment and the laboratory report, so put some effort into it. The final exam is multiple-choice, but pretty much straight from the notes and will be straight forward if you attended class and paid attention to what was emphasized. Be sure to attend Reilly's seminar at the end of the year, because there will be exam questions on its content.

### PHM 324 Pharmacokinetics

Profs: Scott Walker and \*Carolyn Cummins (changed from 2007-2008, Micheline Piquette-Miller. Content/assessments for Term II may differ)

This is a class that you really should attend to get the most out of it. Although it is mostly math (graphing, calculations etc.), there are still important concepts that are emphasized in class that you will be expected to understand to do well on exams. The notes can be repetitive, and perhaps difficult to study from, so try to practice by doing sample problems whenever you can. Assignments are a way to boost your marks, and you have ample time to complete them. Watch yourself on multi-part exam questions because rounding or small errors will carry through many questions. The formula sheet for the spring exam is scant, so you may find it helpful to create your own formula sheet from the notes to study from, and know how to derive the formulae given. Practice from past tests or extra problem sets for exams.

### PHM 326 Pharmacy Practice Management I

Prof: Bill Wilson

A nice break on a long day, the material in this course is very straight-forward and easily understandable. Concepts are explained with real-life examples (which you will hear A LOT of, sometimes more than once for some stories ;), and class discussion and participation is encouraged. You will be given two writing assignments, which are easy marks if you follow the formatting from class exactly. Exams are mostly short answer, and principles in the assignments will turn up on exams again. A lot of the questions require straight recall of lists, so be prepared for some memorizing. Guest lecture questions may be different in style, so pay attention for hints during their classes.

### PHM 330 Pathophysiology/Clinical Biochemistry

Prof: multiple guest lecturers, course coordinator Reina Bendayan

This year-long course may seem like quite a burden, with many guest lecturers and topics covered. However, exams are no longer cumulative, making the course more manageable. Exam questions are multiple-choice, and come directly from the notes. Go to the tutorials before exams to get an idea of the type of questions to expect. The multiple choice questions require application of material, so for the most part it is comprehension, not straight memorization. Some of the notes are extremely sparse, so it can be difficult to follow or study if you miss a class.

### PHM 331 Pharmacology II

Prof: \*Mary Erlick (changed from 2007-2008, Mike Beazely. Content/assessments may differ)

This is a continuation of pharmacology from second year. Formatting is much the same, with exams consisting of multiple-choice, short answer, true/false. A lot of the material in this course is easier to remember because you can reason it out (i.e. endocrine pathways with feedback, cholinergic vs. anticholinergic effects etc.). There are readings to refer to, which you may find helpful if you are stuck on certain concepts, but exams are mainly from the notes.

### PHM 325 Toxicology

Profs: \*Peter Wells (changed from 2007-2008, \*Grazyna Kalabis. Content/assessments may differ, though 07/08 session used notes by Wells)

This course can be very confusing if you do not attend class! Notes are a little cryptic, and are explained in detail during class. You will be expected to reproduce a lot of the figures and tables from the notes on exams. Take note of your time on exams, since the 50 minutes for

Coming to a theatre near you...

# PHARMACY PHOLLIES

**Can you dance, sing, act or just like the spotlight? Then this is your chance to shine!!!**

**WHAT: Annual Talent Show**

**WHEN: Oct. 29<sup>th</sup> and Oct. 31<sup>st</sup>**

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## shout outs!!!

Hey Pharmacy! Thanks for coming out to the Athletic Challenge - we hope to see you out again soon! - TLPC

Thanks Tommy and Peter! - JC

To the 1T1s who didn't steal my new molskine agenda: Thanks. From a grateful 1T0.

Hey ALAS, thanks for the empanada and ice cream! -RL

Happy belated birthday, RL! - YZ

Give your props, best wishes, say happy birthday, write something silly or sentimental!

Send your shoutouts to [theMonograph@gmail.com](mailto:theMonograph@gmail.com)!

midterms fly by fast! Understand the big-picture, since just reproducing the notes will not get you far – you have to explain the concepts and show you understand. Listen carefully in class for tips on what to study for the two midterms and final exam.

### PHM 328 Professional Practice III

Prof: \*Ron Fung (changed from 2007/2008, Debra Moy. Content/assessments may differ)

The third instalment in the Professional Practice series – course load is pretty light, with much less jurisprudence than previous years. You will start off with topics such as adverse drug reactions and drug interactions, which are pretty straight-forward and full of examples you'll need to know for exams. A major component of this course is critical appraisal, in which you learn to critique literature for its usefulness in evidence-based medicine. It is highly suggested that you read the articles that are referred to in class, since they will come up in detail on the final exam. You will need to know how to do a critical appraisal of an article on the exam. Language of Medicine can bring up your mark on the final, and come straight from the book, though phrasing may differ.

### PHM 329 Professional Practice III Laboratory

Prof: Annie Lee

This is the laboratory component associated with PHM 328. Be prepared that this laboratory course will draw on material from any course you have taken thus far, a lot of the times drawing on PHM 220 and 320, and topics from PHM 321. It can be difficult at times if topics in lab do not coincide with topics covered so far in PHM 321, so be aware that you might have to read ahead. Know how to use your references, and use your time wisely. Documentation is a HUGE part of the laboratory, so be clear and concise. Keep an open mind for DTPs, since there are often subtleties in cases that they want you to pick up on. Don't be discouraged if you fail – learn from your mistakes before you enter practice! The final exam is difficult to study for, since it can really be on any topic.

Patient cases are more difficult and complex on the final exam than they were in labs, so it is important to prioritize in your care plan. Checking stations on the final are easy – just know what is required on a legal prescription (throw back to first year!). Pay attention to your non-verbals during the oral part of the final exam, watch your time, and keep the interview on track.

### Final Thoughts

Overall, 3rd year isn't that bad if you stay on top of things, keep up with the readings if you can, and stay calm! If you learn nothing else this year, at least you will know how to prioritize your time (which will be useful in 4th year – trust me!). M

# IPSF - The International Pharmacy Students' Federation

## What is it? How do I get involved?

The International Pharmaceutical Students' Federation was founded in 1949 by eight pharmacy student associations in London. The Federation now represents around 350,000 pharmacy students and recent graduates in 70 countries worldwide.

IPSF is a non-governmental, non-political, and non-religious organization that aims to study and promote the interests of pharmacy students and encourage international cooperation amongst them.

IPSF holds official relations with the World Health Organization (WHO) and operational relations with the United Nations Educational, Scientific, and Cultural Organization (UNESCO). IPSF works in close collaboration with the International Pharmaceutical Federation (FIP). The IPSF Secretariat is supported and hosted by the FIP in The Hague, The Netherlands.

### IPSF Activities

The activities of IPSF offer the opportunity to look beyond ones national boundaries for fresh ideas!

### The Student Exchange Program (SEP):

This program allows students the opportunity to learn about pharmacy in other countries.

**Length of Program:** 1-3 months in retail, hospital, education, research or industry setting.

**Expenses:** \$85.00 Application Fee (\$35.00 is returned for unsuccessful applications). Students are expected to pay all travel and miscellaneous costs. Room and Board may be provided by the host country. Some placements may provide a small salary. This varies between countries. Please see the website for a list of placements available!

**Application:** visit <http://www.ipsf-sep.org>

**Contact:** Vincent Ho [ipsfuoft@gmail.com](mailto:ipsfuoft@gmail.com) or Sharon Leung [seo@capsi.ca](mailto:seo@capsi.ca) for more details.

### IPSF-WHO Internships:

Apply to be an intern in the Department of Medicines Standards and Policy at the WHO during the summer! The internship lasts a minimum of 6 weeks and provides an excellent opportunity to learn, network, and explore Switzerland. Application consists of a CV, Letter of Reference, Letter of Intent, and Essay. Sounds like a lot but it's worth it! Stay tuned to your inboxes for further details in early spring on how to apply.

### IPSF World Congress 2008 & 2009:

The 54rd IPSF World Congress, which happened August 1st-11th

2008, was held in Cluj-Napoca, Romania. Sharon Leung (Student Exchange Officer), Amy Smith (IPSF Liaison on CAPSI) and Olivia Peicu (IT0) represented Canada. They attended workshops, general assemblies, symposiums, competitions and social events with pharmacy students from over 30 countries throughout the 10 days of congress. IPSF World Congress provides a wonderful opportunity for Canadian delegates to bond and network with pharmacy students from all over the world!

The 55th IPSF World Congress 2009 (Aug. 3rd-13th) will be held in Bali, Indonesia!

### Pharmacists Without Borders / Pharmaciens Sans Frontières (PSF):

Pharmacists Without Borders (PSF) is a humanitarian organization that is widely recognized by the international health community. It is known for its distribution of medications to vulnerable populations who are enduring situations of armed conflict, distress, or natural disaster. PSF is comprised mainly of pharmacists who wish to help populations in need, to organize their medical distribution networks, and to assure the proper management of essential medications. PSF gives a yearly talk to U of T pharmacy students about their ongoing projects. Watch your inboxes for announcements in the spring! <http://www.psfcanada.org/>

### Health Promotion Campaigns:

In the months of November and December, IPSF will promote awareness of HIV/AIDS. Look for articles in the Monograph on the latest developments in HIV/AIDS research on therapeutic options. More to come! ■



# IPSF Student Exchange Program: Alexandria, Egypt

-Vincent Ho (IT0)

In the land of the Pharaohs, pharmacy is king.

You may think that statement is crazy, but for those who have travelled to Egypt, it is no exaggeration.

This past summer I was granted the opportunity to complete a student exchange in Alexandria for 2 months. You may ask: Why on Earth did I choose to go to the desert in the hottest months of the year, you? The short answer would be: a special someone. The correct answer would be: it was the most exotic place I could think of where I've never been and know basically nothing about. The truth lies somewhere in the middle. My summer of backpacking/exchange took me on a whirlwind tour of 5 countries around the Mediterranean and North Africa and produced a treasure-trove of memories, experiences and new friends that I will never forget. I slept under the stars on the deck of a Greek island ferry, had an alcohol-fuelled shisha (hookah) smoking binge with students in a Turkish reggae bar, hitchhiked the ancient ruins of Carthage in Tunisia and lost myself in the bazaars and leather tanneries of Morocco. Yet despite all my adventures (whose stories are best left to the free lunches my friends will be paying for if they want to hear them), Al-

exandria would always hold a special place in my heart as it was the city that took me in for an entire summer and welcomed me to live as one of their own.

When one imagines what Egypt is

like, one conjures up visions of the endless desert and the great pyramids which arise as if they are sticking it to Mother Nature

(I'm just saying...it IS the only ancient wonder left). As I'm sucking on my bottle of water, with sand in every orifice while staring up at the 50-stories-high-2.5-million-ton-blocks-35000-workers-30-years-in-the-making triumph of human ingenuity that was the Great Pyramid of Giza, I could not help but wonder if the Egyptians were any good at providing comprehensive pharmaceutical care to their population...who am I kidding? I was just trying to keep my jaw closed and praying that my eyeballs didn't get the retinal cancer Debra warned us about.

In Alexandria I worked in a community pharmacy that was older than my grandparents.... and all of them have passed on already. Despite this pharmacy's age, the pharmacists who practiced there demonstrated a level of knowledge and professionalism that impressed me greatly. Sure there were no computers, no labels stickers, no child-proof bottles, and best of all, no counting a jillion pills, but ideas such as proper patient counselling, identifying drug interactions, and consideration of patient compliance still persist. All other things were merely subtle differences in how

they practiced from day to day. Instead of automated 3rd party billing and the sexy adjudicator's voice on the other end of the line, medication prices were standardized across all pharmacies and every transaction was in cash (small change was given in candies instead of coins). Instead of shelves stocked with mega bottles of generic medication, endless packages of all types and brands running from A to Z were jammed into every nook and cranny (limited regulation meant that every pharmacy stocks the spectrum of look-alike and sound-alike products available for each medication).

Oh wait, did I mention that they hardly keep any paperwork at all? Oops, I guess that's a pretty big elephant in the room there. What boggled my mind was the lack of records when it came to prescriptions and patient medication history. When a patient arrived at the pharmacy with a prescription, the necessary medications were gathered, the proper instructions written directly on the package, and finally everything- including the prescription- was handed back to them. While this was done so that the patients could receive future refills, it wreaked havoc for the pharmacist, and overdosing, double doctoring, and non-compliance were common.

Pharmacies in developing countries have long been associated with fantastic stories of off-the-shelf-prescription-free medications, and, while some of these claims are true (others, you tell gullible friends back home as you're enjoying a free lunch), I slowly realized that an informal system of trust and responsibility does exist. Alexandria alone graduates



2000 pharmacists per year to flood the countless number of pharmacies around the world. A law that requires a minimum of 100m between pharmacies translates into each pharmacy being surrounded by competitors on all four sides, not to mention pharmacists graduating from other areas. The majority of the local population survives on \$10CND a month, meaning that instead of visiting doctors, the first and final line of contact between patients and a medical care professional is the pharmacist and diagnosing, prescribing and dispensing are all part of the job description. However, for those with money, it is quite common to visit the personal clinic of a university professor/hospital department head/renowned specialist for illnesses (money gets you to the top). At the pharmacy where I worked, Dr. Mustafa and his son, Ahmed, who also recently graduated from pharmacy school, impressed me with their diverse and extensive knowledge. Although it's true that antibiotics do not require a prescription, neither do narcotics or medication refills. It is all done at the discretion of the pharmacist and having personally seen the responsibility they feel towards their position, I am cautiously reassured that their pharmacy system may not be as wild as some people may imagine it to be. Nevertheless it's still a jungle out there in some ways...a sand-filled jungle.

Lest you think that all I did was work, I also had plenty of fun in Egypt. We took trips to Cairo to ride camels around the Sphinx and the pyramids, saw the royal mummies in the Museum of Egyptian Antiquities (not-stolen-by-the-British-to-rob-us-of-our-cultural-history), relaxed on a private beach next to a clear blue sea, as well as visited the new and modern Bibliotheca Alexandrina. We also strolled through many bazaars that contained our pick of the freshest fruits and vegetable, baskets full of neatly pyramid-ed aromatic spices ranging from anise to zzz-saffron, live chicken/rabbits/duck/pigeon/pelican cages (Egyptian roast turkey = roast peli-

can) and hack saw-swinging butchers who did not hesitate to use bug spray directly on the fly-covered carcasses hooked in front of their stalls. Everyone we met was a character and every place we visited had its own. A typical relaxing day in Alexandria would find me getting up at noon (normal waking hours in Egypt were noon to 3am) and strolling along a waterfront pathway entwined between the thunderous Mediterranean and the jigsaw traffic of the sea road, to my favourite local hangout: an old sea-view café checkered with cracked mirrors and mahogany panels, shisha pipes that bellow out a sickly sweet haze that gather to obscure the intricate ceiling art-anship, a clientele of backgammon masters who once pimped for British soldiers and now challenges the décor in age, all run by a quiet Chaplin-esque waiter who handed out the stiffest Turkish coffees this side of the Nile in chipped teacups delicately balanced on tarnished metal trays. Basking in the salt-filled air until the sun descended past the towering minarets into the harbour amongst its scant collection, I would read my frayed novel and pen postcards to those I had left behind.



In July, I made friends with students from France, India, Lithuania and Hungary, and August saw more arrive from Poland and Switzerland as well.

In our short time together, we got closer through our experiences, shared our different cultural backgrounds and forged new friendships that will continue on long after we all return home. I will miss every one of them (as well as our wild “international parties”) and I hope that I will see them again the future.

\*\*\*To learn more about the Student Exchange Program, mark down your calendar for the IPSF presentation on Friday October 10th from 4-5pm in PB150. Vincent Ho - IPSF rep - ipsfuoft@gmail.com

# “Hey Obruni!” A summer experience in Ghana

-Carrie Roth (OT9)

This summer I spent 5 weeks in Accra, Ghana on an IPSF exchange. I learned quite quickly that it is one thing to visit a country and it is another to live there. As soon as I arrived in Ghana, “Hey Obruni!” was frequently shouted my way. “Obruni” is a Ghanaian word for a White or foreign person.

My flight arrived at 6:30pm and already the sun had begun to set - something unusual for me to see at the end of June. As I left the plane and walked out to the tarmac, my glasses fogged up due to the heat and humidity. After clearing immigration, getting my luggage and passing through customs I met my host student, Joseph. He quickly introduced Bonnie and Arthur, two other exchange students that were staying at his family home. Both Bonnie and Arthur were from California.

It was hard for me to get a good sense of the city since it was dark on the drive home and there were few streetlights. Driving in Ghana can only be described as organized chaos! Horns are used for a variety of purposes, from “go faster” to “I’m coming through, look out!” There were very few traffic lights and some of the ones that were present were not functioning.

We got back to the house and I was shown to my room. In spite of the 10 people already living in the house, the family managed to make room for the three exchange students. We sat down to supper: rice balls in groundnut soup. As it was my first night in Ghana, I was allowed to eat with a spoon while Bonnie, Arthur and the family ate in traditional Ghanaian fashion - with their hands.

One of the first conversations I had with my host student Joseph was about pharmacy school. In Ghana, pharmacy is a

four-year program that one enters straight from high school. Most of the classes have a laboratory component so in addition to classes every week, students have 4 labs. In their fourth year of pharmacy, students specialize in one area of study like pharmaceuticals or toxicology.

Achimota Hospital, the hospital where I worked, is a small rural hospital that mainly treats malaria, hypertension, diabetes and a variety of infections. The pharmacy department is small and serves as both an inpatient and outpatient pharmacy. The hospital inventory is much smaller than what you would find in a Canadian pharmacy with about 100-200 different medications. The pharmacy staff is made up of 3 pharmacists, 4 technicians, a cashier and many others who fill the prescriptions.

In Ghana, technicians are able to not only dispense medications but are also able to check and counsel patients on prescriptions. This means that sometimes a pharmacist might not even see a prescription before it leaves the pharmacy. It also means that the pharmacy can still operate even if a pharmacist is not present.

Occasionally a physician would write a prescription for a medication that the hospital didn't carry. In this case, the pharmacist or technician would write out a new prescription for these medications.

Ghana has a national health/drug insurance plan that has been in place for about 2 years. Most medications used to cure a disease state are covered, as are hospital and doctor visits. The cost per year for this insurance is equivalent to \$20 Canadian. While I was in Ghana, the government passed a legislation that covered all medications for women who become pregnant. This was a big move for the country since this change promotes and helps the public practice health care prevention.

The first week at the hospital my main job in the pharmacy was to fill prescriptions and I was able to spend some time counselling patients on medications. The

hospital used small Ziploc bags instead of vials to dispense drugs and all labels were handwritten. It took me time to get used to reading prescriptions since Ghanaians use different short forms than we do in Canada, like TDS instead of TID. As well, most of the medications dispensed were for the treatment of malaria. Artesunate and amodiaquin or Artemether and lumefantrine were the dual therapies of choice at the hospital.

Counselling patients wasn't too difficult since most Ghanaians speak English.

Twɛ and Ga, two of the tribal languages, are used more frequently throughout the country. However, communicating was a challenge with young children who were just beginning to learn English in school and with adults who never got the opportunity to go to school.

During my second week at the hospital, I spent some time in one of the wards. It was interesting to see how medications were kept and how patients received them.

After a doctor writes a prescription for a patient, a nurse walks the prescription to the pharmacy where it is filled and checked. Then the nurse walks it back to the ward and hands it to the patient to keep at the bedside. When it is time for the patient to take a dose, the nurse asks the patient for their personal bag of medications, finds the right one and gives the patient the dose. Then, she hands the remaining amount back to the patient to put away. There are very few

medications kept in the ward and those that are, are for emergency situations.

After my two weeks at the hospital, I participated in Drug Safety Week, which was organized by the Ghana Pharmacy

Students Association. It was held in the Eastern Region (regions in Ghana are like Canadian provinces). 170 pharmacy students from all years gathered to educate the people of the region on the Rational Use of Drugs, as well as HIV/AIDS and Narcotic abuse. Students were sent out in

groups of 15-20 to different cities and towns in the region. My group was in the city of Koforidua and we visited churches, primary and secondary schools as well as government buildings and market places.

The first week I was in Ghana, the SEO, Francis, arranged for the 16 exchange students to visit Cape Coast and Kumasi to see some of the tourist sites. Five of the students were from Spain, one from Lithuania, three from the US and myself from Canada. In addition to us pharmacy students, 6 med students from Newfoundland joined us.

The castles in Cape Coast and Elmina served as reminders that Ghana was a major site of the slave trade in colonial times. Kakum National Park provides quite a view with its canopy walk high above the forest floor. Kintampo Falls is not as large as Niagara but just as amazing to behold. There was a monkey sanctuary and it was a tad bizarre that the village had a cemetery just for monkeys!

The food in Ghana is far different from food in Canada. Plantains, yams and other tubers are a staple. A Ghanaian favourite dish is Fufu, a combination of cassava and either plantain or yam. These are boiled and then mashed into a doughy ball that is then put in a bowl of soup. Rice accompanied by various stews is also a common dish.

I had an eye-opening experience this summer on exchange and look forward to another visit to Ghana. I highly recommend the IPSF exchange program to anyone who is looking to learn about pharmacy on an international level. ■



# NAMIBIAN SPLENDOR

-Jessica Lam and Ruby Liang  
(1T0)

Namibia – when we tell you that this is where we spent 10 weeks this summer, you may ask yourself- where is that exactly? Well, it's the country just south of Angola, also bordered by South Africa and Botswana, probably most famous in the Western world for being where Brangelina had their first baby. Despite this claim to fame, Namibia is actually a country full of beautiful, breathtaking landscapes and warm, welcoming people. Namibia, however, also has one of the highest HIV prevalence rates in the world. As two of the fourteen students participating in the Centre for International Health's HIV/AIDS program, we had the rare opportunity to both conduct research and work in an ARV (anti-retroviral) clinic in Windhoek, the capital of Namibia.

As a relatively small country with a population close to 2 million, the Namibian government is still able to provide their people with essential medicines, as well as drugs for prevalent diseases such as TB and HIV. Hence, patients visiting public health institutions are able to access ARV medicines for the relatively low cost of 4 Namibian dollars (approximately \$0.50 Canadian) per month. As HIV prevalence rates in different areas of Namibia can be as high as 45%, access to ARVs is crucial to the fight against HIV/AIDS in the country.

During our placement at the ARV pharmacy of the Katutura Health Centre ARV Clinic, we worked alongside the pharmacist and pharmacist assistant to dispense anti-retroviral medications, and counsel patients on proper adherence to their medications. Serving close to 2300 patients, health care workers including doctors, pharmacists, nurses and community counsellors all work together to ensure that patients understand and are able to follow their treatment regimens. We were fortunate enough to be able to both observe and

participate in this process. Spending time to counsel patients on how to properly take their medication is often hard enough in English, but when patients speak an entirely different language – well, let's just say counselling gets a lot more interesting. Learning a few phrases here and there – like “Opela yimwe ongula” (Take one pill in the morning) – we slowly learned to communicate with patients, and learned of the struggles that patients face on a daily basis. Lack of education and language barriers often impede the understanding of patients and in turn affect their adherence to treatment regimens. The consequence of missing even one dose of their medicines can result in resistance. This issue is compounded by the fact that there are very limited regimens available. In attempt to address these issues, we worked with the pharmacist to develop a set of adherence tools – brochures in the local languages, medication schedules and adherence monitoring sheets –hoping to facilitate the dissemination of information to the patients.

This past summer was an amazing experience and definitely one we will not soon forget. We have learned so much, met so many people and made so many new friends. The world really is very small and issues spanning the globe hit closer to home than you could ever imagine. Being immersed in the Namibian culture was an awesome experience in itself – the chill, positive attitudes of its people and their love of food, from kudu to vetkoek, was contagious. And just for the record, Namibian dairy does taste better!

Special thanks goes to Professor Kohler for giving us the opportunity to broaden our perspectives on pharmacy and how it is practiced in a different part of the world. If anyone is interested in learning more about these internships, be sure to watch out for announcements about lunchtime seminars. We strongly encourage everyone to apply for this internship. If you would like more information regarding our experience, please feel free to contact us at [ruby.liang@utoronto.ca](mailto:ruby.liang@utoronto.ca) and [jess.lam@utoronto.ca](mailto:jess.lam@utoronto.ca). We'd love to share more about our adventures with you!■

# My Summer

-Christine Truong (1T0)

I spent this past summer working for Halton Healthcare Services at the Georgetown and Oakville hospitals. It was a great outlook into hospital pharmacy and I am so thankful for the opportunity.

My day to day job was basically working as a pharmacy technician. In the mornings, we would re-stock medications in the automated dispensing units located on each ward/floor of the hospital. We would also be responsible for topping up the stock supplies in each ward/floor, collecting physician orders (prescriptions), checking drug expiry dates, replacing crash carts, exchanging ward stock, counting inventory and much more. Each day, the technicians are also required to pick and deliver patient medications for the appropriate areas in the hospital.

On a weekly basis, I also attended rounds with the pharmacist. Usually in attendance were a physiotherapist, occupational therapist, recreational therapist, speech and language pathologist, dietitian, nurse, discharge planner and pharmacist. At rounds, each patient is discussed individually and any concerns are raised. The pharmacist, obviously, is in charge of overseeing the medications the patient is taking. Being able to observe this interaction and multi-disciplinary approach was pretty interesting for me.

Along with rounds, I also went on a few clinical rotations with different disciplines. It was very informative to spend half the day with a different professional, and see their role and involvement with a patient. I would say that the pharmacy profession probably has the least interaction with the patients so this opportunity provided me with a chance to meet and see the actual patients of whom I only knew by a piece of paper that listed their name and all their medications. My clinical rotations also provided me a whole new perspective on how important different healthcare professionals are in the hospital setting.

The most breathtaking event at work

was time in the operating room (OR). My boss arranged for me to observe a hysterectomy (removal of the uterus) from a patient with cancer. From start to finish, this was an amazing thing I got to witness and this experience is something I will never forget. I remember taking a deep breath as I walked through the doors into the OR. Although I was fully covered with scrubs, mask, hair cap and booties, I still wasn't sure what it would be like in there. I was introduced to the OB-GYN, who was performing the surgery, the assistant surgeon, the two scrub nurses, the anaesthetist, the circulating nurse and the patient. After the patient was wheeled in and all the anaesthetics were set up, I was positioned near the head of the patient where I had a great view of the entire operation. I remember standing beside the surgeon, watching her pull out someone's live bowels and thinking "I can't believe I am actually watching a live surgery." Normally this surgery is only supposed to be an hour and a half, but upon incision of the abdomen, there were some complications and a general surgeon from another hospital had to be called in. Just watching and being there while everything happened was so exciting. There were so many different instruments that were used. I also got a chance to talk to the OB-GYN and anaesthetist about their jobs and daily work. I was genuinely amazed how much the anaesthetist was involved in the drugs that were used during the surgery. Seeing what happens after the pharmacist does their job and prepares the drugs is such an experience.

Once in a while, I was provided the opportunity to shadow a clinical pharmacist. My favourite part of this was in the pre-admissions clinic. Before a patient undergoes an operation or surgery, they will usually meet with members of the healthcare team. During the meeting with the pharmacist, they obviously discuss medications. I got to take part in gathering patient history which included asking questions about lifestyle factors and medications, very similar to our first and second year professional practice labs. It was really nice to see that, although this doesn't happen often in community practice, the patient history is used somewhere.

I also got to shadow pharmacists in the ICU, kidney function clinic, maternal ward and ER. I had no idea pharmacists were involved in these aspects of the hospital until this experience. The kidney function clinic is something I thought was really

neat. At the particular hospital where I worked, I got to see patients undergoing dialysis. This is essentially where a machine is hooked up to the patient and performs the job of the kidneys to clear out and filter toxins from the body. The whole process for the patients is about 3-4 hours, 3 times a week. It was really interesting to see these patients and the interaction between the clinical pharmacist in this department and the other clinicians.

These are just some of the highlights of my experiences this summer. Overall, it was an amazing learning experience and I want to thank everyone who made my summer so wonderful, especially my boss, Fatima Vieira-Cabral, to whom without, none of this would be possible. ■

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# NORTH ENOUGH TO BE PERFECT

*-Alexander Vuong (OT9)*

Earlier this year, I was on a hunt to find the ideal summer job. I was searching for a job where I could use my formal training in an applicable setting. Not thinking much of relocating for summer work, I dropped off my resume on a whim at the CSHP PPC where North Bay General Hospital had a booth. Weighing several options at the time, my ultimate decision was to give North Bay a try.

Born and raised in big cities, it seemed like it was going to be a difficult decision to make, but ultimately, the prospect for professional development, scenic environments, a prosperous community and a sense of adventure brought me up north. I wanted a sneak-a-peek of what Northern Ontario had to offer an up-and-coming professional like myself.

The perception I had of Northern Ontario hospitals changed once I got there. The perceived lack in technology and services simply wasn't true. NBGH, like most other Northern Ontario hospitals, of-

fers many of the programs and services that any big city hospital like ones from Toronto may have. The evolutionary combination of acute and psych care at the North Bay District Hospital in 2010 will house even more opportunities for this city's health care professionals to enhance patient care.

It has become widely apparent that Canada faces a national issue with shortages of health care professionals. This has become painfully obvious with regard to the pharmacist market up north. It is not uncommon for pharmacists to work 12 hour days or 7 days a week. This issue hits most closely in rural and smaller urban centres such as North Bay. With a "brain drain" happening all over Northern Ontario, the 20-40 year old young professional demographic is on the decline. Recruiting young professionals is vital for cities up north to thrive. Employing a staff that balances seasoned professionals who possess clinical expertise, with new professionals who have advanced training in technology and an eager attitude to serve and practice pharmaceutical care will ultimately end in best patient care.

Those who are working as recruiters to lure professionals to this city, need to not only sell the job, but to sell the city as well. My summer up north was truly incredible. The vibrant community feeling was evident, and North Bay citizens immediately greeted me with enthusiasm and sincerity. Arts, nightlife and entertainment were easily accessible and plentiful. The small town charm of its citizens combined with culture on par with medium-sized cities gave North Bay the "best of both worlds" feeling. It's a feeling that I would like to recapture once again, at some point in my professional career.

When thinking about summer jobs or future careers, try to think with an open mind. Who knows, you might end up loving something you never expected! ■

# THE READINGS WILL CONTINUE UNTIL MORALE IMPROVES

-Adam Calabrese (IT1)

Due to a combination of boredom and curiosity, I took to reading a few books this summer. Also, the many journal articles I read this summer reminded me that losing between five and ten percent of your body weight when diagnosed with pre-diabetes is the most effective way to delay the onset of type II diabetes, which I thought was delightful. I am not a man of fiction. Why's that? Well, a bunch of reasons, but I think it boils down to the fact that, short of finding a piece of fiction that is tantamount to biography, I would rather spend my time reading about something that is true, be it an exceptional autobiography or well-written piece of opinion. I don't take any comfort in things that can't even portend to be any reflection of reality.

My opinion did not change this summer after reading a short story entitled Faculty External Review. Before reading it, I thought I was in for a treat; it was sent to me from [INSERT NAME HERE]'S e-mail address, over a month after it was sent to [HIM/HER] from Wayne Hindmarsh. This appealed to me as an employee of the federal government. If something is the result of an inexplicably long wait, particularly when it comes through an unnecessary intermediate, you know that it's important.

Though the reading was short and straightforward enough, it had some pretty glaring loopholes. On the one hand, I was kind of impressed with the way that the author handled the description of a fictitious situation. I'm not a particularly credulous creature, but I was convinced for a while that the review was supposed to be a real textual photograph of the faculty. It happens to the best of us. It's

called "the documentary effect". Those suspicious e-mails last year inviting us to contribute to an external review of the faculty were actually part of a viral advertising campaign. While the purpose of satire is to fool the idiot reader into thinking that the writer is as ignorant and stupid as is presented at face value, the degree of detail to which Faculty External Review attempted to portray reality gave it away. Part of the reason that The Simpsons has endured is that the location of the ubiquitous Springfield remains undisclosed. Even though the setting of a pharmacy faculty in Canada is innocent enough, using real names and defining the city in which the story takes place is just *déclassé*. The author should have had more confidence than to use particulars – everything worked without them, and frankly, using this faculty as a background for a story is just plain depressing. I thought the purpose of fiction was to provide comfort in escaping reality.

There were other places where the story faltered. It is a classic fault among amateur authors to write fiction not in order to tell an important story or express something, but to escape reality themselves by creating a world that is more to their liking. This tendency towards wish-thinking ultimately exposes the immaturity of the author. I can personally attest to the number of teenagers running around who fancy themselves as "writers" working on a novel, but when given the opportunity to go out and live life and gain some memories, they would prefer to sit at home writing that book. In reality, the only book that these people will be qualified to write is one about what it feels like to spend their lives trying to write a book about a life they didn't live, and even a cursory glance of Faculty External Review offers itself as proof of this. In what world are administrative support staff competent and professional, and professors of a high calibre? Where inter-professional events are commendable rather than a pathetic and self-gratifying waste of everyone's time? It certainly isn't this one. I can't figure out what kind of message this author was trying to send about the state of pharmacy education. To suggest that it's as good as was presented at face value is self-delusion, but I can't find any hint of a hidden meaning. Most likely the author is, like the object of the satirist's ire, stupid and ignorant.

Most tragically for Faculty External

Review, glaring plot omissions ruined it more than what was actually contained. A thorough reading of the story reveals that there are no real students at this faculty. Sure, there are body counts and enrolment numbers and even an obligatory reference to having interviewed students, but in the story, the students sit at the back of the proverbial bus. Now, this is perhaps the most accurate portrayal of reality in the whole story, but unless the author is attempting to make a very subtle point, it's a terribly revealing mistake. It's almost as though the 906 students in Faculty External Review aren't the largest constituency of said faculty, the individuals of primary interest to the faculty and the profession which it fuels, and budgetary specifics aside, not the source of in excess of ten million dollars collected through tuition fees which rise by considerable amounts each year. In my opinion, the most egregious offence was the chapter about faculty morale. How does this author get off declaring that staff morale is high and pretending that's the only morale that's worth recording? I'd have morale so high that I wouldn't care about anybody else if I had such masturbatory crap written about me, too. Which brings us to the inevitable: the author must have been a professor. It doesn't surprise me. The last time a professor tried to sell me fiction as truth I was playing solitaire on my laptop, but the principles are the same: focus on what you want, erase everything that's inconvenient, and pretend that everyone cares about the sound of your voice as much as you do.

If you're really hard up for something to read and don't want to spend any money, Faculty External Review presents a dull read, with brevity as its only redeeming factor. I give it a D minus, which, if my memory serves me well, is no longer a passing grade in this school. Instead, I recommend the seminal document "Response to Faculty External Review", sent as a companion reading for Faculty External Review. In my humble opinion, it gave succinct brilliance a new name. ■



# MENTORSHIP MOMENTS

Hello Pharmacy!

We would like to take this opportunity to introduce ourselves as the new directors of the Pharmacy Mentorship Program 2008-2009.

We have another exciting year planned for this program!

The program will consist of 3 main components:

1. **Undergraduate Mentors** – Mentors will provide their e-mail address and courses that they are comfortable answering questions about. This list will be posted on the UPS website and students are invited to e-mail these mentors with questions.

2. **Alumni Mentors** – Mentors who are recent graduates of the program will provide their e-mail address. This list will be posted on the UPS website and students are invited to e-mail these mentors with career-related questions.

3. **Mentorship Moments** – Column in the Monograph to which all mentors of the Mentorship Program can contribute. These columns will usually address “seasonal questions” (i.e. How to study for midterms, Questions regarding OSCE, etc). This will be an excellent way to share our experiences with the entire faculty.

If you are interested in volunteering your time, please email [pharmacy.mentorship.ut@gmail.com](mailto:pharmacy.mentorship.ut@gmail.com) with the following information:

1. Your name
2. The email address at which you would like us to contact you
3. The courses about which you feel comfortable answering questions

\* Please note: The information provided above will be listed on the UPS or individual pharmacy classes’ websites, but will be secured with a password, such that only undergraduate pharmacy students will have access.

We are very excited about the program this year. We look forward to hearing from you.

We will continue to update everyone on the program and provide seasonal tips in upcoming issues of the Monograph. Stay tuned!

Good luck with the beginning of school!

Lesley Palmay (OT9) and Denise Kwan (OT9)  
Pharmacy Mentorship Program Directors 2008-2009

## HEALTH COLUMN GET PHIT THE PHARM WAY

A dear friend of mine recently decided to do what surely many of us have been wishing they could do for the longest time - turning her motivation into action. Many of us talk about doing something, but I dare say few actually take the most difficult step and follow up on their word. So it was a complete surprise and delight when she told me that she had become a member of a fitness club. For as far back as I can remember, my friend had never held a keen interest for fitness or athletics. At best, she would run on a treadmill periodically. By periodically, I mean maybe once a month, if even. She wasn’t particularly unfit, but she couldn’t lug a couple of grocery bags up a few flights of stairs without becoming winded. Nevertheless, the reason behind this recent

initiative did not matter, I was quite simply happy for her. Every person has their own reasons for doing things, and I can only hope that she discovered that leading an active life means more to her health than just looking good.

Have no worries. I am not going to sit at this computer and preach to you the benefits of getting a regular dose of activity. Nor will I waste your precious Monograph reading time explaining what is already blatantly obvious about exercise. My only intention in telling this story is to hopefully inspire you, however small the degree, to evaluate your own goals about your health. Ask yourself what obstacles you struggle with, and where you want to be? Establish objective goals that can be easily measured for progress. Say that

you want to be able to ascend five flights of stairs with groceries without becoming winded in 5 weeks, as opposed to convincing yourself you need to look like a supermodel. Ask yourself what is preventing you from achieving these goals? Identify barriers and work to overcome them. A few of us may need a workout buddy to stay committed, while others need to budget free time within their busy schedules. Undoubtedly even more people will need to take a deep introspective look to find out what's stopping them from making this ever-important investment in themselves. Surely all of us want to live a happy, productive, and long life, right?

Don't be fooled into thinking you need hire an expert fitness trainer, buy a thousand dollar treadmill, or even subscribe to an expensive membership at the local fitness club. Sure they can help, but you are just as likely to see results without these purchases. Moreover, as a student, you have already paid for access to the school's facilities at Athletic Centre and Hart House, and you can receive FREE personal training there. For more information, email us at PharmacyAthletics1T0@gmail.com and we will personally set you up with all the right resources. You can exercise any time in any place. Keep the following in mind the next time you're standing in line at a grocery store.

### **FIVE EXERCISES YOU CAN DO JUST ABOUT ANYWHERE**

#### **1. Climb it!**

We spend a disproportionate amount of our day sitting on our butts. We sit during lecture, lunch, while we study, on the commute home, the list goes on. I'm certain each one of us would be astonished at the number of hours we spend sitting if we had a timer to document these moments. We have a 10 minute break between lectures. Maximize your free time! Instead of idly sitting waiting for the next class to start, get out of the lecture rooms and go for a walk. Walk up to the 5th floor. Do it one step at a time, or add some variation and take two steps at a time. If you're ordinarily a sedentary person, you'll definitely feel this workout the next day! If you find the walk to be fairly effortless, make it more challenging for yourself and add a level to your trip every week. And next time you need a washroom break, go to a washroom on another floor.

#### **2. Clench those Cheeks!**

Next time you're waiting in a long queue, perform this butt shaping exercise. Contract your buttocks, hold for 15 seconds, and release. Repeat for as long as it takes for you to get to the cashier. Hopefully the line isn't too long! A word of caution, you probably don't want to do this exercise if you're wearing spandex, or you might find the person behind you wide-eyed, perplexed at the unusual motions of your buttocks. Perhaps we should reserve this workout for the winter when the discrete movements would be well concealed by our large, fluffy winter-wear.

#### **3. Walk Briskly!**

All of us spend way too much time getting to our destinations. It's not just you. Next time you're outside, take notice of the walking speed of the general public. In most cases, you'll realize that they're slow as snails and you'll wonder why you're not walking circles around them. Walk at a fast pace. I'm not talking about Olympic-level speed walking where you start seeing some funky hip action in your strides. I'm suggesting that you try walking faster than your usual casual pace. I can almost guarantee most of you will sweat after 10 to 15 minutes of this activity.

#### **4. Skip the Grocery Cart. Opt for the basket!**

Unless you're purchasing enough food to hibernate during exams, you can get a good arm and forearm workout using a basket to hold your groceries as you shop. Your load will inevitably get heavier, and you might find yourself slouching to one side or wanting to use both hands. But don't admit defeat! Maintain your posture. Keep your body straight, head upright, eyes forward, and do not lean to one side too much. Switch hands every two minutes until you're ready to hit the checkout line.



#### **5. A Variation of the Traditional Ab-Crunch!**

If you find traditional sit-ups a bit too challenging, try this approach. Sit on the edge of a sturdy chair without arms. Hold the sides of the seat right behind your butt and lean back slightly. Place your feet together, flat on the floor, making sure your legs form a 90 degree angle. Maintain this angle throughout the exercise. Slowly bring your knees towards your chest. Lower your legs without touching your feet to the ground, and repeat. Aim to do as many repetitions as comfortably possible. Complete three sets, taking a one or two minute break between each set. Avoid resting your back against the chair. Since everyone is at a different fitness level, you can increase the intensity by increasing the number of repetitions or keeping your back vertical. Look forward to seeing those chiseled abs!

This is the first of many Health Submissions to come. We are not expert dieticians or fitness instructors by any means, but we are enthusiastic about staying active, living healthy, and have years of experience behind us. If you have any questions about healthy eating, exercise or anything else, please feel free to contact us at the email above and we will try to answer your question with the best evidence-based science available to us in the subsequent issue.

Get Phit the Pharm Way,  
Peter and Tommy

# ATHLETICS

Looking Forward to Another Successful Intranural Year

## Co-ed Sports

Welcome back Pharmacy Athletes and get ready for another year of my third favourite thing - sports. Co-ed sports got off to a great start this year with Victory in this fall's intramural Softball tournament. Pharmacy had an outstanding turnout and was able to field two whole teams. Both teams performed valiantly and were able to make it into the playoffs. Unfortunately, our two teams ended up going head to head with each other in the semi-finals. The Pharmacy "B" team took a close game from Pharmacy "A" and were off to the finals. By catching an impressively large amount of pop-ups, we were able to keep them to a low scoring game and Pharmacy was triumphant over SGS – All-Stars with score of 6-3.

But don't fret if you were unable to make it to the Softball tournament because there are still plenty of other Co-ed sports left this season. Starting Sept 23 will be Ultimate Frisbee (my personal favourite), for which we will be fielding two teams - both on Tuesday nights (6, 7 or 8 pm start times). Co-ed Volleyball will be starting the following week on a number of nights (Mon, Tues/Thurs and Wed, 9 or 10

pm start times). Co-ed Basketball is also starting up the following week on Tuesdays or Thursdays (7, 8, 9, or 10 pm start times). If you are interested in playing sign-up on the Athletic Board in the Student Lounge or e-mail me at [brandon.thomas@utoronto.ca](mailto:brandon.thomas@utoronto.ca).

Brandon Thomas



## Male Sports

Well the start of another year of intramurals is among us. Our intramurals are all beginning by the end of September which is an exciting thought to most of us here at the faculty. We have some high expectation this year in a lot of this semester's men's sports. We are coming in as defending champions in both soccer and hockey. The soccer team surprised everyone in the playoffs last year by winning the championship after not placing that well in the regular season. This year we won't be a sleeper team and with the loss of one of our best players (due to graduation) the soccer team will have to step it up this year if they wish to repeat as champions. The hockey team dominated division 3 last Fall going undefeated all season and defeating Dentistry in the final. They continued this success during the Winter semester and will now be playing in Division 1 this Fall, a daunting task the team is excited to begin. Our flag football team last year finished first in the regular season before losing in a disappointing semifinal. They plan to come out this year and show that they deserve to be the most feared team

in the league.

The court sports will also begin at the end of September. We always have lots of interest in basketball and volleyball, and hope to continue this trend and try to be contenders this year in both sports. We will be fielding a number of teams in both court sports so you should definitely be able to find a team that is either competitive or relaxing enough for your tastes.

Don't forget about the Athletic Challenge that began this year! This is a challenge between the 4 classes in pharmacy over a multitude of sports throughout the year. Sports will include soccer, ultimate Frisbee, street hockey among others. Each class will field a COED team and compete against each other to earn points. Ask one of our athletic reps if you are interested or confused about the Athletic Challenge.

"Drugs on three..."

Paul Bazin  
Male Athletic Director



# Female Sports

Welcome to a new season of intramural sports, ladies! Pharmacy Women's teams have had a longstanding history of success and I am looking forward to continuing that tradition this year. Sports offered include: basketball, flag football, soccer, volleyball and possibly hockey.

Some things to look forward to this year:

- In flag football, the team will be in tough competition against Meds but are looking forward to repeat as champions this year.
- The ever determined soccer team is attempting a three-peat as division 3 winners, despite the loss of some key OT8 players.
- The basketball team is looking to improve over last year's playoff

runs to ultimately triumph in division 2.

• In volleyball, after winning the regular season and the playoffs in division 2, the newly ascended division 1 team is looking to build on their previous success this season.

Don't be daunted by the success! We are always looking for more players, no matter what the skill level. Yes we like to win (who doesn't?), but above all we are here to have fun!

If you have any questions or concerns please contact me at [anna.huisman@utoronto.ca](mailto:anna.huisman@utoronto.ca).

See you on the field!  
Anna  
Female Athletics Director



## 25 BENEFITS FOR GIRLS AND WOMEN TAKING PART IN SPORTS AND PHYSICAL ACTIVITY

- 1) Sports are FUN.
- 2) Girls and women who play sports have a more positive body image than girls and women who don't participate.
- 3) Girls who participate in sports have higher self-esteem and pride in themselves.
- 4) Research suggests that physical activity is an effective tool for reducing the symptoms of stress and depression among girls.
- 5) Playing sports teaches girls how to take risks and be assertive.
- 6) Sport is where girls can learn goal-setting, strategic thinking and the pursuit of excellence in performance - critical skills necessary for success in the workplace.
- 7) Playing sports teaches mathematic skills.
- 8) Sports help girls develop leadership skills.
- 9) Sports teach girls teamwork.
- 10) Regular physical activity in adolescence can reduce girls' risk for obesity.
- 11) Physical activity appears to decrease the initiation of cigarette smoking in adolescent girls.
- 12) Research suggests that girls who participate in sports are more likely to experience academic success and stay in school than those who do not play sports.
- 13) Teenage girls who do sport are less likely to get pregnant than teenage girls who do not do sports.
- 14) Girls who participate in sports are more likely to report they have never had sex than girls who do not participate in sports
- 15) Teenage girls who do sports are more likely to experience their first sexual intercourse later in their teens than girls who do not do sports.
- 16) Teenage sports participation may help prevent osteoporosis.
- 17) Women who exercise report being happier than those who do not exercise.
- 18) Women who exercise believe they have more energy and felt they were in excellent health more often than non-exercising women.
- 19) Women who are active in sports and recreational activities as girls feel greater confidence in their physical and social selves than those who were sedentary as girls.

- 20) Women who exercise miss fewer days of work.
- 21) Research supports that regular physical activity can reduce hyperlipidemia (high levels of fat in blood).
- 22) Recreational physical activity may decrease a woman's chance of developing breast cancer.
- 23) Women who exercise weigh less than non-exercising women.
- 24) Women who exercise have lower levels of blood sugar, cholesterol, triglycerides and have lower blood pressure than non-exercising women.
- 25) Regular exercise improves the overall quality of life.

Adapted from the Women's Sports Foundation UK. [http://tblp.localhost/Assets/2505/WSF%20benefits\\_of\\_sport.pdf](http://tblp.localhost/Assets/2505/WSF%20benefits_of_sport.pdf)



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

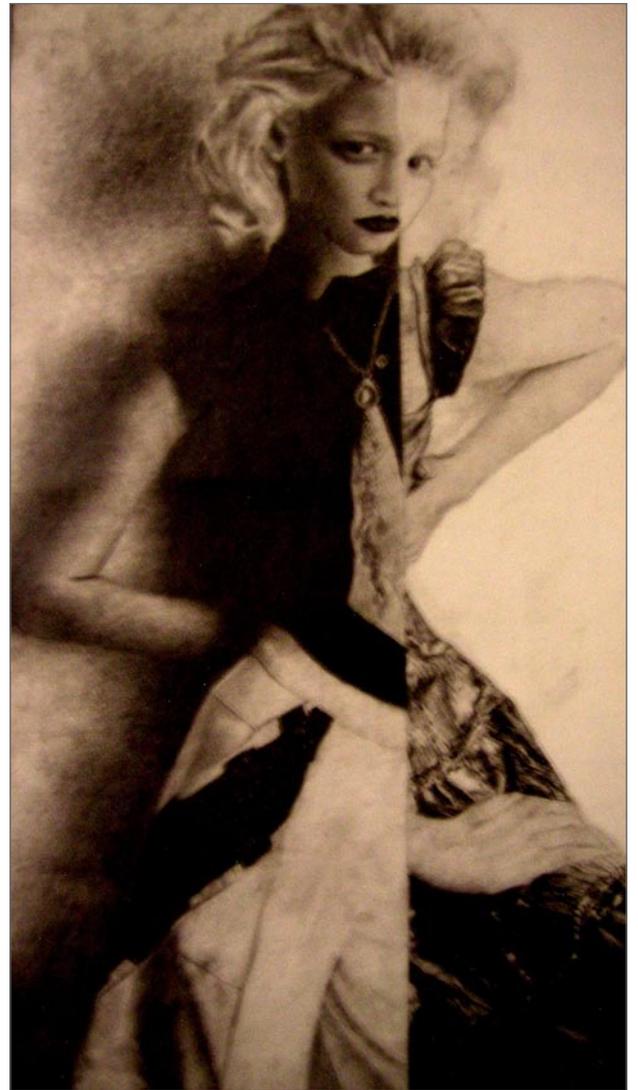
For every year that you join as a student member of OPA, you will be eligible for a \$50 gift certificate that can be used towards your full or supporting membership fees after graduation. It's like getting your student membership free!

It's never too early in your career to join your professional pharmacy association.  
Call OPA Membership at 416-441-0788 ext. 4224 to join today!

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

# The Gallery

Graphite pencil sketch/ collage of  
two fashion magazine clippings  
Monica Tsui (1T2)



Venezia  
Mavra Zvenigorodksaya (1T0)

Venetian mask  
Mavra Zvenigorodksaya (1T0)



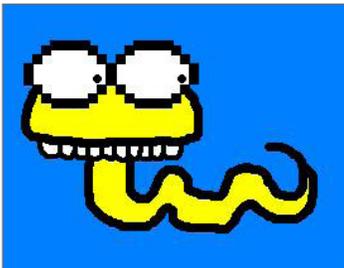
Celebration of Light - 1  
Lucy Wang (1T0)

# ANECDOSE

BY M.E. SCHELL

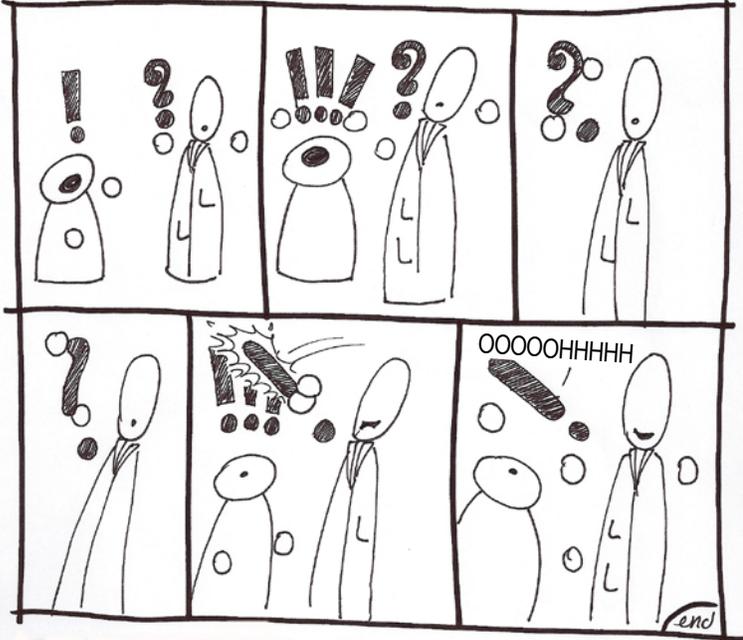
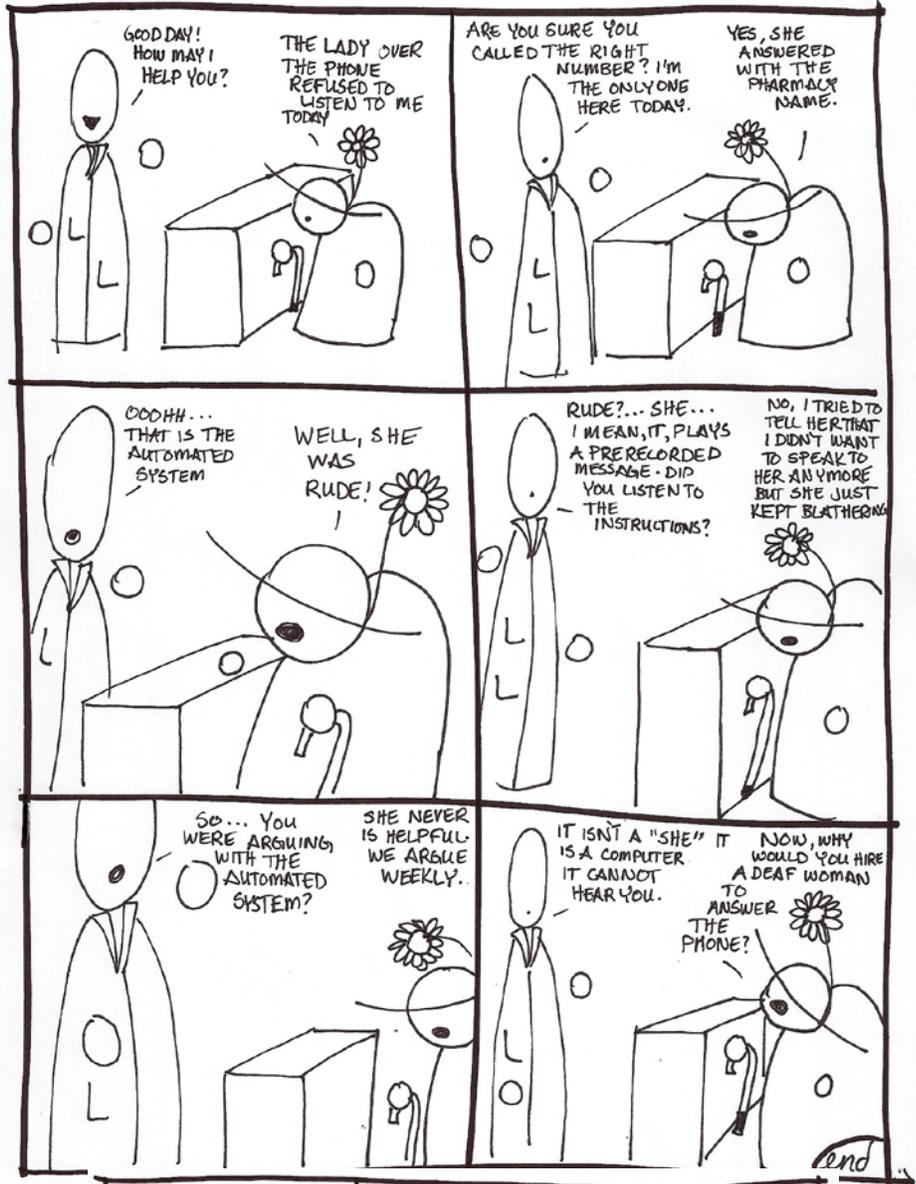


Celebration of Light - 2  
Lucy Wang (1T0)



Anecdose  
M.E. Schell (1T1)  
Worm  
Eat More (1T0)

**NEW:**  
This year, your submission may be shown on the TVs in the Pharmacy Building!



## Pharmasave® / fär-mä-say-v/

*noun*

1: a vibrant group of independently owned community pharmacies across Canada

2: the best of both worlds; an opportunity to be your own boss but never alone.

Pharmasave offers its pharmacy owners the best of two worlds. They have the freedom to run their own pharmacy while being able to take advantage of Pharmasave's proven products, services, and the tremendous benefit of a strong national brand. Examples of the services provided include: leading edge professional programs, retail operations, merchandising, and marketing support.

Because Pharmasave's regional offices are not-for-profit, their primary focus is to make each store more successful—not to increase the offices' bottom line! This means all financial rewards are directed back to the store, giving you limitless opportunities for growth!

No matter how you look at it, Pharmasave is unique. Ever since we began operating in 1981, we have subscribed to a "member governed" philosophy. This means that the people who make the decisions for the company are Pharmasave pharmacist/owners. At the same time, each Pharmasave store still operates independently to serve its individual community.

If you are looking to start your career in a progressive independently owned practice, come join the Pharmasave team. One day when you are ready to be your own boss, consider opening a Pharmasave store—you'll be independent but never alone.

*For an expanded definition, contact:*

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

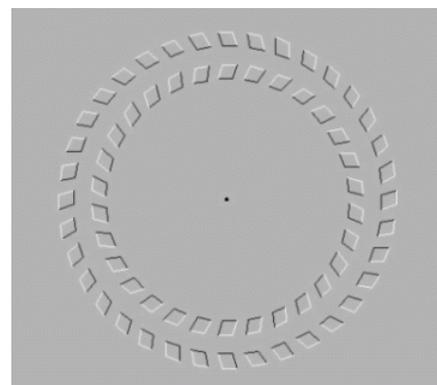
*Live well with*

**PHARMASAVE®**

*www.pharmasave.com*

## OCTOBER Pharmacy Calendar

W	1	Pharmacy Awards Night
R	2	
F	3	
S	4	Shoppers Drug Mart Conference
S	5	
M	6	Phollies Audition #1 (11:30AM -1:00PM) PB B150
T	7	Phollies Audition #2 (4:00PM -5:00PM) PB B150
W	8	
R	9	
F	10	IPSF Info Session (4:00 -5:00PM) PB B150
S	11	
S	12	
M	13	Thanksgiving Day (No Class)
T	14	
W	15	
R	16	
F	17	Casino Trip
S	18	
S	19	Monograph Submissions Due
M	20	
T	21	
W	22	
R	23	
F	24	
S	25	
S	26	Phollies Dress Rehearsal
M	27	
T	28	
W	29	Phollies Show #1
R	30	Toronto Argonauts Game
F	31	Halloween / Phollies Show #2



Stare at the centre dot. Then move your head closer to the page.  
(Source: <http://brainden.com/optical-illusions.htm>)