

January 2010

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UPS Corner



Hey fellow pharmies!

As the first monograph issue of 2010, we just wanted to wish everyone a happy new year! We hope everyone had a fun and restful vacation before coming back to tackle January midterms.

As you are all aware, the Leslie Dan Faculty of Pharmacy played host to this year's PDW! A big congratulations and pat on the back is in order for the 2010 PDW Planning Committee for hosting and putting together one of the most organized and exciting PDWs to date! As delegates and subcommittee members, we were able to experience the annual national student conference both first-hand and behind the scenes and know just how much work was needed to make this event the success it was. A special thank you to the subcommittee members, volunteers and delegates for helping the event run smoothly and welcoming the other students to Toronto. Next year's PDW "Wide Open Futures" is to be held in Saskatoon and we hope to see many of you there again!

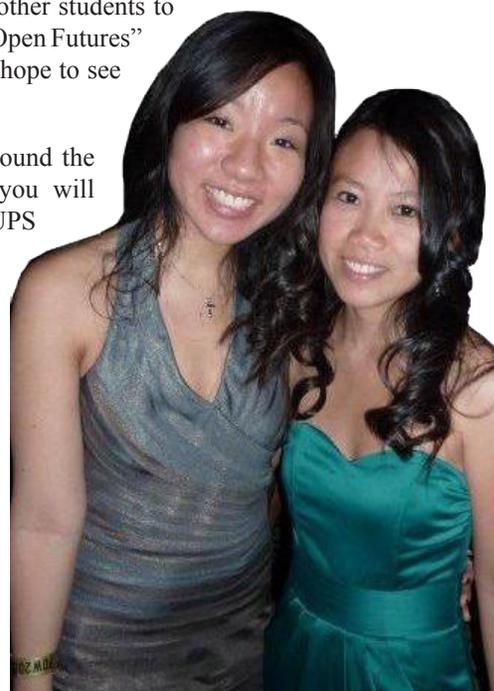
With the start of reading week around the corner, we hope that many of you will consider being apart of next year's UPS council. Elections and interviews will start in February so please do not hesitate to contact us or any other council members about their positions. UPS is a great way of taking a break from the books and contributing to the Pharmacy community!

Hope you're all having a great start to the semester!

Cheers,

Tina Hwu
UPS President 2009-2010

Joanna Yeung
UPS Vice-President 2009-2010



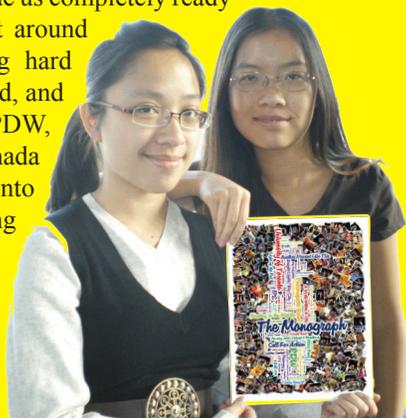
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Editor's Note

Phew! It's only been a month since the winter break, and the work that's come fast and furious has made us completely ready for the next break that's just right around the corner. At pharmacy, working hard goes hand in hand with playing hard, and nowhere is it more obvious than at PDW, where pharmies from all over Canada spent 4 days in downtown Toronto working hard by day, and playing hard by night (page 4).



For this month's procrastination distraction, check out Fadié Jebrail's interesting application of Calculations knowledge on page 12, or the compilation of 1T2 commuter stories on page 10. For some 1T3 thoughts "Ramblings of a Crazy Man" on page 17 is a place to start. Aply titled? You decide.

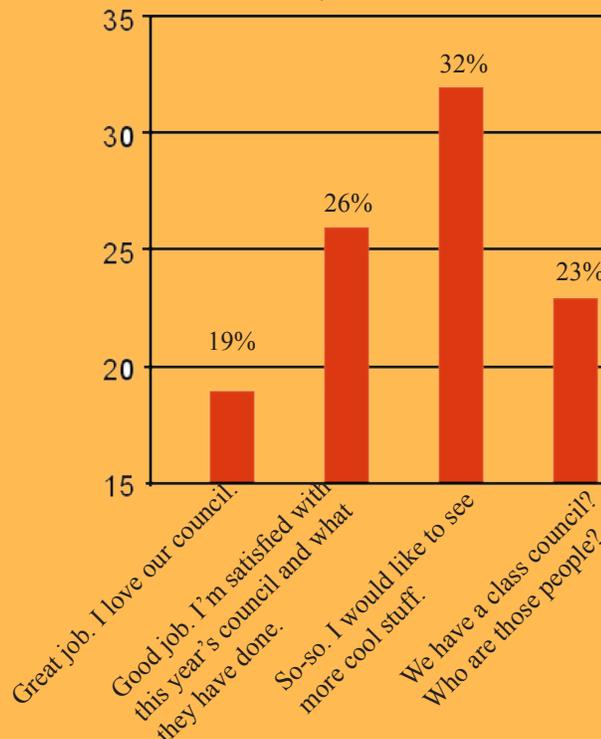
The winner of this month's Monograph raffle is Paul Moyer, 1T3, for his recap of PDW on page 4. If you've submitted to us and have yet to win, don't worry! There's still plenty of opportunities for something great to head your way.

Chin up pharmacy - 10 more days of school (at most!!) until reading week. Until next time,

Rachel Fu and Janet Leung
Monograph Co-Editors, 2009-2010

Monograph Poll!

Pay attention, 1T1 class council, this one's just for you! Here's what the other 1T1s think of your efforts thus far:



The CAPSI Column

PROMOTE PHARMACY, EDUCATE KIDS or TEENS!

It's CAPSI Community Outreach time! This year, CAPSI has three fantastic programs available for pharmacy students to present to elementary or high school classes.

NEW THIS YEAR: "Operation Allergy" is a program for grade 2-6 classes. It makes use of an interactive DVD video to generate discussion about important aspects of allergies. Pharmacy students will educate kids about what allergies are, what the common triggers of allergic reactions are, and how to cope with a classmate experiencing an allergic reaction.

BACK BY POPULAR DEMAND: "Operation Wash-Up" is designed for kindergarten to grade 3 students and focuses on the importance of hand-washing and how to hand-wash effectively. The presentation includes a DVD video as well as an interactive

activity where kids apply a cream to their hands which glows under UV light to emulate dirt and germs on the skin. The glow only goes away with effective hand-washing!

ALSO AVAILABLE: The high school program serves to educate teens about various topics in sexual health including safe sex practices and STI's, Plan B, the HPV vaccination, etc.

CAPSI provides all of the supplies and resources you'll need to make any of these presentations!

If you are interested in presenting any of these programs to a class of students, please contact either of the two 1T3 class CAPSI reps (Monica Chung - mon.chung@utoronto.ca or Sabrina Pietrobon - sabrina.pietrobon@utoronto.ca).

COMPETING
COMPETITION



PDW RECAP

By: Paul Moyer, 1T3

For those that missed it, last month U of T hosted the PDW 2010 student conference and it was amazing! Some 800 delegates descended upon the Sheraton Hotel for excellent speakers, pharmacy competitions and plenty of socializing of course.

We heard some inspiring presentations during PDW. Keynote speaker Dr. James Orbinski told us about his experiences during the genocide in Rwanda and his efforts with Médecins sans Frontières / Doctors Without Borders. He spoke of humanitarianism and challenged us to speak up on global health issues. We learned about the entrepreneurial aspects of pharmacy from none other than Dr. Leslie

Dan. He discussed the many opportunities in pharmacy, but also reminded us of our obligation to live up to the standards of the profession. We heard from U of T lecturers Dr. Austin, Dr. Uetrech & Dr. Köhler, who were all passionate speakers. We also saw Meghan Gardiner perform her one-woman show, "Dissolve", which every pharmacist should see.

Exciting social events were planned for every night of the conference. PDW 2010 opened up with our multicultural themed gala where we were treated to the dancing of The Bollywood Babes, Nachdi Pharmacy & Koren Lui. Thursday night we packed in to Lot 332 for a nice cozy pharmacy party. The next night we saw the Toronto Rock in their home opener against the Boston Blazers. The Rock let them tie it up with a few minutes left, just to set up and exciting OT win! Everyone headed to the nearest thrift shop to get a retro 80's

outfit for our closing awards gala. Our very own Jen Baker won the title of prom queen with her fabulous outfit. Take a look on facebook, I'm sure we are all tagged in our lovely outfits!

So hat's off/congrats/thanks to everyone who made PDW 2010 such a successful event! This includes the planning committee, everyone from CAPSI, our faculty, the volunteers and all the delegates of course. I'm sure I've missed someone, my apologies, you all did a wonderful job.

Next year PDW 2011 takes place in Saskatoon, Saskatchewan. If you're a city slicker like me, Saskatoon and winter in the same sentence is pretty scary, and yes it costs a few bucks for your plane ticket, but if it's anything like PDW 2010 it will be worth every penny! I hope to see you there! **M**

PDW 2010

Now Just a
Distant Memory

By Hayley Fleming, PDW Chair



In the wink of an eye, PDW 2010 has just become a fond memory for nearly 800 pharmacy students, and proud sponsors from all across Canada. Two years in the making, PDW 2010, “Meeting in the middle” was a great success, providing a perfect opportunity for networking with other students from all across Canada and schmoozing with sponsors and pharmaceutical reps.

As one of Canada’s largest student-led conferences, PDW was an impressive opportunity to showcase the Leslie Dan Faculty of Pharmacy at the University of Toronto. For the many delegates who were visiting Toronto for the first time, this year’s PDW was also a great chance to show off the multi-cultural city of Toronto. The conference boasted many unforgettable highlights, and memories for all in attendance.

We must thank the Leslie Dan Faculty of Pharmacy, our dedicated planning committee, hard-working subcommittees and outgoing volunteers, the CAPSI council, and of course our generous sponsors who have all contributed immensely towards making this PDW an exceptional experience. And, of course, thank you to everyone who participated in the conference – without you, PDW would not have been such a phenomenal success. Student attendance at all of the speakers was unprecedented this year with most speakers presenting to a full house.

CONFERENCE HIGHLIGHTS

Making a difference

- Donating \$6000 to the Childhood Cancer Foundation – Candlelighters Canada through student contributions that were generously matched by Teva-Novopharm.

Speakers

- Dr. James Orbinksi, humanitarian doctor empowering students through his inspiring stories of giving hope to individuals in times of social crisis.
- The opportunity to hear words of encouragement from Dr. Leslie Dan
- The thought-provoking Dissolve performance
- Showcasing our very own, Zubin Austin, Jack Uetrecht and Jillian Kohler

Impressive Health Fair

- Lots of great free stuff, and the chance to meet pharmaceutical reps and discover prospective job opportunities

Social events

- The colourful ethnic attire of ‘A world within a city’ Opening gala and the UPS glow-in-the-dark ice cubes
- Wild bar night at Lot 332 – thanks to all U of T students who joined us!
- The excitement at the extremely rough Toronto Rock Lacrosse home opener
- The amazing outfits that surfaced at ‘Another moment like this’ Retro prom. Congratulations to Jen Baker (1T3) for bringing home the honour of PDW Prom Queen. **M**

If you think you have what it takes to be next year’s **Monograph Editors**, send a letter of intent (per pair) and resume (each) to **themonograph@gmail.com** by Friday February 12th, 2010. Late applications will not be accepted unless you can tell us what the animal in the background is. Interviews begin February 12th.

PharmaFiles

By: Sashsa Orser and Natalia Persad (External Affairs Directors)

Demographic Info

Name: Daniela Gallo

Year of Graduation: 2003

Which pharmacy school did you graduate from?

University of Toronto

Have you completed any advanced training or certification?

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

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

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

Job Description

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

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

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

- graduated from Bachelor of Pharmacy in 2003
- ambulatory care residency at Sunnybrook Health Sciences Centre from 2003-2004
- U of T full time PharmD program 2004-2006
- summer student for IPG program 2002
- TA for PPL labs 2003 - present

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

- provide education for new chemotherapy patients one-on one in the mornings (clinics run every day); also discuss how to take their antiemetics and perform a medication history to check for drug/vitamin/herbal interactions with their chemotherapy

- follow-up phone calls and symptom management referrals throughout the day to deal with patients experiencing nausea/vomiting, bowel changes, mucositis etc.

- various program committee meetings in the afternoon to enhance evidence-based practice in the clinic and



communicate progress on various projects

- Friday afternoons are new chemotherapy patient group teaching sessions where a general education session on chemotherapy is provided for all patients starting chemotherapy the following week.

What do you like most about your job?

- direct interaction with patients and lots of follow-up throughout their chemotherapy treatment
- being able to help patients cope through a very difficult experience and provide support
- interaction with physicians and leadership

team, as well as involvement in clinical decision making

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

- my role was brand new when I started and it was a challenge to create and mold the role from scratch and shape it to fulfill my career objectives

- developing relationships with the oncologists did take time

(eg. external challenges – hospital politics, transition from community into hospital)

Fun Questions

What is your best memory of pharmacy school?

- graduation: realizing what we had accomplished and how many great friends I had made

What is your favourite drug?

ibuprofen – I never leave home without it

Advice Questions

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

Tom Brown & Lalitha Raman-Wilms
- I loved their teaching styles and my interests matched their clinical practices. I became very interested in working in an ambulatory care clinic and admired their skills and advanced knowledge in therapeutics.

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

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



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

Where to Draw the Line: Corporate Involvement in University Research

By: Adam Awad

Now that PDW has ended and many of you have had the chance to meet other Pharmacy students from across the country (and be wooed by major pharmaceutical companies), let's take a minute to think about how our educational experience (and your

profession) are affected by corporate investment and involvement. At first sight, it would seem great for industry leaders to have a part of what happens in the classroom or lab, but as we peel away the layers, we see a different story.



As one of the richest industries in the world, pharmaceutical companies have inserted themselves into every space they can on campuses across Canada. A glance around the building will tell any visitor that Apotex and Shoppers Drug Mart have a stake in what goes on there. And as universities continue to suffer a lack of adequate funding from the government, they turn more and more to private donations. While there's nothing necessarily wrong with private, philanthropic investment, we can see that corporate money has influenced much more than bricks, mortar, and glass. Indeed, it has affected what gets taught and what gets published.

On the most basic level, corporations take advantage of the public-private funding model to have access to cheaper research. By funding specific research projects, they are able to increase their profit margins at the expense of cheap student labour and government funds. While this may make great business sense

on their part, it also means that they own all of the research produced. It also means that the students conducting the research can be taken advantage of because we are not protected by standard labour mechanisms like collective agreements.

On a deeper level, though, corporate involvement has led to a deterioration of research integrity. The best-known example of this is the Nancy Olivieri case. Dr. Olivieri, a professor in the Faculty of Medicine and a physician at SickKids, was conducting drug trials for Apotex. The trials indicated a risk of elevated blood levels of iron and the potential for liver cirrhosis. After informing the University, Hospital, and Apotex of these dangers and requesting that they be published, Olivieri found herself being threatened by Apotex to remain silent. She published the results herself, was fired

from the project, faced harassment from the company, and failed to receive support from the University. Over the next six years of legal battles, it came out that the University had been brokering a \$20 million deal with Apotex for a new building (yes, the one you're in now!). Olivieri was eventually found to be in the right and Apotex lost the case.

None of this is new, however, as the pharmaceutical industry has prioritised higher profits for years. Leslie Dan, for example, recognised this when he started Novapharm and sought to produce accessible medications.

He recognised, as we all must, that the industry is not built for the benefit of those who need the drugs, but for the corporate shareholders and profit-seekers.

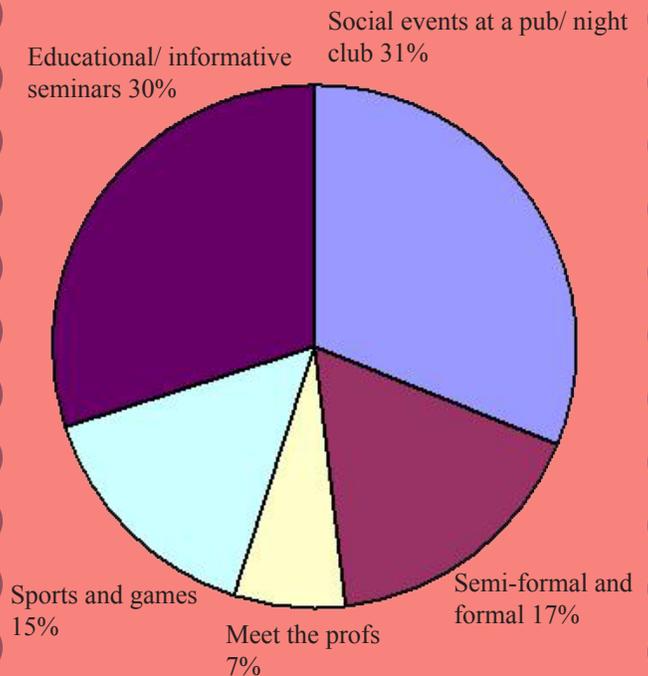
How else can we explain the censoring, the exploitation, and the strict copyright reforms, to name a



few key issues?

This is, of course, a highly complex issue—one that needs more than a page to explore and one that has been written about by academics, journalists, lawyers, and ethicists the world over (check out the work done by the Canadian Association of University Teachers). But the conversation among students has to start somewhere, since it's soon to be our turn to run it all. And if the conversations are successful, maybe our world will be a little bit better, a little more open, and a little more honest.

The class events 1T3s are most interested attending are:



BILL 179 HAS PASSED!

By: Taj Dhinsa, ITI (OPA Student Board Member)

Act	What Bill 179 <u>SAYS</u> :	What Bill 179 <u>MEANS</u> :	What OPA <u>WANTS</u> :
Administering Injections	Administer a substance by injection or inhalation as per regulations	For purposes of education and demonstration	For emergency and routine immunizations (injection)
Prescribing	Prescribe a drug specified in the regulations	- Specific drugs for purposes of smoking cessation - For purposes of extending, adapting and adjusting existing medications	As per legislative intent PLUS Schedule I, II, III and U for: Minor Ailments, CDPM Travel Prophylaxis
Piercing the Dermis	Perform a procedure on tissue below the dermis	For purposes of education and demonstration	As per legislative intent
Ordering Laboratory Tests	Order laboratory tests as per regulations	For purposes of medication therapy management	As per legislative intent

As many of you have already heard, Bill 179 passed in late November and is now awaiting Royal Assent.

There are many opportunities available through Bill 179 which would result in benefits for both the patient and the healthcare system. Patients would benefit the most by having the ability to access a greater range of healthcare professionals in order to receive care. In addition, because of the increased focus on interprofessional collaboration, patients would benefit from all of their healthcare providers working together to improve their health. Furthermore, patients would also see improved outcomes due to the ability to seek care sooner.

The system, by having trained healthcare professionals providing care for less than the current costs, will reap more value for its dollar. Healthcare will be practiced with fewer barriers, which will decrease wait times and also result in decreased costs to the system.

Many of the legislative hurdles have been overcome and it is now time for different stakeholders to sit down and discuss what rights and privileges we will be granted as pharmacists.

What's happened or is already happening?

1. Hearings at the Standing Committee on Social Policy
2. Development of educational programs for new services
3. Revamped compensation model for pharmacy services

What's going to happen?

1. Development of regulations with OCP
2. Collaboration with other healthcare professional associations
3. Development of educational programs for new services (ongoing)
4. Revamped compensation model for pharmacy services (ongoing)
5. Promotion of new services that will be available to patients **M**



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CONFESSIONS OF A HARDCORE TRADITIONAL GAMER

By: Andrew Ting-A-Kee, ITI Monograph Rep

People spend their free time on hobbies with varying degrees of popularity. Some people go clubbing. Others watch TV and movies. Reading is another popular hobby – many of us read books, magazines and websites alike. On the lower end of the spectrum people play video games, which have recently been gaining mainstream approval. I fall further down the scale of popularity and social acceptability and play traditional games. Boards, cards and (sometimes) dice – none of that “high-definition” Internet junk.

Why play board games in the electronic age, when one can hook up an Xbox 360 or PS3 (but not a Wii) and play Modern Warfare 2 online? Not all of us are blessed with the reflexes and practice time needed to pull off an 11-kill streak in Deathmatch, or gold star Panic Attack on Expert. I’m also not a fan of the online community, where squeaky-voiced 13-year-olds headshot me within seconds and then



s a y
things
about
my
mother
that
are
hurtful.
I prefer
games
that

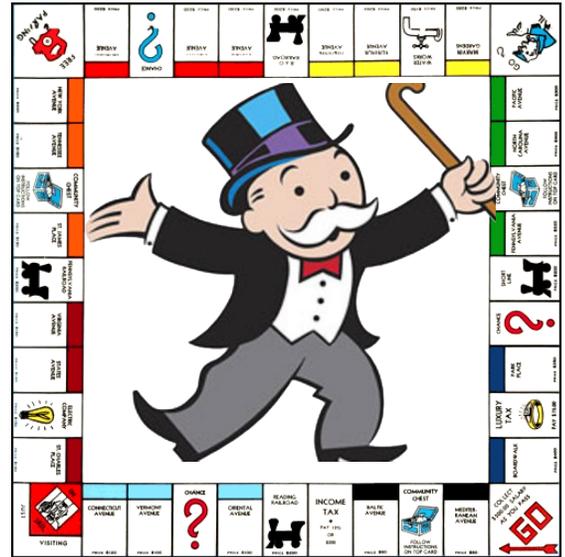
reward sound strategy and decision-making rather than reflexes or luck. I’m just out to have a good time with my friends, pitting my wits against theirs (or trash talking them, whichever).

When people hear “board games”, most think Monopoly, Scrabble, Risk, or Cranium. I would guess that most people growing up in North America have played at least one of these games. These games are considered classics, and I would imagine that quite a few people have fond memories of entire days lost to long games of Monopoly or Risk or Axis and Allies.

New video games and computer games keep coming out as technology improves and developers learn more about their craft. In the same vein, new board games come out as designers get a better idea of which game mechanics are fun and which are needless or frustrating. The general gaming community upgrades to the newest available video games, but continues to play the same old traditional games when new and improved versions exist. Playing an outdated game like Monopoly in 2010 is as absurd as playing Sonic the Hedgehog on a Sega Genesis today.

So what are modern board and card games like these days? There are games for almost any theme you can think of. For people who like to build things, there’s a game for building a colony (The Settlers of Catan), a French countryside (Carcassonne), and a railway (Ticket to Ride). For those who enjoy wars, almost every war has been represented in board game form. There is also a Cold War game (Twilight Struggle) and a German election game (Die Macher). For those who enjoy strategic resource management, one can manage a power plant (Power Grid), a family living on a farm (Agricola), or a tribe of cavemen (Stone Age).

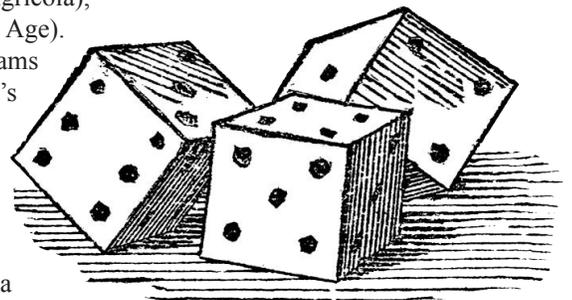
For those who like to work in teams (or root out the traitor), there’s a spaghetti western (Bang!), a collapsing mine (Saboteur), and a spaceship on the run from Cylons (Battlestar Galactica). Finally, to add a mildly pharmacy-related item to this article, there’s a co-op game where you’re a health care



team trying to fight off deadly diseases (Pandemic). There are honestly board games for everything.

Most recently released board games can’t be found at places like Wal-Mart or Toys-R-Us, so you have to find a specialty gaming store just to see them. I hope that one day the hidden gems that are modern board games will achieve mainstream popularity. The Settlers of Catan, Ticket to Ride, and Carcassonne are all available for download on Xbox Live, and I’ve even seen The Settlers of Catan at Wal-Mart. (For reference, The Settlers of Catan was released in 1995, so it’s been a slow uptake.)

To learn more about modern board and card games, try visiting www.boardgamegeek.com. For a more hands-on approach, one could go to 401 Games (401 Yonge St., at the northeast corner of Yonge and Gerrard) and ask the staff for help there. If the idea of playing a crazy board/card game doesn’t scare you, feel free to contact me at andrew.ting.a.kee@gmail.com, or approach those loud crazy kids playing cards in the Jack Kay room on the first floor of PB. Chances are I’m one of them. ■



Vancouver 2010 Winter Olympics Torch Relay

By George Wang, 1T3

What unites the second largest country in the world with its population scattered throughout the country? Is it Hockey? Is it the frigid northern arctic-like climate? Or is it the country's welcoming attitude that accepts people from all over the globe? Right before Christmas of 2009, I found the real answer. The answer is the people who make up this great nation.

On the day of the Olympic torch relay, most of the small

suburban town of Newmarket turned up to watch. The streets were filled with people dressed in our national colours – red and white. It was comparable to the Christmas parade. Everyone was so happy, welcoming, and proud to see the torch bearers pass by with the Olympic flame. The feeling of holding the torch lit with the Olympic flame was indescribable using ordinary words. It is a mix of exhilaration and national pride. For the 300 meter stretch that I ran, I felt like I was carrying the nation on my shoulders and I was holding it high in the air, displaying it to the world.

The Olympic Torch Bearers that I met that day in Newmarket were incredible individuals. Many of them were involved in their local community. For example, on top of his job as VP of a large financial institution, that man also volunteered for a local health center three times a week. Also, Louise Russo, an innocent victim

Confessions of Chronic T2 Commuters

Compiled by Sidika Dhalla, 1T2 Monograph Rep

**We know commuting can be frustrating for me and you,
But here are some moments that make it memorable for 1T2...**

Once upon a time, I was sitting on the subway, minding my own business. I generally hate the subway because of its random smells and weird noises, but that day was particularly dreadful because there was electrical trouble so we were going insanely slow and stopping at every station. At one of the stops a really big old guy steps onto the train with a group of random teenagers, and it's fairly obvious they're fighting because they were and making really rude comments and disturbing the peace but mostly everyone was silently laughing at their stupidity and not really taking them seriously. But then their argument turned political and very racist. The big old guy screams, "Statistically speaking, all [Caucasian] people are [non-heterosexuals]". So the teenagers wittily reply, "Well statistically speaking, since you're from Afghanistan, you should be a terrorist". So the old guy looks at them and says, "Ohhh, don't make me pull out my gun". This is when people started to panic and when the subway decides to conveniently stop in the middle of two stations. So there I am, with no way of getting off the subway, no reception on my phone, with a guy threatening to shoot up the subway, with me in the line of fire. The subway finally started moving and people started chanting, "get off the train!" but the dude was being really annoying and cussing like mad. So this other really big guy (who happened to look like C-note from Prison Break), stood up and was like "get the \$%&* off the train right now!" and pretty much tackles the

guy off the subway at the next station. Everyone started cheering and all was well, until the old guy, who was now on the outside looking in, opens up his jacket (with everyone gasping) to reveal....his hand in the shape of a gun and takes a "shot" directed at the moving subway....Gotta love Toronto.

– Martina Bekhit

I once got on the subway sat next to a guy who looked pretty normal. Then I saw that he was wearing a jumpsuit, his face was all white with dust and he had a chainsaw in his backpack. Half the subway car was empty, but I chose to sit next to a chainsaw.

– Lucy Predota



of a drive-by shooting at a sandwich shop in North York, turned her tragic story into a good cause to improve the lives of others through education and crime prevention.

On the longest torch relay in a single nation of the Olympic history were great people like the ones I described previously. The most dedicated torchbearer by far was a Montreal man. The day before his relay segment in his Ontario hometown, heavy snowfall had paralyzed Montreal's transportation system. After he found out his flight had been cancelled, he jumped onto a taxi outside of the airport and



drove to his destination, just to make it to his Olympic torch relay segment on time. Although the trip had cost him a fortune, this story shows how much Canadians care about the game and how committed we are. Another touching story I heard is about a boy from the east coast who had a rare disorder that caused him to have difficulty to walk or run. He was so devoted to the Olympic torch relay that he practiced to walk for two years, just so he can carry the Olympic flame for his country.

The Olympic Games display the very best of our nation and its courageous and devoted people. It's great to be Canadian! Good luck Vancouver and GO TEAM CANADA!



"My Story" – Fadie Jebrail

It's 5 am and my alarm clock goes off. Press the snooze, "just another 5 minutes". Faster than I could say "Onomatopoeia" the alarm cranks again. It's 5:05.

Itinerary: 5:10am: Hop in the shower. Lather the hair, wash the face etc (ahhh the refreshing smell of Clearasil in the morning).
 5:30am: Get out of the shower. Dry off, brush my teeth (ahhh the refreshing taste of crest in the morning).
 5:45am: Get changed (socks match, undies on, shirt tucked, looking fresh).
 5:55am: Grab my coffee and bagel and get in the car (don't forget to kiss mom goodbye and thank her for making me breakfast).
 6:10am: Hit the 404-S Bloomington Rd ramp (roadtrip anyone?)

6:35am: 404-S and 401, about to hit the DVP southbound.
 Stuck in traffic (Lady Gaga is #2 on the top 6 at 6, z103.5 countdown).
 6:55am: Drive into the garage. Park my car (hot dang, there's bagel crumbs everywhere).
 7:00am: Walk into hart house. Change, as I flex in front of the mirror (could work on a few things. Overall status—delicious).
 7:15am: Do a few stretches. Hit the elliptical (most complicated contraption ever, yet so much easier than that dreaded treadmill).
 7:35am: See Prof. McGregor (awkward eye contact).
 8:00am: Get off the elliptical. Head back to the change room. Hit the shower (surrounded by naked old men. Gross.).
 8:30am: Get out of the shower. Get changed (final inspection—still delicious).
 9:00am-9:00pm: SCHOOL. (Class, mingle, study. The usual).
 9:30pm: Get to my car. Turn it on. Drive home.
 10:10pm: Get home. Get changed. Wash my face. Brush my teeth. Watch TV. Go on MSN. Go on facebook. (You know, the usual).
 11:30pm: Sleep.

It's 5 am and my alarm clock goes off.
 Press the snooze, "just another 5 minutes"...
 You know the rest.



So I'm sitting in the subway, minding my own business and was randomly approached by a crazy guy who somehow thought I was interested in his life story. For some reason, all the crazies seem to navigate towards me! This particular guy started telling me about all the different places he's been in Toronto, and then all the places he's been to England! Then he started telling me that he had to get home quick so that he could take care of his friend's baby because his friend is addicted to crack and tends to neglect her kid. He goes on to say that he's not really sure how to take care of this baby. Luckily, after that, it was my stop, so I pretty much said "good luck with that" and RAN.

- Tanya Lasagna

I was walking home and the guy next to me randomly started singing opera.

- Brendon Weibe

The "Numbers" on PHM 228

By: Fadie Jebrail, 1T2

I will now exploit the knowledge gained from Pharmacy 228 Professional Practice II:

1. First midterm (Calculations exam) weight: 30%
 - Amount of material self taught: 100%Final Exam weight: 70%
 - Amount of material self taught: 30% (LOM)Therefore the **amount of course material self-taught in PHM 228 =**

$$(100\% \text{ of } 30\% = 30\%) + (30\% \text{ of } 70\% = 21\%) =$$
$$51\%$$

2. Now, our total tuition for the year adds up to: \$12,864.98
 - The total credits we are taking (without exemptions are: 7.5
 - Credit weighting of PHM 228: 0.25
 - Therefore, % weight of PHM 228 out of all courses = $0.25/7.5 \times 100\% = 3.3\%$
 - Thus, the **amount of information self taught in 2nd year due to PHM 228 =**

$$51\% \text{ of } 3.3\% =$$
$$1.7\%$$

3. Now this is how much I think the faculty of pharmacy owes us back:
 - Recall; our total tuition for the year adds up to: \$12,864.98
 - Therefore, the **amount of money the faculty of pharmacy owes each of us back =**

$$1.7\% \text{ of } \$12,864.98 =$$
$$\$218.70/\text{individual}$$

- Now assume 240 students are present. The **amount of money the faculty of pharmacy owes the entire class of 1T2 =**

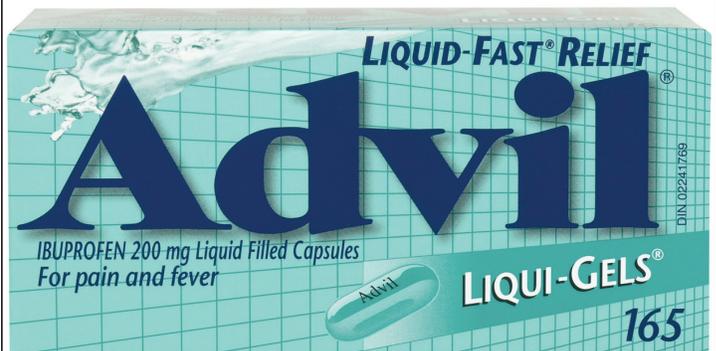
$$\$218.70/\text{individual} \times 240 \text{ individuals} =$$
$$\$52,489.11 \text{ total.}$$

How's that for professional practice? It would probably do some good towards the grad fund, don't you think? ■

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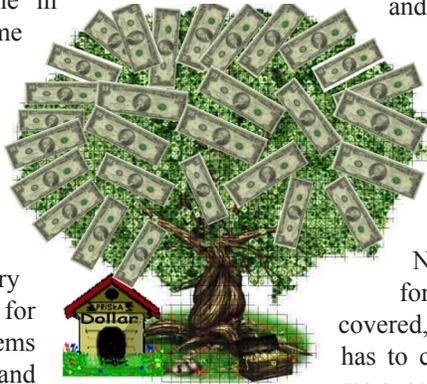
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HAPSI

By: Adam Calabrese, 1T1

A few things recently occurred to me about the UPS budget and CAPSI. That is, a significant portion of the UPS budget goes towards CAPSI. And, my secret agitation for its mandatory membership being removed, someone in the know pointed out to me the list of reasons why someone should join CAPSI published last issue. I took umbrage at this, and so have composed a response.

The idea of compulsory membership in CAPSI for all U of T students seems inherently undemocratic and wasteful. What does CAPSI really do for us in the first place? And, a more important question, what does it do that it could not do if membership were not mandatory? No matter what the response to that question is, it is obvious that it is CAPSI's interests, and not ours, that are being best served by every student at this school paying a membership fee. CAPSI's annual textbook "sale" hardly amounts to one; prices have been known to be higher



than bookstore and Amazon prices (its purpose is, after all, to be a fundraiser), and what little money might be saved is further reduced by having to pay a membership fee in the first place. Enormous amounts of money are paid by CAPSI (and by extension, you and me and UPS) on sending its members to conferences each year, in which air fare, hotels and meals are covered.

The September issues of the Monograph always contain an article about the adventures and touristy activities that occurred on these trips. Now, I don't resent them for having their expenses covered, *per se*, I resent that it has to come from me without me ever really having had a say as to whether I consider this to be a worthwhile expense; were membership voluntary, each of us could decide its merit and vote with our wallets. Remember that instead of shunting money to CAPSI for these purposes each year, UPS could help other beleaguered departments like athletics purchase new equipment, or put coffee machines in the student lounge. CAPSI was, after all, supposed

to have been on the chopping block if the student referendum didn't approve the fee increase. And it was frequently brought up during that referendum that pharmacy has among the lowest professional student society fees on campus; far lower than, say, engineering's. This claim rings hollow when you consider just how much EngSoc does for its students, such as social nights every Friday in Sanford Fleming, which include the sale of alcoholic beverages (as if it were possible to have a social night without alcohol).

By this point more than a few CAPSI advocates will have come up with many good points as to what productive things CAPSI does and why joining is a good idea. I'm sure CAPSI does many good things, and in fact CAPSI local does put on various symposia and guest lectures each year on selected topics, as well as PDW and all of its competitions you can enter to get a free ride there. None of these reasons support mandatory fees which could go to better purposes that support student life. And it remains to be shown to me just what CAPSI, particularly CAPSI national, actually accomplishes beyond having discussions within its own little circle, because as far as I can tell it doesn't actually do anything other than perpetuate itself as an organization. ■

MY PERSPECTIVE - SPEP: Day 1

9am Monday January 4th 2010: I walk into my community SPEP placement at a Shoppers Drug Mart

Me: Hi! <big smile> Are you <insert preceptor name here>?

Her: Yep! <big smile> You must be Christine!

Me: Yep!

Her: Great! Put your stuff in my office and come with me

Me: <does as she says>

Her: So, how comfortable are you with counseling?

Me: Uh...

Her: <cuts me off> How about OTCs?

Me: Uh...

Her: <cuts me off again> You know, the self care stuff...feel free to counsel on any of that stuff on your own. You won't need me

Me: Ok

Her: What about prescription drugs?

Me: Um...

Her: <cuts me

off> Ok. I'll watch you the first time if you want. Oh wait. Here's one...cephalexin...Oh it's just an antibiotic. It's easy. You can do that one on your own. Go ahead

And then...at exactly 9:15am on my very first day of SPEP, I realize that I am actually done learning everything I am supposed to learn in school. It's kind of a scary thought actually. Does this mean I am ready to be a pharmacist? Absolutely not.

Anyways, I am now on my third week of SPEP and I have learned so much. I've come to realize that what you learn during your four years at the faculty is about 10% of what you need to be a pharmacist. The real skills and knowledge that you will acquire will be through practical experience. Whether it be through school placements or summer employment, I'd urge everyone to take the time and

really learn from your mentors and preceptors with every opportunity you get. Don't be afraid to ask questions or look things up. Most of the knowledge you acquire will be through self directed learning after you're done school. The faculty doesn't teach you half the things you will need to know as a pharmacist.

So the moral of this quick story. When you get to the point in fourth year when you're finished school, don't be afraid. Don't worry if you don't feel ready to be a pharmacist. You will be over time. It's like driving: you have to study the rules of the road before they let you do it. Then you just do it and get better and better at it (in most cases).

**Christobelle (1T0)

(Christine.Truong@utoronto.ca)



What the Pharm, Ontario?

By Sidika Dhalla, IT2 Monograph Rep

This month, I decided to write something a little more relevant than my previous attempts at humorous quips about things faintly related to pharmacy. If you're like me and you haven't had time to read all the listservs about the jeopardy that community pharmacy is in, the changing legislation about our scope of practise, etc then this article is for you (and me).

A Globe and Mail article published on January 15th 2010, entitled "Drugstores poised to become true health-care hubs" talks about the issues surrounding community pharmacy that we keep hearing about. We all know what happened with that dreaded bill a few years ago that cut professional allowances to pharmacies from generic drug companies down to 20% of the cost to the government for ODB drugs. But, according to the article, revenues of pharmacies weren't actually affected significantly overall because the professional allowances on drugs for private plan or cash paying patients were hiked up and ended up balancing everything out. In the last few months, the Ministry of Health has launched a review of the province's drug program in an attempt to reduce costs. (They messed up and lost a bunch of money on e-health – bad news for pharmacy – and they decided to fix that with some more bad news for pharmacy?) Apparently, the Ontario government is going to try to remove professional allowances altogether. So this is the reason we are being called to action in support of community pharmacies.

While it is true that larger chain drug stores will be affected by these funding cuts, the real victims are Ontario's independent pharmacies, who heavily rely on selling medications and not on front store products. Independent pharmacies account for 50% of the pharmacies in Ontario, so as expected, there are many legitimately upset pharmacists who are concerned for their patients and businesses. If the funding cuts will drive some of these pharmacies out of business, is the government of Ontario endorsing patients becoming collateral

damage? Aren't patient *health* outcomes supposed to be the priority of the Ministry of *Health*?

To refill this gap in funding, Ontario says that they have now increased the scope of practise for pharmacists, and the money pharmacists will make for these services will make up for the losses. The problem is that no one has really decided how pharmacists will be paid for these services – including administering vaccines and prescribing some drugs – and it is quite likely that no one will be totally satisfied when that decision is made. We just have to wait and see – and hope a little bit.



The question that should have popped into your mind is: when are we going to learn these new skills that we need? "Industry insiders" are hailing the pharmacy program at the University of Waterloo, for providing their students with more practical patient care experience: "Like some other schools, it's preparing them for an expanded role - including the possibility of prescribing some drugs - by teaching patient assessment." I'm very disappointed that there are no industry insiders hailing UofT pharmacy for being awesome. Maybe they don't know about PHM234 or panels yet. I wonder who "some other schools" refers to.

All in all, there's a lot of stuff going on in our profession but there is no doubt that we will always remain an invaluable resource for patients and that

we are essential to the healthcare system of Ontario. Although it seems like bad news, a new funding model for pharmacies, as a result of the new scope of practise, means more focus on interacting with patients to achieve optimal health outcomes and less focus on filling as many prescriptions as possible to achieve optimal profits. There is even talk of paying pharmacists for *not filling* prescriptions – like a non-dispensing fee! The idea is to encourage pharmacists to ask questions, to really find DTPs and to remove the deep down ulterior motive of making money for filling a prescription. Quebec and BC are already doing this and hopefully Ontario won't be far behind.

Let's not lose sight of the wealth of knowledge pharmacists have to offer and the possibilities of advancement of our profession in the midst of a political battle. I think we just have to get used to politics always making a little noise.

PS– In regards to my article last month entitled "DI Debacle: from meningitis to H1N1", I mentioned that the 'meningitis vaccine' provided 'temporary immunity' and needed to be taken every 2-3 years. I looked up Menactra in the e-CPS after writing that article – because that's when I figured out the name of it - and it says that the need for revaccination has not been determined. Micromedex says revaccination may be necessary for patients at high risk of acquiring meningitis – children vaccinated before the age of 4 who are still at high risk may be revaccinated after 2-3 years. Adults and older children may be considered for revaccination after 3-5 years, if still at high risk. I just wanted to make sure I gave complete information. ■

References

- Radwanski, Adam. January 15, 2010. "Drugstores poised to become true health-care hubs." The Globe and Mail. <http://www.theglobeandmail.com/news/national/drugstores-poised-to-become-true-health-care-hubs/article1431886/>
- Ontario Community Pharmacies. <http://ontario.communitypharmacies.ca/site/issues/>

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The End Comes Near

By: Milson Chan, IT0 Monograph Rep
<milson.chan@gmail.com>

A lot of us have been involved in accidents or extreme circumstances that may be life-threatening. From car accidents, to natural disasters like earthquakes or tornadoes, to staying up all night studying for CSS, it is not uncommon for people to escape from near death experiences. In fact, various surveys in the past 20 years have indicated that up to over 10% of the population may have had a near death experience. But then again, we each have our own definition of “dying”. It is interesting to investigate what is actually going on when a person survives these experiences.

Some scientists believe that near death experiences result from changes in brain chemistry since certain descriptions of these experiences, such as feeling detached from the body, seeing bright visual cues, and feeling increased warmth, are all consistent with hallucinations. These symptoms can be generated by simply ingesting hallucinogen such as LSD, MDMA, or ketamine. They can also be induced by extreme stress, seizures, mental illness; basically anything that is capable of altering neurotransmitters in the brain into a form similar to a dying brain. Obviously, with advanced medical technology, more people are surviving life-threatening conditions like heart attacks. Therefore, more and more studies of the near death experiences can be done. Some of the studies have even been published in journals such as The Lancet, and British Journal of Psychology.

On the other hand, some believe in the theory of after-life as the reason for any near death experiences. In fact, a big part of religion is based on explaining life after death because unlike the dying brain theory, many people believe in transition into a post-mortem state. So when the spirit was almost separated from the body, a feeling of levitation may occur. A lot of evidence actually came from the descriptions by people who had close encounters with dying. Although some may criticize the validity of these personal experiences as somewhat unscientific, let's keep in mind that it was Albert Einstein who wrote “Pure logical thinking cannot yield us any knowledge of the empirical world. All knowledge of reality starts from experience and ends in it.”

So instead of debating over the existence of near death experiences, the question appears to be how these experiences occur. People are definitely intrigued by this topic; just look at how many web-sites contain pages of information on this. There is even a Near Death Experience Research Foundation - which is stimulating. But behind all the resource and discussion, one should look at the value of these near death experiences. Perhaps they are meant to put our lives into a deeper perspective so we can see things differently. May be then we can finally discover the true meaning of life without becoming overly philosophical. ■

Sources:

1. <http://www.near-death.com/>
2. <http://en.wikipedia.org/>
3. <http://nderf.org/>

VACCINE NATION

By Zenah Alisha Surani (1T2)

It is often said that life holds two certainties: death and taxes. But as hard as we try, there is one more thing we can't avoid: needles. We are first introduced to them shortly after birth, and continue to have unpleasant encounters with them throughout grade school. During the early years, they immunized us against diseases such as tetanus, measles, mumps, and rubella. And winter in Canada isn't just marked by blustery weather and slippery roads—it means yet another flu vaccine. It doesn't stop there, either. It seems like nowadays, there's a vaccine for just about everything. In addition to being told to use hand sanitizer profusely and to sneeze into one's own sleeve (god forbid you were wearing your brand new Bench hoodie that day!), healthy Canadians are being urged to get vaccinated with the H1N1 vaccine, lest they contract the horrendous swine flu. As millions of Canadians are rolling up their sleeves to be pricked by the almighty needle, it seems that pharmaceutical companies no longer need to just depend on sick people for profit. They've made patients out of the healthy ones, too—it's almost as if vaccinations are the new vitamins. When will it stop? For pharmaceutical companies, the vaccination era is only just beginning.



50 Cent ain't the only that's been shot (more than) 9 times

There's no doubt that vaccinations have been one of the greatest advancements of modern medicine. The widespread international adoption of smallpox and polio vaccination policies in infants has just about relegated those diseases to the history books. Vaccinations in babies and children have helped to save many lives and prevent the outbreak of infectious disease. Children today receive more than

double the number of immunizations they did ten years ago by the time they reach kindergarten. Some critics argue that this is hindering their ability to develop a mature immune system, and have linked life-threatening peanut (and other nut) allergies to the barrage of early vaccinations. When it comes to safety, vaccinations have a different standard than other medications. While drugs such as Accutane are used for patients with a medical condition, vaccinations are not administered to 'patients'—they are administered prophylactically to healthy people. Healthy people are thus less likely to tolerate negative side effects of vaccinations. So it is unlikely for vaccinations to get bad press, but when they do, it's usually gravely serious.

Take Gardasil, for example. This vaccine against the Human Papillomavirus (HPV), a sexually transmitted virus linked to genital warts and cervical cancer, was approved for use in women ages 9-25 years old in 2006 by Health Canada. Aside from being one of the most expensive vaccinations in history (\$360 for a three month series of vaccinations) and racking up almost \$2 billion a year in profits, Gardasil came under intense scrutiny after being linked to serious adverse effects. Out of 7 million doses distributed in the United States, there were 12 000 reported adverse effects—mostly minor ones, such as headaches and dizziness. However, there were 700 more serious reports of adverse events such as blood clots and autoimmune disorders following the vaccination. There were also 32 deaths linked (but unconfirmed) to the vaccine. Merck, the maker of Gardasil, markets it heavily as an anti-cervical cancer vaccine. Some doctors, however, have expressed scepticism at this, saying that there is not enough evidence as yet to support the conclusion that Gardasil will indeed prevent cervical cancer. They maintain that traditional, routine pap smears are the best defence against cervical cancer. Ironically, Merck also produced the ill-fated product Vioxx, which was withdrawn from the drug market in 2004 following hundreds of thousands of heart attacks (30 or 40% fatal) among Vioxx users. This



"This new mandatory STD vaccine shouldn't hurt a bit."

product recall resulted in an astronomic, multi-billion dollar loss for the company. One can only wonder—is Gardasil a wolf in sheep's clothing? That is to say, was Gardasil really designed to fulfill a dire need of the population? Or is its financial success the result of clever marketing, and its development just a way for Merck to recoup its past losses?

Once a money losing endeavour for pharmaceutical companies (the profits were mainly driven by the so-called 'blockbuster' drugs: Lipitor, Effexor, Cozaar...), vaccines entered the limelight as societal paradigms regarding pandemics rapidly changed. In the years following the outbreak of avian flu in 2003, sales of vaccines, especially flu vaccines, skyrocketed, growing several times faster than any other pharmaceutical product. As other companies and individuals are suffering under the current recession, big pharma is raking in big money. Forty percent of Canadians have chosen to get the vaccine this year, translating into billions of dollars of profit for GlaxoSmithKline [GSK], the most successful company in the business of vaccines. With so much power over the market, GSK has considerable influence in negotiating prices with governments and lobbying them to stockpile their vaccines in case of a future outbreak. The price of the H1N1 vaccine is not based on cost. Rather, it is determined based on the income of the country in question, and also negotiated with that country's government. This means that as Canadians read about H1N1 cases in the newspaper and become scared of contracting it, the government will do whatever it takes to protect its people from the disease—even if it means paying an

astronomical amount. The stockpiling of vaccinations has also become popular in recent years. Driven by fear, governments sign onto the purchase of enormous supplies of adjuvants, which can then be paired with any antigen to make a vaccine. As H1N1 is the flu of the era, H1N1 antigen can simply be plugged into the adjuvant and the vaccine is ready to go. When H1N1 subsides (which has probably already started to happen), the adjuvants can be saved for the next big pandemic scare, at which time a different antigen can be combined with them. By selling adjuvants in this way, companies such as

GSK are ensuring that those governments will continue to purchase antigens from them in the future. The new business of stockpiling and vaccinations comes at an opportune time as well, just as many of the large profit making drugs are due to come off patent in the next few years, at which time generic drugs will flood the market. As more healthy people opt to get vaccines, it's easy to see that they are taking the threats very seriously and are scared to contract the flu or other diseases such as HPV. And as the government and media feed into the culture of that fear, Big Pharma seems to be capitalizing on it.

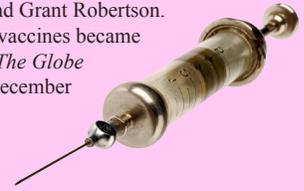
Works Cited:

Chitale, Radha. CDC Report Stirs Controversy For Merck's Gardasil Vaccine. Available [Online]:
<http://a.abcnews.com/Health/CancerPreventionAndTreatment/story?id=8356717>

<http://www.drgreene.org/body.cfm?id=21&action=detail&ref=285>

<http://en.wikipedia.org/wiki/Vaccination>

Waldie, Paul and Grant Robertson. "Flu Inc. How vaccines became big business." *The Globe and Mail*. 30 December 2009.



The Ramblings of a Crazy Man

By David Teng, IT3

Ah. I see you are quite bored. Or at least have a good amount of free time on your hands, and instead of studying whatever it is you should be studying, you chose to read this article. Well, I appreciate your procrastination. Since you took the time to read this first paragraph, I'll try my best to entertain you for the next five minutes. So, here we go.

Shack of the Fringes



A lonesome shack sits at the very edges of civilized land. Inside lives a rather grim looking man. The moldy blanket he wraps like a cloak around him emits a putrid fragrance and the dense thicket of facial hair clouds his age. Rumours say that he was once an arcane librarian, his knowledge spanning the Old and New Worlds. Others say he was a legendary warrior, bound by some sacred oath to a king of faraway lands, searching the world for a mythical relic. Yet more think he is nothing more than a maddened hermit, wasting the remainder of his life away out in the Fringes, and filling the heads of passing travelers with ludicrous nonsense. With the voices of the townspeople echoing in your mind, you lift the drab curtain and step inside...

Welcome, stranger, to my homely shack. You are no doubt weary and spent from the journey to reach this desolate place. I do not know what it is that brings you here, but make yourself at home. There are some edible things on the table you may help yourself to. It's nothing much. Some cat food, herbs from the mountains, and the remainders of some animal that washed up on the shore. Oh, don't touch the funny looking bottle. The last traveler to come here took a sip of that and I had to bury him up in the mountains. Rotting carcasses invite unwanted visits from the vultures. In any case, take a seat. It will be night soon, and only a fool dares traverse these mountains by moonlight. To quell your boredom, allow me to tell you a story about a time when the vibrant aura of youth encircled me as brightly as it does to you. Those who have heard my stories all called me crazy. And indeed, I may be. You may not find much sense in my stories, but listen until the end, and you may hear something worthwhile. Listen, to these ramblings of a crazy man...

Now, you're probably expecting something epic. Well, you'll be getting none of that. What you'll actually be doing is reading my idle chatter about various possibly-interesting topics in everyday life that I lent a minute or two of thought to.

That whole introductory routine was just to make this seem more intelligent than it actually is.

Yup. It's another one of those "I want to write something, but I only had 80s in high school English, so I can't actually produce any thoughtful, quality writing. Instead, I'll just comment on things that happen in life, and stretch it out so it doesn't seem like I'm using the Monograph as a blog." No offense meant to anyone else that comments on daily occurrences. I'm sure you all write highly entertaining articles. I wish I could write like you. Sadly, I am not particularly gifted in the usage of the pen. However, despite my clear lack of talent with proverbial writing utensils, I still like playing around with them, and hey, every great writer had to start somewhere, right?

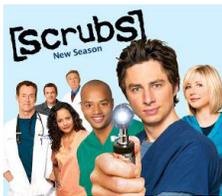
My story begins on a particularly fair-weathered autumn afternoon. I was leisurely strolling down the path that leads from Queen's Park station to Convocation Hall. It hasn't been long since induction, and I was still feeling its aftereffect. Praises have a rather long half-life, so to speak. With my head held high, I breathed in the cool air, and tried hard to show off my aura of confidence. I was different. I had responsibilities. I was on the path to becoming a professional. Soon, hordes upon hordes of worthless mortals will grovel at my feet, begging me to spare some of my vast and limitless knowledge-

Err. Yeah. Ignore that last bit, but you get the idea. I was feeling pretty good about myself, my head filled with notions of glory, prestige, and accomplishment thanks to the propagandistic welcoming of the faculty. While I'm sure they tried

to get some points about professional responsibility across too, I guess I'm just not as receptive to those kinds of information. As I mentally belittled all those around me, something white flashed by the corner of my eye. I quickly turned to figure out what it was, and I was greeted with three white letters, nicely embroidered on a blue backpack. O. M. A. It said. I think I felt my posture drop by a few inches. There was also a definite sensation of my ego disintegrating into microscopic particles and scattering into the winds.

Pretty depressing, yes, but this got me thinking. Why is there such a difference in common perception of these two professions? Sure, we don't directly save people's lives, but neither do internal medicine specialists, yet they're still lumped into the same category of "doctors". Doctors, whose image has firmly rooted itself in the minds of the people as those who don the sacred white trenchcoat. How have they managed to do this? It can't be just daily exposure. We pharmacists talk to patients just as often as doctors do. I propose that it has something to do with their over-representation by the media - especially by the entertainment industry.

Think about it. How many medical dramas are there? I mean, nowadays, it would be weird if you didn't know who House was. Everytime a hospital appears on the television screen,



we see doctors, nurses, lab technicians, imaging specialists, all running to and fro, nobly conducting their healing arts. But guess who never appears on TV? That's right. Pharmacists. We don't really exist



in the entertainment industry. All the other health professionals do their thing, the patient is healed, everyone holds hands, dances in a field of flowers, and the credits roll. Throughout the entire process, no one gives any mention of where those funny little coloured tablets (you know, the ones that actually cured the patient) came from, and who was in charge of managing them. What's with that?

We need a movie about pharmacists.

Or give House a pharmacist buddy. That will be even better. Once in a while, House and his team will get stumped by a case, and he goes to consult with the wise old sage-like pharmacist, who figures out some mind-boggling drug interaction that is confounding their diagnosis. Said pharmacist can be a cheerful person too, and lead an actually enjoyable life, which will provide some much needed contrast to the miserable bog of lies and dysfunctional relationships that is the drama called House. Whatever method we employ, we need to demonstrate our value to the masses. Show them the superiority of pharmacists. Show them that we have positive income before the age of 30. Show them that we're the ones making sense of their doctors' retarded handwriting, and still keeping medication accuracy up at a miraculous 98.3% (which isn't really that high, but illegible prescriptions sure aren't helping). Show them our loyalty to our country, as there are nearly three times more medical graduates than pharmacy graduates in Ontario every year, and for some reason, there is still a bigger shortage of doctors. Finally, show them that we can have both a career AND a life. Ahem. Think I over-generalized a bit.

In any case, I think somewhere in that rant, there was actually an idea I was trying to get across. Something along the lines of there could be some more public recognition of pharmacists. We're not asking for much. Just take a few portraits of pharmacists in Toronto, blow them up, and plaster them without any real point being made throughout the city's public transit systems with a catchy tagline such as "Just like your medications. Always there. Always ready. When you need us."

The next time there's a restructuring of legislation for doctors, the OPA should get to work.

So there you have it. Seeing as this was my first article, I thought it would be nice to make it somewhat related to Pharmacy. Turns out, it's really hard to write something interesting about a field you aren't familiar with. My apologies if you want five minutes of your life back. I promise I'll find something more interesting to discuss at length next month. It'll probably be completely unrelated to pharmacy, but still a decent read. Bear with me folks, come visit next month. M

Focus on: Social Work

By Rose Liao, 1T3 Monograph Rep

This month, I had the pleasure to interview Janice Chaplin, who is an Instructor at McMaster University's Faculty of Social Sciences, School of Social Work, as well as a Hospital Social Worker. After completing her undergraduate degree at Mount Allison, she successfully obtained a Bachelor of Social Work and Master of Social Work at McMaster University. She is very dedicated to her field and was given the honorary title Practise Instructor, which recognizes her professional commitment to field education in the School of Social Work.

1) Can you describe your job as a social worker in the hospital and your experience?

Currently I am a Social Worker in the outpatient Cardiac Health and Rehabilitation Centre at Hamilton Health Sciences. Essentially, my role is to provide counselling to patients around issues such as stress, anxiety, depression, addiction issues, relationship issues, financial concerns, and other social problems they may be experiencing. I also run a stress management group and see people individually for smoking cessation counselling.

I have worked in the hospital since graduating from McMaster in 1993. Most of my time has been spent on inpatient cardiac and vascular areas of the hospital including intensive care and ward areas. As an inpatient Social Worker my job was to also deal with the above issues on a more time limited scale due to the short lengths of stay in hospital. Social Workers in patient areas are also involved in supporting patients and families through decision-making around care decisions including end of life, dealing with grief and loss (which may include death, loss of limb, loss of health, independence, etc). We also help people in linking up with resources and services in the community which is especially important in helping with discharge planning.

2) What do Social Workers do outside the hospital?

Social Workers are employed in many

different agencies. Some examples are: Children's Aid Societies, Mental Health Agencies (both child and adult), Long-Term Care facilities, School Boards, Big Brothers/Big Sisters, Social Planning and Research Councils, Homeless Shelters, private practice, etc. What Social Workers do in each of these types of agencies is somewhat determined by the agency mandate. For example, CAS workers may be investigating allegations of neglect and abuse or working with foster parents. Social Workers in the School Board might be doing things such as providing counselling with kids, acting as an advocate for kids in schools and linking families up with community services.

3) What are the requirements to become a Social Worker?

In Ontario, the title of Social Worker can only be used by those registered with the Ontario College of Certified Social Workers (RSW). To be a member, people will have a Bachelor of Social Work (four years) and/or a Master of Social Work (one year), and/or Ph.D./DSW. Social Work programs are accredited as professional programs by the Canadian Association of Schools of Social Work (C.A.S.S.W.).

4) What is covered in the Social Work curriculum?

Schools of Social Work sometimes have a slightly different focus such as direct practice or policy and also may have sub-specialties such as mental health and addictions. Generally speaking though, Social Work programs offer courses on working with individuals, families, and groups, interviewing skills, theoretical interventions, ethics, social justice, community development, and research methods. There are also more specific courses on topics like mental health, addictions, death and dying, poverty, work with the aged, and child welfare to name a few.

5) What do you like and dislike about your job?

I love working in healthcare! The issues patients and families present with and the hospital structure itself are so broad and diverse that the work is fascinating and every situation is unique. I really enjoy working on a multi-disciplinary

team and with a group of caring healthcare professionals who genuinely care about people and want to help. I like that my job is diverse in that I see patients and families but am also involved in teaching, research and various committees. Most of all, I enjoy the patients who come to see me. It is such a privilege when people share with me what troubles them the most, what they are struggling with in their lives because often times, they have not done this with anyone. I never take that privilege for granted nor do I ever forget how difficult it must be for them.



What I dislike about my job is when there just are not enough services available for people in the community for people who need them. Poverty plays such a huge role in our healthcare system and in the health of individuals and communities. Unfortunately, these issues often go unnoticed. One of the most frustrating things for me that your readers will connect with is getting access to medications for people who don't have a drug plan, aren't receiving Ontario Works (thus don't have a drug card), may qualify for the Ontario Drug Program but can't even afford the co-payment. Thus, people have to choose between paying rent, eating and taking their medications.

In addition, many social workers working in inpatient areas of hospitals are frustrated by the need to continually shorten lengths of stay without added resources in the community thus, placing

more pressure on families when they may not have families or may not have members that are available or able to assist.

6) What are your views on inter-professionalism?

Inter-professional teamwork is wonderful when it works well. The patients and families we work with are so complex with different struggles, strengths, and medical needs that it takes a whole team of people to generate the best patient and family centred plans of care.

Good teamwork takes work though as it doesn't just happen. We have to respect each disciplines expertise and what they bring to the team. There also has to be good communication between all team members and a way to deal with conflict pro-actively. Inter-professionalism also works best when everyone knows and understands each others scope of practice, can recognize when they are falling outside their scope, and can ask for help from their teammates. One of the greatest things in professional practice to be able to say is "I don't know" and then find the person who does! We need to support and respect everyone on the team both professionally and personally. In other words, I think good teams care about each other.

I would like to thank Janice for taking the time out of her busy schedule to answer my questions regarding her profession. Her words are truly inspirational in helping us to understand some of the social struggles patients face in addition to their illness. As many of you may recall from PHM120, there are a lot more factors that determine the health of individuals than just their biological and physiological states. Poverty is a major social issue in our society and it affects people in powerful ways. People living under poverty often do not have control over their lives and are extremely disadvantaged in a variety of aspects, such as their access to higher education and ability to fill prescriptions. As pharmacists, we should be aware of these issues and practise professional responsibility by treating every patient with equity and humanness. ■

ATHLETICS

Male Athletics

Hey fellas,

Now that we have all returned from Christmas break rested and full of energy, it's about time to start a new season of intramurals. We have many men's teams available this semester such as hockey, basketball, and indoor soccer. Unfortunately for those who signed up for volleyball, we were unable to get a team together this semester. We will try my best next season to get a team but sometimes it just doesn't work out. If you have any questions about any of our men's sports teams or are interested in joining, let me know! You can email me at brandon.thomas@utoronto.ca.

Let's start this semester off where we ended the last, and win some more championships!

Brandon Thomas
UPS Male Athletics Director

CO-ED Athletics

Hey Pharmacy,

Another intramural season has begun for our Pharmacy teams. This semester we look to have a strong showing with most of our COED teams. If you are still interested in joining any, feel free to email me at paulbazin@hotmail.com. This semester we have basketball, volleyball, indoor soccer, indoor ultimate Frisbee and innertube waterpolo. We have been strong in these sports in the past and look to make another run this year. Also be sure to keep a look out for upcoming tournaments this semester. There will be numerous including broomball where we will once again defend our title.

Finally, the Robax Platinum Athletic Challenge will resume this semester with the first few sports coming up at the end of January or early February, so keep posted with that as well.

Drugs on 3...

Paul Bazin
UPS COED Athletics Director



Female Athletics

The women's field hockey team (now an inter-professional team with Meds and Nursing students) finished their first game with a 3-3 tie. However, they only had one sub so if you want to come out there is still room! This semester we have Volleyball Div 1 and 2 on Tuesday nights, Indoor soccer on Thursdays and Women's hockey on different nights each week so if you'd like to sign up send me an e-mail at Lisa_m_L@yahoo.com. Also there are some Women's Novice hockey clinics left. If you'd like to learn about the game, come out at 8PM to the Varsity arena on (Wednesday) Jan 27, Feb 10, Mar 3, or Mar 10.

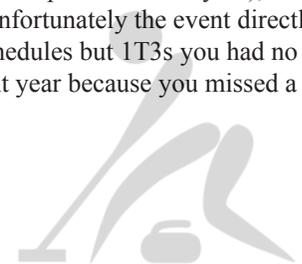
Female athlete of the month for January is 1T1 - Giana Tassone. Giana has been a pivotal member of our women's soccer teams for the past few seasons and has also played an important part on our Championship Coed football team. Her leadership and defensive play on the field have been excellent additions to all teams on which she participates.

Curling Bonspiel a Great Success!

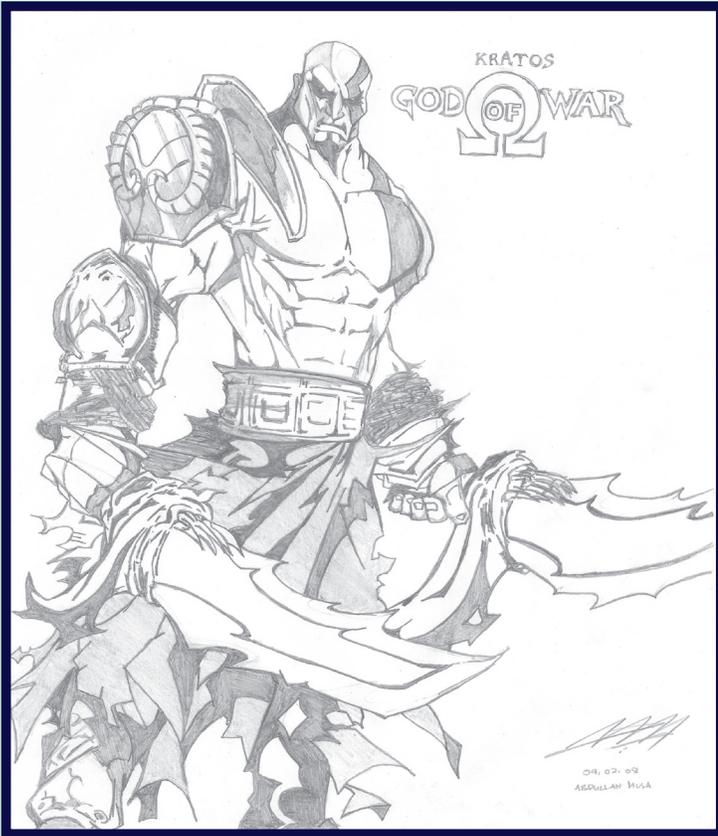
On December 5th 44 Pharmacy students took some time away from the books to attend our Pharmacy Curling Bonspiel. We made great use of the 5 hours of ice time, so much that our bartender Chuck was beginning to wonder if we'd ever get cold. Eventually, we did put Chuck to good use and had a fun social time in front of the fire as well.

Two-thirds of the group was made up of students from 1T2 (who take home the Trophy for participation for this year), and the remainder came from 1T1. Unfortunately the event directly conflicted with the 1T0s exam schedules but 1T3s you had no excuse! I hope you'll turn out next year because you missed a great time!

Lisa Levangie
UPS Female Athletics Director



art & diversions



God Of War
Abdullah Musa (1T3)

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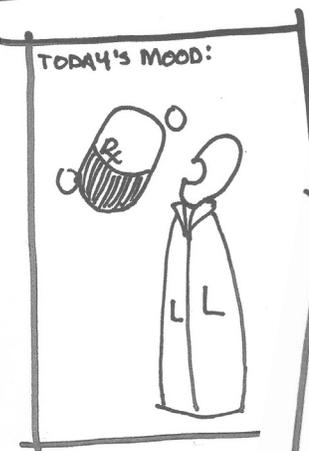
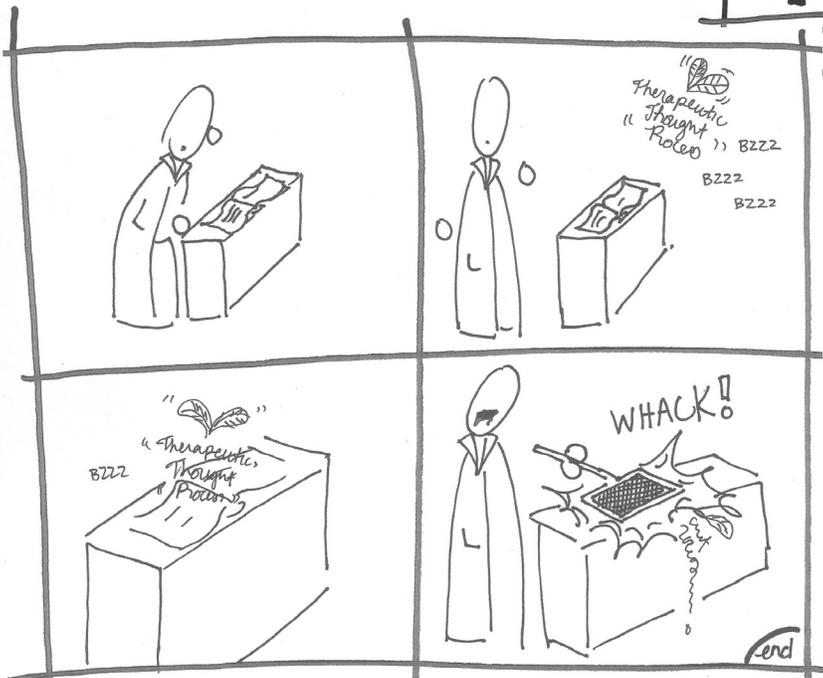


Barack Obama
Timothy Luk (1T1)

ANECDOSE

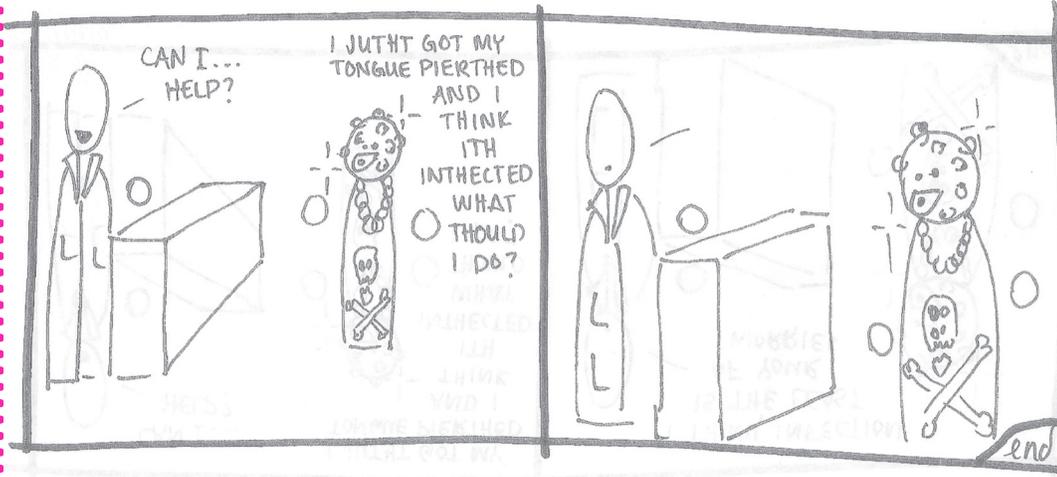
BY M.E. SCHELL

Extended Release
XR



The Anecdose Caption Contest

“What would the Pharmacist say?”



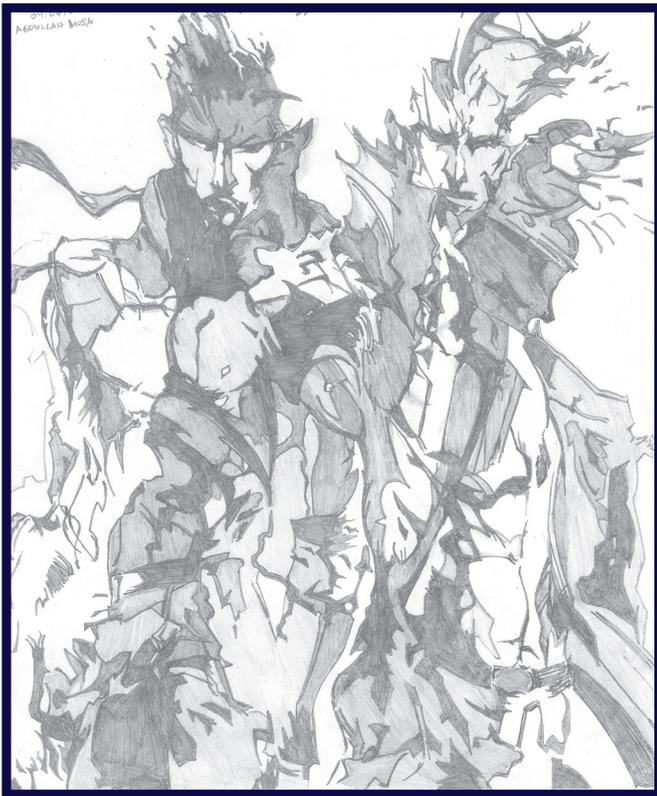
Enjoy reading Anecdose?
Here's your chance to put your funny bones to work.

Complete the comic by filling in the pharmacist's caption and sending it to:

themonograph@gmail.com
Please include your Name and your Class in the E-mail.

The deadline for submissions is: Tues, February 19th, 2010.

Maria, the ingenious creator of the Anecdose has generously donated a prize (miniature figurines of Anecdose Characters) to the Caption Contest Winner, which will be published in the next month's issue of The Monograph.



Two Negatives
Amy Luo (1T2)



Twin Snakes
Abdullah Musa (1T3)

For your
amusement:

From: MediJokes.Com

A nice, calm and respectable lady went into a pharmacy, walked up to the Pharmacist, looked straight into his eyes, and said, “I would like to buy some Cyanide.”
The pharmacist asked, “Why in the world do you need cyanide?” The lady replied, “I need it to poison my husband.”
The pharmacist's eyes got big and he exclaimed, “Lord have mercy! I can't give you cyanide to kill your husband. That's against the law! I'll lose my license! hey'll throw both of us in jail! All kinds of bad things will happen. Absolutely not! You CANNOT have any cyanide!”
The lady reached into her purse and pulled out a picture of her husband in bed with the pharmacist's wife.
The pharmacist looked at the picture and replied, “Well now, that's different. You didn't tell me you had a prescription.”

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

- Jan 28th Night Out at Bier Markt
- 29 1T1 30 Hour Famine
- Feb 5th Health Care Professionals’ Party
- 13 Interaction Day Healthcare Career Fair
- 14 Valentine’s Day
Interaction Day Healthcare Career Fair
- 15 Family Day
Reading Week Begins
- 22 UPS Call For Elections Start
- 27 OSCE



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