

The Monograph

Oct/08
Vol.10 No.2

**FEATURE: WHEN PRACTICE ISN'T
WHAT THEY PREACHED...P8**

SURVEYS - "OVERHEARD" - UPS POINTS

BIG PHARMA <3 - STUDENT MUSINGS

Lookin' good in colour: ups.UofTpharmacy.com/Monograph

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

Kenny Ma

ken.ma@utoronto.ca

PRINTED BY

The Learning Achievement Centre

www.TLAC.ca

Looking for ways to contribute to The Monograph? We'd love to print your articles, stories, photographs, shout outs, jokes, artwork, rants and poetry. Contact your class representative for more info.

Potential advertisers can contact The Monograph by email at theMonograph@gmail.com.

SALUTATIONS

- 3 FROM THE EDITORS
- LETTER TO THE EDITORS
- SOME OPENING COMMENTS
- 4 UPS CORNER

PHARMACY NEWS AND VIEWS

- 4 WELCOME BACK BBQ AND YEARBOOK LAUNCH
- 5 RACK EM'UP
- 6 CSHP OB AGM
- PROFESSIONAL DEVELOPMENT
- 7 PHARMAFILES
- 8 FEATURE ARTICLE:
WHEN PRACTICE ISN'T WHAT THEY PREACHED
- 9 HOW I LEARNED TO LOVE BIG PHARMA
- 10 LET'S TALK ABOUT SEX
- 13 THE UPS POINTS SYSTEM
- 16 THE CAPSI CORNER

STUDENT LIFE

- 5 SIMPLY COMPLICATED
- 7 MUSINGS FROM A CLUELESS STUDENT
- 11 MY PERSPECTIVE
WEIRD PHARMACY QUESTIONS
OVERHEARD IN AND AROUND PB...
- 12 THE DISPENSARY
- 14 4TH YEAR PPL: "UTTERLY" BRUTAL
- 15 FAST TIMES AT PHARMACY HIGH
- 18 UNCONVENTIONAL PHARMACY JOBS

PHREE EXPRESSION AND PHITNESS

- 5 SHOUT OUTS
- 19 IN THE HALLWAY
- 20 ATHLETICS
- 21 GEEEEET PHAT!
- 22 THE GALLERY
- 24 PHARMACY CALENDAR
SUDOKU

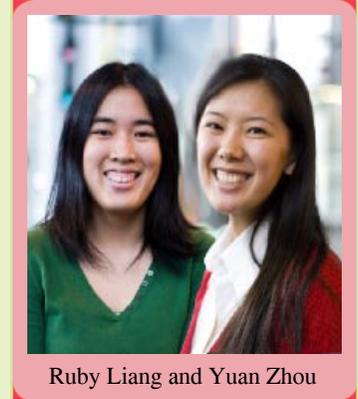
The Articles of The Monograph are not reflective of University of Toronto, the Leslie Dan Faculty of Pharmacy nor the Undergraduate Pharmacy Society. They are strictly the opinions of the authors. If you find any articles inappropriate or offensive, please contact us to discuss the matter in further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

Cover Source:
http://wvs.topleftpixel.com/photos/2008/08/dan-pharmacy_building_tall_01.jpg

From the Editors

Hi everyone! We hope you enjoyed the first issue of The Monograph. Alas, midterm season is upon us once again. Between the craziness of studying, our team has diligently worked to incorporate your feedback into making this issue even better than the first. We would like to welcome 1T2 Rep Kenny Ma to the team. We would like to congratulate, Monica Tsui from 1T2, the winner of last issue's draw. All submissions to The Monograph qualify! Be sure to go to your class website and vote in the student polls. The deadline for submissions for the next issue is **Sunday, November 23 2008**.

If you have any questions, comments, shout outs, or suggestions - email us at themonograph@gmail.com. So without further ado, please enjoy!



Ruby Liang and Yuan Zhou

Letter to the Editors

To: themonograph@gmail.com

Subject: Re: The readings will continue until morale improves

The Monograph should be a place for opinions and reasoning, not an arena for mindless bashing; but an article from the previous issue entitled "The readings will continue until morale improves" did not offer much more than just that. It referred to the Faculty External Review as a fictional story without truly discussing issues addressed by the review and compared it against far-fetched analogies. Remarks about the students and staff included: "...no real students...sure, there are body counts...perhaps this is the most accurate portrayal", "most likely the author is...stupid and ignorant", which were inappropriate and insulting. By no means should one stop criticizing such reviews when necessary, but it should be done in a profession manner through sound arguments and reasoning.

- Alex Lee (1T0)

Some opening comments

-Kenny Ma (1T2 Monograph Rep)

So to start my contribution to the Monograph collection I decided to jot down some general thoughts I've had over the past few days. This is in part because I am running short on time, and in part because I don't know what else to write about.

CPR or cardiopulmonary resuscitation. So was it me, or did anyone else come out of taking the CPR and First Aids course with a sense of empowerment and responsibility? Didn't you feel that at any moment someone around you might go into cardiac arrest and you would have to act quickly to save his or her life? In reality, however, I do wonder exactly how many of us will make use of these skills over the next few years, or even over the course of our lifetime.

Sports in Toronto. What is wrong with the professional sports organizations in our dear city of Toronto? The Argonauts can't make the playoffs in a league where six out of the eight teams make it to the post season. The Leafs are an atrocious 2-2-3 (wins-loses-OT loses), and couldn't win a shootout if their overpaid salaries depended on it. The Blue Jays, oh the Blue Jays. They look so good, I would even say great on paper, but they

can't produce, and haven't made it to the fall classic in over 15 years. So our prayers lie in the hands of the Raptors, probably our most competitive professional team, and the only chance we'll have for a long time to watch meaningful playoff basketball (or any sport for that matter). It seems a little sad to me really, that Toronto is the only city in Canada that can support two of the four major sports in North America (being basketball and baseball), but we can't manage to adequately represent an entire nation.

Time. There never seems to be enough time for anything. Since entering the Pharmacy program we have been bombarded with all sorts of different extra curricular activities, seminars, and information sessions, all on top of the course load that we all have to manage. Throw in commute time, studying (optional for some), eating, sleeping (also optional), and a little downtime for some fun (I don't think this is optional), and it is a wonder that a day is only 24 hours, and a week only has 7 days. Do I have a solution for this dilemma? Not really, but I suggest you cut out one of the big three, so you can focus on the other two. The big three being of course studying, sleeping, and having fun. Personally, so far I've been cutting back on the first two, but I'm not sure if this was the wisest choice I've made in my life. ■





Hope everyone has enjoyed their first two month back at school! UPS has been working hard to ensure our events and activities have met the needs and desires of all students.

Hopefully you had time to drop by for some food at our welcome back BBQ. Along with UPS members, we had Doris, Dean Hindmarsh and other faculty slaving away on the grill.

Our team "Lace up for Lori" raised over \$18,000 for the Canadian Breast Cancer Society at the CIBC run for the cure. The generosity of faculty, staff, and students was overwhelming as we rallied around Lori Greenbaum on that luminous Sunday.

Athletics have been well on their way with events such as the softball tournament, athletic challenges, soccer/baseball, our annual tug-of-war competition and also the Toronto Argos game. Thanks to all students who came out and participated in these events!

Our inter-professional events with dentistry, nursing and medicine have all been successful. The boat cruise was an exciting night of dinner and dancing. Profac was also a great time.

UPS has some pretty exciting events planned for the upcoming months.

Also keep your eye out for the Pharmacy Key which will be published and released towards the end of October. The ever-so-famous Phollies will be held the evenings of October 29 and 31. This will be followed by a school wide Halloween party. Be sure to buy your Phollies ticket early since the shows usually sell out! Soon after, charity week will be around the corner. Get ready for a great competition between the four classes. Who will come out on top? And last but definitely not least, don't miss out on our "simply sweet" semi formal at the end of November!!

Team Pharmakon has been busy capturing digital images of all our pharmacy events to fill out the pages of the yearbook. You can get see many of the photos from this year on the Pharmakon website: <http://pharmakon.smugmug.com>.

If you ever have any suggestions, thoughts, comments or ideas for any events, just let us know!

Yours truly,

James Morrison
UPS President

Christine Truong
UPS Vice-President

UPS Welcome Back to School BBQ and Yearbook Launch

-James Morrison (UPS President)

The third annual UPS Welcome Back BBQ sponsored by Loblaws/Drugstore Pharmacy was another tremendous success this year. September 29th was a chilly day, and we all gathered around the warmth of the barbeque for four hours as we grilled 1000 hamburgers and hot dogs. We managed to keep the lines moving fairly smoothly but we sadly ran out of veggie burgers and ketchup. The day marked the end of welcoming events that fill the fall season as we settle into the daily grind of classes and labs.

I would like to thank the faculty and staff that took the time to help pass out food and work the BBQ: Dean Wayne Hindmarsh, Doris Kalamut, Ivana Della Penta, David White and Jef Ekens. It was nice that you all chose to brave the smoke and cold to meet many students. Your participation helps underline the sentiment of community within our tight-knit faculty. I would also like to thank Mostafa Roshan at Drugstore Pharmacy for continuing to support our BBQ each fall. To all the enthusiastic members of UPS who offered up their talents for the day and all the students and staff that joined us for lunch: I greatly appreciate all of your contributions.

The BBQ also served as the official release of the 2007-08 Pharmakon. Pharmies gathered around their new yearbooks with bellies full of BBQ food and reminisced about last year as they flipped through the full color pages. I have received many positive reviews on the yearbook and am pleased that you enjoy it. I would like to thank my co-editor Ruby Mehta for distributing the books and all the class representatives for their dedication through the school year and summer months. I hope you are all proud of the book we made together. ■

shout outs!!!

Happy Birthday Hayley
Flemmers and Happy
Anniversary Rubric!
- Love the group!!

RL - we gotta sleep more. YZ

To LX: Thank you. =) - UN

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

Send your shoutouts to
theMonograph@gmail.com

Rack'em up! It's TEAMWORK & IPHSA Pool Mixer

-Vincent Ho (1T0)

Back on October 8th, first year pharmacy students participated in TEAMWORK, the annual interprofessional education event for new students from across the UofT professional health faculties. The enthusiasm level for the event was fantastic and many senior pharmacy students also acted as facilitators in initiating group discussion. Our own professor Zubin Austin gave a masterful performance on stage and noted numerous "good questions" that were brought up during the event.

Following the TEAMWORK event, the Interprofessional Healthcare Students' Association (IPHSA) organized an interprofessional mixer at Rivoli's pool hall. Students from different faculties such as chiropractics, medicine, med rad sci and dentistry showed up, with pharmacy leading the way in turn outs. Everyone had a chance to learn something new about each other's profession and a draw for a free dinner prize was also held for the TEAMWORK discussion groups.

We would like to thank all the students and facilitators who came out for both events, the faculty for their organization planning as well as the UofT Office of IPE for their help and support. We definitely showed the others some pharmacy pride.

Don't wait for Pain Week to find out what IPE is all about, come join us NOW! Learn more @<http://ipe.utoronto.ca/std/iphsa> ■



Simply Complicated

It's not me ... It's the curse.

-Milson Chan (1T0)

<milson.chan@gmail.com>

Every culture in the world is superstitious, to a certain extent. If you think about it, a lot of things are recognized as being able to bring bad luck to people. Everything from colours, numbers, symbols, animals ... all can be quite capable of gathering supernatural power of some sort and cause misfortune on people. When a series of bad things continuously happen to people, they are said to be cursed. But is that true? Can there really be curses?

Historically, there are some of the more famous ones like the curse of Tutankhamun, curse of the Hope Diamond, and the Kennedy curse. Personally, I found it intriguing when I found an article on-line about how some people believe that curses actually happen in sports. For enthusiasts who live and die for sports, it is understandable that they will try to look for some rational explanation to justify the reason that their team is doing so badly, not being able to bring home a championship year after year, like a terminally ill patient that not even the lethal dose of a miracle drug can save. When they begin to run out of ideas, they come to the conclusion that there must be a curse.

The most well-known sports curse is probably the Curse of the Bambino. When the Boston Red Sox traded Babe Ruth to the New York Yankees in 1920, New York had never won a World Series. But since then, the Yankees went on to win 26 times, while Boston lost in 7 games every single time they made it to the World Series. In 2004, they finally broke the curse and won. During the

final game, a total lunar eclipse occurred for the first time in the history of baseball. Coincidence? Maybe.

Then there is the curse of the Billy Goat. It's an attempt to explain why the Chicago Cubs have not won the World Series in 100 years. When Billy Sianis was asked to leave a World Series game because his pet goat's odor was bothering other fans, he was furious and said: "Them Cubs, they aren't gonna win no more." Sure enough, they have not. Then again, maybe it was a coincidence.

There are even ideas that certain cities can be cursed. Cities such as San Diego and Cleveland are often mentioned. In a more dramatic example, Philadelphia has not been able to win any sporting championships since they built the One Liberty Place, which was taller than the William Penn statue on top of the City Hall. The Flyers lost twice in the Stanley Cup Finals (1987 and 1997), the Eagles lost Super Bowl XXXIX in 2004, the Phillies lost in the 1993 World Series, and the 76ers lost in the 2001 NBA Finals. Very strange indeed, and I will wait to see how it plays out this year in the World Series.

The first time I heard of the notion of sports curse I thought it was funny. People are simply trying to blame it on bad luck that is brought upon the team by some unexplained forces to make themselves feel better. But then if it really exists, may be it can explain why the Leafs have not won in over 40 years. May be it can explain why your group gets chosen for therapeutics. Why not? If there are other things that can cast bad luck on people, who is to say they cannot do it to an entire group of people? After all, we are all superstitious ... are we not? ■

Sources:

1) www.listverse.com 2) www.guidespot.com 3) www.wikipedia.org

Canadian Society of Hospital Pharmacists Ontario Branch Annual General Meeting

-James Morrison (UPS President)

The CSHP-OB AGM takes place on November 14th and 15th. The event is hosted at the Faculty Club and our Pharmacy Building so you don't have to go far to attend.

You may be wondering: Why should I bother going?

Well, there are many reasons. In a few months to a few years (depending on which class you are in) we will all have to make some pretty serious career decisions as to what we want to do with our pharmacy degrees and nowadays there are numerous diverse options. There is a lot about our profession which we cannot learn in the classroom. Attending the CSHP-OB AGM provides you with the opportunity to increase your understanding of hospital pharmacy and many of its varied aspects. You can make valuable contacts by getting some face time with many prominent hospital pharmacists. You can ask them about the options available

for a pharmacist in hospital settings. These could be the very people sitting across from you at the dreaded job interviews in a short time and getting a head start now may pay off in the interview.

The one hour AGM will give us some understanding as to how the CSHP-OB operates for those interested in advocacy. There are a number of presentations available to you that will provide clinical updates on many topics which will be great help when it is time for therapeutics cases. The "Impact Papers" session will keep you up to date on recent clinically relevant publications. Come earn some brownie points as our professors Lalitha Raman-Wilms presents: "The Evolution of Pharmaceutical Care and its Impact on Practice" and Andrew "DI Guru" Wyllie presents the workshop: "Evidence Based or Evidence of Bias?" The two day AGM ends with the Awards Dinner and Reception. Last year many of our professors were honoured with prestigious awards for their own research and practice. Please come out and help me congratulate this year's recipients.

I invite you all to join me at the CSHP-OB AGM this year. Please remember that Early Bird Registration must be in the mail on Friday, October 17th. You can register for the full conference, or the Friday and Saturday educational sessions and the awards reception separately. Registration form available on the CSHP-OB website: <http://www.cshp-ontario.ca/>

Professional Development: 2008 OPA and Shoppers Drug Mart Conferences

-Andrea Fernandes (OT9)

Sad but true: my days of attending professional development conferences as student are officially over. Conferences that I have attended in the past (CSHP, OPA, Shoppers Drug Mart, etc.) have given me great exposure to the profession and have impacted many of the decisions that I have made.

With that being said, I strongly encourage you to attend at least one professional development conference during your four years at the faculty. Here is what you can take away from a conference:

First off, the CE opportunities are amazing. Pharmacists in various fields are asked to present an overview on their topic of expertise. For example, Dr. Jeff Nagge presented an anticoagulation update at this year's OPA conference. Not only was the presentation informative, but he referred to practice guidelines and applied them to patient cases, something any 3rd or 4th year student is all too familiar with. Also, Dr. Nagge put the practice guidelines in context of his current role as a pharmacotherapy specialist in a family health team.

Another reason to attend these conferences is the networking opportunity. As an example, at this year's Shoppers Drug Mart conference, a student luncheon was set up with district managers and recruiters. It was a great opportunity to ask very candid questions about future job opportunities. In general, the pharmacists that attend these conferences are very eager to hear about student life at the faculty and are very excited to talk to you. With the OPA conference, many of the same professionals attend year after year: so if you remember them, chances are, they remember you.

The list of incentives for attending conferences can go on and on . . . but the number one reason why I have attended and will continue

to attend these conferences is because it is a real eye-opener to the changes that are occurring in our profession. You are surrounded by pharmacists that are at the leading edge of change and innovation. Not only do you get to meet and speak with these people who are making a difference, but you are inspired to do the same. Hope to see you at a conference! ■



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

Pharmafiles - Your Rx to Success

Hello again Pharmacy!

Well, another month has come and gone, signaling the beginning of midterm season. We wish you the best of luck on all of those upcoming test and assignments, and remind you all that there is, in the distance, a light at the end of the tunnel! Don't forget to take a break and plan your Halloween Costume, or get your glamorous selves ready for the Semi-formal coming up in November!

This month's featured pharmacist, Wallace, is an extremely knowledgeable pharmacist who has worked at several teaching hospitals throughout Toronto, in addition to being an instructor with the International Pharmacy Graduate Program. When he's not bestowing his medication knowledge and optimizing patient care, Wallace can be found engaging in his hobbies which include automobiles, dancing, and making everyone around him laugh at his stunning wit!

Demographic Info

Name: Wallace Lam

Pharmacy graduation:
2005, University of Toronto – at that time, the only one in Ontario

Have you completed any advanced training or certification?
Accredited Canadian Pharmacy Residency – The Hospital for Sick Children



Job Description

What position do you hold or what is your current practice?
Staff Pharmacist @ Princess Margaret Hospital, UHN: rotating between Malignant Haematology, Chemotherapy Daycare and Central Pharmacy

How did you get to where you are today? What was your career path?
Workopolis.com!

What do you like most about your job?
The people and the working environment.

Just for Fun

What is your best memory of pharmacy school?
Finding out I was matched to a residency program.

What is your most embarrassing pharmacy moment?
Begging to be in someone's group at the last minute because I put off finding a group until... the last minute. Either that or the time I couldn't stop laughing for 5 minutes while presenting in Debra Sibbald's class.

What is your favourite drug and why?
Do I have to pick just one?

Advice

Any advice for current pharmacy students or new graduates?
Your career is what you make it. Don't be discouraged if your first job isn't what you envisioned. Keep an open mind. Be a team player. Above all, approach each day with a smile and have fun doing what you're doing! 🍀

CHECK IT.

pha
pharmakon.smugmug.com
pharmakon.smugmug.com
pharmakon.smugmug.com
pharmakon.smugmug.com
on.smug
mug.c
om

Send us
your photos.
See your
Pharmakon
class rep
for details.

ut.pharmakon@gmail.com

Musings from a clueless student

-Yin Hui (1T1)

Maybe because I'm Chinese, ever since I got into pharmacy, people such as my mother's friend's friend's cousin's husband's sister have been asking me about pharmacy and how their son/daughter can get in. I give the usual spiel about how the application process is completely random, and I wouldn't be able to tell them how to get in aside from apply on time. After that, I proceed to inform them that what we learn in first year class is completely irrelevant to life, professional or otherwise. That went on for the whole first year. After working in my very first pharmacy job in the summer as a student at Wal-Mart, I am forced to admit that the faculty didn't completely waste my first year after all.

There are some courses that you know are useful by just looking at their title. Obviously, Professional Practice, with the abbreviations, DI and jurisprudence, was applicable to almost everything that went on in the pharmacy. Most courses in first year did not strike me as that, but proved to be useful when I least expected it. For example, anatomy, which was one of my favourite courses,

was surprisingly useful when reading the CPS. Things like T3 and T4 cells in the thyroid, and the human chorionic gonadotropin hormone actually exist (!!!), and came up when the drug companies explain how their drugs work. Some, like me, said stats is completely useless to community practice. However, taking stats taught me to look past the words the researchers put on paper, and actually find out what they mean. A certain BGM manufacturer bragged that their product was 99.5% accurate in reading blood sugar levels in a population (n=140) with median blood sugar level of 10 mmol/L. Then they revealed that the accuracy was only assessed in patients with readings between 4-6 mmol/L. Suddenly, this study didn't seem as great as they said it was, since they just cut their sample size by more than a half! During the summer, revelations like these hit me once in awhile, and I became amazed at the usefulness of my classes.

Regrettably, a revelation has yet to hit me and give me enlightenment about the importance of Edward Shuttlesworth's life story. However, I am looking forward to the day the revelation shows up and knocks me off my feet! 🍀

Feature Article:

When Practice Isn't What They Preached

-Leanne Drehmer (OT9 Monograph Rep)

Have you ever thought about life beyond these four walls? Reaching the end of your formal pharmacy education here, you will undoubtedly arrive at a stage of self-reflection, anticipation, and perhaps even terror as you realize that soon, you will be out on your own in the proverbial 'real world'. Graduating from UofT Pharmacy, you are told that you will be well-prepared to enter practice and provide pharmaceutical care – you will be the new generation of change! But what happens when this transition is not so easy? What happens if life out there is not what you expected?



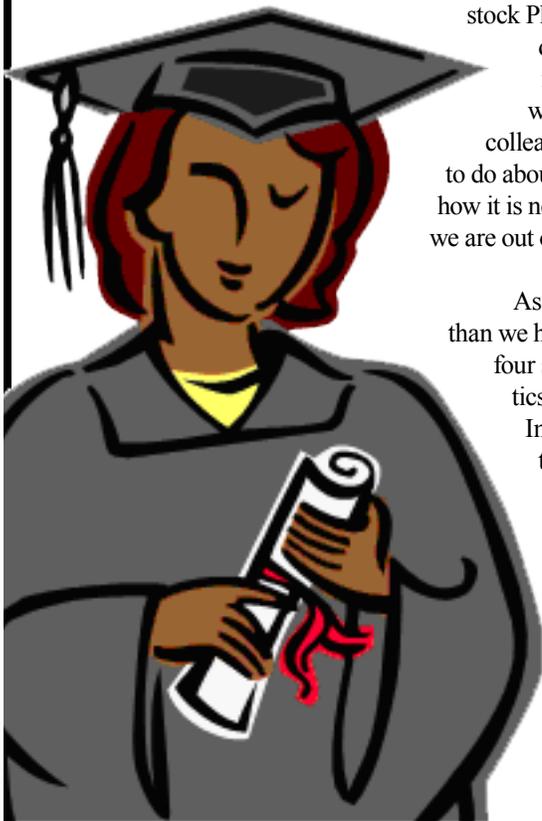
When entering practice, some of the harshest realities can come to the front – not everyone is going to agree with you or take your recommendations, not everyone is going to like you, and you may feel that you are spending the majority of your time swimming against the stream. Imagine, for example, as a newly appointed community staff pharmacist, you are excited to practice on your own and finally be able to use clinical judgement for the care of your patients. Working a few shifts, and getting more comfortable with your surroundings, you notice a trend. A specific local doctor has built a well-known reputation for lax prescriptive behaviour – allowing patients to repeatedly have early part-fill intervals for narcotics, prescribing inordinate frequencies and quantities, and prescribing narcotics and controlled substances to the names of all members of particular families. What do you do?

You, hopefully, have a conscience, and you know that something is not right. You informally speak to your pharmacist colleagues at shift changes, and everyone is aware of the issue. In being taught that communication is key for collaborative and multi-disciplinary care, you decide to draft a fax to the prescriber – a non-threatening recall of a specific prescription encountered, and a helpful referral to a pain clinic for assessment of symptoms and therapy. However, the associate at the store reads your draft, and comments: “You can't send this. Do you know how much of our revenue comes from this office alone?”

This is not a hypothetical case, and sadly, there are many others where pharmaceutical care, interprofessional collaboration, and the ideals of pharmacy practice theory are stopped in their tracks. What if your pharmacy does not stock Plan B®, and you are turning away patients who have no other means of accessing it or dealing with the repercussions? What if an oncology patient cannot afford supportive care, or is no longer experiencing a benefit of therapy, and a preceptor says ‘don't worry about it, they aren't going to live much longer anyways'? Many responses from colleagues are: that's just the way it has always been done; yeah, but what am I supposed to do about it; that's just an isolated case; or oh, their condition is out of control, so that's just how it is now. Is this really what we want to see ourselves saying – no matter how many years we are out of school?

As new graduates, we will face more ethical, legal, moral, or even personal dilemmas than we have ever before. Shaping practice is not an easy task, as it is made to sound in these four short years. A lot of the judgements we will make will not be based on therapeutics, self-care, or jurisprudence – they will be made based on introspection and values. In a way, we can never be prepared for such feats, and the most adversity and frustration in our careers may be founded in such struggles.

However, all hope is not lost. One of the most important duties that a pharmacist performs is something that is not taught in school -- knowing oneself. Know your opinions, your principles, your biases or shortcomings and how they can affect others. Consider differing perspectives, and realize that you might not always be right, but that conflict is the greatest motivator for change. If you didn't want to impact the lives of others, you would not have entered, or stayed in this profession. So when you enter practice, whenever that may be, know that 'learning' does not stop once you get that diploma, and though you may struggle, being who you are is one of the biggest impacts you can have on patient care. ■



How I Learned to Love Big Pharma

-Laura Wang (IT1)

I've become rather cynical of the inherent contradiction of Big Pharma. There is a constant awareness that, behind the gloss of photogenic seniors in television ads and the promise of the latest panaceas via drug company-funded studies, there lurks an amoral Corporation with a capital C. Images of leering Armani-clad CEOs and analysts come to mind, watching the market with predatory hunger, marketing frivolously modified versions of old drugs, downplaying lethal side effects until it is too late. . . . Some days I even wonder if "noncompliance" is actually an ADR cooked up by drug reps to guarantee sales for the life of the poor unsuspecting patient.

And so, I snobbishly reassure myself, we were right to have chosen to become pharmacists, superior professionals of care and healing, not hyenas waiting in the wings. But to be fair, I have to confess just how little I know about drug companies beyond what little we learn in lectures and the sensationalist smatterings of the press.

This summer, when there came a chance to attend a Continuing Education event sponsored by that venerable old Bayer, I jumped at the opportunity see the monster up close. It was to be a presentation of rivaroxaban, a new drug on the cusp of finishing Phase III Trials, supposedly the next big thing in anticoagulation therapy. The other pharmacists in attendance rolled their eyes, perhaps jaded by too many such previous claims proven wrong by (what else?) the market.

But to be honest, I was already feeling guilty about attending the event. It was being held in a private party room at a fine Italian dining establishment, and as I surveyed the tasteful rough-hewn stone interiors and embroidered napkins with higher thread counts than my best bedsheets, I realized that this was the sort of place I would probably not be able to afford in the foreseeable future. With the arrival of the appetizers – plump calamari and shrimp luxuriating in a pool of piquant sauce – paired wonderfully with a dry Chardonnay, I started to despise myself just a little for being lured into this succulent corporate trap. Had I not been warned about this in school? I felt myself slipping down the slippery slope of moral ambiguity.

'Good evening, ladies and gentlemen, and thank you for coming out tonight.'

Ah! The enemy! We meet at last.

He looked much as I expected a drug rep to look. Vaguely attractively in an intellectual way, dressed in monochromatic black but with more human swagger than Agent Smith. With the deftness of someone who has obviously done a lot of presentations in his time, he commences his Powerpoint.

There were the usual technical details delivered with ill-disguised pride. The biggest ever anticoagulation trial, thousands of patients enrolled at dozens of sites, blah blah blah. Then, with a flourish that I knew preceded his *piece de resistance*, the drug rep flips to his results slides.

The efficacy and safety parameters were well out of the ballpark in terms of statistical significance, some tens of times better

than warfarin. Here was a blockbuster drug if I ever saw one. Don't all major surgical patients need thromboprophylaxis? With rivaroxaban's once-a-day oral dosing, it's certainly more convenient than jabbing yourself with a needle. And what with all the savings from predictable pharmacokinetics, so no INR or aPTT monitoring is required. Once this thing gets out, it's bye-bye warfarin.

I felt compelled to applaud, but stopped just short for fear I was reacting like a noob. Sure enough, the seasoned pharmacists sat with poker faces, unnerved. I felt embarrassed at my easy impressionability.

'So, how much is it going to cost?'

Ah, there's the rub.

Hospitals have budgets, and if it means having second-best products that were more "cost effective", as deemed by whatever formula the hospital pharmacists can agree upon, then so be it. That meant enoxaparin, another drug touted as a warfarin-killer, never took off – it was just too expensive. It seemed as though pharmacists had to do dirty work too, balancing patient well-being and cost effectiveness on a scale. I shuddered.

Then it hits me: Big Pharma might be a monster of sorts, but it's a monster we as budding pharmacists need to grapple with. It was empowering to think that drug companies are ultimately at the mercy of the healthcare system. Influence prescribing behaviour, influence formulary decisions, and you influence the market.

For an enlightened moment, I felt at peace with the beast, accepting and embracing my eventual role in the endless tango of the drug business and the healthcare profession. Then the moment passed, and I dug into my veal cutlet with all the alacrity of a pharmacy student face to face with that greatest of all drugs – free food.

M



Make a Difference with Medical Pharmacies

- Develop specialty areas of practice
- Choose community or long term care pharmacy
- Collaborate with other healthcare professionals
- Provide patient focused care
- Work with strong technician-pharmacist team
- Operate with dedicated head office support
- 36 locations across Ontario

We're worth a closer look.

Owned and managed by pharmacists
One of Canada's 50 Best Managed Companies 8 years in a row

For information on career opportunities call
Roxanne Tang, R.Ph., B.S.P.
Syd Shroff, R.Ph., Phm.B.

905-420-7335
info@medicalpharmacies.com

590 Granite Court, Airdrie, ON L0R3Y6
www.medicalpharmacies.com

MEDICAL PHARMACIES

50 Years of Pharmacy Service to Communities across Ontario

LET'S TALK ABOUT SEX

-Marie-Hélène Irvine (OT9)

Last spring, I attended an OPA talk offered to our class on smoking cessation. Having a 17 year old brother in high school who smokes, I thought that it would be really great to have smoking cessation talks in high schools to help young smokers start thinking about quitting. Being on the CAPSI council, I thought to myself: "Wow, this would be a great new initiative for CAPSI!"

After talking to my brother about this idea, I realized that smoking cessation is not a topic that would affect all high school students. I then decided to create a survey to distribute to local high school students to find out what their areas of interest were! My survey consisted of 5 questions:

1. *What grade are you in (circle one)?*
 - a) 9
 - b) 10
 - c) 11
 - d) 12

The vast majority of the students who responded were in grade 10, although there were respondents from each year.

2. *What is your gender (circle one)?*
 - a) Female
 - b) Male

58% of the respondents were female and 42% were male.

3. *Have you ever received advice from a pharmacist (circle one)?*
 - a) Yes
 - b) No
 - c) I don't know

66% of the respondents reported having received advice from a pharmacist, while 16% did not and 18% did not know.

4. *Do you feel like you have a good understanding of the role of the pharmacist in the health care system (circle one)?*
 - a) Yes
 - b) No

To my surprise, 85% of respondents felt that they had a good understanding of the role of the pharmacist in the health care system and only 15% did not.

5. *What kind of advice would you find most useful if pharmacy students came to your school to present on a specific topic (circle one)?*
 - a) *Drugs and alcohol abuse*
 - b) *Sexual health & emergency contraception (Plan B)*
 - c) *Smoking cessation*
 - d) *Vitamins & herbals*
 - e) *Other: _____*

When analyzing the last question, I was not really surprised by the final result! However, I was surprised to see that a large group of respondents (27%) were interested in learning about vitamins and herbals. 15% were interested in drugs and alcohol of abuse and 0% selected smoking cessation! As I had suspected, the majority of respondents (58%) were most interested in learning about sexual health and emergency contraception!

So, what did I do with this information? I met with some professors (Tom Brown & Doris Kalamut) and discussed what kind of presentation I could develop for high school students on this topic. I also discussed with the CAPSI National council and received some great feedback. In the end, I ended up adapting presentations created by the Society of Obstetricians and Gynaecologists of Canada (SOGC).

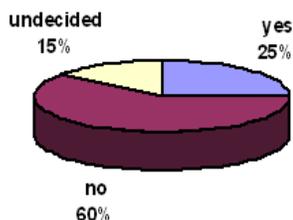
What's great about these presentations is that they were developed specifically for teenagers and the SOGC website has amazing resources for those of us who want to teach sexual health! This fall, the CAPSI National council has voted and accepted this new initiative as the next CAPSI outreach program! This program will accompany our current outreach program, ratiopharm's Operation: Wash-up, which many of you are already familiar with.

The new sexual health outreach program includes a variety of presentations on STIs, contraception, HPV and emergency contraception. Pharmacy students wishing to participate in this initiative will need to contact local high schools, determine their interest in the program and the presentation that will best suit their needs, organize a session with one of the classes, prepare by reading the lesson plans and the SOGC website section on managing controversy... and go for it!

At U of T, the many CAPSI outreach programs will be advertised in the winter session, but if you have a special interest in this new initiative, please do not hesitate to contact me directly at marie.irvine@utoronto.ca and I will send you all the necessary documents and help you get started! ♣

OT⁹ POLL

Do you plan on doing residency?



MY PERSPECTIVE:

Brain Capacity...Does it exist?

Sometimes I think that the more you learn new stuff, the more you lose the old stuff. People say that is not possible and you don't lose brain function, you're just a little rusty. Here are some examples that make me think otherwise.

I was staying in and having a low key night with some friends. We were just hanging out, watching a movie and playing a board game. Among my friends were people with degrees in mechanical engineering, chemical engineer, business administration and other people of well educated status. We were playing a game with some animals and someone made a joke about eating sheep. One person turned to that person and said, "you can't eat sheep...that's disgusting." One after another, the whole group started picking on this person, implying that eating sheep was the most dumbest thing they had ever heard. About 10 minutes into the conversation, someone says, "wait, you can too eat sheep...isn't sheep lamb?" The whole table paused with silence. The connection that the rack of lamb you get at a fancy French restaurant indeed came from sheep had not occurred to any of these well educated people. An explanation for this is simply that we don't think of it that way. It's strange because you still associate things like cow and beef or pig and pork. Anyways, I'm

sure at one point in time we all knew sheep and lamb were the same thing without thinking about it so what happened?

My next example involves children. My friend has this child who was a little ball of genius the first few times I met him. When I saw him when he was almost three, he could spell and read and do simple math. When I asked him what 2+2 was, he could automatically tell me it was 4. A year later when I saw him, he was in JK. He was learning more about words and animals and math. When I asked him the simple math question, he took out his hand, held up two fingers, then another two, then proceeded to count his fingers to make 4. It took me by surprise because a year ago, this little boy could recite simple additions like this by heart. I asked my friend about this and she says he does it this way because he is taught like this in school. So what does that mean? Because you are taught something else, you forget what you already know? Doesn't that seem to be a little bit of a problem?

So the question I pose is if brain capacity really exists? I don't think there are limitations in terms of what you know and what you can retain. But I do believe that if you don't use your knowledge and apply it in certain ways, you will forget. So while you're off spending your life being a life learner, don't forget the simple things that got you to where you are now.

**Christobelle (1T0) (Christine.Truong@utoronto.ca)

Overheard in and around PB...

"I'm telling you, Beijing people are the pirates of China! Everything they say sounds like arr-arr-arr-arr-arr!"

Person 1 to Person 2: "So do you live by 'ignorance is bliss'?"
Person 2: "Hm, I don't know."

"What?! She's NOT wearing a bikini? I must have undressed her in my mind."

"Hey, did you see that guy peeing on the tree outside PB?"

Ear: <http://www.schenectady.k12.ny.us/users/title3/Future%20Grant%20Projects/Projects/fivesenses/ear2.gif>

Pharmacy questions Weird

From Anonymous (1T1):

This old, frail-looking man came into our pharmacy and asked me to help him find something. he had a heavy accent so it took me a while to understand that he wanted condoms. when i showed them where condoms were, he gave me this really weird look. it turns out he wanted "candles". My face turned bright red and my coworkers couldn't stop laughing at me.

From Cameron Forbes (1T1):

I was working in a small independent pharmacy two summers ago. I was covering the cash register. Two teenage girls came up and had me ring through their cosmetics purchases. Keep in mind I, a svelt 19 year old, was working the cash, when I tell you what they asked me: "Did you have to go to school to become a pharmacist?" I really didn't know how to start when answering that one. I think I just nodded.

From Terry Ip (1T1):

Tech: So, here's your prescription, \$30.74

Pt: You're very pretty, do you know that?

Tech:

Pt: Are you married?

Tech: No.....

Pt: You know, if you were to married, you have to marry someone rich.

Tech:ha...ha....

Pt: Can I take half a capsule?

Pharmacist: No, there're powders inside, you have to take it as a whole.

Pt: What if I pour out the powder from the capsule and split into half?

Pharmacist:no.....

Pt: Can you help me check how much is the cost of the medication?

Tech: \$30 something

Pt: \$0.09?

Tech (say it louder, thinking patient may not hear well):

\$30 something

Pt (reply louder): \$0.09??

Tech: \$30, just \$30

OPERATION CHRISTMAS CHILD
A PROJECT OF SAMARITANS PURSE

Collection week starts Nov. 24th

<http://www.samaritanaspurse.ca/occc>

Too early to think about the holidays?

Not if you're thinking of participating in Operation Christmas Child! OCC brings joy and hope to children in desperate situations around the world through gift-filled shoe boxes and to remind him or her that she is loved.

Last season, 661,530 shoe boxes from Canada were distributed to children in more than 15 countries. 17 of these came from students at our faculty. Members of PCF will be making announcements and collecting boxes and/or donations in the weeks to come.

We hope you'll join our efforts

THE DISPENSARY

-Josh Lieblein (1T0 Monograph Rep)



Welcome to the first REAL edition of The Dispensary, the only section of the Monograph to be verified by multiple non-scientific sources. We have an Important Issue to deal with before we get to what's making Pharmacy News this hour: apparently, Certain Individuals were concerned that the Monograph was not funny enough last time around. Um, hello? This is PHARMACY. We don't put funny stuff in our newspaper because that would be UNPROFESSIONAL. The Monograph is not a blog, remember?

I'd like to remind all aspiring Pharmacy Journalists that the top spot in the Reader's Digest "Most Professional Health Care Professional" poll is something that is earned, and not just handed out like candy on Halloween. If we go around making "jokes", or whatever they're called, about the "issues of the day", we'll never keep the trust of our patients, and they'll start going around asking for drugs from their dentist or osteopath or something. In summary, funny Monograph articles, and fun in general, is the BANE OF OUR PROFESSION and must be suppressed constantly.

Where was I? Oh yes, Pharmacy News:

Pharmacology 331 Undergoes Name Change: New Course Called "Random-acology"

The Class of 1T0 was surprised to learn that PHM331, formerly known as "Pharmacology II", has been changed to "Random-acology." A spokesperson from the Faculty commented, "Recent studies have shown that pharmacists are exposed to many random stories over the course of a workday, from a patient talking about their dog's ongoing health problems to a technician providing lots of unsolicited commentary about her son's behavioural issues. To better prepare our new graduates for the workplace, we have decided to mix in a whole lot of randomness with Pharmacology, and we decided to call it 'Random-acology.' See what we did there?"

Since this change, 1T0 has been bombarded with random stories about grow-ops, LSD not being addictive, friends who drink quantities of alcohol without knowing they are pregnant, and a short primer on how birth contractions apparently feel like really bad stomach cramps. For the most part, they seem to be enjoying the change, but some members of the class have told the Dispensary that they wish it had come sooner.

"We wish the guy who taught Pharmacology last year told us all random stuff, because that was something we really wanted to know from him. Instead, we had to add him on Facebook," one student said.

University Of Waterloo Pharmacy School Opens: Jerbs Terkin From U of T Pharmacy Students

Change is a constant in the profession of pharmacy, but U of T pharmacy students seem to feel that the opening of the new pharmacy school at Waterloo is a change they can do without. When asked by the Dispensary how they felt about the new school, one student commented, "DEY TUK ER JERBS!" Another agreed (we think), saying "DURK A DURRRRR!!!!" The Dispensary has also learned that the U of T Pharmacy

students plan to meet in a high school gymnasium and discuss the problem by shouting, "DEY TERK ER JERBS" some more.

More like Waterloo-backs, LOL. Oh, and, DEY TERK ER JERRRRRBS



GOOBACKS

THEY TOOK OUR JERBS!

When asked for a response, a Waterloo student claimed that they were just trying to help protect the province from a possible pharmacy shortage. "It was never our intention to terk anybody's jerb." When asked why UW Pharmacy felt the need to steal some of U of T's profs, the student became defensive and accused the Dispensary interviewer of being a pharma-racist.

We at the Dispensary would like to warn any Pharmacy students from U of T against manipulating time to ensure UW never gets built. If they must, we ask them to adhere to Terminator rules, where it's one way only and you can't go back. This is in contrast to say, Back to the Future rules, where back and forth is possible, and of course Timerider rules which are just plain silly.

Scandal: Other Intramural Teams Accuse Pharmacy Sports Teams Of Using Drugs

After being clobbered a few too many times by the mighty Pharmacy squads, intramural teams from other faculties are accusing the Pharmaballers of using legal substances, and substances that are restricted under sections N, C1, C2, C3, and T/C, to win sports games.

"It's not fair," a member of the Engineering squad complained. "They're around drugs all the time. We are too, being Engineers, but they know where to find the good stuff. It's a totally uneven playing field." The Meds students also complained, saying, "We know you guys are abusing your monopoly on drug distribution in the community. Just remember, we are guaranteed the right to dispense drugs too under Ontario law! You guys are going down just as soon as we can remember what we learned in our one semester of pharmacology!"

The Pharmaballers released a statement responding to the allegations. In part, it reads: "While it is true that we are around drugs all the time, we are careful to follow Ontario regulations while working with them. This is why we do not abuse any substances before winning games, unless we write it in our records for 'personal use.'"

Next time: We discuss the ongoing issue of the lack of tampons in the girls' washrooms in the Pharmacy building, and how it really shouldn't be hard to get them given that we ARE pharmacists and everything, and whether this could lead to other items being dispensed in men's washrooms- condoms, for example. ■

The UPS Points System

-Christine Truong (UPS Vice-President)

With many pharmacy sports, clubs, events and other UPS activities well on their way, many of you are probably wondering about UPS points. The UPS points system was developed to provide students with an incentive to participate in activities within the Faculty of Pharmacy. It rewards students who go the extra mile to support their faculty socially, athletically or academically.

Below, you will find a general listing of ways to earn UPS points, the rewards you get from them and other faculty awards. This is not an all-inclusive listing, as there will be many other events and sporting affairs that will allow the distribution of UPS points.

UPS points should provide you with the incentive, but getting involved is so rewarding in and of itself. By getting involved, you will meet many other students in the faculty who share your hobbies and interests. So as you embark on your years here at this faculty, I strongly urge you to make the most of your time and seize the opportunities that are made available to you. There is life beyond school and all you have to do is choose something to participate in.

If you have any questions about UPS points, please contact the UPS executive secretary, Brenna Hanwell. She, in collaboration with the UPS points and awards committee, is in charge of this system.

GENERAL POINT ALLOCATIONS	
Phrosh Week Helpers Given at the discretion of the 2 nd year Vice-President, all class council excluded	Max 3 points
CAPSI Events	1 point per event*
UPS and Class Events, Other Social Events At the discretion of coordinator and UPS VP or class council. For events that are listed as a duty on a council member's portfolio, they shall not receive a point for that event.	1 point per event
Monograph At discretion of the editors for those who submit material or contribute to the preparation of these publications. Those who submit to every issue are eligible for 2 bonus UPS points.	1 point per issue Max 8 pts/year
Pharmakon At discretion of the editors for those contributing to the yearbook.	Max 4 points/year
Phollies At the discretion of the Events Director for participants, backstage help, and technical support.	Maximum 4 points

ACADEMIC POINT ALLOCATIONS	
First Class Honours (3.5 GPA and over) <i>With Full Courseload</i>	7 points
First Class Honours <i>With Exemptions</i>	5 points

SPORT POINT ALLOCATIONS	
Varsity Player (<i>U of T team, not just Pharmacy team</i>)	15 points
Intramural Player <i>For seasonal and co-ed leagues, requires attendance at 2/3 of games. Add 1pt if team makes playoffs, plus 1 pt for championship. Leagues that span two terms will be considered as 2 sports</i>	5 points
Coach <i>Value to be determined by Athletic Reps after consultation with team. Multiple coaches who alternate responsibilities will be limited to 3 each</i>	Maximum 5 points
Team Representative	1 point
Tournaments – one day event	1 point
Tournaments – two or more days	3 points
Athlete of the Month	1 point
MVP for each respective sport	1 point

*For more detailed info about UPS points - including those allocated to UPS Council and Faculty Participation Awards, please go to <http://ups.uoftpharmacy.com/upspoints>

4th Year PPL: “Utterly” Brutal!

-Leanne Drehmer (OT9 Monograph Rep)



Have you ever been so nervous, or thrown-off, or unprepared for PPL that you said something absolutely, ridiculously brutal? Did you ever think something to yourself during counselling that would have given you a certain “FAIL” if it had slipped out of your mouth?

Well, my friends, you’re not alone!

Here is a collection of absurdities and therapeutic pearls from the 4th year class, including yours truly, to share the shame!

Keep your heads up everyone! On the lab exam... then, that’s when I’m sure we’ll actually show some promise as pharmacists amidst these glorious gems, right?!

1) Respond accurately and astutely to your patient’s needs:

Phm: “So some of the side effects you might experience with this medication include nausea, diarrhea...”

Patient: “I have Crohn’s! I already have diarrhea!”

Phm: “Oh, well I guess it won’t make a difference then.”

Patient: “I’m just really concerned. Things haven’t been going so well for me.”

Phm: “Yeah well, crying about it won’t help.”

2) Keep your cool. Use humour to lighten the mood:

When a patient approaches the pharmacist, keep it cool – show the patient you are relaxed and in control by staying in your chair and making THEM come to you! (*nb.* those with nervous bladders - no one wants an accident)

Patient: “I just got out of the hospital for a bowel resection.”

Phm: “Oh, so now you only have a *semi-colon*? (= ;) Hahaha! Oh, not in the mood for laughing?”

Phm: “Oh man! Phew! It is rank in here! I have to apologize – I just came on shift and I must have stepped in something on the way over here! Ewwww!”

Patient: blank stare

Phm: “Haha, lighten up, bud. I know you’re here for more ostomy bags.”

3) Provide sound, evidence-based recommendations:

Patient: “So what can I use to take care of this diarrhea?”

Phm: “Well, you could use Immodium, or Dimenhydrinate...”

Patient: “Whoa, whoa! Dimenhy-wha? What the heck is that?!”

Phm: “Oh, sorry, they’re the same thing...Dimenhydrinate is just the generic name for Immodium...”

Patient: “Is it ok if I take this drug while I am pregnant?”

Phm: “Yeah...probably.”

4) Be attuned to collecting subjective data from patient presentation – a holistic approach:

Phm: ““So how about your skin...does your face *always* look that bad?”

Phm: “Any medical conditions?”

Patient: “Yeah, I have diabetes.”

Phm: “Mmm, I see, and are you currently pregnant, or just really fat then?”



5) Be sure to consider the differential diagnoses

Patient: “I’ve been having diarrhea.”

Phm: “I see, and how does this diarrhea smell – is it really bad? Like you know, worse than normal? Point to a colour that your diarrhea looks like.”

6) Never forget your empathy

Patient: “Well, I’m a little upset. I just got diagnosed with arthritis.”

Phm: “Mmm-hmm, how much caffeine would you say you drink on an average day?”

Phm: “Hi there, what can I help you with today?”

Patient: “Well, I just found out I have HIV.”

Phm: “Ha-oh! Man, that sucks! Seriously?”

7) Carefully consider feedback, and incorporate for better practice:

Patient: “It’s not that I wanted to run away screaming and yelling from the room, but I was very disturbed by your eerie smile.”

Patient: “At times I felt unheard, and when you turned away, I felt like I was just left here to vibrate in myself....you know...vibrate with all my emotions.”

Agent: “I know you might think it is an important side effect, but I don’t really want to think about my father’s erectile dysfunction....or his erectile *function*, for that matter! And using the word “boner” is not professional.” ■



Sources: http://www.stocktoons.com/images/clipart/thumbnaill/1850_medicine_pill_capsule_mascot_cartoon_character_looking_through_a_magnifying_glass.jpg, http://www.fotosearch.com/bthumb/ICL/ICL146/MED_100C.jpg, http://www.pilldeals.com/pill_doc.jpg

FAST TIMES AT PHARMACY HIGH

-Cameron Forbes (ITI Monograph Rep)

Do you ever notice how pharmacy is like a really hard version of high school? No, that's all I have on that topic. I just wanted to justify the movie-parody title. Oh, and see Figure 1 for a picture of Sean Penn in what I can only assume is a haphazardly thrown-on lab coat.



Figure 1: Sean Penn in a hot, hot lab coat. Hawt.

One thing I noticed when reading the Monograph last year was that authors often excluded massive groups of readers by making references to upper-year courses. Not that big of a deal, but it always annoyed me as first year because any jokes about classes 2nd year and above were way over my head. So, I'm going to try and avoid this.

On that note, how did you find that Ontario Literacy Test in grade 10? That thing was ridiculous. On mine, there was this paragraph about clothes being stored in the attic. The wiener kid went up there and found them to be 'musty'. The question asked, "What word in the paragraph let you know that the clothes were old?" Everyone I knew wrote 'musty' as their answer. But at one point, the paragraph said "old clothes"! I thought it must be some trick but I couldn't see any, so I put 'old' as my answer. What a loser test.

Speaking of losers, what is it about pharmacy that makes it so much less attractive to babes than dentistry or medicine? My friends are always telling me "Play the pharmacy card." Does it even exist? Someone fill me in. All I know is, society seems to want pharmacists to have to hold up their pharmacy pants with a big obvious V-Belt. (In high school, my friends told me the V stands for 'virgin'. Ope, another high school reference!)

What, you don't own pharmacy pants? Grow up.



Figure 2: Sean Penn's brother Kal Penn in a lab coat.

So, Patient-Centred Care. The focus of our 4 years of study and possibly, the next 40 years of our lives. But, are we really prepared for this when we leave school? Read on, to find out the answer:

No. Well, maybe. Probably. Maybe not. Why are you asking me? I'm only in 2nd year.

I think all depends on your personality. How well can you interact with people? Answer me. Say it out loud. Talk to the Monograph. I do it all the time, because I don't have friends. No one will think you're crazy. Do people think I'm crazy? I think not. For proof, see Figure 2. (Actually, if the Monograph talks back... you might want to get a psych consult.)

So, if your ability to interact depends entirely on your ability to interact, it's arguable whether or not courses such as PHM127 should even exist.

Let's take a look.

First, you go to the aforementioned PHM127 to learn skills such as manners, empathy, talking to geezers (*ahem* elderly people, excuse me), and dealing with aggressive and passive patients. So, now you've got a Care Pistol, and are ready to take aim with it at the various actors they get to do the oral tests.

Next, you head to PHM120, where you get to learn the social determinants of disease and medicine. You really learn to empathize with patients who come in, because you understand the reasons they might not want to take their meds, how it feels to be a sick person, and that they've only come to you because the hidden health care system failed them. You've upgraded weapons to a Care Rifle – score.

Now it's time for PHM128. Here you first learn to generalize people into a standard "The Patient" and talk about it as if it is some animal at the zoo (Try talking to The Patient! The Patient may then respond in a positive manner! Don't feed The Patient, as The Patient might bite!) After you get used to talking this way, you get to learn care processes and formulas to follow when interacting with people. Now you've got your CAREZOOKA aimed at the WORLD, and your finger is on the trigger. Also, unlimited ammo cheat mode is enabled.

But what does all this mean?

Nothing, if you don't already have the personality to support it. It's important to take what's taught in these courses as tools you can add to your communication workbench, not as gospel that you can use to replace actual innate social skills.

Here's a good anal orgy – erm, analogy I just

thought of. Let's say you studied and memorized the Patient Self-Care section on contraception. Man, you've got it *licked*. You could insert a female condom with your eyes closed and one hand behind your back. You could compound a batch of spermicidal lube in minutes flat. Those sex-ed nurses from grade 7 have got NOTHING on you (provided you buy a cucumber and a Trojan Magnum for demonstrations).

But how good would this knowledge, this power be if you don't know how to get laid in the first place? I would say about as good as knowing a ton of empathy statements but not how to show you actually mean them. Additionally, I can neither confirm nor deny that this example was one I took from my personal life.



Figure 3: McCoy from Law and Order... separated at birth from Heffer?

So my suggestion to you is to make sure to always think for yourself. You don't want to be a pharmacist who puts the "pathetic" in "empathetic". Don't just rely on

the skills they are teaching in classes. Make sure you have something to fall back on when your "I statements" aren't working on the old person getting his diapers in a bunch over the annual 100\$ dollar deductible that he's "never heard of."

[For instance, you could always tell a joke. I just thought of one! It's a pharmacy joke. What do you call someone who's really good at returning serves in tennis? An *ace inhibitor*. LOL!]

Which takes me back to how pharmacy is like high school.

What, really, is the point of high school? To prepare you for University, while hopefully teaching you something useful along the way. In turn, pharmacy school prepares you to be a pharmacist, while hopefully teaching you something useful along the way. That's why it's important to always keep everything in perspective, and make sure not to get so wrapped up with school that you forget about that tall, handsome Monograph writer who so desperately wants to take off his pharmacy pants with you. 🍌



Heffer says: Show you care. Heffer says: Make eye contact, but do not stare. So what about Care Bear Stares? Paradox. Also, Heffer looks like Sam Waterston (see Fig 3.)

The CAPSI Corner

Meet Your CAPSI Council!

Name: Rachel Knott
Position: Sr CAPSI Rep
Year: 1T0
Interesting fact: I think the Cinnabon is the greatest food invention

Name: Meaghan Linseman
Position: Jr CAPSI Rep
Year: 1T1
Interesting fact: I'm a huge Sidney Crosby fan!

Name: Vincent Ho
Position: IPSF Rep
Year: 1T0
Interesting fact: I'm a big Yankees fan...yes, even Arod

Name: Dave Yam
Position: 1st Year CAPSI rep
Year: 1T2
Interesting Fact: In my first year undergrad at Western I was in a band with two other floormates and our original band name was "Red Skirt Debut".

Name: Anne Sylvestre
Position: 1st year CAPSI rep
Year: 1T2
Interesting fact about yourself: I LOVE chocolate!

Name: Pascal Niccoli
Position: 2nd Year CAPSI Rep
Year: 1T1

Interesting fact: I'm afraid of frogs

Name: Kalena Truong
Position: 2nd Year CAPSI Rep
Year: 1T1
Interesting Fact: I'm a Huge Ottawa Senators Fan. --> Please Don't hate me!



*Top Row (L to R): Pascal Niccoli, Vincent Ho, David Yam
Middle Row (L to R): Meaghan Linesman, Rachel Knott, Anne Sylvestre, Janet Chow
Front Row (L to R): Kalena Truong, Katie Mok, Laura Narducci, Maria Zakova*

Name: Laura Narducci
Position: 3rd Year CAPSI Rep
Year: 1T0
Interesting fact: I'm addicted to the TV show "So You Think You Can Dance" ... I used to dance with 2 of the girls in the top 20!

Name: Katie Mok
Position: 3rd Year CAPSI Rep
Year: 1T0
Interesting fact: I go camping all year round - yes, even in the winter.

Name: Janet Chow
Position: 4th Year CAPSI Rep
Year: 0T9
Interesting fact: I'm TERRIFIED of mice and rats..

and the large, mutated Toronto squirrels.

Name: Maria Zakova
Position: 0T9 CAPSI Representative
Year: 0T9
Interesting fact about yourself: enjoys listening to Z103 way-back playbacks while preparing for Thursday morning PPL labs - its tradition! 🎧

CAPSI Mask Sale!

**Are you going to PDW in St. John's?
Don't Forget to buy your mask needed for
the Masquerade Ball!**

**-ALL masks only \$10
-Women's and Men's selection
available**

Contact kalena.truong@utoronto.ca OR
your class CAPSI representatives for more info
and a copy of the order form!

Want to learn more about the Regulation of Pharmacy Technicians?

If so, come out to CAPSI's fall symposium on Thursday November 13th! Two representatives from the OCP, Susan James (Project Director for Pharmacy Technician Regulation) and Della Croteau (Director of Professional Development), will be presenting valuable information on how technician regulation will affect pharmacy practice in Ontario. They will be addressing issues such as, how the scope of pharmacy practice will change, technician liability, changes in technician income, expectations of regulated technicians, etc. This symposium will also be a great opportunity to have *your* questions about tech regulation answered. The symposium will take place at **4pm on Thursday November 13th, in PB150.**

CAPSI Competitions: a great way to practice your skills and win great prizes!

November is CAPSI Competitions Month!

Over-the-Counter Competition

What: Recommend an OTC product and counsel a patient on appropriate self-care

When: Wednesday November 5th @ 6pm

Prize: Winner receives a \$250 travel subsidy to be put towards travel to PDW 2009 to compete in the national Over-the-Counter Competition, and Free registration (\$150 value) to PDW 2009. Second and third place will win a textbook published by CPhA

Patient Interview Competition

What: Determine a patient's drug therapy problem(s) and suggest an effective care plan

When: Friday November 7th @ 4:30pm

Prize: Winner receives a \$100 travel subsidy to be put towards travel to PDW 2009 to compete in the national Patient Interview Competition, and Free registration (\$150 value) to PDW 2009

Compounding Competition

What: Work with a team of four to prepare a pharmaceutical compound

When: Monday November 10th @ 6pm

Prize: Each member of the winning team will receive a \$100 travel subsidy to be put towards travel to PDW 2009 to compete in the national Compounding Competition, and Free registration (\$150 value) to PDW 2009

Student Literary Competition

What: Submit an article/essay about a relevant pharmacy issue

Deadline: Monday November 3rd @ 5pm

Prize: Winner receives a \$100 travel subsidy to be put towards travel to PDW 2009, and Free registration (\$150 value) to PDW 2009

Prizes subject to change without notice

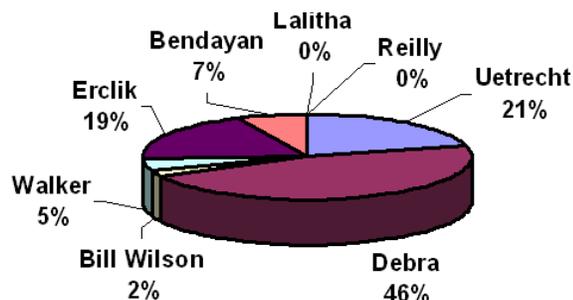
For more information about these competitions, visit <http://www.capsi.ca/awards.php>

Stay tuned for more information about how to sign-up to participate in these exciting competitions!



ITO POLL

Which prof would YOU like to see get a pie in the face at Charity Week?

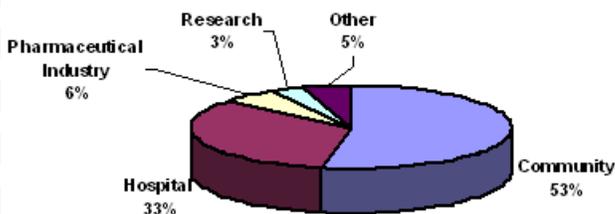


SHARE YOUR THOUGHTS!

GO TO YOUR CLASS WEBSITE AND PARTICIPATE IN YOUR CLASS AND FACULTY WIDE POLLS! THEN TUNE IN NEXT MONTH TO SEE THE RESULTS!

IT1 POLL

What areas of pharmacy do you ideally plan to work in?



Unconventional Pharmacy Jobs

-Adam Calabrese (ITI)

If my statistics are correct, some 85% of pharmacists in this country work in the community setting. Keen minds will no doubt notice the discrepancy between the number of students who want to go on to work outside the community setting and the corresponding numerical reality. I like this situation, as either the aspiring ground-breaking pharmacist achieves their goal, or I get to laugh as they find themselves in a career they once considered beneath their destiny. That's a win-win. We all know that hospital pharmacists make up the largest constituency of non-community pharmacists (about 10% if my memory serves me well). But what about the elusive five percent? Well, I've secured my future until 2015 or so as one of those five percenters, and I'm here to enlighten you on careers in pharmacy you might not have otherwise heard of, presented after hours of painstaking research and listed in descending order of legitimacy.

The Military

While the military is probably the most accessible non-conventional pharmacy job out there (pending a medical exam and background check), very few people are joining. Over half of the pharmacists employed by the department of national defence are civilians, resulting in military pharmacists on one end of the country referring to their colleagues on the opposite side by their first names. Fun fact: As Canadian citizens, we are all able to join the British military if we want.

Pros:

- Weapons training prepares you for career in international drug smuggling
- Scaring the crap out of your daughter's future boyfriends

Cons:

- Camouflage does not flatter your figure
- Geneva Convention won't let you build bio-weapons

Supervillain

You did see *Batman Begins*, right? Remember how that crazy hallucinogenic chemical was synthesized from that plant? I'll bet you a pharmacist was involved in that, and I'll bet you even more that he didn't use no "Patient Care Process" in the process.



Pros:

- You get to pick your own costume
- Much more interesting than being superhero

Cons:

- Your inevitable destruction by the forces of good
- Provincial license bound to be revoked

Terrorist

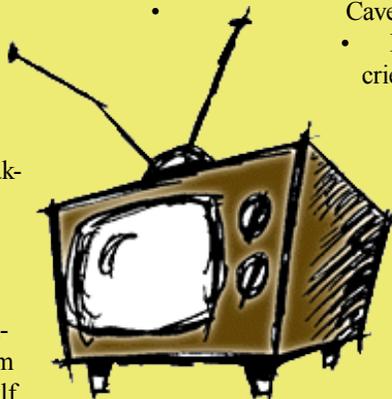
For those of you more reality-oriented, being a terrorist is a pretty good substitute for being a supervillain. And if you're lazy, putting baby powder in the mail will achieve more or less the same effect as real anthrax.

Pros:

- Unlike in the military, you'll build bio-weapons
- Instilling fear in the hearts of millions

Cons:

- Cave life not as glamorous as it seems
- Hard to work with constant background cries of "death to America"



Television Consultant

I once saw Hugh Laurie on *David Letterman*. While discussing how strange it was to play a doctor on television, he mentioned all the useless terminology used on the show, and directly stated that he didn't think encephalitis actually meant anything (and another thing: why

do so many women I know love House for his misanthropy but not me for mine?) And then on another show, I saw a pharmacist being consulted on how to intoxicate oneself using legal and banal substances. If you're anything like me, you can imagine the havoc that could be wrought.

Pros:

- Giving wrong medical advice on how to get high with legal substances probably good for the gene pool (side note: combining bleach and ammonia together will get you totally ripped. Go try it.)
- Hookers and blow. Lots of it.

Cons:

- Legions of internet nerds e-mailing you on the finer points of what you did wrong
- Lawsuits from morons who almost killed themselves after following your advice

Professor

Tried the terrorist gig and found your colleagues to not be sadistic enough? Self-important and pedantic? This just might be for you.

Pros:

- The joy and satisfaction of listening to your own voice for hours a day
- Tenure

Cons:

- Your Santa Claus-like beard won't hide your responsibility for the Srebrenica massacre forever
- Having to put up the façade of caring once in a while

IN THE HALLWAY

By: Oliver Pierce

“The punch was spiked, Arielle realized as she tried to make her way up the stairs. A few steps up, she made a grab for the railing, missed, tottered backwards, grabbed again, and held. She should have had a beer, that would have been safer; but no, she just had to try to find a kiddy drink- like there was any to be found here. She shook her head at the irony. Actually, she should not be here at all. That was her original plan, but studying got boring and everyone else was at this party: the biggest one of the year, the end-of-term party, before the exam started. Speaking of exams, life had not been good recently. She had done poorly on the last few tests, and her marks in most of her classes were slipping, and she really needed to do well on the upcoming exams. And to make matters worse, her parents are really nagging her about it.

At least there was her boyfriend, the one she met in high school, and had been dating ever since. The one who talked to her about marriage to her, and about a great big house, and children, and a dog, and a honeymoon, and... Arielle sighed; she can't remember a time without him. But her boyfriend seemed distant lately, after she told him she needed more time to study, so she couldn't see him as much. And then today, when she told him that she couldn't go to the party with him, he threw a fit and drove away, leaving her just standing there, gazing after him with tears in her eyes. Maybe she could find him at this party- he might be sad without her here, and that would make him happy. She smiled at the thought, and kept climbing.

She tripped on the top step, went down, and then tried to get back up, but found that the heel of her left slipper had broken off. Damn shoes, she cursed in her head as she slipped them off. She really wasn't much of a drinker, she thought, and whatever was in that punch was really getting to her. She really needed to find a bathroom; there must be one up here. She opened the first door; it was a bedroom, and not an empty one at that. There were two people on the bed, neither wearing very much, and both very preoccupied. She blushed, mouthed an apology and tried to turn away. Then she noticed something odd: that red hair, it looked familiar. Then she saw the other signs: the shirt thrown on the floor was just like her boyfriend's favourite one, the one she has gotten him for his birthday; the spot of birthmark on the guy's shoulder, just like her boyfriend's; the same watch that her boyfriend wore; the same bracelet on his other hand. But it was very not Arielle who was in the bed with him, who should be there with him. She blinked, thinking the image might go away; it didn't. She blinked again, still there; then she screamed.

Then she ran. She saw the stairs, one set, no two, separating, and then combining again. Tears tickled down her cheeks, and dropped on her shoulders, or were flung into the air. Fleeting thoughts crossed her mind. They were going to get married, have kids, and get a house. There were people around her, slipping past her: laughing, gasping, talking, whispering. She couldn't hear any of it; all she could hear were the moans of those two in bed. Of those two who didn't belong together. There was the door- she flung it open, then the open air, and the rain. She ran, not knowing where she was going, not seeing. Her feet, now bare, were cut by a broken bottle carelessly strewn on the grass. She felt a sharp pain somewhere far away, but it was soon drowned out by the dull agonizing pain much closer. She reached a door, reached for it, it opened; she staggered into cold, white florescent light of the hallway, and continued running.

Another door opened into the rain, her aching feet found the concrete ground, and she continued on. She stopped at the edge, turned her eyes towards the grass seven stories below, but only saw that room, the naked bodies, and the clothes thrown randomly on the floor. She tried to listen to the sound of the rain, but it was drowned out by the sound of her boyfriend in ecstasy. She closed her eyes, wanting to see no more, and rocked forward, then backward, then forward- finally succumbing to gravity, she fell.”

Sarah Anderson shivered. *Angela's stories get to me every time, she thought, and tried to hide her discomfort.*

“The Dean of St. Agnes College received a call that night, and was told about the bloody footprints in the Hall and on the stairs of

dormitory four, leading up to the edge of the roof, and the body of Arielle Freeman on the grass below. The floors were cleaned and the body was taken away, but the girls who reside here at dormitory four believe that Arielle is still very much present. Sometimes, people passing by the stairwell would, out of the corner of their eye, see a trail of crimson footsteps that would not be there on a second look. Sometimes, someone would hear hurried footsteps in the next hallway, but coming to it, she would find it empty. And sometimes, you could hear heavy sobbing behind you, and then feel a cold hand on your shoulder.” Just then, Sarah felt several points of cold run across her shoulder, and screamed....

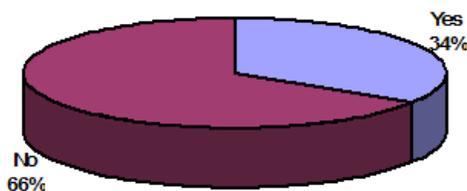
Want to know what happens next? Check out the next part of the story in next month's issue.

Sources for page 10 & 11: <http://www.freefever.com/freeclipart/tv.html>, <http://clipart-for-free.blogspot.com/2008/07/batman-clipart.html>, <http://www.fotosearch.com/bthumb/IMZ/IMZ199/szo0401.jpg>



1T2 POLL

Have you worked in a pharmacy before entering the program?



ATHLETICS

Women's Athletics off to Strong Start for 2008 Fall Season

Anna Huisman

The flag football team has had an excellent start to the season, winning their first 3 games. Led by quarterback Linda Plong, and the great plays of Fiona Choi, Hayley Flaming and team captain Stephanie Chan, the team has won close games against Meds and St. Mike's. An increase in the number of players, and interest in the sport, has been essential to the success of the team, which hopes to repeat as Division 2 Champions.

Soccer has also been off to a good start. The team's success is founded off of the strong plays of team captain Shauna Forsey, as well as Jenny Kotsidis, goalies/midfielders Christa Connolly and Lisa Levangie, and new addition Sophie Adam. The team is playing well going into the playoffs, which begin in November, and looking to repeat as Division 3 Champions.

Volleyball has been off to a mixed start this season. The Division 1 team is fighting hard to keep pace with the rest of the league. The team, led by captain Megan Barkway and veteran Melody Lau, needs to win their remaining games, and hope for some timely losses, to stay in the playoff hunt. On a positive note, however, we are fortunate enough to have two Division 2 teams for Volleyball this year. The Grad House/Pharmacy combo team, led by team captain Jenny Kotsidis, still has an opportunity at making the playoffs by winning their remaining games. Further more, the other Pharmacy team has had a surprisingly successful start to their season. They have 2 wins and 1 loss, and are led by a great group of mostly 1T2's.

Basketball is also underway, with the team having won their first

game and suffering a heartbreaking one point loss in their second game. The team is led by Lori and Lindsay Tribe and the veterans Linda Plong and Shauna Forsey.

We also have a women's hockey team again this year, as part of a joint team with Meds They have had a successful start to their season, winning their first game.

Athlete of the Month

September:

Carrie Roth has been part of many successful intramural teams in her four years of Pharmacy. Having previously played Division 1 volleyball, field hockey, and various tournaments, she is focusing her current athletic efforts as part of the women's soccer team. Carrie is a strong defensive player and a great teammate. Carrie is September's Female Athlete of the Month.



October:

Melody Lau is an essential part of the Division 1 Women's Volleyball team. Melody is a strong team player who is very aggressive on the court. She is an important part of the team both on and off the court, and is always offering encouragement to her teammates. Her strongest role as a player is her aggressiveness at the net when attacking. Melody is October's Female Athlete of the Month. ■



Co-ed Sports

Another month has gone by and a trend is beginning to emerge: "Pharmacy Athletics takes yet another tournament championship". After winning the Softball Tournament in September, and then the Broomball Tournament early this October, Pharmacy Athletics is showing the rest of U of T that we are a force to be reckoned with. The Broomball tournament was a complete success, as a team of 12 of our finest athletes managed to overcome the competition, and took the tournament undefeated.

In league sports, our Co-ed teams have been performing very well. From the looks of it, both of our Ultimate Frisbee teams will be making it to the playoffs this season. Additionally, our Div 1 basketball team has so far gone undefeated, and is in good position to take the championship. In volleyball, there has not been enough games to say how the season will end up, but all three teams look to be very strong this semester.

As for the Athletic Challenge, the 1T0's have taken the lead so far, but there is still plenty of time for the other years to catch up, particularly once the basketball, volleyball and road hockey games begin. If you have any questions about our sports teams don't be afraid to send me an email at brandon.thomas@utoronto.ca.

Brandon Thomas
Co-ed Athletic Director

Male Athletics

We are now in full swing with our fall sports and so far things are going pretty well for our men's teams. Our soccer team has had a huge turnout this year and has pulled off a couple big victories. Our flag football team has had a great start winning two while losing one heartbreaker by only 4 points. Our hockey team is enjoying the stiff competition in Division 1 this year showing a 0-1-1 with both games that went down to the wire. There have been huge turnouts for basketball this year with 4 full teams. With that, we have been able to have very competitive basketball teams this year and look forward to being competitive in all divisions. Let's keep up with the good turnouts as the semester progresses...remember, being active will help keep your mind fresh during all those midterms.

Paul Bazin
Male Athletic Rep



GEEEEEEET PHAT!

The title for this article came about through continuing the pattern of our last rendition, GET PHIT THE PHARM WAY and has become our response to one repeated comment about the general reasoning of not attending athletic events. We quote one individual, “no personal offence, guys, but I am just not that interested in sports, [under breath:] although I don’t get why you guys are so keen about sports anyways.” We wish to respond, “GET PHAT!” That’s right. We aren’t normally poets or rappers, but we want to introduce this new meaning to the popular term, short and sweet.

It does not mean fat
Feeling cool is phat
You want to look good
Let’s talk about food.
If it were a few lines shorter,
it could have been a haiku? {shrug}

In this article, we will tell you the normal nutritional intake for adults, how to reach some goals of building body mass or losing mass, how eating right can relieve stress, and all just in time for first term finals! Yay.

First things first, we all know the four food groups are veggies and fruit, grains, meat and alternatives, and dairy products.

The best way to look at it is through the three steps the Canada Food Guide experts break it down into:

1. Knowing your activity level and needs. (giggle, that’s phunny)
2. Sizing it up – know how to portion and how much you’re taking in. (giggle, also phunny)
3. Calorie, Fat, Sugar and salt intake

If you’re an athlete and use up more calories and fats, then eat more and remember to hydrate yourself. If you are a lab rat or sleep in Gerstein’s, then don’t overeat in any of the categories. If you are pregnant, or breastfeeding, although you are “eating for two or more, per se”, one should space out the snacking, and focus on nutrition!

Go to www.healthcanada.gc.ca/food-guide for more info!

Ok, so how does this apply to pharmies? Well, with the long lineups to the micro-waves, maybe proper snacking and small but frequent meals are the way to go.

I. SNACKING

GOODIES: Make good use of those lockers and start stocking up on snacks that fall into those food groups! Some good portable examples for commuters are: yogurt, dried/cut up fruit, cheese products, and raw veggies.

BADDIES: Snacks high in calories, fats, sugars and salt intake should be taken very rarely. Those include cookies, chips, pastries, alcohol and sweet drinks. Basically, try to snack TID on average. Change the snacks daily to maintain good appetite, good sugar & salt balance and a sensitive palette. Limit baddies to once or twice a week MAX!

II. MAKING GOALS and achieving them: building or losing mass

There are commonly 4 purposes to doing exercise. They are: interest in activity/ someone who does that activity, keeping fit, losing mass, and body building.

Keeping fit, losing undesired mass and body building all rely on a good set of habits. If you’re interested in keeping fit, sticking to a normal adult diet is fine. The general concept is exercise one day, and rest one day for your body to recover.

Losing mass requires practice at weaning off bad habits and knowing how to start good habits. Some people can stop and start cold turkey but most of us can’t, so give ample time to achieve the goals. Try coupling the bad habits with a good habit that you can switch to.

Know that the best way of losing body fat is actually through cardio. Aim for lofty goals but start slow. For example, aim to be able to run 10K within 6 months time. Start building onto your time on the treadmill bimonthly, compounding duration by 25% or 50% every 2 weeks is a good plan of action. Monitor that with your eating. Eat regular amounts on days you are exercising and cut down on overeating if you are not exercising.

Say you’re beyond all that and really just want to look like Ah-nold. Then our recommendation is to be prepared and knowledgeable. Find out which protein supplements suits you because they can be costly

and ineffective. Learn how to do exercises properly by asking about equipment at the AC to avoid damaging muscles. Injury can really throw off body building, so definitely do all you can to avoid it. Finally, pay attention to energy levels, resting habits and eating. Building muscle is as much about energy and rest as the actual perseverance through huge loads.

III. EXAM STRESS and EATING

Eating helps with stress, but it can also add to it, especially during exam time. Although we all need that extra bit of alertness and energy to study for our exams, we also need to regulate our eating. But this article is getting long, so here is a simple list of suggestions to feel better during exams:

1. Find out about the natural foods that help you sleep like bananas!
2. Find out what alternatives there are for foods that keep you energized other than caffeinated things. Maybe substitute a Gatorade for that double-double, too much caffeine or energy drinks add to the stress and may only help wakefulness at the time they’re ingested.
3. Always have some healthy snacks with you when you pull late night study sessions, but don’t eat too much. Space it out.
4. Small but frequent meals are key if recovering from long nights.
5. Fit a bit of exercise in between exam gaps, this way you’ll feel good and be able to push further for the next exam. If you can’t hit the gym, just do stretches or exercises like pushups during study breaks.
6. Eat based on hunger, not just for the sake of boredom!
7. If you like eating out and celebrating after exams, eat something healthy!
8. Instead of candies to chew on, have fruits or veggies.

If you already do this, good for you! If you have not thought about it, why not start now?

GET PHAT!
Tommy and Pete

The Gallery

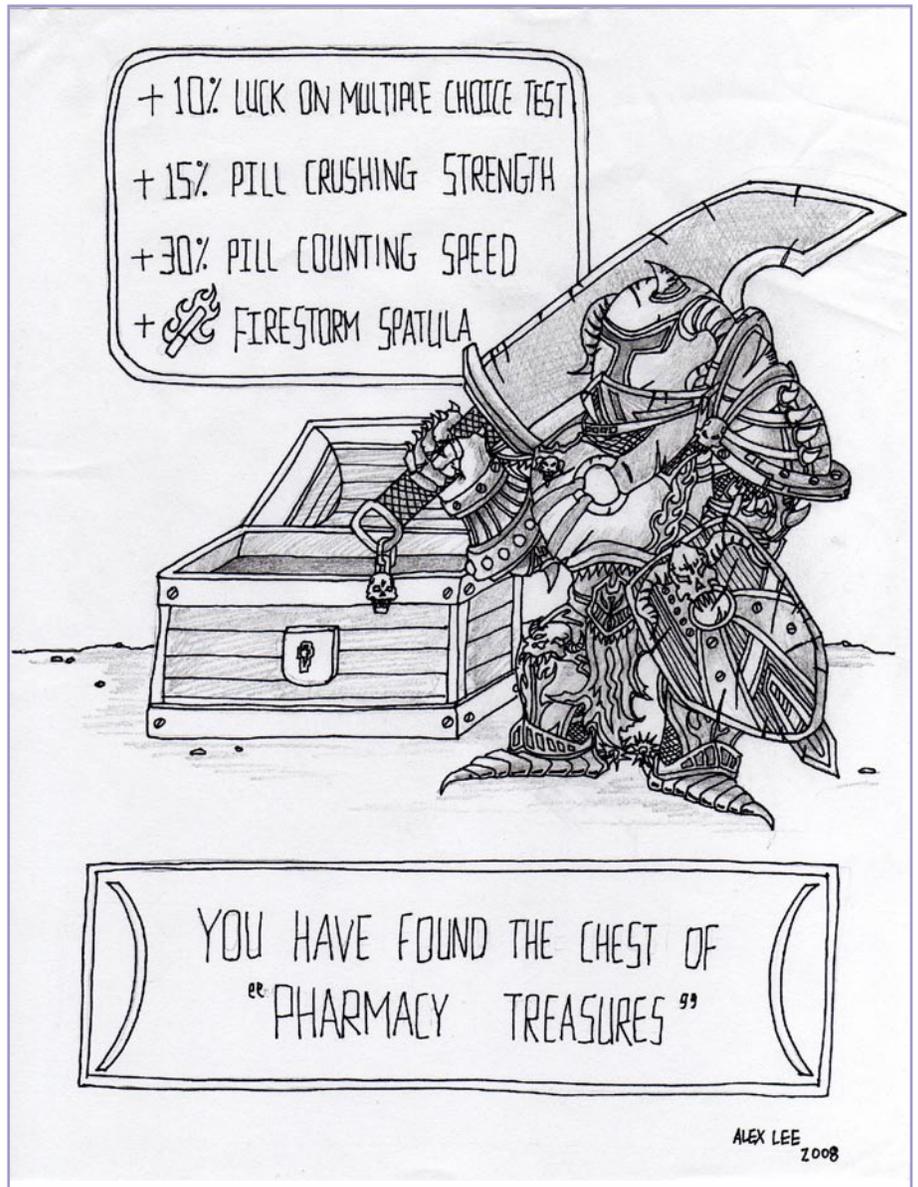
Express yourself.

Share your art - your photography, crafts, doodles, haikus, and your other creations with us and the rest of Pharmacy!

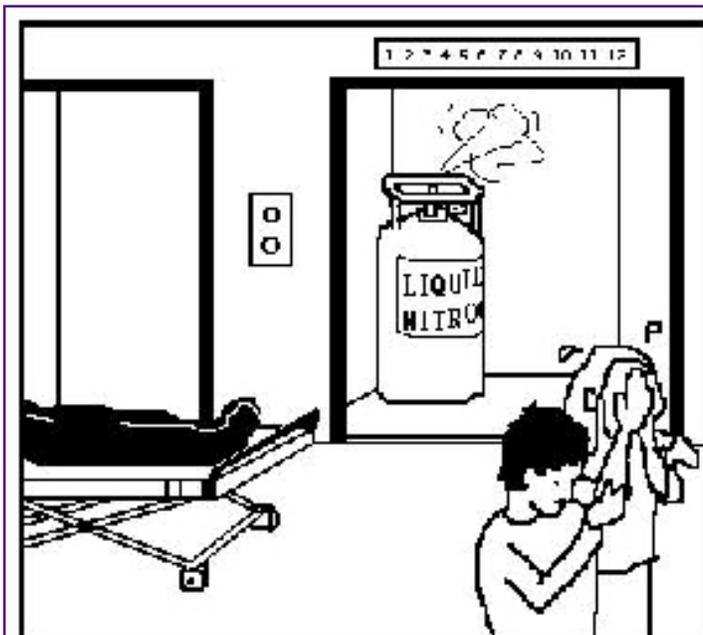
Your work may even be featured on the televisions around PB!

Pharmacy Treasures
Alex Lee (1T0)

Liquid Nitrogen
Annie Lu (0T9)



ALEX LEE 2008



ANECDOTE

BY M.E. SCHELL

Freedom & Love
Mavra Zvenigorodskaya (1T0)



The Mysterious Lady
Mavra Zvenigorodskaya (1T0)

Georgian Bay
Mavra Zvenigorodskaya (1T0)

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

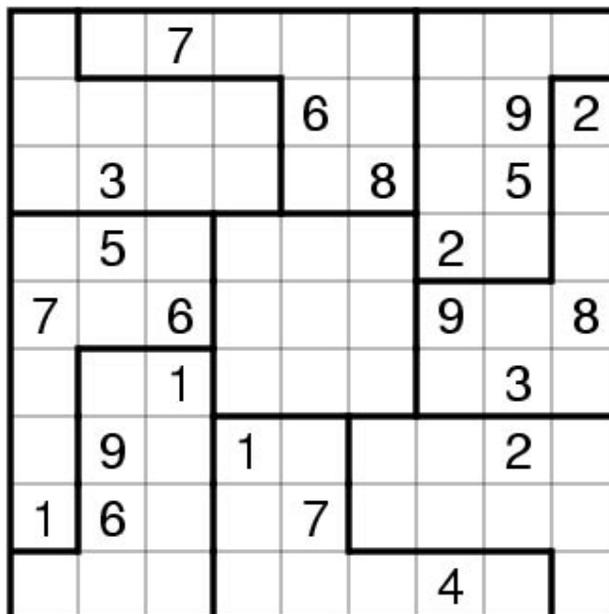
Live well with

PHARMASAVE®

www.pharmasave.com

NOVEMBER Pharmacy Calendar

S	1	
S	2	
M	3	
T	4	Referendum Voting Day
W	5	CAPSI OTC Competition
R	6	1T1/1T2 Mixer
F	7	Pharmacy Job Fair CAPSI Patient Interview Competition
S	8	
S	9	
M	10	
T	11	Remembrance Day
W	12	Fall Info Night
R	13	CAPSI Symposium
F	14	CAPSI Compounding Competition
S	15	
S	16	Monograph Submissions Due
M	17	Charity Week Starts
T	18	
W	19	
R	20	
F	21	Sem-Formal
S	22	
S	23	
M	24	
T	25	
W	26	
T	27	
F	28	
S	29	
S	30	



(c) Daily Sudoku Ltd 2008. www.dailysudoku.com