



The Monograph

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UPS Corner



A familiar heyheyhey to our fellow pharmies!

As we lament the oxymoron that we are finally starting to get summertime weather now that school has started, it's true that most of us can officially be diagnosed with the back-to-school blues. However, let's do our best to remember that we picked this profession that has life-long learning expectations, and remember that this is just a drop in the bucket of the next fifty years.....on second thought, at least try to pack away our grumpy faces and fit in all the catch-up Atrium chats that we can before October midterms kick in!

All joking aside, we'd like to use this first issue to warmly welcome the newest 240 additions to the Leslie Dan faculty: the class of 2013! To the 1T3s - though this program and the next four years can be infamous for being challenging, it can be equally as rewarding as long as you all support each other and don't let your siblings scare you by their tales of woe! To the upper years, welcome back for another academic year together - likely to be filled with more experiences of PPL pass/fail feedback fears and midterm allnighters that seem to bring you that much closer to your peers!

The UPS has been working hard all summer in order to start the year off running by bringing you September favourites such as Boat Cruise, UPS BBQ, Tug-of-War, and Phrosh Banquet! We hope you'll pen these events into your schedule, whether you're first year or a second, third or fourth year - we've worked hard to give you opportunities to take a little time off and blow off some academic steam!

Whether it's bonding with your fellow classmates at Phrosh Banquet, bonding with different year pharmies in the Tug-of-War, bonding with faculty as kings and queens of the grill at the UPS BBQ, or bonding with other health care professionals at the Boat Cruise, we're extending a personal invitation to all of you to help make this a year to remember!



Cheers,

Tina Hwu
UPS President 2009-2010

Joanna Yeung
UPS Vice-President 2009-2010

The Articles of The Monograph are not reflective of the 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 offensive, please contact the editors to discuss the matter in further detail.

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EDITORS' NOTE

Welcome IT3s and welcome back to everyone else! It's the September edition of the Monograph again, and we're sure you've noticed a few cosmetic changes so far. However, the tradition of the Monograph remains the same and so in this issue you'll find September staples like the Anticalendar (pg 15), IPSF summer reviews (pg 30) and the UPS Who's Who! (pg 4)! It is with a degree of sadness that we note the beginning of the last year for our columns from IT0s Christine Truong (My Perspective, pg 21) and Josh Lieblein (The Dispensary, pg 22), as well as artwork from Mavra Zvenigorodskaya. Who else will we turn to for hilariously fabricated stories with only a modicum of truth? Where else can we find tidbits on life? Who will be able to step into Mavra's artistic shoes?

On a more cheery note, we'd like to welcome and thank Milson, Andrew and Sidika for their hard work as well as everyone who has contributed to the Monograph so far! We couldn't have done it without you!



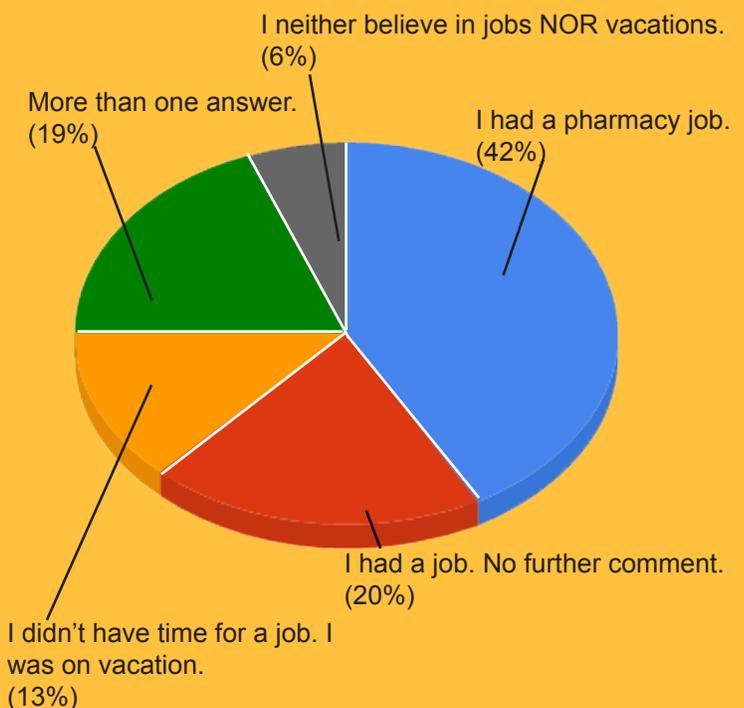
Keep smilin'

Rachel Fu and Janet Leung

Monograph Co-Editors 2009-2010

Monograph Poll!

We asked pharmacy what they did over the summer, and we think some of the responses may surprise you!



UPS Council

POP QUIZ!! on Med Recognition! Can you match the UPS member to the drug of their choice?

UPS President
Tina Hwu (1T1)

Position Description: To help oversee UPS council activities and act as a liaison between the student body and the faculty. Most importantly - be a member of the pharmacy family and try to help bring us all together! :)

If I was a drug, I would be Tina the _____! Essential to give students a helping hand when they're down, and recommended for when you want to take a break!



Tina & Joanna

UPS Vice President
Joanna Yeung (1T1)

Position Description: The UPS VP organizes the Phrosh Banquet, the Key and Awards Night at the end of the year, in addition to providing support to both the president and the rest of UPS.

If I were a drug, I'd be _____...tiny yet effective!

Jr. & Sr. Finance Officers



Amy Wong (1T2) & Giana Tassone (1T1)

Position Description: We write cheques, make deposits and ensure that UPS runs financially smoothly!

Amy: If I were a drug, I'd be _____ because I like to turn that frown upside down.

Giana: If I were a drug, I'd be _____ and take away all your pain!

Jr. & Sr. External Affairs

Natalia Persad (1T2) & Sassha Orser (1T0)

Position Description: As UPS External Affairs directors we coordinate external sponsor donations, attend meetings in professional associations on behalf of UPS, respond to relevant pharmacy related issues by promoting an awareness of such issues within the Faculty and to the Public, etc.

Natalia: If I were a drug, I'd be _____ because people around me feel happy and relaxed.

Sassha: If I were a drug, I'd be _____.



Natalia & Sassha



Jr. & Sr. CAPSI Representatives

Anne Sylvestre (1T2) & Meaghan Linseman (1T1)

Position Description: CAPSI promotes and advocates the interests of Canadian pharmacy students before organized bodies in pharmacy, other professions, government, industry, hospital and the community. On the local level, CAPSI hosts several pharmacy competitions including the Compounding, Student Literacy, OTC, and Patient Interview competitions; organizes IPSF initiatives; and honours students who demonstrates outstanding passion for pharmacy.

Anne: If I were a drug, I'd be _____ because I'm always on time.

Meaghan: I were a drug I would be _____, because it's the "sunshine drug"!

Who's Who

The Pill Box is on the next page spread. Answers are on page 35.

Events Co-Directors

Maria Zhang (1T2) & Zao Zhu (1T2)



Maria & Zao

Position Description: We try to bring you closer to really important groups with amazing events like Phollies - a cross-class annual talent show where you can view certain sides of your peers that you've never seen before! Pharmacy Awareness Week (PAW) aims to not only educate you but bring you closer to the

great profession that we are all privileged to be a part of! So join us this year and you'll be guaranteed to make new connections and have fun!

Maria: If I were a drug, I'd be _____ (active ingredient in SpectroJel) so that I'd keep your PHace so PHresh and so clean.

Zao: If I were a drug, I'd be _____ how else would you survive with so much estrogen going around?

Monograph Co-Editors

Rachel Fu (1T1) & Janet Leung (1T1)



Position Description: If pharmacy school was a 4 year extended release tablet, The Monograph Editors would be responsible for publishing the ADME of student life.

Rachel & Janet: If we could be a drug, we'd be _____ - _____ because we're the perfect team!

Yearbook Co-Editors

Tiffany Kan (1T2) & Jessica Lee (1T1)



Tiffany

Position Description: Snapping loads of pictures and doing what needs to be done to pull together this year's PHARMAKON YEARBOOK!

Tiffany: If I were a drug, I'd be _____ because a Facebook quiz told me so.

Jessica: If I were a drug, I'd be _____ because I'll be super hyper one moment and then suddenly crash...plus sleep is always a problem!



Jessica

Paul & Lisa



Co-ed, Female & Male Athletic Reps

Paul Bazin (1T1), Lisa Levangie (1T1) & Brandon Thomas (1T1)

Position Description: Together, Paul, Brandon and Lisa will ensure that Pharmacy Athletics run smoothly and that Pharmacy is well represented in many of U of T's intramural leagues and tournaments. We're hoping to build upon a successful 2008-2009 season where Pharmacy took home 3 of the 6 major intramural awards banners up for grabs.

Paul: If I were a drug, I'd be _____ because I'd be good at almost everything.

Lisa: If I were a drug I would be _____ because I love the way it smells!...mmmm Blackberry!

Brandon: If I were a drug I'd be _____ because according to the movie Wolverine: Origins people could use high doses of me to fake their deaths or at least make them pee their pants while they are passed out



Brandon

UPS Council

U.T.S.U. Representative

Rachel Whitty (1T1)

Position Description: I am the Pharmacy representative on the U.T.S.U. Board of Directors this year and liaise between U.T.S.U. and UPS! The University of Toronto Students' Union tackles issues of student rights, access to services, and campus life. If you have questions, or would like to get involved, please don't hesitate to e-mail me at rachel@utsu.ca!



If I were a drug, I'd be _____ because I will work to increase bloodflow (info from U.T.S.U.) to the heart (UPS!) at a constant rate (all year)!

UPS Webmaster

Yin Hui (1T1)

Position Description: I'm the webmaster. I master over(?) the web, the listserv, random things requiring whipping up and miscellaneous computer related problems people send my way. Of course, as always, I do not speak English, nor am I awake.



If I were a drug, I'd be _____ because I'd be lord over (almost) all bugs!!! MUHAHAH!!!!

UPS Social Director

Michelle Neville (1T1)



Position Description: I coordinate the social related things that happen throughout the year.

If I were a drug I would be _____ because it helps ease the results of having too much dom perignon.

UPS Past President

James Morrison (1T0)

Position Description: As past president I serve as an advisor to the UPS General Council and the 1T3 Class council.



If I were a drug, I'd be _____ because I am always so chill

UPS Speaker

Tamara Milicevic (1T1)

Position Description: Conduct all orders of business at UPS



meetings, make sure we're following the constitution and remain impartial. Basically, I make sure everyone plays nice in the sandbox :)

If I were a drug I'd be _____ because they smell like cherry mints.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Tazobactam	Bellergal Spacetabs	Benzo	Salbutamol	Vitamin D	Hydrochloro- thiazide	Tamoxifen
A Purple Pill	Adalat XL	Dimethicone	Acetamin- ophen	Alcohol	Tylenol	Caffeine
Lorazepam	Morphine	Bisacodyl	Zopiclone	Metformin	Domperidone	Piperacillin
Vancomycin	Tim Horton's Caffeine	Hycodan	The Pill	Effexor	Tegretol Chewtabs	The Pill Box

Who's Who

4th Year Class President

Stephanie Chan (1T0)



Position Description: I help organize recruitment dinners, interviews and the job fair and act as a liason between the faculty, recruiters and my class.

If I were a drug, I'd be _____ because it has such a funny name.

4th Year Class Vice-President

Anna Huisman (1T0)



Position Description: Work with the 4th Year President to ensure effective operation of the class council. Sit on the internal fundraising committee with duties that includes coordinating the summer clothing sale, nametags sale and charity week.

If I were a drug, I'd be _____ because I have a tendency to sleep during class ... just joking, I just think the name sounds cool

3rd Year Class President

James Ying (1T1)



Position Description: My goal is to work hard to ensure that things run

smoothly, to organize some fun events, and to make 3rd year an awesome year!

If I were a drug, I would be _____ because I like to give people fast-acting relief so that they can breath again.

3rd Year Class Vice-President

Jelena Sparavalo (1T1)



Position description: I'm responsible for organizing fundraising events, including charity week and grad fund fundraisers.

If I were a drug I'd be _____ because it quickly gets rid of a cough!

2nd Year Class President

David Yam (1T2)



Position Description: As 2nd year class President I will be leading our class council, representing 1T2 and making sure our class has an enjoyable year.

If I were a drug I'd be _____ because I'm good at making things move along.

2nd Year Class Vice-President

Sandra Gerges (1T2)



Position Description: I am a ninja and with my powers, I do awesome things like organizing the 1T3 Phrosh Week!

Drug has not yet been developed!

1st Year Class President

TBA

1st Year Class Vice-President

TBA

UPS Secretary

TBA



phrosh week 2009: drug control unit

by Sandra Gerges, 1T2

Before the 1T3s could get a chance to learn some anatomy, microbiology or organic chemistry, the 1T2s welcomed them with a week of exciting activities and gave them an opportunity to make friendships that will be with them for the next four years. This year's phrosh week included an amazing hypnotist show performed by the Incredible Boris, a casino and movie night, a karaoke night at Molly Bloom's, a comedy night at Yuk Yuk's and much more.

One of the highlights of this year was a game designed by the 1T2s called "So You Think You Can Pharm?" This game sent the 1T3s to many stations that simulated tasks performed in a pharmacy. This included a station where they were told to count jellybeans and put them into vials and label them.

Overall, this week was a great success and it could not have been made

possible without the hard work of the Phrosh Week Committee, the 1T2 phrosh leaders, the supportive faculty – Professor Rocchi, Professor Taddio and Professor Dubins, and our amazing sponsors! Thanks for all your support!!

The 2009 Phrosh Week Committee would like to thank the following sponsors for their generous contributions, without which Phrosh Week would not have been possible:

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DrugStore
Sanofi-aventis
Pharmasave
Wyeth
Wal-mart
Rogers
Nestle
Pharmascience
Pharmasystems
Remedy's Rx



Simply Complicated

The Devil that Drives you Crazy

By: Milson Chan, 1T0 Monograph Rep
milson.chan@gmail.com

It exists all over the world, in different cultures. We have heard of it, some may have even witnessed it. People claiming to be possessed by demons and acting in an inexplicable manner. We all know about exorcism, the process of driving out a spirit from these victims. And it exists not only in Christian or Catholic beliefs but also with variations in other cultural backgrounds such as Africans, Asians, Jews ...

Obviously, there have been controversies surrounding the idea of exorcism. Some believe it is only psychological and not legitimate. Interestingly, there have been plenty of documentaries of victims being successfully exorcized. If they are fake, people should not be watching them and there should not be a market for these shows anymore. Yet they show up on TV and the Internet over and over again.

In fact, there are countless reports of victims being controlled by an evil spirit but a lot of them display somewhat similar signs and symptoms including seizure like convulsions, vomiting, involuntary

body movements, as well as mental and emotional breakdown. And very much like the therapeutic thought process, when there is some sort of undesirable signs and symptoms, there is going to be some form of interventions.

These rituals have to be performed by exorcists, a select group of individuals with specialized training and ability. Depending on which part of the world they are from, their healing techniques range from sprinkling salt or spraying holy water to performing spiritual dances or burning incense sticks. So there seems to be plenty of options. And like any form of therapy, exorcism is also associated with adverse events. There have been a few tragic deaths associated in the process. But all remedies are associated with adverse outcomes and even simple surgery is not without risks.

Some people argue that it is impossible for human beings to get possessed by demons in the first place so these "victims" are simply blaming their actions on something that does not exist. According to Joe Nickell, a columnist from *Skeptical Inquirer*, the idea of exorcism is merely some medieval superstition that should not exist since there is no way to explain it with neuroscience or psychology. People are only engaging in some form of role-play-

ing because they have all seen the movies and know exactly how to act.

Others question the effectiveness of the interventions and the rituals. Holy water sure sounds like some sort of homeopathic product, especially since you can purchase it through the Internet. However, unlike homeopathy, it may actually follow a traditional dose-response relationship and there is not yet any proof against its efficacy. We do not know its mechanism of actions but it is not like we know how acetaminophen works either and yet we are recommending it for pain management. The bottom line is to make patients feel better, even if it is only psychological, right?

So here is a thought, perhaps we can put demonic possession as one of the differential diagnoses on the exam next time. Although I doubt that will score us a lot of points. But then, if there are undesirable signs and symptoms that are consistent, therapeutic alternatives with possible severe adverse events, and specific goals of therapy, we can technically develop a care plan for it. At least that is what they taught us in therapeutics, isn't it? ■

Sources:

<http://www.cnn.com/>
<http://www.newadvent.org/>
<http://www.skepdic.com/>

A Different Perspective on the Pharmaceutical Industry (Part 1 of 2)

Written by Trinh Kazmierski, IT0

As pharmacy students, we are told time and time again how far our pharmacy degrees can take us. We are told exciting tales of pharmacists working in community, hospital, industry, government, military, etc. However, by the time summer rolls around, we find ourselves working at Shopper's Drug Mart or Pharma Plus. Some of us who may have been a little quicker with our resumes may find ourselves working in the dispensary at one of the local hospitals. For the majority of pharmacy students, this is the extent of our exposure to the career opportunities available to graduating pharmacists. By fourth year, the question has already been asked many times over: Do you want to work in community or hospital? Most of the fourth year students have learned to respond to such a question by choosing either A or B. And so this is how the tale of "endless opportunities for a pharmacist" turns into "community or hospital pharmacist".

What about industrial pharmacy? What about the roles of pharmacists in industry? We are left to crudely develop our own ideas and opinions of the pharmaceutical industry. What are we basing our opinions on? For some of us, we may base our opinions on our experiences in PHM224 Pharmaceutics. There is the fear of entering a career that is likened to working in Professor Barry Bowen's labs, but instead of the biweekly four hour marathon lab sessions, you are eternally damned to a lifetime of such misery. For others, we may base our opinions on the topics discussed in second year PHM227. Being part of Big Pharma would mean being part of an industry that rakes in billions and billions every year on medicines that are out of reach to those who need it most. This is an industry that is constantly blasted with accusations regarding its ethical integrity and, to add fuel to the fire, in recent years has paid off billions of dollars in fines and penalties.

Thus, it seems very counterintuitive for pharmacists, known to be one of the most trusted health care professionals, to be employed by an industry that is believed by some to be so callous.

This summer, with both caution and curiosity, I accepted a position at the head office of AstraZeneca as a summer student. I entered the territories of Big Pharma to determine for myself what exactly goes on behind the doors of the pharmaceutical industry. My knowledge of industry was limited to the aforementioned stereotypes, which have since been dispelled. I hope to share with you some of what I learned at AstraZeneca so that you may determine for yourself whether it is a career choice that you might pursue, or at the very least, break down some of the misconceptions of the industry.



In the first of this two part series, I will be discussing some of the philanthropy that AstraZeneca has done to contribute back to the community. I will also discuss how the Industry as a whole has maintained its ethical integrity in Canada through Canada's Research-based Pharmaceutical Companies (a.k.a. Rx & D).

AstraZeneca and the Community

AstraZeneca was formed in 1999 after a merger between Astra AB (Sweden) and Zeneca PLC (U.K.), but its history dates back as early as 1913, the year when Astra

AB was formed.¹ The company operates globally with headquarters in the U.K. and locations in over 100 countries worldwide. The company's key therapeutic areas of interest include cardiovascular (e.g. Atacand®, Crestor®), gastrointestinal (e.g. Losec®, Nexium®), oncology (e.g. Arimidex®, Iressa®), respiratory (e.g. Symbicort®, Oxeze®), neuroscience (e.g. Seroquel®), and infection (e.g. Merrem®).²

AstraZeneca is one of the largest pharmaceutical companies in the world and the second biggest pharmaceutical company in Canada. In 2008, its sales were reported at \$31.6 billion worldwide. That year, it invested over \$5 billion dollars in research and development.³ In Canada alone, each and every week, the company pumps \$2 million into the economy through research initiatives.⁴ The research seems to have paid off. In the last four years, the company has released 12 new and improved medicines and boasts 59 medical treatments currently in the pipeline.⁵

Despite these strong numbers, AstraZeneca is careful not to be casted as a business solely driven by profits and the company aims to make positive contributions to individuals and communities in need. In 2008 alone, AstraZeneca spent a total of \$718 million on community sponsorships and charitable donations worldwide.⁶ Although the company's therapeutic specialties do not encompass HIV/AIDs, malaria, or TB (significant problems that the developing world is facing), they are still able to provide support to areas affected by these diseases in other ways, including working in partnership with Red Cross to deliver community-based programs that promote TB and TB/HIV awareness, encourage people to seek early diagnosis, and provide care in the home.⁷ The company has also contributed to disaster relief efforts, including aid in China following the 2008 earthquake disaster and in Myanmar following the 2008 cyclone tragedy. Furthermore, through product donation and their patient assistance programs, medicines are made available free of charge or at reduced prices to those who cannot afford it. Last year in the US, patient assistance programs

contributed a total of \$646 million worth of medicines to patients who needed it.⁸

In Canada, AstraZeneca has been generously giving back to the community, not only by working with community groups and charitable organizations, but also through the development of its corporate citizenship program, Frontline Health. The Frontline Health Program is a program committed to improving the capacity of Canada's health care system in order to facilitate access to medical care to those who are beyond the reaches of our mainstream health care system. Despite our universal health care system, there are still Canadians who face barriers to health care due to socioeconomic (e.g. homelessness, addiction, mental illness), cultural (e.g. language barriers, cultural concerns), and/or geographic (e.g. living in remote areas) reasons. With these vulnerable populations mind, the Frontline Health Program supports: research and innovation, to help address the health needs of underserved populations; knowledge sharing networks that help foster communities of practice on the frontlines; education and training programs that help develop the next generation of frontline health care providers; and sharing of stories that celebrate dedicated practitioners and successful innovations as a means of raising the public and policy profile of frontline health.⁹ In these ways, AstraZeneca establishes itself as a company whose responsibility stretches beyond the provision of medicine and into the support of the community at large.

Canada's Research-Based Pharmaceutical Companies (Rx & D)

AstraZeneca Canada is a member of Canada's Research-Based Pharmaceutical Companies (commonly referred to as "Rx & D") (website: www.canadapharma.org), a national self-governing body that represents over 50 different research-based pharmaceutical companies, including Pfizer, Merck Frosst, GlaxoSmithKline, and Hoffman-La Roche. Rx & D was founded in 1914 and has since been responsible for not only advocating for policies that allow the industry to bring innovative medicines and vaccines to Canadians, but it also ensures that its members research, produce, and market products in an ethical manner.¹⁰ Since 1988, Rx & D has demonstrated its commitment to establishing a relationship

with health care providers based on trust, openness, and transparency via the Rx & D Code of Conduct. The Code of Conduct is a 19-page document that can be found on the Rx & D website and it details the responsibilities of each of its members regarding the following areas:

- 1) Research and Development - to provide an ethical framework, in which to engage in scientific research
- 2) Product Stewardship - to ensure accountability for the manufacturing, distribution, and use of products
- 3) Provider and Patient Education and Information - to ensure that health care professionals and patients have access to information about the appropriate use of products and services

The enforcement of the Code of Conduct is assisted via the Complaints Process (much like the Complaints Process of the Ontario College of Pharmacists) and it is overseen by the Industry Practices Review Committee (IPRC). Complaints are assessed to determine if a violation has occurred and in such cases, a penalty may be imposed on the offending member.¹¹ In these ways, the Canadian pharmaceutical industry has been attempting to assert themselves as an industry that respects its moral and ethical obligations to health care providers and patients.

The next instalment of this two-part series will introduce some of the careers of pharmacists in the pharmaceutical industry. Please look for this article in next month's Monograph!

Declaration of conflicts

The author has previously worked for AstraZeneca, although no longer has professional obligations to the company. This article is not intended to be an advertisement for any companies or affiliations. Opinions written here are that of the author's only. Facts and figures found in this article were gathered mostly from the AstraZeneca website, which is accessible to the public. The references are listed.

(Endnotes)

- 1) <http://www.astrazenecacareers.com/content/aboutAZ/ourCompany/ourHistory/astrazeneca-our-history-corporate-evolution.asp>
- 2) www.astrazeneca.ca/en/products
- 3) <http://www.astrazeneca.com/about-us/key-facts?itemId=3888474&nav=yes>
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M

Playing With Fire(fox)

By Yin Hui, IT1



Looking back, this was a great summer for me, and I'll tell you why:

I enjoyed my summer job at the London Health Sciences Centre;

I got to stay in London, ON, possibly my favourite city in the entire world;

I managed to design the UPS website without making it too ugly;

and most importantly:

Firefox 3.5 came out!

Also worthy of noting, Windows 7, the new operating system that is supposed to be (and I say supposed to be) thousand folds better than the current Vista is due out October 22, 2009. As well, the next Ubuntu release, Karmic Koala (sounds so cute!) is due out in October as well.

But back to Firefox. My relationship with Firefox is a love-hate one. I originally switched to it in 2006 because it was said to be more secure than the then IE 7. I stayed with it because I love the myriad of extensions and Add-ons, and other little things that just make browsing a little faster and easier. I almost left it for Chrome because it takes at least a half minute to start up, even in safe-mode. The switch to Chrome didn't last long, because I really missed my Add-ons. Mind you, I don't

use a lot, since I don't exactly want to prolong my one minute-start up time, but the ones I do use I really started missing once I migrated away from Firefox. I settled for setting Chrome as my default browser, so I can open a webpage up fast if I'm clicking on a link from my email, but still use Firefox to do the bulk of my non-urgent browsing. I was very excited when Firefox 3.5 release candidates came out. The reviewers claimed a faster start up, faster JavaScript rendering and so on. Without much hesitation, I upgraded to Firefox 3.5. True to the reviews, it started up faster (see me dancing with joy) even with all my add-ons.

Here are some things I find useful with Firefox. The main goal is to share some of my favourite features/Add-ons of Firefox, and maybe show you something that may improve your web browsing experience. Of course, if it sounds good enough to venture a switch from your current browser, it's all good =>

The Awesome Bar

One of the key features of Firefox. Users term the address bar of Firefox as the Awesome Bar because not only does it pop up with suggestions based on the web address you type, it also searches anywhere within the URL and the site title, and displays the results as suggestions listed by how often you visit each. For example, when I type "U" in the awesome bar, not only does the UPS website pop up as a suggestion, but also active housing listings from the uwo, and Cracked.com because it had the tag of SU and humor.

We are all familiar with the big search engines such as Google, Wikipedia, Youtube, and if you are like me and don't speak English, Dictionary.com.

When you're trying to visit a well-known website (no, the UPS website is not well-known enough), it is no longer necessary to type out the full URL. For example, if you'd like to visit Mozilla.com to download the newest RC for Firefox, just type Firefox in the address bar, and voila! You are directed to mozilla.com, specifically the page to download Firefox. (If you type internet explorer, it will

direct you to download internet explorer from microsoft.com/windows/internet-explorer). For more complex terms, such as "how can I memorize all my textbooks" there is no need to actually visit Google. Just type the phrase into the Awesome Bar, and you are automatically directed to Google results.

If you don't want to search Google? No problem! On the right hand side of the Awesome Bar, there is a list of search engines. When you click on the icon, a pop-up menu will give you a list of current search engines available to you. Visit "manage search engines". If you feel like you don't have enough search engines, click on "get more" to find more. If you feel like you can live with what you already have, click on an existing search engine, and add a keyword that is easy to



remember and type. For example, I use 'gg' for Google, 'yt' for Youtube etc. Once you've defined your keywords, type the keyword corresponding to the desired search engine before typing in your search phrase. There, you've searched

without actually going to the website!

Not only can you use predefined keywords for searching, you can also use them for visiting your bookmarks. As I mentioned before, the Awesome Bar searches in tags as well. So by properly tagging your bookmarks with the appropriate keywords (TV, entertainment, academia....) you will never have to click through the bookmarks folder to look for a particular bookmark again!

The Find Function

Instead of hitting Ctrl+F, or, heaven forbid, going Edit->Find, start typing when you are on a webpage, and Firefox starts searching the page as you type, and highlights the first instance of your search term. Another thing about the search bar, it's non-intrusive. It is positioned at the bottom of the screen, and will not hide any text.

The Add-ons

Firefox has an extensive add-ons database

(can be reached by typing in "FF add-ons" in the awesome bar), ranging from customization add-ons such as Personas, to development add-ons such as Greasemonkey.

My personal favourites, are:

- *AdBlock Plus*, an add-on that prevents scripts, objects, and ad images based on a list of known advertising URLs from loading on the webpage. In addition, you can easily block something manually as well.

- *All-in-one Gestures*, which links a series of mouse movements (a gesture) with a command in Firefox. For example, a down stroke followed by a stroke to the right closes the tab, an upstroke preceding the previous gesture closes the whole window.

- *Download Status Bar*, a little add-on that displays your downloads at the bottom of the current window instead of in the popup download window. In mini-mode, only a little section is added to the status bar showing number of downloads in progress and the number finished.

- *Web of Trust* allows for peer review of a website based on child safety, vendor reliability, privacy and trustworthiness. It also displays a warning when you try to access a website that has a questionable reputation.

- *Personas* serves no real purpose except to make my window look pretty without the use of themes. It basically skins the window without changing the icons.

Add-ons can also link Gmail up with Firefox, add an IE tab for compatibility testing, and download all Flash-based videos on Youtube....

My understanding of the intricacies of the internet, and of Firefox, is superficial, and I don't claim to know much about either. Through this article, I hope to share some of the short cuts and aids that I found useful in my current browser of choice, and to remind everyone that advances in technology is driven by lazy people. The lazier you get, the more shortcuts and functions you'll be willing to discover ;)

■

The CAPSI Column: CAPSI Invades Halifax!

From May 28th to June 2nd, 30 members of CAPSI's 2009-2010 National Council met in Halifax, Nova Scotia for their first face-to-face meeting of the year. During this five day conference, CAPSI members were able to finally meet and start planning CAPSI's goals for the new school year. Key issues at this year's meeting included sponsorship opportunities, CAPSI competitions, member benefits and recruitment, as well as the organization of future PDWs.

CAPSI's face-to-face meeting is always organized with CPhA's Annual Conference. Therefore, in between intensive meetings and presentations, council members could take part in CPhA's activities. One of these activities was the Awards Night. Let's take this opportunity to congratulate two fellow U of T students: Rachel Knott as a CPhA Centennial Award Winner and Andrea Narducci for her CPhA/Apotex Future Leader Award! On one night, CAPSI members, centennial winners, future leaders, and other students teamed up to represent their respective pharmacy school for a huge Karaoke competition. U of T had by far the most people on stage!

Another key moment was the talk by Dr. Linda Strand, co-author of Pharmaceutical Care Practice (AKA "the green book"). In her talk, she explained that she truly believes that in the near future, pharmacists will play a very minimal role in drug distribution, and that it's up to today's pharmacists to embrace and perfect pharmaceutical care in order to meet the healthcare system's needs and to ensure the survival of our profession. Her bluntly honest talk about the future of pharmacy in Canada was seen as a real eye-opener for those not familiar with her practice model and it was truly inspiring and encouraging for those who were.



During our down time, we got a few opportunities to visit the wonderful city that is Halifax! The conference was held just minutes from the beautiful coast. We also got the opportunity to visit the historical Citadel and Alexander Keith's brewery and take a ride in the famous Harbor Hopper. There is no doubt that the people of Halifax truly are as friendly as their reputation states!

In sum, the conference was very productive for council and educational for its members. We encourage all students to participate in CAPSI national's next face-to-face meeting that will take part here in Toronto! PDW 2010 "Meeting in the Middle" will be held January 13 to 16 and is sure to be a memorable experience.

Meaghan Linseman
Sr. CAPSI Rep

Anne Sylvestre
Jr. CAPSI Rep

CAPSI FALL SYMPOSIUM

SUBJECT : Remote dispensing

WHEN : Tuesday October 13th, 4 pm

WHERE : To be determined

WHAT : A panel of experts will present what remote dispensing consists of, the legislation permitting it, and how it will affect drug delivery and pharmaceutical care for future pharmacists.

Save the date in your CAPSI agenda!

It Comes Once Every Decade.... and it's coming BACK BACK BACK!

Stacy Yeh and Hayley Fleming, 1T0

Nope, we're not talking about renewing your passport or doubling the value of your home! This is even bigger! PDW 2010 is finally returning to Toronto after almost a decade and it's surely not to be missed! This 4-day national conference being held at the Sheraton Centre Hotel from January 13-16, 2010 boasts of an incredible line-up of speakers including our world-famous keynote speaker, Dr. James Orbinski and some of the best offerings of our faculty including Dr. Zubin Austin, Dr. Jack Uetrecht, and Dr. Jillian Clare Kohler! Not to mention there will be social events galore to mingle and network with other pharmacy students from



all across Canada!

Registration for PDW 2010 will be open to all University of Toronto pharmacy students starting September 21, 2009.

Stay tuned for volunteer opportunities! Even if you do not obtain a seat at PDW 2010 this year, you will be able to help out with this conference!

For more information about PDW 2010, please visit our website at: <http://pdw2010.uoftpharmacy.com>.

If you have any questions, please post on our FAQ site and we will get back to you ASAP!



University of Toronto Students' Union
Local 33 ■ Canadian Federation of Students

U.T.S.U.'s Got You

by Rachel Whitty (1T1)

On behalf of the University of Toronto Students' Union (U.T.S.U.) and as the Pharmacy representative on the union's Board of Directors, I'd like to welcome you back to class and introduce you to a brand new section of the Monograph – U.T.S.U. News! Here you'll be able to learn more about your Students' Union and what's going on that's of particular interest to us as pharmacy students. If you have any questions, comments, or suggestions, please don't hesitate to find me in the pharmacy building, or e-mail me at rachel@utsu.ca.

WHAT IS U.T.S.U.?

The University of Toronto Students' Union represents and serves over 41 000 full-time undergraduate and professional faculty students at UofT. We hold events, provide services, and run campaigns to improve your experience at the university.

WHY I GOT INVOLVED

Before pharmacy, I was a Life Sciences student at UofT. At that point, I didn't know much about U.T.S.U. beyond metropass sales and free agendas. But at the end of last year I met some of the members of the Executive Committee of U.T.S.U. (which consists of the president and all the VPs) and learned more about all the exciting, interesting, and extremely important work the union does.

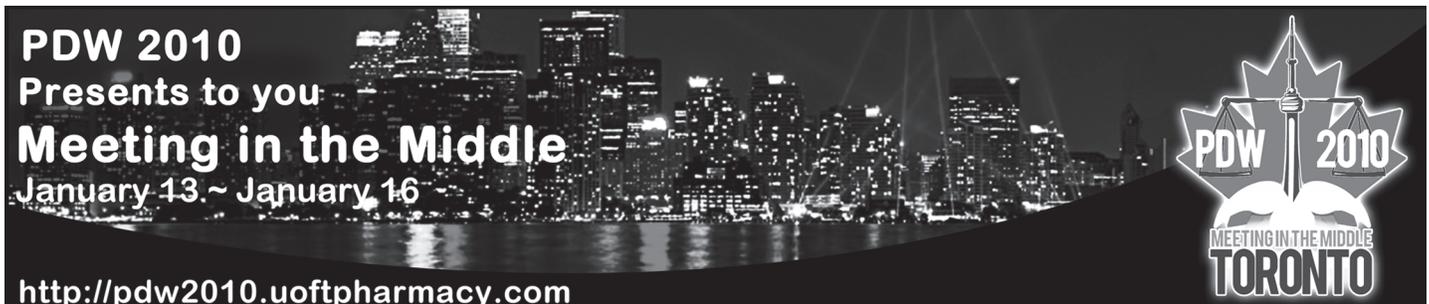
The University of Toronto is a massive place and there's always so much going on – both wonderful and not-so-wonderful. Getting involved with U.T.S.U. is a great way to learn about how the university works, and how we as students can make it better for everyone. It's also a great way to meet new and interesting people! But mostly, it's FUN! If you want to learn

more, or if you have any questions about U.T.S.U., I'm always up for a chat or you can e-mail me at rachel@utsu.ca. I'd love to hear from you!

PROFESSIONAL FACULTIES TOWN HALLS – YOU'RE INVITED!

I'd like to highlight this new initiative by the University Affairs commission of U.T.S.U. (which I'm a part of) because it is so relevant for us as pharmacy students! Professional faculty students have different needs and experiences than students from the Faculty of Arts and Science. These town halls are an opportunity for students from all professional faculties across UofT to talk about what these needs are and how the Students' Union can help. There's going to be a meeting in both October and November and you're invited! The student societies from each of the pro facs will also be invited and it's going to be a great chance for us all to meet each other and share what more we want from the university. Stay tuned for more information and for the exact dates of the meetings!

Coming soon to a Monograph issue near you: What are all the U.T.S.U. commissions and how do I join? 



PDW 2010
Presents to you
Meeting in the Middle
January 13 ~ January 16

<http://pdw2010.uoftpharmacy.com>



SPEAKERS INFO

ONLINE Registration Begins

September 21, 2009 for CAPSI members: \$175.00
October 19, 2009 for non-CAPSI members: \$250.00
Day Registrations (excludes Social Events): \$60.00/day

Accommodations*

Sheraton Centre Hotel: \$189.00 per night
Single/double/triple/quad occupancy
* mandatory for full conference registration

Keynote Speaker - Dr. James Orbinski

Subject of award-winning documentary "Triage: Dr. James Orbinski's Humanitarian Dilemma", author of best-selling book "An Imperfect Offering Humanitarian Action in the Twenty-first Century"

Special Guest Speaker - Dr. Allison McGeer

Infectious disease expert, head of infection control at Mount Sinai Hospital. Worked on the front-lines during the H1N1 outbreak and SARS epidemic in Toronto

Breakout Speakers

Dr. Zubin Austin, BScPhm, MBA, MISC, MEd, PhD
Dr. Jillian Clare Köhler, PhD
Dr. Lionel Laroche, PhD, PEng
Dr. Pierre Moreau, PhD
Dr. Jack Utrecht, MD, PhD
Dr. Adil Virani, BSc Pharm, PharmD, FCSHP

SOCIAL

Wednesday

"A World Within a City"

An Opening Gala full of culture and ethnicity that matches that of Toronto!

Thursday

"Bright Lights, Big City"

In the heart of Toronto's entertainment district, Lot 332 offers an energetic atmosphere and chic setting.

Friday

"Paint the Town Blue and Red"

Dress in blue and red to cheer on the Toronto Rock Lacrosse team at the Air Canada Centre!

Saturday

"Another Moment Like This?"

A blast from the past with a retro High School Prom. The best dressed will be crowned Prom King and Queen.

<http://pdw2010.uoftpharmacy.com>

What the Pharmacy?

A Students Guide to Ontario Pharmacy Politics

By: Taj Dhinsa (OPA Student Board Member)

BILL 102

When? Introduced September 2006 by George Smitherman

What? Bill 102: Transparent Drug System for Patients Act (TDSPA)

- Generic companies used to provide rebates or “professional allowances” to pharmacies
- Allowances helped pharmacies to reach bottom line since dispensing fees have changed very minimally in the past 15 years
- Provincial governments targeted “rebates” paid by generic manufacturers to pharmacies because of concerns over the implications of such rebates in publicly-funded drug programs
- The government sees professional allowances as money that they can potentially save if they were completely out of the system
- Professional allowances were capped at 20%
- Pharmacists must now document how they use these allowances and submit reports every 6 months describing how they use these allowances to deliver better patient-care

Pros: A commitment from government to pay for new professional services such as patient-counseling and medication management

Cons: A significant cut to what pharmacies used to make profit and/or reach their bottom line

MedsCheck

When? Program introduced in April 2007 by MOHLTC

What? One-on-one, 30-minute medication review program for patients taking three or more chronic prescription medications.

Pros: -This is the first professional service for which Ontario pharmacists are compensated
-Nearly 400 000 patients received a MedsCheck at least once

Cons: -MedsCheck was rolled out without adequate change management strategies; as a result uptake was slow but numbers to date are positive.

-Many pharmacists have to have other pharmacists cover their shift while they conduct MedsCheck

DRUG SYSTEM RENEWAL

When? Legislation expected in fall 2009

What? Bill 179: Regulated Health Professions Statute Law Amendment Act, 2009

- Impacts pharmacy by introducing:
1. Remote dispensing
 2. An expanded scope of practice for pharmacists

Remote Dispensing

-Would not require the physical presence of a pharmacist in “remote dispensing locations”

-Locations would be accredited and linked to an accredited pharmacy

-Proposed in order to increase access to pharmacists, either through

a remote dispensing machine or through remote supervision of a pharmacy technician

-There may be a role for these machines in underserved areas such as Northern Ontario

-OPA is working with the Ministry and OCP to ensure that “remote” is defined properly

-Other health professionals who also have the controlled act of dispensing should be held to the same responsibility as pharmacists when they dispense medications

New Scope of Practice

-Increase the public’s access to health care services by expanding the scope of practice for pharmacists

-Includes some of OPA’s recommendation to the Health Professions Regulatory Advisory Council (HPRAC)

-May play a huge role for patients that do not have family doctors or are living in underserved areas

-Pharmacists already possess the knowledge, skills and ability to perform the proposed acts

-Additional training may be required in order to take on expanded services

4 Key Areas as Defined in the Regulations:

1. Administer a substance by injection or inhalation for education and demonstration
2. Prescribing drugs in areas such as smoking cessation or for purposes of extending, adapting and adjusting existing medications
3. Performing procedure on tissue below the dermis for education and demonstration purposes
4. Order laboratory tests for the purpose of medication monitoring and management

Currently:

The OPA will be providing submission to Standing Committee this month which will reinforce our position on both remote dispensing and expanded scope of practice, advocating for:

-Ability to administer a substance for injection for the emergency and routine immunization

-Prescribe a drug specified in the regulations for defined set of minor ailments and for Schedule II, III, U drugs for purposes of Chronic Disease Management (i.e- Blood Glucose testing strips) and for travel prophylaxis

How You Can Get Involved?

-Join “Ontario’s Community Pharmacies” Facebook group

-Visit Ontario Community Pharmacies website: <http://ontario.communitypharmacies.ca/>

-Visit www.opatoday.com and become an OPA student member and voice your concerns ■



First Year Anticalendar

By: Sidika Dhalla , 1T2 Monograph Rep

Congratulations 1T3s!! The year will be challenging for you, but take everything in stride, prioritize and figure out early the courses you can study for on the subway commute the morning before. Leave your competitive edge back in undergrad; help your friends and classmates because these 240 people that surround you are not only your classmates, they are your future colleagues and health care professionals.

PHM120 – Intro. to the Profession of Pharmacy

B. Seguin & A. Thompson

This course teaches you the social aspects of our profession and of the health care system. Evaluation is based on 3 written assessments which are insanely vague questions that you could go on answering for pages and pages, but you're given ONE page because you're marked based on your ability to be "clear and concise." Clearly, I did not retain that ability as my previous sentence was the opposite of concise, but at least you got my point. The midterm was very long and difficult, a lot of the questions were unnecessarily picky on details you would normally overlook. The course reader is expensive so I suggest getting one copy for a group of people and photocopying it around. Pay attention to the emphasis the professor puts on readings. Most of these readings are long and dense and I recommend you keep up with them throughout the year, underline, make notes in the margins so you can refer back later.

PHM 127 – Communication

M. Heffer

Professor Heffer has been teaching this course for years. It covers different types of communication, barriers to communication and how better communication can reduce medication errors. This is an honours/pass/fail course. To pass, you must pass on 3 out of 4 written assessments and on 3 out of 4 oral assessments. It's pretty impossible to fail this course. You'll find yourselves really nervous before the first oral and the first written but once you're through that and you pass, you've got the hang of the course. If you fail, don't worry because there's re-writes – lots of opportunity to pass this course. Writtens are based on assigned textbook chapters – read them, memorize lists shaded in green. Orals are

patient counselling sessions, you're told exactly what to say and in what order – memorize it. You'll get the hang of this very quickly. Lecture notes are online.

PHM128 – Intro. to Professional Practice

A. Taddio & M. Rocchi

Rocchi and Taddio got our Teachers of the Year award last year! You'll learn how to read prescriptions, dosage forms, and a lot about law. Tests were multiple choice and written answer and got progressively harder throughout the year. Although the term will mean very little to you now, "pharmaceutical care" (a cherished 'inside joke' shared by everyone in the pharmacy world) is taught in the second half of the course. Pay attention to charts presented in class and the green book – memorize them. Once you've done this, you will be in on the inside joke, but it won't be funny anymore. Laws – memorize everything also. Language of Medicine – there are about 3-4 self-study chapters on each test. Keeping a steady pace with the chapters (1 per week or so) makes it manageable doses of memorization but it may get overwhelming if left to last minute!

PHM129 – Professional Practice lab (PPL)

D. Kalamut

PPLs are the most intense but useful part of your second semester. There are two portions of PPL. In the technical/dispensing part you are given prescriptions to dispense, should you see fit. Spelling counts here, as does common sense (birth control for a 6 year old does NOT make sense)! You also have to answer the phone once and record one verbal prescription – spell everything right! Then you have to process that one on the computer just like the writtens. Computers are shared between two people.

There is a prescription checking station where 2 prescription 'hardcopies' have to be checked against the original prescription and the actual drug. The easiest way to approach this is to have a checklist for each written, verbal and checking portions of it and take it with you to lab.

Patient care communication is the part you need to prepare for over the holiday – and yes, it is worth your time. There is a list of drugs in your PPL booklet that you need to research. BE PREPARED! The first lab

(on the first week back!) will be stressful and hectic but once you get the idea, you'll see that there is more than enough time and if you're prepared PPLs are actually pretty easy.

I will also mention CSVs (community site visits.) For 3 hours once every 2-3 weeks you visit a pharmacy in your community and you stand around and watch what they're doing. If you're lucky you'll get a pharmacist who will actually talk to you and let you do things. It's fun times.

PHM150 – Intro to Pharm. Sci.

Z. Austin

This is a full year course for which you only get half a credit – SWEET DEAL. Zubin Austin's sections are relatively easy and interesting and when he's speaking, it's the one class you will never miss and that you won't sleep through. The other units are pharmacoeconomics and illicit drugs – memorization is the way to study for these units. You gain a lot of insight into Pharmacy from 150 so pay attention and memorize properly!

PHM122 – Statistics

J.C. Victor

Oh Charles! His monotonous voice and inexplicable passion for statistics will blow you away. Charles Victor gets so into his lectures that I think he does them with his eyes closed. Once he's commanded your attention and you've resolved that you love him too much to sleep through his classes, you'll still feel like you're failing the course. To compensate for the strikingly good looks, his midterm is impossibly difficult and a lot of you will feel like you failed (or will actually fail). But TRUST ME when I say that Charles is so dreamy that you'll forgive him! No but in all seriousness, you'll be fine in the end. Study for exams even though they are open book. I found that the most useful thing to have with you (besides everything) is a neatly written formula sheet – something that tells you which formula to use in which situation. Figuring that out from reading Charles's exam questions is the hardest part. The assignments are relatively easy (except the online ones) so do NOT screw them up – work together. There's an individual assignment which is also marked pretty easy, I found, but don't slack and leave it to last minute because a lot of things come at the same time at the end of the course.

CHM223 – Physical Chemistry for Pharmacy

D. McIntosh

A lot of memorization in this course – the prof doesn't allow formula sheets. There are a lot of derivations that you have to memorize – just write them out over and over and over. The prof will tell you the same thing about his lecture notes – rewrite them. The textbook explains things a lot better than the lecture notes (and the prof). Do the assigned problems because there is a chance they'll show up on the exams. But PLEASE get the solutions manual when you buy the book!! Final note – don't neglect theory – it will screw you over on the tests in the form of a 16 mark question that you will stare at blankly!

LMP232 – Microbiology

I. Crandall

My favourite course of first year!! Prof. Crandall is just AMAZING. It takes a while to get used to his sick, twisted, dark sense of humour but when you do you'll love it! First semester is all about bacterial infections and how to treat them and second semester is about viral and fungal diseases and how to treat them. Symptoms, treatment, and side effects of medications are KEY things to know for exams (and as a pharmacist!). He told you on the first day that everything you need to know for the exams is in his notes – he's not lying. But his exam questions are much easier if you've heard him say the stuff, so don't miss lectures – plus they're a lot of fun!! Exams are entirely multiple choice and very fair. Get a hold of past exams, this is a good way to figure out how to study. If you like the course you'll retain the information; if you don't then it's a lot of cramming. But you will learn a lot of material that is actually very relevant to your future career as a pharmacist.

The lab component was pretty basic because I have a background in molecular biology but if you're new to the whole agar plate thing then they could be fun. There is a quiz at the beginning of each lab (pre read the tasks, this is basically a free 8-10%), a big lab report and a lab test at the end of it (worth 5% each).

ANA200 – Anatomy

D. Ballyk

My second favourite course! Ballyk is a great prof, you'll be scared of her – but it's

a good thing, trust me. She always always means what she says. Her lecture notes are some of the best I've ever had. Bring them to class and write down as much of what she says as possible because everything she says is testable. The course is divided into 4 quarters; there's an exam at the end of each quarter (50 multiple choice, worth 25% each). And the best part – it's NOT cumulative! Her multiple choice questions are HARD – they're usually in the form of 'select the wrong statement.' As my predecessor wrote last year, her tests feel like 250 really hard true/false questions. She really tests your knowledge on these exams, you have to know the details, understand and learn (not memorize) as much as you can. In my experience, 2 of the tests were hard and 2 were easy. Textbooks she recommends are not really necessary unless you need a massive object to hurl at the wall and inflict major damage.

CHM138 + CHM 247 – Organic Chemistry

Instructors will vary

(Courtesy of Brendon Weibe and Zenah Surani)

138 is a review of high school chemistry with a bit of new stuff. Tutorials are hardly worth going to, but do account for part of your grade. The labs are relatively easy marks and don't require too much effort. As for the tests, as long as you know your stuff, the midterms and exams shouldn't be too hard to get a decent mark on.

247 - Don't believe everything you hear about this course, it's not that bad. Sure, there is a ton of material, the labs are brutally long and early in the morning, and the exams are really really hard, but just remember...five-oh and go! I would recommend memorizing the reaction summaries in the textbook by re-writing them over and over. DON'T leave things to the last minute...you should start studying at least a couple weeks before the exams. Tutorials are helpful and often the questions they tackle show up on exams. Finally, get your hands on past exams and do as many as you can--the questions on the exam are hard and this is your best means of preparation.

Last words of advice – the front doors to the building are insanely heavy! Don't depend on the elevators to be there for you when you need them and don't try to get to the 13th floor – there is a top secret mission in place to explore that endeavour – I'll keep you posted. If you have any questions, my email is sidika.dhalla@utoronto.ca. Good luck! =)

Second Year Anticalendar

By Andrew Ting-A-Kee, IT1 Monograph Rep

First-term courses

PHM225 – Intro to Biochem and Molecular Biology

Prof: David Hampson, Jim Wells

Dr. Hampson speaks quietly and his notes do not explain everything fully, so you will want to sit near the front of the class despite his tendency to go off-topic. The textbook is a useful reference for what you may not hear or understand during lectures, and I recommend buying it. Dr. Wells provides an introduction for his section in Medicinal Chemistry, so try to figure out his concepts early (specifically the derivations). If you're having trouble, the tutorials are life-savers.

PHM227 – Health Systems in Society I

Prof: Jillian Clare Kohler

PHM227 is essentially a continuation course to PHM120. Most of the course content is taught by guest lecturers, and the material is unfortunately very dry. There are a fair number of readings, discussions and writing assignments to complete. Whether or not you enjoy this course will depend entirely on whether or not you enjoyed PHM120.

The readings are mostly from the textbook "The Power of Pills". These are about as useful as the PHM120 reading package, and you are unlikely to do well in the course without reading them, although it will still be possible to pass.

Everything in PHM227 is writing-based. To do well, you need proper spelling and grammar and your points should be backed up by references from the readings. Unfortunately, the marking seems completely random at times. If you have concerns, have the TAs or a writing center go over your work before you hand it in.

PHM228 – Professional Practice II

Prof: Vinita Arora

This continuation of PHM128 covers compounding, jurisprudence and calculations. Although most of the course content is taught by guest lecturers, Vinita is approachable and knowledgeable concerning all topics. The lecture on narcotic and controlled drug schedules is particularly useful as it relates directly to the PPLs and the NAPRA chart is

invaluable. Calculations - you will be tested often during the year, and will also need to get 100% on a calculations exam. The textbook provides all the formulas you will need, in a largely confusing manner. You absolutely need to know how to make dosing calculations. Medical terminology is as per PHM128.

PHM229 – Professional Practice II Laboratory (PPL)

Prof: Doris Kalamut

PPLs return as the bigger, badder version of PHM129. There are different drugs to counsel, more DRPs and an additional section for compounding. Watch the compounding video that Doris provides before you step into the lab – the video is over an hour long, and you don't have the time to learn how to use a torsion balance on the fly. The NAPRA chart is extremely useful for verbal prescriptions. The PPLs can be stressful, but in the winter term you will probably miss them when you encounter the courses that don't relate to pharmacy practice.

Full-year courses

PHM220 – Pharmaceutical Care Ia (Panels)

Prof: Debra Sibbald

PHM220 is one of the most important (and relevant) courses in second year if you plan to work in community pharmacy. There is a lot of information presented in class, and the amount of preparation required is also high due to the 'panel' format. Each class, Debra randomly calls a panel of students to the front of the room to apply their knowledge of a specific topic in a case-study. You can't skip lectures if you might be called up to the panel! Debra asks clicker questions that everyone must answer during the lectures. She is not afraid to ask trick questions, so stay alert.

Leaving panel preparation to the last minute can be a disaster because the 220 webpage seems to crash if more than 10 people log on to it at the same time. The panel topics are provided in advance, as are links to useful websites and past panel notes. The Patient Self-Care textbook is a useful starting point for panel preparation but some information is debatable or outdated. If you have conflicting information, go with whatever Debra or the panel presenter says.

PHM222 – Medicinal Chemistry

Profs: Lakshmi Kotra, Sandy Pang, Jack Utrecht, Jim Wells, Peter Pennefather, Patricia Harper, Stephane Angers, Brian Baigrie

Med chem is perhaps the most feared course in second year, but it is manageable. The sheer amount of information provided in lectures is insane and will take up multiple binders. In addition, many of the sections will require brute-force memorization. The difficulty of the course is compounded by the fact that the final exam is cumulative. Now that you are sufficiently scared, the professors do provide you with opportunities and bonus marks that will allow you to succeed as long as you pay attention during lectures and review the notes.

The best thing you can do is look at the past tests early. Try writing all of the tests that are written by the professors. They are the best way to determine what you need to know, and the questions on the final are in the same style as the questions on the midterms. If you look at a past test right at the beginning of the section, you will find out what you should be paying attention to in class. Figure out how to tell if a compound is an acid or base, and how the Michealis-Menten equation works.

The Wells and Pennefather sections are probably the most difficult – the Wells section has a phonebook of notes, and Dr. Pennefather is not a great lecturer. Go to the tutorials as the TAs will teach you the necessary concepts. Also, past tests will show you that the questions asked are similar every year, so you can focus your studying somewhat.

The cumulative final exam is a killer, so you will want to make the most of the midterms. Study ahead of time; you will need more than one day for each section. Do not throw away potential bonus marks from quizzes and assignments.

PHM224 – Pharmaceutics

Profs: Rob Macgregor, Tigran Chalakian, Adam Shuhendler, Barry Bowen, David Dubins

The lecturers are of varying quality, as are the difficulties of their respective sections. It is essential to prepare for the labs as there can be surprise quizzes before the experiments begin, and most lab reports are due at the end of the lab period. There is a shortage of equipment in the labs, so try to get to the machines quickly (or have

something to do while waiting for one).

The exams are lengthy and time may become a factor. Formula sheets are provided for the fair amount of calculations, but you will need to be able to pick out the equations required for a question (and not all will be used!). The most important thing to learn is Fick's Law - it shows up in two units and is a significant component of both. Aulton's Pharmaceutics can be a helpful reference, but most students do not buy it.

PSL200 – Basic Human Physiology

Profs: Martin Wojtovicz, Chris Perumalla, Bob Goode, Nohjin Kee, Alexander Velumian, Louie Mavrogiannis, B. Ju

Workload for this course is minimal - there are only the tests and Physio-Ex exercises (independent study units that are tested). Only the best 2 out of 3 midterms (and the final) count towards your grade. The lecture slides don't always have all the details, so I don't recommend skipping. The textbook is a useful reference, but not necessary if you pay enough attention during lectures. However, try to do the Physio-Ex exercises; they are a source of free marks.

Second-term courses

PHM223 – Methods of Pharmaceutical Analysis

Profs: *Raymond Reilly (*changed from Zhongli Cai)

The workload for this course is light – the labs and assignments are not particularly difficult. The course content is particularly individual and incredibly boring, so paying attention during lectures (or even going to them) is easier said than done. The final exam is all multiple-choice and is not too difficult, even for people who skipped most of the lectures.

PHM226 – Introductory Metabolic Biochemistry

Profs: Jeffrey Henderson, Peter O'Brien

This is your warning; one that wasn't given to the class of 1T1. Second-term biochemistry is extremely demanding and difficult, right up there with Med Chem. The amount of material covered is daunting for a half-year course. That being said, Jeffrey Henderson is an excellent and engaging lecturer. Peter O'Brien is also fairly entertaining, but speaks quietly and veers off-topic.

The workload includes two assignments and a voluntary group presentation. Both assignments are time-consuming, requiring review of the notes and primary research papers. They CANNOT be completed in one night. Volunteering for a group presentation is highly recommended because it provides valuable bonus marks, and the presentations are tested.

The midterm and exam are tough and both require brute-force memorization of metabolic pathways. Henderson's section is manageable but will have difficult application questions not covered in lectures. O'Brien's exam questions are provided ahead of time, but they are all long-answer questions. Work in a group and answer the questions fully before the exam.

PHM231 – Pharmacology I

Prof: Mary Erclik

Dr. Erclik seemed unsure of herself during lectures and provided faulty information at times, which means that you will need the textbook as a reliable reference. Course difficulty is generally high, but varies by section. Drug names, indications, and side effects (yes, you have to know these) follow some general patterns, but others will have to be memorized. The toughest sections are by the guest lecturers, as they give the most detailed information - and test it.

There are no assignments to boost marks - only a midterm, an online test, and the final. Only heavy studying and memorization will grant you high marks.

Third Year Anticalendar

By: Milson Chan, 1T0 Monograph Rep

With very helpful inputs from Josh Lieblein and Christine Truong

Dear 1T1s,

I don't know what you have heard about third year so far but perhaps this guide will be dispel some of the rumors and help ease your transition into third year and make it somewhat less painful. Hopefully you will have as much fun reading it as I had writing it.

PHM320H1 Pharmaceutical Care Ib

Coordinator: Debra Sibbald

This course is basically a continuation of PHM220 with different topics. There is the addition of Debra's OSCE in the winter term as an oral exam. The OSCE is

somewhat stressful but studying in groups or practicing cases with friends may be beneficial. It is also useful to start early because all thirty topics covered in two years may be tested. Even though it is worth a big portion of the final mark, if you have a plan and try to stay calm during the exam, it may not be as bad as it sounds.

PHM321Y1 Pharmaceutical Care II

Coordinator: Lalitha Raman-Wilms and Amita Woods

This is the difficult therapeutics course that everyone talks about; the course where you finally get to really learn about drugs, a lot of drugs. The class is divided into self-governing groups that will be randomly chosen to answer questions for each topic. The dynamic of your group is critical, especially during case study seminars where you have to take turns answering questions. The multiple choice questions in the exams are not easy, and you will need to know a lot of details to answer them correctly. For the long answer questions, it is critical to allocate your time properly and know the therapeutic thought process very well. There is also an oral component in the final exam where you may need to recall details on the spot. In general, it is important to keep up with the readings as much as possible for this course or you may find yourself falling way behind come exam time. There are a lot of information that not even one night of IV caffeine infusion can help with, so don't do that to yourself.

PHM322H1 Pharmacology/Medicinal Chemistry Tutorial

Coordinator: Jack Utrecht

This course is very different from second year med chem that everyone loves so much, but in a good way (unless you really loved it). It's not exactly a tutorial either. Entire class is divided into panel groups and one group will be responsible for answering the pre-assigned questions each week. The workload for this course is not heavy if your group is not presenting but you should still pay close attention to what Utrecht has to say - he summarizes the students' answers and adds in comments that you are expected to know on the tests. Most of the tests questions come directly from those pre-assigned questions and he is also looking for very concise answers. Overall, the material can be interesting so do take advantage of this course and learn something useful.

PHM323H1 Applications of Pharmaceutical Analysis

Coordinator: *Zhongli Cai (*changed from Ray Reilly)

This course is similar to analysis in second year and the work load is rather light. The lab report and assignment are relatively easy to get a decent mark in so try to do well in those because the final exam is a bit difficult. Even though it is all multiple choice, some of the questions require knowing small details from the notes.

PHM324Y1 Pharmacokinetics

Coordinator: Scott Walker and *Micheline Piquette-Miller (*changed from Carolyn Cummins)

This course focuses on mathematical models in pharmacokinetics (i.e. ADME). The amount of workload for this course is not very heavy and the material can be quite useful to learn. In each term, there are two problem sets and one exam. The problem sets are a worthwhile investment of your time because they are heavily weighted and not too difficult. Do practice questions and past exams to go along with your studying. There will be a formula sheet given but you should familiarize yourself with it prior to the exams to save yourself some time; be baffled by the questions on the exam, not the formula sheet.

PHM325H1 Introductory Toxicology

Coordinator: Peter Wells

Professor Wells seems to think that this course is not about memorization. Unfortunately that is not true. The good news is that the amount of material is not overwhelming so if he tells you to know a certain schematic diagram, then you should know it until further notice. In the exams, all you need to do is to draw schematic diagrams and then explain your diagrams in words. You do have to completely reproduce the diagram as in the notes but perhaps a bit more difficult is to be able to hit all the key words when you are explaining it. Did I mention you are only given 50 minutes in the midterms? If you want to know what sort of details they are looking for on the test, you should go to the tutorials. There are not a lot of questions on the tests and exam but trying to predict what will appear is not a good idea.

PHM326H1 Pharmacy Practice Management I

Coordinator: Bill Wilson

Bill Wilson makes this class quite enjoyable by sharing his stories with the class and overall, this course offers a nice change of rhythm for the term because the workload is relatively light. There is a mid-term, a final exam and one assignment that is not difficult. You will need to write a letter or memo in the mid-term, but otherwise all the questions are short answers based on memorization of lists of items from lecture notes. Spend some time to memorize them because you don't want to fail third year because of this course.

PHM328H1 Professional Practice III

Coordinator: *Debra Moy (*changed from Ron Fung)

This course covers a lot of different topics like adverse drug reactions, jurisprudence, and critical appraisal. Basically this is a leftover course from whatever they cannot fit into other courses. The material itself is practical and useful, especially the critical appraisal section, not just because you have to critique an article in the final exam. The mid-term is not very hard but it is quite long and may require memorizing details from the notes. Generally, if you go with the notes in this course, you should be fine. Language of Medicine will also be tested in the final, so hopefully you did not burn it during your summer camping trip.

PHM329H1 Professional Practice III Laboratory

Coordinator: Annie Lee

The third edition of PPL will bring you more excitement than the first two ever did. There is no more compounding, and Rx checking will only appear in the final exam. Most of the topics have already been covered in class with some you may have to figure it out on your own so you should bring your favorite references to the lab (e.g. notes, electronic devices, textbooks ...).

The 2 written prescriptions are based on a patient case where you are required to identify and justify the DTPs, write out your recommendations and action plan. The case example they give you can be quite helpful as a guideline. Verbal prescription is very much like second year except you will have to check the appropriateness of the prescription in addition to the legal requirement. PC skills are going to be in smaller groups where you will be role-playing with your TA. A list of topics will be given for each lab so make sure you

know them well enough so that you will be able to talk about the disease condition and discuss treatment options. Do not forget to ask for allergies and patient history because that would be a terrible way to fail. And always remember to address the patient's concern, which may be more than just solving the DTPs.

The labs may seem too difficult at first but they do get better as the term goes on so do not get too discouraged even if you failed. Remember, this is a learning experience, as long as you learn before the final exam comes.

PHM330Y1 Clinical Biochem/ Pathophysiology/ Pathology

Coordinator: Reina Bendayan

There are more instructors teaching in this course than types of cancer you will need to know for the final exam, and that does translate into a lot of topics being covered by a large variation in teaching styles and abilities. It is especially important to manage your studying time considering there are only two mid-terms and one final exam and with a busy schedule in third year, it is easy to fall behind in this course. Go to the tutorials before mid-terms to look at the sample questions in order to get a general sense of the difficulty. Even though most of the questions come from the notes, trying to cram this amount of material the night before the exam may be very dangerous unless you are very good at answering multiple choice questions. Otherwise you can only pray for the scantron machine to eat your sheet - good luck with that.

PHM331H1 Pharmacology II

Coordinator: Mary Erlik

This course is similar to 231 except the topics are different. There is a mid-term and a final exam, although not extremely difficult, can be quite long and somewhat specific. There is also a written assignment that should be fairly easy to do well in. Like most new instructors, she may be confused by her own material at times but at least she does not intentionally make your life difficult.

Final comments:

The workload in third year can be heavy if you do not function at high efficiency. But you will definitely learn a lot of useful information this year and perhaps become less incompetent just like I did. Just remember, if you stay calm and manage

your time well, this year may turn out to be better than you have expected. Thanks for reading. 



Welcome to PCF!

Hi Pharmacy! We're Pharmacy Christian Fellowship - a group of students in the faculty interested in learning about the teachings of the Christianity in the Bible. We get together every Friday for 1-hour sessions of discussion and/or activities.

Meeting times are every Friday in Room 210 (Pharmacy Building) from 4:10 PM to 5:10 PM. Everyone is welcome!

If you'd like more information or have questions, please contact Alex or Yuan at PCF.utoronto@gmail.com.

PCF Schedule

Sept 11 - Welcome to PCF
Sept 18 - Legal Matters
Sept 25* - Fear
Oct 2 - Money
Oct 9 - Relationships
Oct 16 - Change
Oct 23 - Addiction
Oct 30* - Faith
Nov 6 (Rm. 450) - Saying No
Nov 13 (Rm. 450) - Christian Denominations
Nov 20 - Health
Nov 27* - Death
Dec 4 - TBD
Dec 11 - TBD

* Activity days

Operation Christmas Child

Would you like to help bring joy and hope to a child this Christmas? Operation Christmas Child is an initiative to provide gift-filled shoeboxes to children in desperate situations all over the world.*

As in previous years, we will be providing a limited number of shoeboxes, but participants are more than welcome to use their own.

*More information about Operation Christmas Child can be found at: <http://www.samaritanspurse.ca/occ/>

If you would like to sign up for a shoebox or be a part of the OCC organizing committee, please send us an email at PCF.utoronto@gmail.com.



Stay tuned for in-class announcements and Listserv emails!

Hi 1T0, 1T1, 1T2, 1T3s-

I would like to organize a financial education club for Pharmacy. Among the topics we will discuss:

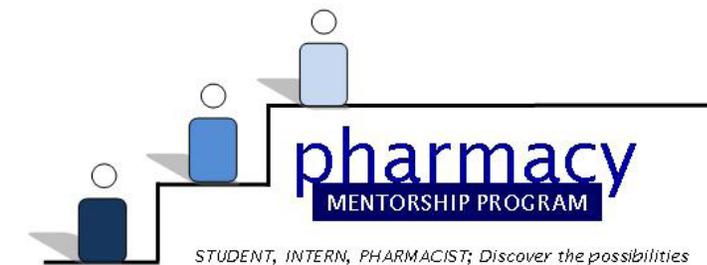
- Investments (paper, business, real estate)
- Understanding a financial statement
- Taxes and how to get around them
- The nuts and bolts of the 2008 market crash
- Making money in bad economic conditions



Besides talking about financial and market issues we will also play Monopoly, pig out, and make up get-rich-quick schemes. Meetings will be bi-weekly basis on campus, but not during exams.

If you want to join e-mail me at tom.he@utoronto.ca
If there is enough interest then this will run.

Tom He
1T0 Pharmacy



PHARMACY MENTORSHIP PROGRAM

Want to learn more about what you can do with a Pharmacy degree?

Want insight into hospital or community pharmacy but lack the experience?

Or are you having trouble in some classes?

JOIN THE PHARMACY MENTORSHIP PROGRAM for these reasons and more!

The Mentorship Program strives to connect you with upper years and alumni who can help guide you a little more during your time in pharmacy. Many of us are looking for answers that will certainly shape how you see yourself in pharmacy, but simply don't know who to ask. Join us for an enriching opportunity to have your questions answered from your colleagues and peers who have the experience.

Check our webpage at <http://pharmacymentorship.blogspot.com> for more information!

Your Pharmacy Mentorship Directors,
Peter Chiu and My-Linh Nguyen

♪ *Pharmacy Choir Wants YOU!* ♪

Are you already stressed out about school, and need something fun? Do you have a flair for singing? Can you bust a move like no one's watching? If so, come join the Pharmacy Choir (No auditions required!), where you can have the best of all worlds! We'll even throw in some UPS points, just for you =D



If you're still unsure as to how exciting the Pharmacy Choir really is, come to the first rehearsal on Tuesday, September 29th at 4 pm in PB B150. If you have any suggestions for songs or would like to sign up for our mailing list, please feel free to contact us at pharmacychoir@gmail.com, or voice your opinions (no pun intended!) at the first rehearsal!

So bring your voices, groove and a little pizzaz, and we hope to see you all there!

Olivia Ng & Raakhee Patel
Class of 2012
Pharmacy Choir Co-Directors 2009/2010



Webmaster Announcement

Announcement #1

If you have not been receiving listservs, aka massive spam clogging your mail box from the UPS Webmaster, you are not on the ListServ, aka mailing list.

Should you want to start to subject your inbox to massive spamming by yours truly, and possibly receive relevant information that will improve your academic, extracurricular and professional life, please send an email to.....

READ CAREFULLY! You must include:

1. YOUR CLASS
2. Your name
3. YOUR CLASS
4. Your preferred email
5. YOUR CLASS

..... yin.hui@utoronto.ca

and please, if you don't want to write

anything else, INCLUDE YOUR CLASS!

Common reasons for not receiving ListServs:

1. You did not sign up for it when the list was going around
2. Your email inbox was full for more than 3 listserved emails
3. You removed yourself from the list by accident

Remedies:

1. email yin.hui@utoronto.ca
2. Unclog your mailbox by emptying your sent items, and useless emails, then email yin.hui@utoronto.ca
3. email yin.hui@utoronto.ca and provide me with a new email that you keep unclogged

Announcement #2

It is possible to retrieve an old email sent through the listServ. The UPS webmaster does not keep a copy of the ListServs sent.

However, an archive can be found on the ListServ website. To access this archive please follow these steps (estimate time consumption: 5 minutes)

Visit listserv.utoronto.ca and log in. If you have not logged in before, or don't remember your password, click on "Get a new LISTSERV password" in blue and follow the instructions.

You will be presented with a list of ListServs available. All of pharmacy's lists are Unlisted, so scroll down to the very bottom and enter the listServ name you are trying to access. If you are a 1T1, your listServ address will be PHM1T1-L, case insensitive.

After hitting Enter or clicking the Submit button, you will be taken to the ListServ archive page.

Regards,

Yin Hui
UPS Webmaster
2009-2010

MY PERSPECTIVE: *Life as it is...*



Congrats to the new class of 1T3. As for the upper years, I'm sure we're all saying "I can't believe how fast this summer has gone by." Welcome back to another fun filled year here at the faculty of pharmacy.

Always keep in mind that school provides you with an education and an important foundation for what you will embrace in the years to come.

However, don't forget that everything else, including life itself, teaches you lessons everyday, perhaps even more valuable than school could ever be.

There are 2 very important lessons I've learnt, cherished and advocated to others:

Lesson #1) Sometimes the things you ARE good at aren't what you want to do. And vice versa, sometimes the things you AREN'T good at are the things you want to do.

Let me explain. Say you are super good at math and physics and everyone tells you that you're destined to be an engineer. However you don't enjoy math and physics and find it super boring. On the other hand, you love writing yet it's not your forté. What do you do?

It actually really sucks. But it happens more often than not.

What it comes down to is that you should follow your dreams. If you don't do what makes you happy, you will lose sight of what makes you happy and continue to do things that don't make you happy. All this does is lead to double unhappiness.

Not saying you should quit what you're doing right now, but finding a balance is important.

Lesson #2) Life isn't about finding yourself...it's about creating yourself.

It is so easy to forget about all the good stuff in life if you focus too much on something. People go around saying they need to find out who they are and find out what they are meant to do. Who's to say that this will become of anything.

Sit down and think for a second. You are you, and only you can decide who you are. So stop wasting time telling people you need to discover yourself. Go out there and create yourself.

End note...live a little...live a lot...it's all up to you.

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

The Dispensary



By Josh Lieblein, 1T0

Most students dread the return to school, but I think more than a few people will agree with me when I say that after the summer we've had, getting back to school is looking pretty good right now. If the predatory summer job market and crashing finances didn't get you, you still had to deal with apocalyptic weather conditions, celebrities dropping like flies, and a decidedly meh summer movie season. Of course, while Pharmacy

can be predatory, crash your finances, provide apocalyptic weather conditions (due to the building being too cold or too hot), cause students to drop like flies, and features a decidedly meh fall lecture season, there is one clear advantage of the school months over the summer months, and that is the return of The Dispensary, the Monograph's only silly news source that is verified by multiple scientific sources.

Barring any enforced victory laps brought on by 4th year Therapeutics, this will be the final year that The Dispensary graces the pages of the Monograph. It brings to mind the old adage about how all good things must come to an end, and all faculty newspaper columns have an expiry date which is fast approaching. For those of you who have never experienced the cornucopia of hilarity that is The Dispensary, here is how it works: I compile three silly news items, each with its own individualized snowflake of truth, pertaining to recent wackiness that has taken place in the Pharmacy Building. One, and ONLY one, of these silly news items will feature a picture with an attempt at a humorous caption. Finally, as if that wasn't already too much to handle, each article will feature a bonus item- perhaps a game, a riddle, questionnaire, or some other challenge that is meant to foster your intellectual development here in the Pharmacy Building.

For the first issue, I'll just be doing one silly news item, with picture and caption, to get you started off easy, and also because it's still summer and I'm trying to enjoy the last free weekend I will ever have for the rest of my life. And it goes a li'l somethin' like this:

Funny Mass-Circulated E-mail About Why A Prescription Takes So Long To Fill Magically Cures All Problems Associated With Profession of Pharmacy

The famous "Why A Prescription Takes So Long To Fill" mass-circulated e-mail has ushered in a new era of co-operation between patients and pharmacists after patients everywhere read

the e-mail, realized that it was entirely their fault that it was taking so long to fill their prescriptions, and completely changed their behaviour so that they would never, ever annoy their pharmacists ever again. The e-mail, which carefully documents all the reasons why insurance providers, pharmacy technicians, doctors, patients, and everyone else who are not pharmacists are always wrong and why pharmacists are always right, reportedly has the power to convince patients of the error of their ways after a single read-through, without a single objection on their part.

"I saw the power and impact of other mass-forwarded e-mails (especially the ones with all the Viagra jokes), and I recognized their ability to change the way the people saw the world, and I started thinking, 'Hey, maybe if I wrote my own e-mail that contained all the annoying things patients did and completely overlooked the annoying things pharmacists might do, and mass-forwarded it to everyone, then all of the problems of pharmacy would be solved instantly,' the pharmacist who wrote the e-mail was quoted as saying. (He of course did not give his name, because no pharmacist would EVER admit to thinking negative thoughts about their patients.)



Schematic Diagram of patient-pharmacist relationships before (left) and after (right) the publication of the "Why Your Prescription Takes So Long To Fill" mass e-mail.

Instead of complaining about how the cherry flavoured cough syrup works better than the banana flavour or trying to scam pharmacists out of more painkillers, patients are now bringing baskets of fruit and offering to rub their pharmacists' feet. Reports are also pouring in that schools have replaced the morning singing of "O Canada" with a pledge to remember the Therapeutic Thought Process, and that "the youths" have adapted hip pharmacy lingo to give props to their homies in the 'hood. Expect to hear "Yo dawg, you just got DTP'ed!" and "Hey baby, you got lots of professionalism, if you know what I mean" on a basketball court near you!

Tune in next time when we post a picture of the drug that is actually named "FML" and laugh at it. (I KNOW IT'S SOOOO FUNNY AMIRITE??) ■

BROADENING OUR HORIZONS: OPA CONFERENCE 2009

By: Taj Dhinsa (OPA Student Board Member)

The Annual Ontario Pharmacists' Association (OPA) conference took place Sept 10-12th and was fittingly themed "Broadening Our Horizons" referring to the opportunities and challenges that are going to be facing the profession in the next few years.

The conference kicked off with a meeting for students. Dennis Darby (OPA CEO), Dean Miller (Chair) and Tina Perlman (Past Chair) presented on a number of topics highlighting future changes in pharmacy practice. This was followed by an engaging question and answer session that allowed students to become further informed on issues such as drug system renewal, remote dispensing and changes in scope of practice. The presenters were impressed by the students' enthusiasm and willingness to learn. Thanks go out to James Morrison for spearheading the session and to the over 80 students in attendance!

OPA's Annual General Meeting took place on Thursday and topics discussed included changes in governance on the OPA as well as updates on the various committees steering the organization.



Perhaps the most exciting parts of the conference were the keynote speaker sessions and workshops. Stephen Lewis, a keynote speaker at the conference and past UN-Secretary General's Special Envoy for HIV/AIDS in Africa, emphasized the need for health professionals to work collaboratively to deliver services that will ease the burden on the health care system. Other sessions included discussions on the Blueprint for Pharmacy, interprofessional care, and MedsCheck. There was also a med chem refresher; a presentation by Dr. Sandy Pang on drug interactions and drug response. Dr. Debra Sibbald held a workshop on OTC products available for skin conditions and also presented our PHM 220/320 student survey findings in hopes of educating pharmacists on the deficiencies of products available in certain pharmacies.

The conference also boasted various socials including a wine and cheese reception, casino night and a gala awards banquet where our very own Alexander Vuong (0T9) was honoured with the OPA Student of Distinction award. Congrats Alex!



The next conference is slated to be held in June 2010 in Niagara Falls. Hope to see you all again next summer! ■

= ("FXXX U, TID")

By: Terry Ip, 1T1

"What does a pharmacist do besides counting pills?"

"We check if they're counted correctly too."

"How do you read the doctor's writing? Do you have a class for that?"

My friend gave a very good suggestion because we don't have a class for that. I replied with an answer I have heard from a pharmacist, "We don't read the doctor's writing, we recognize it."

While electronic prescriptions are highly praised for their legible writing, many physicians still rely on their traditional pens and prescription pads. Illegible writing may grow into a dispensing error if one is not careful. One way to reduce error is to Practice, Practice, Practice. But where do we find physicians' writing? It would be a lot of effort to photocopy prescriptions from physicians' offices while crossing out the patients' names. How about letting pharmacy students grade medical students' written exam papers?

Medical students are future doctors, so their writing may not be comprehensible. Secondly, while they were writing exams, they would have been under stress and time constraints, just like when they practice in the future, and thus their writing may be even more incomprehensible. Through reading the answers written by the medical students, we could get to know them better in terms of competence. Some may even look at it as an interprofessional activity. And since we are doing grading work, we may as well get paid too, like a co-op program.

However, as we are not exposed to physicians' writing in school, many of us take part-time jobs in pharmacies and train ourselves to decipher what has been written on a prescription. I have to admit that it was not easy when I first worked in a pharmacy and encountered prescriptions from various doctors. After I worked for some years and thought that I could recognize their writing, there came a script that caught me off guard. At first glance, the prescription had, "Fxxx U, tid" written on it. I thought to myself, the patient must have pissed off the doctor... 3 times a day?? (Note: tid wasn't the patient's name) Seeing that I was puzzled, the pharmacist took a look at the script and told me that it was an antibiotic cream. ■

A PRESCRIPTION FOR DEATH

By Zenah Alisha Surani, 1T2

If Bloc Quebecois MP Francine Lalonde has her way, James Bond won't be the only one with a license to kill. This fall will mark the third time in the past four years that Lalonde has sponsored Bill C-384 - in favour of legalizing physician-assisted suicide and euthanasia. If such a bill is passed this year, the implications could be enormous. Will it mean a fleeting departure down the much-dreaded slippery slope? Or will allowing people the right to die be the mark of a truly humane and advanced society?

There are two categories of patients that are eligible for physician-assisted suicide under the bill: those that suffer from terminal illnesses, and those that suffer from severe mental or physical pain who have either refused treatment for their ailments or have not experienced relief from any kind of treatment. Patients must request death on two conditions; they must 'appear to be lucid,' and the presiding physician must seek out a second opinion on the case. Physician-assisted suicide refers to the prescription of a lethal dose of a medication, which is then administered by the patient for themselves. This stands in contrast to euthanasia, which is when the doctor administers the lethal medication for the patient. A recent poll in Quebec supported by the Quebec College of Physicians and Surgeons found that 77% of citizens were in favour of euthanasia, while another Canada-wide poll found that 44% supported it.

Esteemed McGill University ethicist Margaret Somerville argues that the legalization of euthanasia would create a gross violation of medicine and law, the two institutions committed to upholding the value of life. She argues that such a law would destroy the trust developed between a physician and patient. By taking the Hippocratic oath, physicians vow to *practice and prescribe to the best of my ability for the good of my patients, and to try to avoid harming them*. The difficulty lies in the nature of the word 'harm'. It is easy to support the case for euthanasia if the patient in question is suffering immensely from a chronic disease such as Lou Gehrig's disease, a fatal neurodegenerative condition. The

patient's quality of life diminishes as he becomes paralyzed within three years of diagnosis and often loses the ability to swallow or talk. Just like we put animals to 'sleep' when they are suffering, wouldn't ending the patient's life be the compassionate thing to do? The answer is easy in that case, but under C-384, patients suffering physical or mental pain in which treatment has either not worked or the patient has refused treatment, are also eligible for physician-assisted suicide. This means that people overcome by immense grief could legally put a end to their suffering. Vancouver pharmacist Cristina Alarcon believes that being able to cope with tragedies and set backs is an important part of the journey of life, and that the passage of such a bill would cause us to "most certainly become less human". Suffering is inevitable in life and if C-384 is successful, death could be used as a quick fix.

The strongest argument in favour of the bill is that of personal choice. The Swiss charity Dignitas assists people with their choice to "die with dignity". They argue that their actions in assisting suicide are altruistic. To ensure no conflicts of interest, all staff are volunteers. Dignitas nurses bring a lethal cocktail of barbiturates to the patient and tell them that this will be their final drink. It is up to the patient to drink the cocktail and end his or her life. Dignitas' clientele is made up of mostly foreigners. Currently, the only two places where physician-assisted suicide is legal in North America are Oregon and Washington.

The passing of Bill C-384 could also mean a complete revamp of the education process and code of ethics of future healthcare professionals. Perhaps future students in pharmacy, medicine, and nursing will one day study the different methods of administering lethal medications. If Bill C-384 passes, maybe one day, patients will ask for a lethal barbiturate martini...shaken, not stirred.

Sources:

Alarcon, Cristina. "Are we Pampering Ourselves to Death?" National Post, 10 September 2009.

Lewis, Charles. "Death by Appointment." National Post, 29 August 2009.

"Dignitas: Swiss Suicide Helpers." BBC News: Health. 20 January 2003. **M**

DISPENSARY DISPARITY

By Sidika Dhalla, 1T2 Monograph Rep

After I finished first year it occurred to me that in three years I'll be a Pharmacist and if I didn't get myself a summer pharmacy job I would never be good enough to practice. It might also have been because two weeks into summer I realized that watching TV shows online all day in bed is not a healthy lifestyle. Also, I thought I'd better get some experience so I won't be as threatened by those pharmacy technicians getting regulated. I don't know if anyone else has felt the same, but after hearing in all those classes about tech regulation, I wanted to find out what would be left for us to do - and what new stereotypes we could create if we were losing the image of pill counters in white coats.

I came into the program with no pharmacy experience so I wanted to find out if teaching people how far to insert suppositories really was a full time job as we were told all of first year. Getting out there in the summer and actually reading real prescriptions and counting real pills is what made me feel even remotely close to a Pharmacist at this point in life - it was a small dispensary. I definitely gained more practical knowledge than sitting in a two hour class learning about social determinants of health - stay away from pesticide? In all my four months working in a new independent pharmacy that filled 50 prescriptions a day, I learned some vital things that helped me discover that I am truly meant to be a Pharmacist - at least more so than a pharmacy technician. It made me realize that I was definitely more relieved than worried that techs are going to take some tasks out of our hands.

What you don't learn in PPLs:

1. Even though prescription label sheets are perforated, you can still manage to rip a hardcopy right in half. This may be when you hit the 3 PM brick wall, you're half asleep and the only skill you may have left at your disposal is counting by 5's. I also learned that if I was a pharmacy tech I would probably get fired within a year, or by the

time I ripped 20 hardcopies – whichever came first.

2. When you drop a pill, check the price on the bottle before you go looking for it. Even if you find it it's not like you'll be able to dispense it. Better yet, check the price on the bottle before you start counting, and adjust your counting speed accordingly.
3. When counting capsules, it's very easy to deform them. Also, capsules are like little magnets, they will stick to each other and the counting stick (whatever it's called) but getting annoyed and convincing yourself that 6 is close enough to 5 is not the right answer!
4. When you've lost count of something 3 times – RECOUNT IT. Unless it's 180 Metformin...
5. When making a dosette, if you mix up morning and evening, there is no easy way to fix it. Give up and start over.
6. If you work in Mississauga, every patient will ask for a discount. And every other patient is actually be given one.
7. On scoring tablets – 'take 4 little bits once daily' is not the instruction.
8. Some doctors think that drawing pictures on prescriptions makes it easier to read and process. Unless the ones I came across were from a doctor who was prescribing a cooty shot.
9. DTPs are for real. Doctors are not a 3 digit phone number away, or in a little room 5 feet away from you and 8 friends.
10. If you tilt the computer screen a certain way, patients won't be able to tell you're playing Minesweeper. But you cannot get away with watching TV shows online – that's just unprofessional.
11. When a patient tells you how much they love and rely on their pharmacist, it makes it all worth it. And then they leave and you continue with mine-sweeper until the next one comes in.

So I have come to the conclusion that techs are only stealing the bits of our job that are no fun. All their work goes unnoticed and pharmacists still get all the glory! **M**

BASIC IN 200 WORDS OR LESS

by Adam Calabrese, 1T1



Above (from left to right): Wesley Powell (1T2), Koren Lui (1T1), Kenneth Wong (1T1) and Adam Calabrese (1T1) pose together in Farnham, Quebec, in week thirteen of fifteen spent at the Canadian Forces Leadership and Recruit School ("basic training" if you hadn't guessed). Notice the look of happy contentment on Kenneth Wong's face. Little do you know that I told him to put his "killer face" on for the photograph. Scary. Also noteworthy: how desperately Wesley Powell is trying to look American for the camera. In case you noticed, yes, those are pill bottles and ointment tubes we're holding. Specifically, diphenhydramine cream and polysporin (those of you in second year will soon get the joke). We thought it would be funny.

Without exception, everyone in a position to do so has asked me how basic was. Since this magazine gets wide circulation, everyone pay attention: stop asking. It can't be described. For example, this picture was taken on Monday morning. I wore those same clothes until Friday. That week, we got maybe three or four hours of sleep per night. I crawled through mud wearing a gas mask during a fire drill. We did patrols in full CBRN gear in weather north of thirty degrees. We fell asleep standing up in the rain, leaning against trees to stay dry. We used topical antihistamines without getting contact dermatitis. We "showered" with baby wipes, and washed our hands with alcohol sanitizer, which of course did nothing to rid our hands of the thick layer of dirt, oil and Teflon forever caked to them. We left the field on Friday, and I discovered that my knees had swollen to the size of grapefruits. I then started myself on a dangerous dose of Naproxen and slept for 13 hours. As a result, whenever anyone asks me how basic was, I've taken to responding with "Fun and easy". **M**

Learning from Michael

By Laura Narducci, 1T0

Since Michael Jackson's passing on June 25, 2009, it has been said countless times by the media, and by you and I, that Michael Jackson will go down in history as one of the greatest entertainers of all time.

However, I think Michael brought more to our world than just his incredible music and entertainment. Michael brought insight to us as human beings. He calls us to pay better attention to arguably the most important part of human life, childhood.

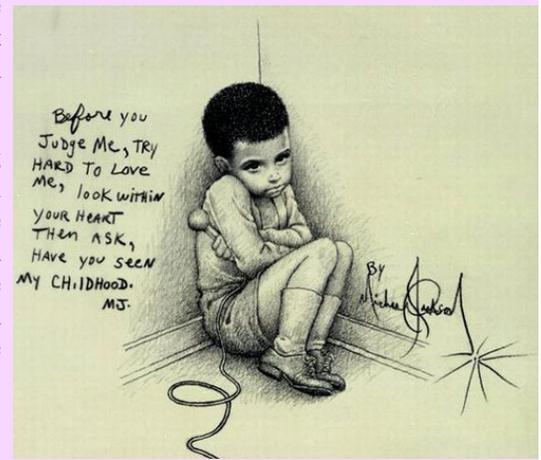
In an interview in December 2003, Michael Jackson said that the most autobiographical song he ever wrote was the track *Childhood*. During the interview, Michael encouraged his fans that if they really wanted to understand him, they should listen closely to this one song.

Ironically, the track *Childhood* did not make the cut for The Essential Michael Jackson Album in 2005, which was meant to contain all of his defining music. *Childhood* may not be nearly as well known as his hits *Thriller*, *Billy Jean*, or *Beat It*, just to name a few. Nevertheless, Michael's lyrics to this one song might be worth a moment of our time.

In this song, Michael discusses how he never had a real childhood – a childhood where he could play freely like a normal child, and grow up slowly with the natural sense of wonder and imagination that

children have – a childhood where he could love elementary things and just be loved for being a kid. You can read the rest of Michael's message below.

By understanding and appreciating Michael's message, I hope that you and I can take what we know to the next level - use our knowledge and energy to help promote the importance of childhood to people of all ages, and take the time in our own lives to make a child's life what it is meant to be. **M**



“Childhood” by Michael Jackson

Have you seen my Childhood?
I'm searching for the world that I come from
'Cause I've been looking around
In the lost and found of my heart...
No one understands me
They view it as such strange eccentricities...
'Cause I keep kidding around
Like a child, but pardon me...
People say I'm not okay
'Cause I love such elementary things...
It's been my fate to compensate,
for the Childhood
I've never known...
Have you seen my Childhood?
I'm searching for that wonder in my youth
Like pirates in adventurous dreams,
Of conquest and kings on the throne...

Before you judge me, try hard to love me,
Look within your heart then ask,
Have you seen my Childhood?

People say I'm strange that way
'Cause I love such elementary things,
It's been my fate to compensate,
for the Childhood I've never known...

Have you seen my Childhood?
I'm searching for that wonder in my youth
Like fantastical stories to share
The dreams I would dare, watch me fly...

Before you judge me, try hard to love me.
The painful youth I've had

Have you seen my Childhood...

A successful, stress-free year with Varsity Blues!

By: Amber Liu, 1T2

Here we are at the start of another new year with things to do, readings and due dates thrown our way, and it is hard not to get caught up in it and let your stress level soar. Maybe even by the end of the week you'd start to wonder why you were ever excited in the summer to come back to school. So before you take out your trusty agenda or calendar and mark it up with plans to study even in the 10 minutes between lectures, I'd like you to take out a lovely blue pen and schedule in time for you to take a break and do something different. Something like...coming out to watch and cheer for Varsity Blues athletes as they take on other universities at the intercollegiate level! As your Varsity Blues Pharmacy Representative this year, I am looking forward to planning and enjoying pharmacy gatherings at special athletic events like college night basketball and Alumni football where U of T takes on Waterloo!

Unless you are a fan of sports spectatorship you might be wondering why you should even come out for these events. Well, I have compiled a small list of reasons that may interest you:

- Striving for good grades can cause stress and exhaustion. Elevated cortisol levels in the body “impair” the memory part of your brain. Thus, attending a sport event can be an exciting and fun social event where you can relax in a stress-free environment and meet new people or form great memories with friends
- Everyone knows that athletics is good for health but recent research from the University of Chicago has shown that watching sports can increase cognitive function, specifically to the part of the brain that deals with language skills. This would be great for all the essays and assignments that we would have to write for various courses!
- Sports require 80% mental involvement: so even those who only watched would have brain activity in similar regions of

Focus on: Occupational Therapy

Interview conducted by Janet Leung, IT1

This is a new initiative this year – a column dedicated to the health care field outside of the world of pharmacy, with the goal of giving a voice to a different perspective. Let us know how we did: themonograph@gmail.com.

This issue, the subject we spoke to is Susan (last name withheld), a student at U of T's department of Occupational Science and Occupational Therapy in her second year of a Master's in occupational therapy. We asked her about school, her future career, and any words of wisdom. This is what she had to say:

Occupational therapy (OT), according to the World Federation of Occupational Therapists (WFOT), is "a profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life[, and this is achieved] by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation." (WFOT Council Meeting, 2004).

There is some overlap between OT and physical therapy (PT). PT differs in that it focuses on enhancing physical capacity and helps the client/patient achieve the highest possible level of independent function. OT

looks at more functional aspects – improving the quality of life and seeks to do this by changing a person's mental state of affairs, occupation, or their environment.

Education

OTs are very highly educated professionals – to be eligible for consideration into an Master's OT program, an applicant must be completing a degree, with emphasis placed on four year programs. Specifically at U of T, it can be a fairly competitive process. The admissions average of the entering class is generally an A-, with reference letters required to boot. Topics cover many different areas, from basics like anatomy (with focus on upper extremities) to different OT assessment tools and theories. Also covered are informed consent, and communication skills (like PHM127!).

Furthermore, there are fieldwork placements, with a minimum of 1000 hours over the course of the 2 year program to graduate. I have had an introductory placement at the Toronto Rehabilitation Institute (like CSVs) and a second, more advanced placement at SickKid's neonatal unit, where she conducts developmental care assessments which evaluate an infant's growth, muscle tone, functional disabilities and fine motor skills)

Career

OTs are very flexible health care professionals and as such, are able to work in a wide variety of settings. OTs are in the public and private health care sectors, but they also work in the insurance world and

with lawyers in conducting assessments. They may also be employed by businesses to perform job assessments, or on a school board. OTs can be anywhere and everywhere.

The most frustrating thing about OT is that the field is so broad – there is no sense of professional identity and as such, some OTs go through an identity crisis. Another problem is that there is no public perception of professional identity, and the general public is unaware of the skills that OTs possess. On the flip side, it is the very dynamic and flexible nature of the profession that I find very appealing because my profession can take me to many different experiences throughout my life.

Final Thoughts

All of my OT mentors at my work placements have tried their best to be client centered regardless of the situation, and that is very encouraging for me as a student, and gives me something to aspire towards. Within the context of interprofessionalism, there is opportunity for leadership roles to be filled by OTs because we are capable of looking at all sides of the patient. At the end of the day, interprofessional care is not about who's in charge, but about how the needs of the patient can be met through the combined efforts of the team. There is a long ways to go on the road to practicing in a truly interprofessional manner, but for the time being, we are at least on the right path towards it. ■

the brain as the athlete. While if you are a novice, someone new to the sport, you can enjoy activation of the bilateral primary sensory motor cortex, which is associated with carrying out new instructions!

- It has been proven that social contact can lower your body's physical response to stress and boost immunity
- Great way to build a network of friends and contacts to support you on your educational journey
- Loaded with opportunities to rest and refresh the mind and enjoy a good laugh, let the endorphins go to your brain! The end result is healthier heart, lungs, muscles and a boosted resistance to infection, which is great in face of the recent tense climate of anticipated potential H1N1 outbreak!

So these athletic events are intended to inspire healthy active living and peak your interest in various sports, as well as providing a quality social rendezvous for pharmacy students. Soccer, swimming, badminton, lacrosse, football, hockey, field hockey, water-polo, rugby, volleyball, basketball...these are just some of

the sports with face-offs lining up in the weeks to come. There are many events and there is something for everyone! So come out to the events and enjoy the health benefits as well as meet others in pharmacy that are likely to be optimists and learn to take a proactive approach to making your life better every day!

If you have any questions or suggestions feel free to talk to me in person or email me at amberi.liu@utoronto.ca. I will be sending regular email updates on events via listservs and sign-up sheets for major games will be available as pharmacy social functions where you can experience the aforementioned benefits along with surprise prizes and activities. I look forward to meeting and knowing many of you this year! ■



Getting to know...

...Dean Mann

Interview conducted by Tina Hwu, IT1
Written by: Janet Leung, IT1

As many of us are aware, Dean Wayne Hindmarsh retired in June of this year - at the end of an 11 year term as Dean of the Leslie Dan Faculty of Pharmacy and his shoes have been filled by Dean Henry Mann. As many less of us might know, there was a Q&A featuring our new Dean on the July issue of the Pharmacopoeia, so for those of you who missed that, here's the Monograph's version of the same.

To start:

He's definitely a man of the world! He was born into a military family in Missouri, and spent 5 years in South Carolina. He was next in Germany for 4 years, before he went onto pharmacy school and completed his residency in Kentucky. Then, in Minneapolis, he was a hospital pharmacist specializing in surgery while holding roles at the faculty there. Finally, he's at the University of Toronto, but who knows where his life will take him next!

Pharmacy in 5 years and visions of the Faculty:

Within pharmacy, he foresees an increased responsibility for pharmacists for direct patient care at all levels.

Specifically within the University of Toronto, an entry level Pharm D. program will be in place, so hopefully the transition from the BSc. curriculum to the new curriculum goes smoothly. There's an aim to increase enrolment within the graduate

programs and a period of growth for research and productivity, but there's no question that U of T will be a leading pharmacy school in Canada and internationally.

Favourite vacation location:

Definitely Europe. Personal favourites include: London, Oxford and Rome

A fight breaks out between Batman and Spiderman; who will win?

Batman, because he's craftier and older. Peter Parker has too much self-doubt.

Small screen ambitions:

If he could be the guest star of any TV show, the first choice would be Battlestar Galactica, if the series hadn't ended. Star Trek would be a close second - he's seen the movie once and is definitely seeing it again in IMAX. *Ed: how did that go?*

Greetings for the undergraduate student population:

"I look forward to meeting you, getting to know you personally, I'm excited about pharmacy and the opportunities that we have... They are investments well made!"

M



Their Cups Runneth Over: Reflections on my summer in Namibia

By: Vincent Ho, IT0

I went to Namibia expecting to see the poor, but instead I found myself humbled by the richness of their people. It seems a lifetime ago that I first arrived in Windhoek to experience life in southern Africa. Recalling those thoughts and feelings to my family and friends can hardly begin to describe the full nature of what I have come to realize: I am embarrassed by their faith.

It is estimated that 90% of the Namibia population are Christians and religion plays an important part of everyday lives. I had the opportunity to worship at His People's Church during my internship in Windhoek as one of our new friends was part of the congregation. Far from being a small

gathering, it has spent a decade growing in size and moved from a tiny community center to a converted convention hall at the Windhoek show grounds. In fact, the church is hoping for a new and proper facility soon and it is because of this revelation that has interconnected to one of my own as well.

Arriving that first morning, I was excited with the crowd that was converging on the church building. Dressed in their Sunday best with personal bibles in hand, people of all racial and social backgrounds gathered for songs and prayers. Some dressed quite formally, others in their everyday overalls but the smiles and warmth were just the same. After exchanging a brief look of acknowledgment with the fellow Asians in the crowd, a customary I have come to accept as unavoidable during my travels, I tried my best to join the lively music sung in many languages: English, Oshiwambo, Afrikans. While I was fairly certain that

I was not the only one encountering this language barrier, there was a definite exotic feel to the worship. Multi-part harmonies bridged the young and old, instilling their proud culture with their religious roots. Traditional hymns were complimented with high pitched shrills and spontaneous dancing breaking out in gyrating movements. Suffice to say my rigid body was not quite up to the task. But what was truly distinguishing was the passion they displayed in their celebration. Stunning ladies in long skirts and confident young men clapped and swayed, as if reflecting on the past and rejoicing for a better future. Eventually the service evolved into the pastor's sermon, which spoke of sacrifice and faith. His powerful words burst forth from the confines of his collar and flowed lyrically into the gathering crowd. One quotation had the deepest impact:

...I tell you, do not worry about your life, what you will

eat or drink; or about your body, what you will wear. Is not life more important than food, and the body more important than clothes?

...So do not worry, saying, 'What shall we eat?' or 'What shall we drink?' or 'What shall we wear?' For the pagans run after all these things, and your heavenly Father knows that you need them. But seek first his kingdom and his righteousness, and all these things will be given to you as well. Matthew 6:25-33 (INV)

While this was not the first time I have heard this passage, never have I felt it held with more significance as it did here. One may attest to relying solely on one's faith, but here many DO go hungry, without shelter and yet they remain unwavering. We privileged few in the developed world ask God for only what we want but know not what we truly need. Here in Namibia the people may not be rich, but they are rich in faith and their hearts are filled with joy.

Although being observant is certainly an excellent skill to possess, observing Namibians going about their everyday lives is a rather passive exercise in social understanding, so I had decided to explore the issue further first hand. One week before our big camping trip to Etosha National Park, the pastor called for a voluntary prayer and fasting period in hopes of expanding the church to a new location. The night before the fast, I made it a point not to do anything out of the ordinary and reflected on the days to come rather than gorge myself with an impromptu binge. The next morning started off with the minimum of fanfare. Lacking something warm in my stomach, my body felt cold and what little energy I had from popping up from bed quickly disappeared. My morning grogginess multiplied until it was chased away by the awakening roar of my once-dormant stomach. I decided it would be best if I left our house quickly and headed into the brisk morning. By this time into the internship, I had already felt



sufficiently comfortable to commute to Katutura via bicycle, therefore equipped with my hoodie and oversized corduroy jacket, I tried my best to be as non-conspicuous as possible out on the streets. Almost at once I was surprised at the amount of traffic I encountered. Squeezed between the relentless speeding traffic and the thorny bushes on the road side, I quickly got a sense of what the newspaper vendors felt standing in the middle of the intersections. Every morning I would notice them dressed in their safety vests, desperately



longing for the slightest cues to confirm a sale. They moved about the traffic swiftly and confidently, their nerves hardened by conditioning and focused on the business at hand. Their faces remained emotionless, until required to greet a potential customer with the slightest of smiles. Others would be off sitting slouched, their limbs tucked in for warmth and stomach bent to fight the hunger. Some would wave and greet me, although most chose to ignore

my presence, perhaps simply indistinguishable from all else. As I arrived in Katutura, these encounters became more personal and I could not help but feel that the anonymity I enjoyed on the highway was now broken. Any last vestige finally disappeared at the clinic as my disguise would no longer hold there. It became quite clear that I was a stranger amongst them. I could only hope to slip back into my obscurity during my journey home.

Once at work I felt my mind wandered, unable to concentrate. As I accompanied my friend to the local supermarket for lunch, I experienced the visit in a way I had never felt before. Walking up to the aisle, I found myself jealous of the wealth of food that overflowed. It all seemed so wasteful in a city where many were starving. The rows of neatly stacked cans and colourful packages lined my tickertape parade of guilt, as if echoing insults as I marched down. Passing several children glancing longingly into the pastry case, I suddenly found myself sharing in their envy at the delicious treat beyond our reach. Looking down, I noticed their blackened bare feet

and tiny hands that were clutching a small loaf of bread in one and a fistful of coins in the other. No doubt they had only been given enough money for the family's loaf of bread. I was overcome by a deep sense of sadness and sympathy although I was uncertain whether they would understand or be aware of it. My sadness soon melted away into a sense of shame as only days before I would have easily dismissed their pleading as a nuisance and squandering whatever little I would be willing to part with. While my denial for food was voluntary, theirs were not. The gluttony of food we purchased could have fed each of them many times over. The emotions that stemmed from this encounter carried with me throughout the rest of my fast. Each night I slipped into bed looking forward to having the day over with and for the next one to come. My thoughts drifted towards a simple feast of hot coffee and plain rolls as I was pondering what would be a proper choice to break the fast. As the sun finally set on the third day marking the official return of my privileges, I recalled my encounter with the supermarket children and thought: 'Qu'ils mangent de la brioche' (Let them eat cake). But I would not betray this new sense of respect. I indulged in a simple cheese sandwich I was offered.

As a healthcare student and a future pharmacist, it is my professional responsibility to maintain an objective mindset and not let emotions cloud my judgement. No matter how devastating or heartbreaking a situation is, I am trained to reassure calmness. While some may think this limits my ability to sympathize with the patient's situation, my experiences has given me a new respect for the lives of my Namibian patients. The majority of the population live with many disadvantages, in a community filled with hardships. They are not blind to the challenges they face everyday but they choose hope over despair and faith over surrender. While I do not think that devotion necessitates a submission of objective scrutiny, one cannot help but admire the strength of their faith. We often feel the pressing demands of everyday life overwhelming us but here in Namibia, despite the limited resources, they have still found a way to reconcile it. Certainly I and everyone at home can do better. As Mandela once said, 'it always seems impossible until it's done'. ■

IPSF – The International Pharmaceutical Students' Federation

What is it? How do I get involved?

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

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

IPSF holds official relations with the World Health Organization (WHO) and operational relations with the United Nations Educational, Scientific, and Cultural Organization (UNESCO). IPSF works in close collaboration with the International Pharmaceutical Federation (FIP).

The IPSF Secretariat is supported and hosted by the FIP in The Hague, The Netherlands.

IPSF Activities

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

The Student Exchange Program (SEP):

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

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

Expenses: \$85.00 Application Fee (\$35 .00 is returned for unsuccessful applications). Students are expected to pay all travel and miscellaneous costs. Room and Board may be provided by the host country. Some placements may provide a small salary. This varies between countries. Please see the website for a list of placements available!

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

Contact: Kit Chan, ipsf.utphm@gmail.com or Amy Smith, seo@capci.ca for more details.

IPSF-WHO Internships:

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

IPSF World Congress 2009 &2010:

The 55th IPSF World Congress, which happened August 3rd -13th 2009, was held in Bali, Indonesia. Those who participated attended workshops, general assemblies, symposiums, competitions and social events with pharmacy students from over 30 countries

throughout the 10 days of congress. IPSF World Congress provides a wonderful opportunity for Canadian delegates to bond and network with pharmacy students from all over the world! This year, the 56th IPSF World Congress 2010 (Aug. 2nd – 12th) will be held in Ljubljana, Slovenia!

Pharmacists Without Borders /Pharmaciens Sans Frontières (PSF)

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

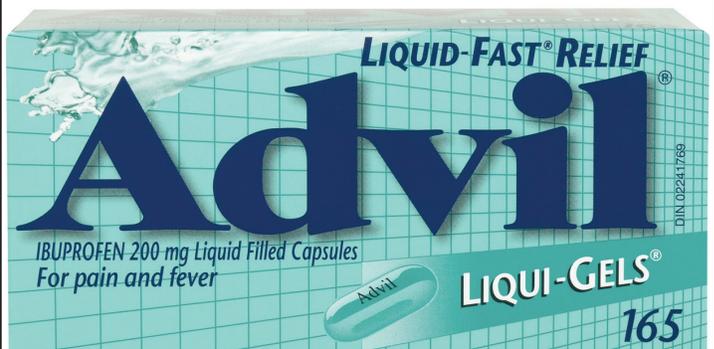
Health Promotion Campaigns:

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

Wishing you continued success

Wyeth
Consumer Healthcare

The Makers of



IPSF presents: Voodoo Vinnie's
**THUNDERING
TORONTO TOUR**

Highlights include

-Breakfast at Prairie Ink with Marvellous Melissa (think Chapters meet Ikea kitchen)

-Dive into a full day of different cultures at the Chinatown Festival, African drumming at Dundas Square and Festival of South Asia (warning: eating street meat is mandatory)

-Spend an afternoon cheering your hearts out at RHCBC's softball fellowship cup

-Rock out to the Killers with Jolly Jess & Jon @ Molson Amphitheatre (CNE included)

-Stuff your face at Korean Grill House and all you can eat sushi at Wasabi

-Relax at Centre Island and stretch out while waiting for the sunset

-Stroll through the elegant Casa Loma with Cool Christa

-Watch the Jonas Brothers live at the Rogers Centre (CN Tower and Eatons Centre included)

-Take a tour of historic UofT and join in the frosh week madness ("WHO ARE WE?...")

-Discuss the latest topics in pharmacy during lunch with NYGH geriatric pharmacist

-See the amazing Niagara Falls up close onboard the Maid of the Mist (shower cap not included)

-Enjoy a bit of nature hiking and canoeing at Bon Echo provincial park with Kooky Kit

-Explore downtown Toronto and a rooftop farewell dinner prepared by Voodoo Vinnie himself

And many more...

"Thanks everyone for everything. I don't want to go home" - Yael, 4th year Israeli pharmacy student (summer 2009)

Come see Toronto in a whole new way through the eyes of your new international BFF. Don't hesitate for a moment! Contact your local IPSF rep to see how you can join in the excitement. **M**

my stay in Toronto

As written by Anna Zemčiková, from the Czech Republic

I was the most lucky person in the world, because Canadians have chosen me to take



part in an student exchange program. That day was one of the most beautiful in my whole life, I was very happy. But nothing to compare with what I feel now after the month I have spent here.

My exchange started on July 17, when Monica picked me up at the airport and looked like really friendly person. I felt very good with her and she helped me a lot first day, when I felt very sad, because I missed my family. That first days I solved usual problems: with my accommodation, shopping grocers, public transport, orientation in the city, start of the pharmacy practice and with all these things the pharmacy students helped me with a pleasure.

Toronto and its citizens amazed me. Toronto is very clean and amended city, I felt really safe in the streets. All people here, from shop assistants to bus drivers, behaved very friendly to me every day. And the best thing about the city? Every time is something to do in here, I wasn't bored any minute.

I worked in a very good pharmacy in Mississauga, which meant a long commuting to and from work every day, but also meeting wonderful owner, pharmacists and assistants, which behaved very friendly to me from the first moment we have met and who told me and taught me a lot about Canadian pharmacy and health care system. I enjoyed every day spent in a pharmacy. I will miss my colleagues a lot.

During the whole month I spent wonderful time with the students in Toronto and also with one exchange student I have met here. We visited museums, galleries, did sightseeing in downtown and whole city of Toronto, they showed me University campus and pharmacy building and took me for dinners and lunches. I can not express with the words how much I like them all and how much mean for me all things they did for me during my stay. I especially express thank to Justin, who was like a professional Toronto guide and showed me a lot from the city and gave me a lot of his own free time, to Monica, with who I can talk like with my best friend and last but not the least to Kit, who showed me all tastes of Toronto and be ready to help me all the time.

To said it in one sentence: Fantastic experience, recommend to everyone. This is what I feel now. **M**

The Phantastic Phollies 2009

By: Maria Zhang and Zao Zhu
(UPS Events Directors 2009-2010)

Welcome back to another exciting semester, and a new fantastic season of Phollies!

Now, for all you 1T3 hatchlings, I suppose it's inevitable for you to ask "What's Phollies? Seriously, why is Pharmacy so obsessed with spelling everything with a Ph???" Well, my friends, if I summarize to three words then it's because "it's super PHun"?

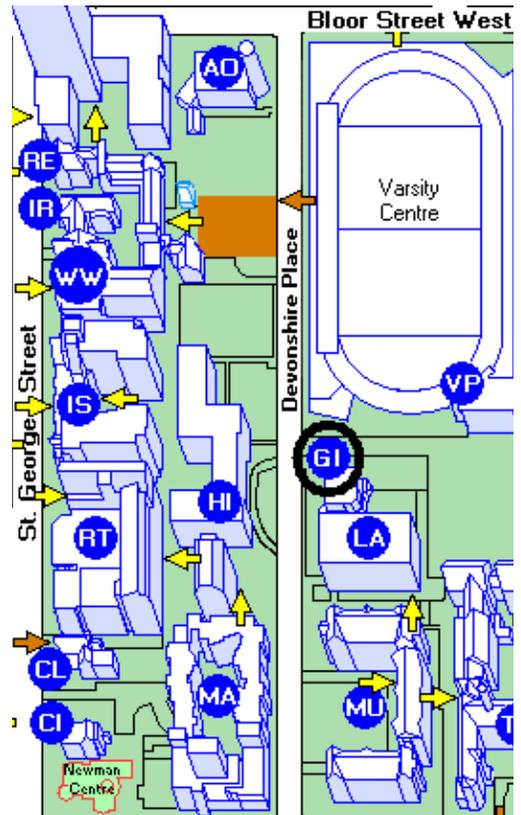
So here is our official invitation to the Phollies, the annual talent show that showcases the flair and savvy of your gifted classmates from all four years and brings our entire faculty together! In the past, we've had great acts such as Bhangra Dance, comedy skits by each year's class councils, and, always a fan

favourite, the graduating class's surprise performance.

This year, Phollies will once again be returning to the George Ignatieff Theatre (See below for map) for two performances. Premiering on October 29th and encoring on October 30th; both in the evening time. Prices are \$5.00 per admission, or you can purchase a deluxe ticket including entrance to both shows and a free voucher for the DVD recording for \$10.00!

Or even better, share your talents! Don't be shy. After all, the PHaculty's a pretty accepting and loving PHamily. If and only if you TRULY, honestly don't think you have a talent (which I'm sure is not true), support your fellow PHarmies by attending the show and bringing a friend or 5.

Hope to see you all soon!



The 'F' Word

By: Anna Huisman, 1T0

I had such high hopes for the summer! It was going to be the summer dedicated to me and to my weight loss effort. Then reality hit. Weddings, conferences, a trip to the Netherlands, working full-time and home ownership kept this girl out of the gym. This is not to say all was lost. I did make some progress.

Some accomplishments I achieved this summer include losing 10lbs, starting swimming and went from swimming 3 sets of 10 lengths and almost drowning to swimming 2000 meters twice a week. I also increased my endurance and do 45-60 minutes of cardio and have started some weight training. Overall I ended up working out 3-4 times a week but the issue was consistency – some weeks were more and some weeks were a lot less. One of the biggest boosts to my workout routine and weight loss effort has been working out with a friend. We push each other to work harder and longer.

My goal for this month is not to let school and all my other activities overwhelm me and to keep on track so that working out and eating healthy are still priorities. This is going to require a lot of self motivation and time management abilities.

I am sure many of you remember the bet I was involved in with my boyfriend and are probably wondering how that is going. Unfortunately right now it's not. Some people need more motivation to get moving. So where does this leave me now? A new motivational goal and deadline! We are both going to Mexico for the grad trip and that means wearing a BATHING SUIT! The prospect of being in a swimsuit in front of 160 of your classmates is absolutely terrifying for them and me. So the goal for this semester is to look decent in a bathing suit by December. I have lots of work to do!



ONTARIO PHARMACISTS' ASSOCIATION



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!

ATHLETICS

CO-ED Intramurals



The end of September always means one thing here at the faculty...the start of another intramural season. Since we had such a strong season in COED athletics last year, winning the Stewart-Wodehouse and Bradley-Copp awards for domination in COED athletics, faculties are going to be looking at us. Let's make sure we show them what Pharmacy Athletics are all about. This year all the same COED sports will continue, including ultimate Frisbee, basketball, volleyball and innertube waterpolo (winter) among others. A NEW sport is also being included in the mix....COED Flag Football. If you are interested in playing in any of these sports or want to see what's out there, go to the student lounge in the 2nd basement. But be sure to hurry up, because the leagues will all be starting before the end of September.

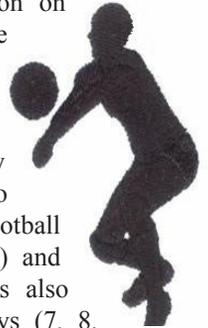
Also, there will be many COED tournaments this year, such as the softball tournament that occurred mid-September. Don't forget to give your mind a rest every once in a while and what's better than playing with your favourite sports for your faculty! If you have any questions, feel free to email any of the athletic reps. Looking forward to another great year in Pharmacy Athletics!

Paul Bazin
COED Athletic Representative

Male Intramurals

Welcome back Pharmacy Athletes, I hope everybody's summer went well and if not, then that's too bad for you. Now enough of the small talk and we'll get down to business: Pharmacy will have a number of teams this year in Men's sports including Hockey, Basketball, Volleyball, Flag Football and Soccer.

Mens Hockey will be starting up soon on various days that will be posted once the schedule is picked. Starting Sept 29 will be Mens Soccer, on Sundays at 10:30 - 3:00pm. Mens Volleyball will be starting in a few weeks on Thursday nights at 9 or 10 pm. That day will also be the starting day for Mens Flag Football which will be Sundays (12:30-8:00pm) and Tuesdays (7-8pm). Mens Basketball is also starting up on Monday through Fridays (7, 8, 9, or 10 pm start times). If you are interested in playing, sign-up on the Athletic Board in the student lounge or e-mail me at brandon.thomas@utoronto.ca.



Brandon Thomas
Male Athletic Representative

Female Intramurals

Pharmacy Women Hoping to Build on Successful Intramural Year

Welcome to a new season of intramural sports! Some things to look forward to this year:

- In flag football, the team has been moved up to division 1 after winning the championship in division 2. We are sure to be led to success by veteran captain Stephanie Chan and veteran quarterback Linda Plong.
- After a very disappointing soccer season in division 3 with very few actual games played, the 3 time reigning championship team has been moved to division 2. I am hopeful that the challenges due to division 2 game times will not hinder our performance this season and that veteran players like sweeper Anna Huisman, captain Jenny Kotsidis, and striker Sophie Adam will be able to be attend to make their mark.
- In volleyball, we will be returning with a division 1 and a division 2 team. Both are hoping to continue their success under captains Tatyana Depcinski and Michelle Hoang respectively.
- Hockey will be continuing its affiliation with Medicine to have an inter-professional athletics experience amid many Pharmacy standouts including Katie King and Hayley Flemming.

- After a successful fall basketball season resulting in a championship, the winter season's team was unable to secure a playoff spot or a place in the league for this season. However, I am optimistic that we will find a spot in the league this year.

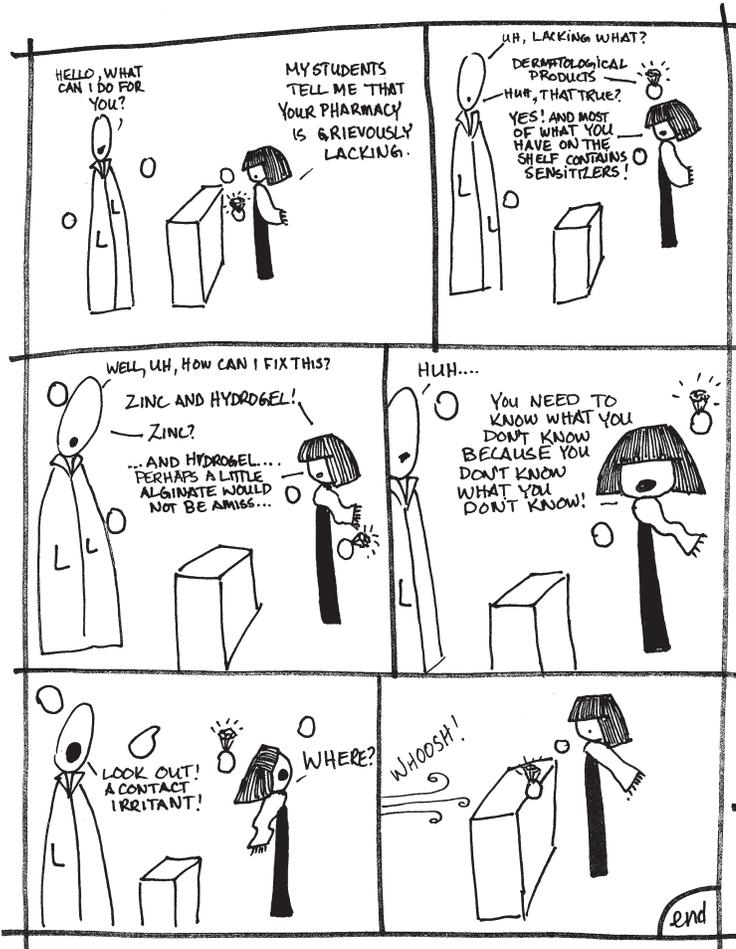


We are always looking for more players, no matter what your skill level. So please sign up for a team, or if you missed that opportunity feel free to email me, or check out the intramural schedule at www.uoftintramurals.ca and just show up at the game dressed in Pharmacy red.

See you on the field/court/ice!
Lisa
Lisa.Levangie@utoronto.ca

ANECDOSE

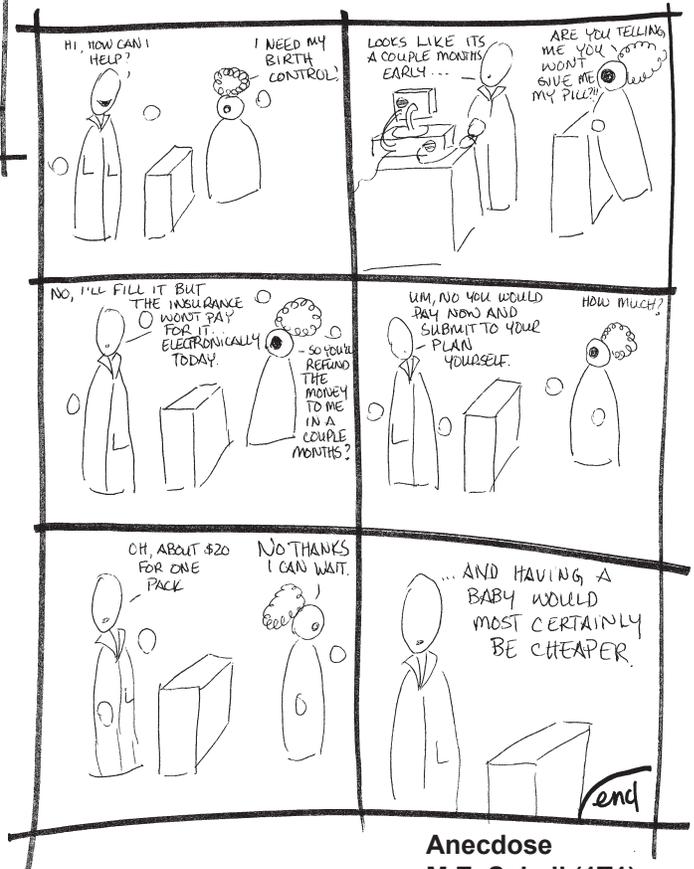
BY M.E. SCHELL



art & diversions

SUDOKU

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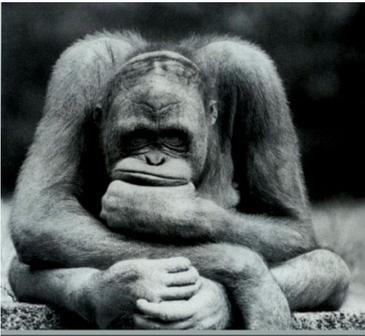
Inside Mavra Zvenigorodskaya (1T0)

Anecdose M.E. Schell (1T1)

For your amusement:

Apology

The Ottawa Citizen and Southam News wish to apologize for our apology to Mark Steyn, published Oct. 22. In correcting the incorrect statements about Mr. Steyn published Oct. 15, we incorrectly published the incorrect correction. We accept and regret that our original regrets were unacceptable and we apologize to Mr.



Oh what to to, what to dooo?

<http://www.oddee.com>, <http://bintiafrica.wordpress.com>



Lovebirds
Mavra Zvenigorodskaya (1T0)

SHOUTOUTS!

Why does no one have shoutouts? - JL

Powell - Your wife says hi
- Breezy

Happy birthday beloved Allie the drunk-laughing-Shoppaholic and Joycie the aggressive-curvy-NerdQueen. <3
- mango

Hi Rachel! *waves* X4
- BK

Dear earthlings:
Here we are again. Let's make it past this year in one piece!
- HT (Hippo turd)

Happy Birthday Allison!
- PLEP

Who's Who Answers

- David - bisacodyl
- Jelena - hycodan
- James Y. - salbutamol
- Ana - zopiclone
- Stephanie - Bellergal Spacetabs
- Tamara - Tegretol chewtabs
- Yin - vancomycin
- Rachel and Janet - piperacillin - tazobactam
- Jessica - caffeine
- Tiffany - Tylenol
- Rachel W. - Adalat XR
- Zao - tamoxifen
- Maria - dimethicone
- Michelle - domperidone
- Paul - acetaminophen
- Lisa - metformin
- Brandon - hydrochlorothiazide
- Sasha - a purple pill
- Natalia - alcohol
- Anne - the Pill
- Meghan - vitamin D
- Amy - Effexor
- Giana - morphine
- James M. - benzo
- Joanna - lorazepam
- Tina - Tim Horton's caffeine

My tally is /26

Interpretation:
>20 - Gold star!
16-20 - What a mindreader!
<16 - Remember, it's six-oh and go!



The Window
Mavra Zvenigorodskaya (1T0)

Pharmasave / far-ma-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 on your own

Pharmasave is unique. Ever since we began operating in 1981, we have subscribed to “member governed” philosophy. This means our Board of Directors are elected from Pharmasave owners so their decisions truly represent the member needs. At the same time, each Pharmasave store still operates independently to serve its individual community.

At its core, this means 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 and services, such as leading edge professional programs, operations, marketing and merchandising support.

Pharmasave’s National and Region offices do not retain any revenue and as such maximizes profitability for each pharmacy.

If you want to start your career in a progressive, independently owned practice, come join our Pharmasave team!

For more information go to
www.pharmasave.com
or email us at info@on.pharmasave.ca

LIVE WELL WITH
PHARMASAVE®

CALENDAR

- Sept 25th UPS BBQ
Phrosh Banquet
26 MMI pilot
Oct 5th Phollies auditions
6 Phollies auditions
7 Awards night
Phollies auditions
8 IPE event
Phollies auditions
9 Phollies auditions
12 Thanksgiving
13 CAPSI fall symposium
25 Phollies dress rehearsal
29 Phollies
30 Phollies
31 Halloween



Petersburg
Mavra Zvenigorodskaya (1T0)