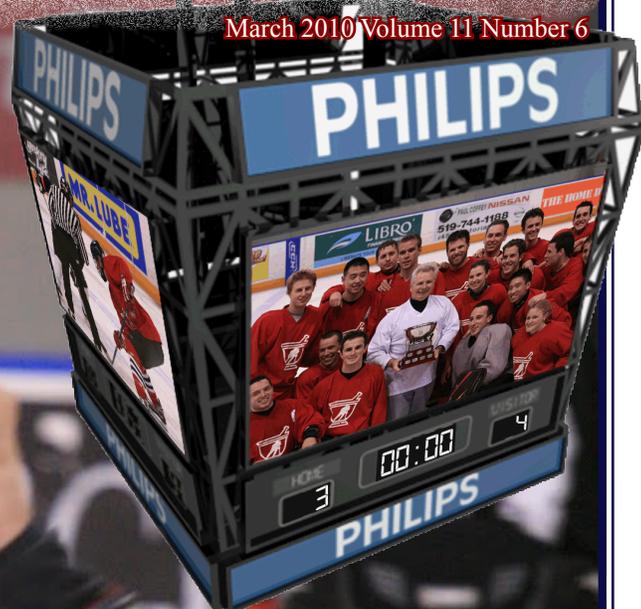


# The Monograph

March 2010 Volume 11 Number 6



## U of T Wins OPA Student Cup



March 2010

## Executive Team

### Editors-In-Chief

Rachel Fu  
Janet Leung  
themonograph@gmail.com

### 1T0 Representative

Milson Chan  
Milson.Chan@gmail.com

### 1T1 Representative

Andrew Ting-A-Kee  
Andrew.Ting.A.Kee@gmail.com

### 1T2 Representative

Sidika Dhalla  
Sidika.Dhalla@utoronto.ca

### 1T3 Representative

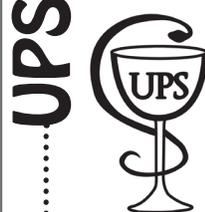
Rose Liao  
Rose.Liao@utoronto.ca

### PRINTED BY

The Learning Achievement Centre  
www.TLAC.ca  
Toronto Printing - 233 College St.

Looking for ways to contribute to The Monograph? We'd love to publish your articles, stories, photographs, shout outs, jokes, artwork, rants and poetry. Contact your class representative for more information. Potential advertisers can contact The Monograph by e-mail at TheMonograph@gmail.com

## UPS Corner.....



Hey hey hey Pharmacy!

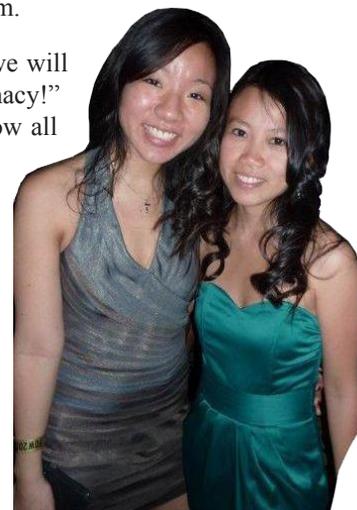
And so begins the countdown of the number of days and finals we have left until glorious summer! Whether you're finally starting to feel at home as a 1T3, fearing more fire alarms as a 1T2, counting the total number of tests you've had over the last 8 months as a 1T1 or only having the PEBCs standing in your way as a 1T0, we hope this 2009-2010 school year was a memorable one for you all.

But before rushing out those PB doors, the month of March brought many of you out to our events. The end of midterms was celebrated with the March Mixer at Pogue Mahone's where hopefully you had a chance to chat with students in various years. A strong Toronto contingent then set out to watch our hockey team defend the OPA Student Cup title in a nail-biting win against the Waterloo(sers). Congratulations to everyone on the team for enabling us to retain our bragging rights and thank you to all the students who came out and showed some amazing spirit! Finally, the extracurricular achievements of our many students were celebrated at the annual UPS Awards Night (a list of winners to be followed in the Monograph!) demonstrating just how involved Pharmacy students can be both in and out of the classroom.

It is hard to believe that this is the last time we will be bidding you a familiar "hey hey hey Pharmacy!" Although we wish we were able to get to know all of you, it has been nothing short of a pleasure and honour being your P and VP this year! We look forward to passing on the torch to next year's UPS council and hope you will show them the support you've given us!

Have a safe and exciting summer and we look forward to catching up with you all in September!

Take care,



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.

# table of contents

- 4 Professional Responsibility and the Benefit of Changing Admission Requirements
- 6 On the Road to Making a Positive Difference
- 7 On Ethics and Evidence
- 8 The Ramblings of a Crazy Man - Volume 2
- 9 Good Food, Good Friends, and Guu'd Times
- 10 The CAPSI Column
- 11 Meditation and Medication: Yoga's Role in Healthcare
- 12 PHailBlog!
- 13 The 4th Year AntiCalendar
- 15 Simply Complicated
- 16 Tips for Making the Most of Your Summer
- 17 Professors in Global Health
- 18 You Can Rely on Us: Pharmacists' Role in Pandemic Planning
- 19 Why the Veil?
- 20 Focus on: Anesthesiology
- 21 Using Past Materials, or Studying Like It's 2008
- 22 A Tribute to Hippos
- 23 How Literature Inspires and Changes People in Real Life
- 24 A Prescription for Success Athletics
- 26 2010 UPS Awards Winners
- 27 Art & Diversions

## Editors' Note

As the year winds down, we'd like to extend our sincerest thanks to our readers, well wishers and particularly our Monograph team! Without Milson (and his offbeat humor), Andrew (and his heavy lifting), Sidika (and her love of all things Mono) and Rose, The Monograph 09-10 would undoubtedly have been less fun to read and no fun to produce.

We'd also like to take this opportunity to introduce Sidika Dhalla (1T2) and Zenah Surani (1T2) as the Monograph Co-Editors 2010-11. We know they will carry on the Monograph name with pride.

This issue, we touch on a variety of heavy topics - from pharmacy's changing admission requirements (page 4) to Plan B (page 7) to the 4th Year AntiCalendar (page 13)... the list goes on.

For some lighter fare, check out our reassertion of pharmacy hockey dominance against Waterloo on page 24, or some simple tips to squeeze the most fun into your summer on page 16 - we know we'll be taking those to heart.

Finally, we'd like to congratulate Sam Hsieh (1T2) for winning the March Monograph prize, and Maria Schell (1T1) for winning our winter semester prize.

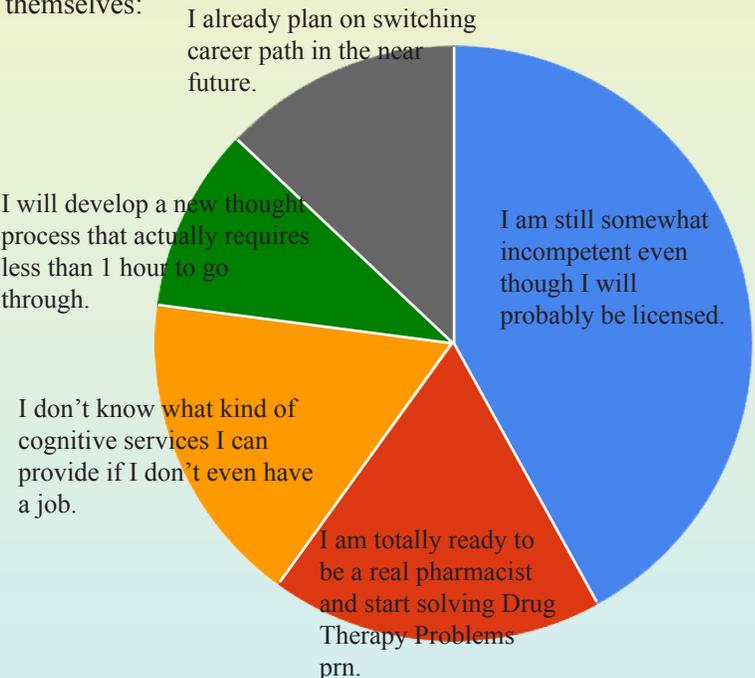
Pharmies - Have a productive exam season, an amazing summer and we'll catch you on the flip side.

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



### Monograph Poll!

After 50K and four years, this is what the 1T0s have to say for themselves:



# Professional Responsibility and the Benefit of Changing Admission Requirements: Weeding Out Those Wanna-be Doctors

By: George Zahalan, 1T3

So, now that first year has nearly come to a close, I thought I would submit an opinion paper to the monograph. I had been thinking about what to say for the past few months and the recurring theme from meeting fellow students in my 1T3 class is this – many want to become doctors. Although it is great to be ambitious and in the real world people can do whatever they want to do, but to me, accepting an offer of admission from a Pharmacy program like the one at UofT comes with it a lot of “professional” responsibility. It seems like every other week we are learning about how to be more effective “professionals”; as pharmacists, we must be professionals but whenever I look around our class and notice the students who have told me that becoming a pharmacist was never their primary goal, I chuckle. I chuckle because many of my fellow peers seem not to know exactly what this term “professional” means.

Yes, I’m referring to these students who are using pharmacy as a back-up plan in case their goal of having a ‘glamorous’ job like being a doctor does not happen. Being a professional means you are held accountable for your actions – for this reason, I find that many of my peers are not being “professionals” because they decided to accept an offer of admission into a professional program they have no interest in being in and as a result, took the spot of another applicant who may have wanted to be a pharmacist since before they could remember. Where I come from, if you don’t want to be somewhere, then don’t. Don’t simply use pharmacy as a security blanket so that if you fail at your primary goal of being a ‘great’ physician like Dr. House, Dr. Oz, or one of those jokers from the talk show “The Doctors”, then you will at least have a good enough career like pharmacy. Don’t get me wrong – I’m all up for security – but when you simply use one professional program as a void until you get

into another professional program, you’re taking opportunities away from those who actually want it more than you do. Do not forget: once you accept the offer and step foot into the Pharmacy Building for the first time, your applicant spot can NEVER be filled again if you decide to leave. So, not only are you using up space that could have been spent on someone who wants to be a pharmacist, but you’re not giving anyone else a chance to use it if you leave early and go to med school.

At this point, you’re probably wondering why I am complaining and you probably think that I am ranting because I

the Apotex study rooms or anywhere else in PB and hear some ungrateful first year pharmacy students (and even some upper years!) complain about how much they hate pharmacy, how boring it is, how inadequate it is when compared to medicine, and how they never even wanted pharmacy. My answer to them is: then leave! If you do not want to be here, do not use valuable resources, study space, and more importantly, ADMISSION SPACE that students who appreciate pharmacy and wanted pharmacy for years could have had. But you know what? All hope is not lost. I say this because of the increasing demands for admission that the University of Toronto

and other programs are requiring. Some people are a bit upset that they’re getting more difficult but do you know why they are? It’s because those complaining are mainly the wanna-be doctors who won’t be able to use pharmacy as their back-up plan any longer. THAT is a great thing.

Of course U of T will lose money during their admissions process because they will have harder admission requirements and thus fewer applicants. BUT they will weed out those

who don’t want pharmacy and admit students who are passionate about this profession and want it more than anything else – even more than medicine, dentistry, etc. I find this beneficial for many reasons. However, the most important reason is that it will produce a higher quality of pharmacy students. In my opinion, admitting students who do not have pharmacy as their primary goal is problematic not only for the program, but for the profession of pharmacy and for the establishment of legitimacy in the profession. In addition, the new requirements will make it impossible for first year students to gain admission which is better than the current standards (in most cases) because after first year, most students have no idea what



Source: <http://www.theangrypharmacist.com/>

didn’t get in sooner than after third year – if you think this, then you’re wrong. I got into pharmacy on my first try. But I am complaining because I have friends who did not. I also have very close friends that did not get in on their second or third try. Are they any less intelligent/ hard-working than someone who got in after their first try or after first year? NO. They simply may have not even been considered because of the countless number of applications from first year students and wanna-be doctors (that do not know anything about the profession of pharmacy) that had 99.9% averages and 99<sup>th</sup> percentile scores on the PCAT or on that silly UTPAT admission exam I hear so many outrageous things about. It’s a shame when you walk around

pharmacy is or what other professions are. I would even go far as saying that first years do not have any idea about what the profession of medicine actually entails, what the demands are, and what kind of work it takes. So, accepting students who are oblivious to these things is problematic for the faculty and for the establishment of effective pharmacists.

If you want some sort of idea of the implications of accepting naive students or students who do not care nor want pharmacy, take this example into consideration: let's say you have a student who gets into pharmacy after first year even though they never worked in a pharmacy and truly want to become a doctor. So, the student goes through his/her 4 years and yes if they get in after first year, you can probably assume he/she is a good enough student to obtain a fairly good average. His/her average is probably only 'fairly good' because pharmacy school is difficult and getting the same marks as you did in undergrad in pharmacy school is relatively difficult. Regardless, his/her average is 'fairly' good – but don't forget, medical schools want 'amazingly' good averages. So, the student decides just to graduate as

a pharmacist and work for a few years to improve his/her resume. However, because pharmacy wasn't the student's primary objective, they don't really care much about patient care and don't take the job seriously – basically, the student ends up being a poor pharmacist and giving his/her patients the notion that pharmacists are not really that great (it's sad but true – people judge mainly on first experiences). Then, it comes time to apply to medical schools and the student is getting nowhere because of their 'fairly good' marks (even with the resume). He/she is not even scoring interviews or any consideration and then what happens? Well, the person begins to have even MORE animosity towards pharmacy because pharmacy school was the reason he/she is not getting consideration for medical schools and because it disabled him/her from achieving their true dream of becoming a physician. The cycle continues and the person's abilities as a pharmacist and care for the profession worsen and this negatively affects the patients around him/her.

I know this example may seem not all that common but it is – I have met two pharmacists who have animosity for the

profession because their mediocre grades in pharmacy school don't allow them any consideration for medical school. What's the solution? **DO NOT GO INTO PHARMACY IN THE FIRST PLACE.** Stay in your undergraduate program and continue getting A+'s so you can get into medical school and more importantly, save that space you would have taken upon accepting your offer of admission for a student who truly wants it. In an ideal world, we would expect this but in the actual world, it does not happen. What's the solution? Do what U of T is planning to do and what many other Canadian pharmacy programs are already doing: increase admission requirements and demands. This issue is one of the things overlooked in pharmacy but schools need to do a better job at identifying those who want to be pharmacists from those who do not want to be. Only then will we graduate pharmacists who practice pharmacy the way it was meant to be practiced – with respect and honour. ■

*[Ed.: for a related article, see The Peril of Deprofessionalization. American Journal of Health-System Pharmacy. 2004;61(22)]*

## McKesson Canada is proud to support the University of Toronto's Undergraduate Pharmacy Society and its students.

McKesson Canada is the leading provider of logistics as well as information products and services within the Canadian health care marketplace. McKesson Canada empowers health care every time a pharmacist spends more time where it counts... with patients.



[www.mckesson.ca](http://www.mckesson.ca)

**MCKESSON**  
Canada  
Empowering Health Care



## Anatoli Chkaroubo 2010

### *On the road to making a positive difference*

As future health care professionals we are all committed to our patients' health and well-being and to advocating on their behalf. Building relationships with our patients and becoming active in the community allows us to better deliver best possible care to those who need it. And while we are working hard at acquiring the therapeutic knowledge we need to be the amazing pharmacists we are all going to become one day, I think it's also important to look for ways to broaden our understanding of health issues in our community and take action.

This summer, I will be taking a break from pharmacy and trading in my lab coat for a pair of bike shorts as I take on a challenge of joining over 200 other riders who each year hit the pavement to support, in a very real way, those living with HIV/AIDS. For the twelfth time this year, the Toronto People with AIDS Foundation is gearing up for an annual bike rally fundraiser, spending a week riding across the province from Toronto to Montreal. Money raised in this 600 km trek is used by PWA to support and promote the health and well-being of individuals with HIV/AIDS through a number of legal, social and clinical programmes and services.

Over the past two decades, the medical community has seen tremendous advances in the understanding of the disease and pharmacotherapy offered to HIV patients, significantly decreasing AIDS-related mortality and morbidity and transforming the disease from an imminent death sentence to a manageable, chronic condition. Yet today, patients living with HIV/AIDS face many burdening and life-altering challenges, ranging from disease- and therapy-related complications to social stigma, depression, and isolation. Poverty is another major issue for this patient population arising from the disease-related disability and job loss as well as the huge financial burden of HIV

management. While many older medications are funded by government programs, newer agents, some of which have been recently identified as first line therapy by the WHO are not currently covered by any program in our province and many others require patients to go through miles of red tape, which can be difficult to achieve without a strong advocate.

The PWA's job is to make life easier for HIV+ patients, by providing counselling and legal services, a food bank, harm-reduction clinics, alternative and complimentary clinical and health promotion services, and a safe, positive space for those battling social isolation and marginalization. It's not hard to imagine that to people living with HIV/AIDS and facing daily challenges associated with the disease the opportunity to draw strength from these programs may provide the means to better quality of life and better health outcomes.

To help the PWA's cause, please consider sponsoring my ride by making an online donation at <http://tinyurl.com/ygqx4fd> or by visiting [www.bikerally.org](http://www.bikerally.org) and clicking on "pledge" then searching for my name. All donations are welcome and those \$20 and over are eligible for a charitable tax receipt.

I am both excited and proud to represent some pharmacy spirit at the event this summer and would also like to encourage those of you who enjoy an athletic challenge or just want to do something different and amazing this summer to consider registering as a rider!

Thank you for all your support and remember – until there is a cure... there is a ride. **M**



# On Ethics and Evidence

By: Adam Calabrese, ITI

One aspect of the OCP Code of Ethics that I have always objected to is the clause in which a pharmacist is allowed to refuse to dispense a given medication if it conflicted with their beliefs. This statement is both oddly vague and rather specific. It is clearly meant to cover pharmacists who don't want to dispense Plan B, and at the same time, it sets out no reasonable framework within which a pharmacist may refuse to dispense a given medication before they devolve into a Monty Python sketch. In any case, I've never agreed with it. Being a pharmacist carries responsibilities, and anyone unwilling to fulfill them is welcome to either go into practice where it won't be an issue or avoid the profession in the first place. I should also point out that when stories about pharmacists refusing to dispense Plan B and ordinary contraception, even when they occur in other countries, generate a lot of bad press for the profession and instill fear in individuals that they will face harsh disapproval from a pharmacist if they ever need to get Plan B.

The crux of the objection to Plan B is that certain people think it is an abortifacient; this can handily be tossed aside due to the fact that Plan B has no effect on an already implanted embryo (though it may even prevent miscarriage, as it is a progesterone). It is hypothesized that it may work by inhibiting the implantation of a fertilized egg, the other method which people claim is objectionable. We are always taught that how Plan B works is a mystery, and may work in various ways. Having read up on this outside of class, there are two issues at play – firstly, ignorance among the lay public that causes confusion between levonorgestrel and mifepristone (my own speculation), and the fact that the mechanism of Plan B is a hotly debated political issue.

A report from the Journal of the American Medical Association reviewing available evidence for each mechanism of Plan B released in 2006 was rather unequivocal about the status of the evidence for Plan B interfering with implantation :

*Epidemiological evidence rules strongly against interruption of fallopian tube function by Plan B. Evidence that would support direct involvement of endometrial damage or luteal dysfunction in Plan B's contraceptive mechanism is either weak or lacking altogether. Both epidemiologic and clinical studies of Plan B's efficacy in relation to the timing of ovulation are inconsistent with the hypothesis that Plan B acts to prevent implantation.*

It went on further to say...

*[T]he ability of Plan B to interfere with implantation remains speculative, since virtually no evidence supports that mechanism and some evidence contradicts it. ... [T]he best available evidence indicates that Plan B's ability to prevent pregnancy can be fully accounted for by mechanisms that do not involve interference with postfertilization events.*

Plainly stated, there is no evidence to support the hypothesis, and some evidence suggesting that we should discard it. But I don't want to overplay my hand here; the article does clearly state that it does not offer absolute certainty, on account of the fact that it is somewhat beyond our capacity to test for the fertilization of an ova before it implants in the uterine wall. Doubt is always a part of the scientific process, but it seems that we are at the very least entitled to say that it is highly unlikely that Plan B inhibits implantation.

By comparison, the Catholic Church's doctrine on contraception, *Dignitas Personae*, states that "the effect of inhibiting implantation is certainly present" with emergency contraception, even though it was released two years after the JAMA report. Governors have used their vetoes and state legislatures have voted to keep Plan B off of state Medicaid coverage on the premise that it is something more than contraception, and plenty of lobby groups have made (evidently) false statements on the subject. It's par for the course when politicians make false statements because of ignorance or malice, but pharmacists must be held to a higher standard.

I think the subject brings up an important question: what does it say about someone's ethics when they are based on false premises? Worse still, what does it say when those false premises are held despite evidence to the contrary? If you're going to refuse to dispense Plan B on moral grounds, the rest of the profession deserves an explanation as to why. ■

## References:

- 1 <http://jama.ama-assn.org/cgi/content/short/296/14/1775>
- 2 [http://www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc\\_20081208\\_dignitas-personae\\_en.html](http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html)
- 3 <http://www.slate.com/id/2139107/>



## The Ramblings of a Crazy Man - Volume 2

By: David Teng, IT3

Today, I'm going to talk about something inappropriate. I'm going to talk about a movie that has something inappropriate in it. It's called Heisei Tanuki Gassen Pom Poko. That's Heisei-Era Raccoon-Dog War Pom Poko.

At a glance, my former statement would raise many eyebrows, and indeed, if one was to take a quick skim through the contents of the movie, they would find nothing questionable. It's about these "tanuki", or Japanese raccoon dogs that are at risk of losing their homeland due to urbanization, and the escapades that follow their attempt to remedy their situation. Okay, great. Sounds like a pretty normal movie. Right?

Wrong.

You see, the thing is, in Japanese legend, these "Tanuki" are rumoured to have rather large testicles, and said fact is faithfully represented in the movie. These guys have some MONSTER sacs. They're big enough to be used effectively as a pair of flails, and the Tanuki certainly didn't hesitate to do so. There was definitely some blood shed in the movie due to being assaulted by a pair of tanuki genitalia. They use them for other purposes, too, of course. You know, mating and stuff, but that's not nearly as interesting.

For those of you who turned your heads away in disgust and now look upon me as if I was one of those images Crandall puts up in LMP, give yourself a moment to think about this - why do my words disturb you? Okay. Fine. Obviously, I meant for those words to bear some impact, but still, the underlying ideas are probably what unsettled you rather than the way I phrased them.

Now consider this. This was shown in theatres in Japan, watched by adults and children alike. And contrary to what some may think, it did not cause a wave of uproar and outrage. People watched the movie, likely were amused when a tanuki extended his privates over the windshield of a truck, throwing it off a cliff, and left the theatre, entertained and down a few hundred yen. I ask you, what would happen if this was shown in its full glory here? On the big screen. What kind of rating would it get? PG-13? Adults only? It's a cartoon about cute raccoon dogs, but at the same time, they're whapping people across the face with their ball sacs. It might be my prejudice, but I have this feeling that many mothers will not appreciate their children watching people get whapped across the face by ball sacs. Even if said ball sacs were animated.

Anyway, I assume the thought of such a movie being shown in theatres would set off some alarms in your minds. And here, my friends, is where I use my peerless talents of stringing heaps of completely unrelated junk together into coherent ideas, mastered in Grade 12 English, to somehow make all of this related to pharmacy.

In this very example I have stated, we can see what is commonly known as "cultural differences". They're there, they exist, and you never know when they'll decide to rear their ugly heads. And unless you move to the Yukon, you will doubtlessly encounter some of them in your future careers. Depending on

how you handle them, they can be either a minor disturbance, or a massive headache. So, in the future, when you're all legally contributing to the monopolization of medical knowledge, if a patient comes and requests something seemingly absurd, pause, and think about the tanuki. As faint recollections of murderous genitalia resurface in your mind, perhaps they will remind you of the fact that there exists in this world a great variety of cultures and perspectives, and as a Canadian, it is our duty to respect and accept their existence.

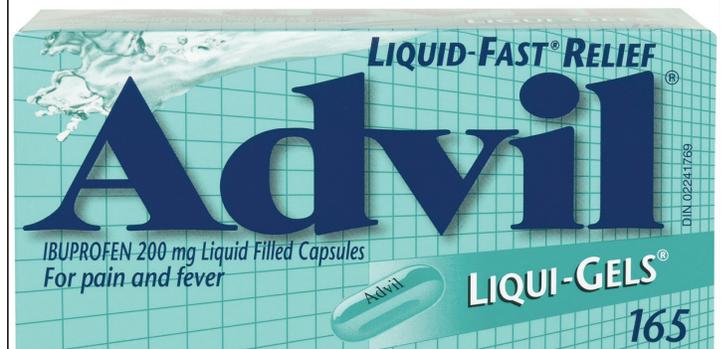
All right. I think it's time to wrap this up. Quite obviously, this article was mainly a promotion of an old movie rather than a discussion of culture. So if you ever have some free time, see if you can get your hands on this movie. I guarantee it'll be worth your time to watch, and it might even induce you to think about some deeper issues afterwards. It's probably damn near impossible to find though, even for our parrot-loving friends (read: pirates). I actually have a copy with English subtitles, so if you're ever feeling kind of lonely on a Friday night, feel free to give me a call. I probably can't remedy your loneliness, but I'll give you a copy of Pom Poko. (Unless you're of the opposite sex. But let's face it. How many -girls- spend their Friday nights curled up in front of their computer screen with only *C:\My Stuff\Random Folder\Nothing in here\Go away\Go away damn you\Stop looking\IHAVEWEIRD TASTES\...\001.jpg* to accompany them? It's only us guys, really.)

So there you have it. Extra long, extra random, and filled with questionable materials. See you next time. Same old shack, same old place. **M**

Wishing you continued success

**Wyeth**  
Consumer Healthcare

The Makers of



# GOOD FOOD, GOOD FRIENDS, AND GUU'D TIMES

By: Sam Hsieh, IT2



**G u u** Izakaya, a newly opened franchise hailing from Vancouver, sets its shop inconspicuously at the corner of Church and McGill. A place easily missed by passersby,

though once discovered, it's love at first bite.

Atypical of most Japanese restaurants these days, it maintains the culinary traditions of Japan and at the same time amalgamates modern interpretations. Guu's cuisine is best described as Japanese tapas, cooked with French techniques, brandished with Italian flair. A fusion of cultures under one roof, fine-dining without the pretence, casual eatery with sophistication.

When you first enter the restaurant you are greeted with the resounding chorus of the entire restaurant...in unison. The wait-staff ushers you to your seats, reminiscent of a mid-summer day's picnic bench. You are shoulder to shoulder with your eating companions, yet feel roomy at the same time. The open ceiling concept is refreshing, and there is limited seating at the bar section.

Having had the opportunity to try the place a few times, I always try to order something unique whenever I go. They have food for both the faint of heart (*KARAAGE* – deep fried chicken marinated in soy sauce,



ABURI SALMON

*YAKIUDON* - stir-fried udon noodles with beef and veggies), and the culinary adventurous (*GYUTANGUE* – grilled beef tongue, *TONTORO* – pork cheeks with salt and yuzu pepper). The sashimi selection is finite, yet fresh. Lightly seared tuna (*MAGURO TATAKI*) and salmon (*ABURI SALMON*), both served with ponzu sauce, along with the scallop carpaccio (*HOTATE CARPACCIO*) melts better than butter in your mouth.

The *GINDARA* (white wine and miso glazed black cod) caresses your palate gracefully while the crispy skin adds a delicate textural contrast. *KABOCHA KOROKKE* (deep fried pumpkin croquette with an egg inside) is a whimsical play on a French classic, while the *Grilled SABA* (a.k.a. mackerel) pays homage to the rustic style of Italy. Popular Japanese fast-foods such as *TAKOYAKI* (deep fried octopus balls) and *OKONOMIYAKI* (Japanese-style fried pancakes) are paired flawlessly with the tonkatsu sauce and mustard mayo.

Another dish on the menu (*SALMON NATTO YUKKE*) incorporates one of the most feared (and loved) ingredients of Japanese cuisine: natto. This fermented soybean eaten alone (a staple in Japan) is analogous to the mucosal secretion when you have a bad cold. Except with a higher viscosity coefficient. And it's hugging your taste buds.



SALMON NATTO YUKKE

However, Guu masterfully transforms this utterly formidable ingredient by marrying it with salmon, an array of pickled veggies, garlic and wonton chips, green onions, and an egg to exalt it into a dish worthy of praise. The components are mixed and then wrapped in nori (a type of seaweed that's been seasoned and dried).

There is also a special menu that changes monthly (or on the chef's whim) which sometimes comprise of seasonal fares like *UNI* (sea urchin) and *EBI* (shrimp) imported from Vancouver. The dessert menu is small yet varied, with a daily cheesecake (using exotic flavours that include wasabi, yuzu, and sake), deep fried banana tempuras (with homemade coconut ice cream), and almond tofu (if you could eat clouds, this would be what it'd taste like).

Partaking in a meal at Guu Izakaya requires three things: 1) You and at least 3 other friends - so you can order and try more dishes. 2) Arriving before 6pm to get a table - it's first come first served, so arrive early. 3) An open-mind to try items that go beyond your foodie comfort zone.

Price – 8.1/10  
Ambiance - 8.6/10  
Service - 8.3/10  
Food - 9.1/10

Overall - Not somewhere you'd want to go for a first date, maybe the third. Affordably delicious. 2 yellow fists of approval!

M

# The CAPSI Column

## CAPSI CHARITY WEEK



Candlelighter's – This year's CAPSI Charity week raised money for Candlelighter's

Childhood Cancer Foundation. Thanks to everyone who donated, you're supporting a valuable and meaningful cause! Their mission is to provide **information** and **awareness** for children and adolescents with cancer and their families, to **advocate** for their needs, and to **support research** so every child survives and leads a long and healthy life.

On behalf of the CAPSI council, we'd like to extend a big thank you to everyone who donated to our raffles, asketball pool, and bake sale during CAPSI charity week. We raised \$860 for the Candlelighter's Childhood Cancer Foundation!

Once again, we'd like to mention our generous sponsors Wyeth, TEVA Novopharm, the Green Grind, Utopia Cafe, and Il Gatto Nero.

The winners of the raffle prizes are . . .

Kristie DeBoono (1T3) who won a \$50 gift certificate from Il Gatto Nero, Lisa Truong (1T2) who won a \$50 gift certificate to Utopia Café, Tanya Billeci (1T2) who won the iPod docking station and Suzy Bador (1T3) who won the iPod touch. 1T2s Sabrina Liu, Zao Zhu, Jacklyn Lam, David Yam, Elizabeth Lu and Lindsay Ottaway swept all the \$50 gift certificates to Bon Appetit, while 1T1s Adrian Leung, Pascal Niccoli, Deena Hamwazi and 1T3 Maria Tirtashi were lucky enough to each get a \$20 Green Grind gift certificate.

How can YOU be involved in CAPSI next year?

1. Apply to be class rep!!

2. Go to PDW in Saskatchewan
3. Compete or volunteer for the competitions
4. Volunteer @ PAW week
5. Participate in our raffles
6. Bake/volunteer for our bakesales!!!
7. E-mail our new CAPSI director, Anne Sylvestre

Thanks to our generous CHARITY WEEK sponsors:

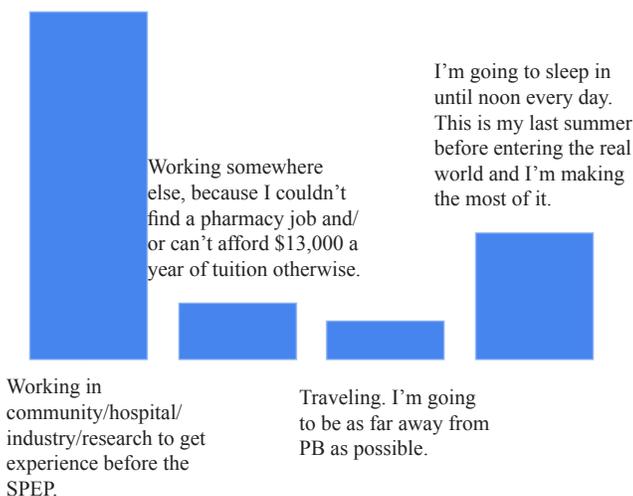


## WHAT HAS CAPSI DONE THIS YEAR??

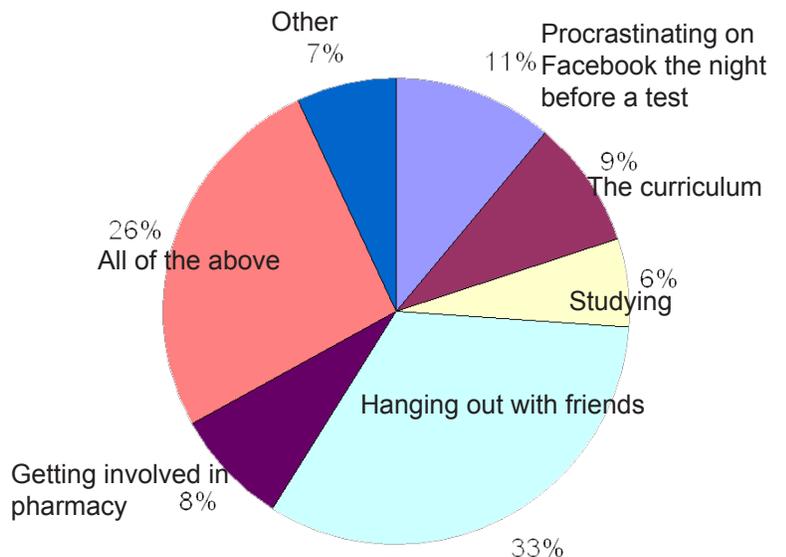
CAPSI textbook sale / Teva-Novopharm water bottles for all 1st year students / Free CAPSI Agendas / Compris Interview Guide / Apotex – iPharmacist Coupon / CSHP luncheon for 2nd years / Novopharm Leadership Seminar / Fall Symposium on Remote dispensing / Student Exchange Program / Mock OSCE / OTC Competition / Patient Interview Competition / Compounding Competition / Literary Competition / Wyeth-Guy Genest Passion for Pharmacy Award / Disability Insurance presentation for 4th years / IPSF World AIDS day / PDW – Professional Development Week / Rx&D Industrial Pharmacy Studentship Program / PAW – Pharmacy Awareness Week/ CAPSI Charity Week – for Candlelighter's Childhood Cancer Foundation / Winter Symposium featuring Dr. Zubin Austin / CAPSI birthday cupcakes / Operation Wash-Up / Operation Allergy

## monograph polls!

What are the 1T1s up to this summer?



For the 1T3s, the most memorable part of being a first year has been:



# Meditation and Medication: Yoga's Role in Healthcare

By: Zenah Surani, 1T2

Over this past school year, I acquired a new addiction. It gives me lots of energy, relieves stress, and it makes me break out into a shirt-drenching sweat. Best of all, it's not a harmful one. In fact, it may just be one of the most powerful systems of health and well-being out there. I'm talking about yoga. Western medicine is generally governed by the appearance of symptoms. However, yoga deals with health in a far more holistic way. It envisions health as a state of being—only when your bodily systems are being used to their optimal function are they aligned, and in turn, you are then at your highest state of health. It truly connects the mind, body, and soul—in stretching your muscles, you are directly feeding into your nervous system and creating peace of mind. Certain poses performed and *pranayama* (breathing) with practice can positively impact the cardiovascular system, boost the immune system, and improve digestion. This connectivity can be translated to the body—it is possible to improve one body system by trying to improve all of them.

Yoga is definitely not just for people who are super flexible and athletic. Although there are occasionally some superstars at the yoga studio I go to, the vast majority of us are just normal people. I have a hard time with the floor poses (*vin*-type poses). Some have trouble touching their toes in a forward bend or with balancing poses. However, the challenge appeals to me, and seeing my progress over the past year has been satisfying, to say the least. The difference between a flexible person and a less flexible person is that the former has to work harder to feel the same stretch.

A big part of the yoga experience is the breathing

(*pranayama*). Ashtanga yoga, a vigorous form of yoga originating in Mysore, India, encourages the practice of the *ujjayi* breath. This is closed-mouth breathing, imitating the deep, throaty breath of Darth Vader. One should be able to feel the breath as it passes the back of the throat, and with practice, this type of breathing should be silent. When we are stressed, we tend to breathe quickly. Shallow, rapid breaths deliver less air to the alveoli, leading to decreased oxygen saturation of the blood. Yogis take fewer breaths of greater volume, calming their nervous systems, increasing their exercise capacity and blood oxygen saturation.

A study performed at a university in Benares, India, found that yoga was beneficial for the depressed. A yoga group and a comparison group given antidepressants showed similar improvements in neurotransmitter levels - a great rise in serotonin levels and a decrease in monoamine oxidase and cortisol (the 'stress hormone') levels.

Stress can lead to intestinal problems like diarrhea, constipation or even IBS. Yoga postures such as twists wring out venous blood from internal organs, such as the large intestine, improving oxygenated blood flow to those organs once the twist is relieved. This can help to alleviate these problems by helping food and waste products make their way down the large intestine normally. Practices learned in yoga can also be taken outside the studio to everyday life. For instance, when we are doing a particularly tough posture at the studio, the teacher often tells the class to

unclench our jaws, un-squint our eyes, and to scan our bodies for any tension and to 'breathe in to

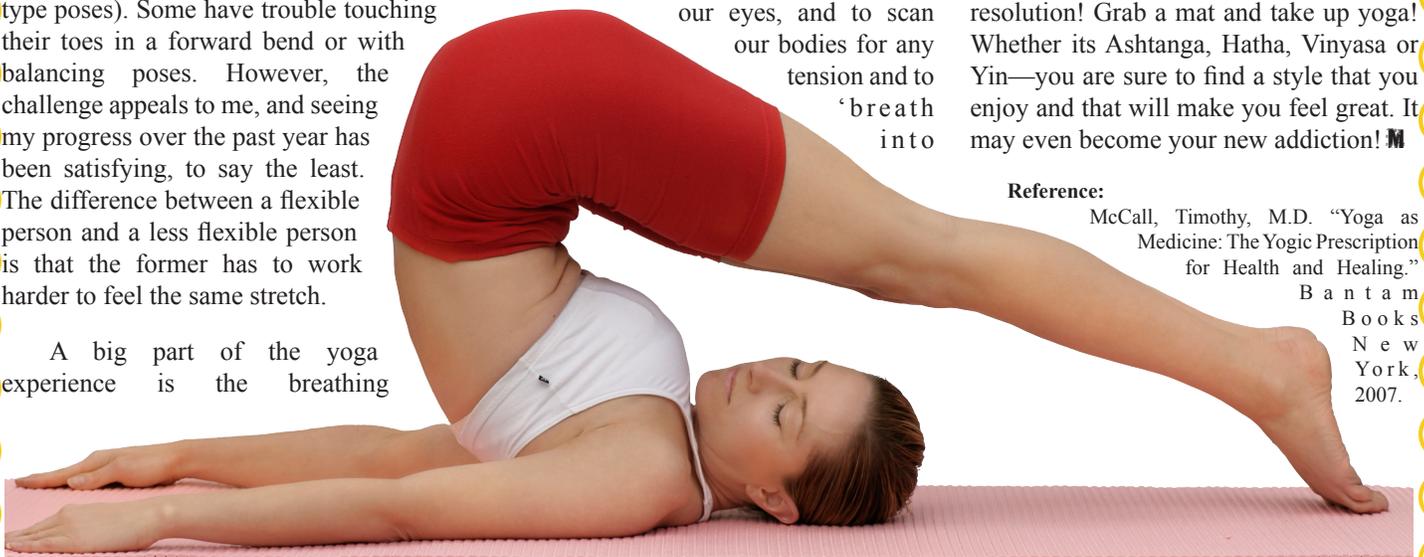
that tension' to relieve it. Similarly, stress we experience in everyday life can cause us to tighten up the muscles in our face and clench our jaws. Before I started practicing yoga, I didn't even realize I did this! This can lead to a worsening of stress level and mood, and may even lead to chronic muscle fatigue and soreness. Learning these stress-relieving techniques from regular yoga practice, I've realized that things that used to stress me out no longer do.

Finally, as students, we often have many things on our minds, whether it's school, weekend plans, personal issues, or even class gossip. Yoga helps with spiritual growth. *Dukha*, or suffering, is different from physical pain. Pain sometimes cannot be avoided, but suffering (in yogic terms) depends on your state of mind. Thoughts and emotions from the past, for instance, can hinder healing and foster discontent. While practicing yoga, you have no choice but to focus on the postures you are doing since most of the time, they are quite challenging. In doing this, your mind must concentrate, almost forgetting about what has happened that day. At the end of the class your stress and issues are still there, but you are now ready to take them on with a renewed sense of self and peace of mind.

Healthcare professionals often recommend yoga practice as a non-pharmalogical therapy to their patients with ailments such as arthritis, HIV/AIDS, cancer, back pain, and a host of others because of its proven physical and mental benefits. Although January 1<sup>st</sup> seems like a long way away, it's not too late to make a resolution! Grab a mat and take up yoga! Whether its Ashtanga, Hatha, Vinyasa or Yin—you are sure to find a style that you enjoy and that will make you feel great. It may even become your new addiction! ■

## Reference:

McCall, Timothy, M.D. "Yoga as Medicine: The Yogic Prescription for Health and Healing." Banta m Books New York, 2007.





Customer: Hi my friend's kids are really hyper and she's going on a long drive with them, do you have anything that will knock them out like Gravol or something?

Pharmacy Student: *(No idea what to say)* Umm, just one minute I will ask the pharmacist...*(relay inquiry)*

Pharmacist: Umm, actually we really don't recommend drugging your kids!

Pharmacy Student: *(to customer)* Actually Gravol is used for motion sickness and not to calm children down, we don't have anything for that purpose.

Customer: Oh. - PHARMAFAIL

Submitted by: Lisa Levangie

A man walks into the pharmacy and casually asks: can I get Viagra in like... lollipop form?

- PHARMAFAIL

Submitted by: Marko Tomas

The other day, a patient came into the pharmacy with a script for Emla cream. The sig read 'apply prior to intercourse'. PHARMAFAIL?

Submitted by Brendon Wiebe

A patient pulling down thier pants and underwear at the pharmacy to show me the huge, red, bloody, oozing creature-like growth on thier 'hooha' because they think I can diagnose what on earth it is???? - EPIC PHARMAFAIL!

Submitted by: Lasagna!

A customer let their 5 year old child run around the dispensary wreaking havoc while they talked on the phone about what happened on the last episode of The Bachelor, because its my professional responsibility to chase after him???? - PHARMAFAIL

Submitted by: Lasagna!

A patient stood there trying to flirt with a young girl HALF his age while she's trying to counsel him about prostate meds as him wife stands right beside him frowning in disgust... - PHARMAFAIL

Submitted by: Lasagna!

Phone rings,  
I answer: Me: Good afternoon, how can I help you?  
Phone: THIS IS THE POLICE DEPARTMENT. I NEED TO SPEAK WITH THE PHARMACIST IMMEDIATELY!  
Me: certainly, officer. *I put the phone on hold and immediately tell our busy pharmacist that the Police Department is on line #3 and needs to jump the cue. He takes the line, says a few things, and says good-bye.*  
Me: What is the situation? *(expecting an excellent legal-issues Pharmacy Practice learning experience)*

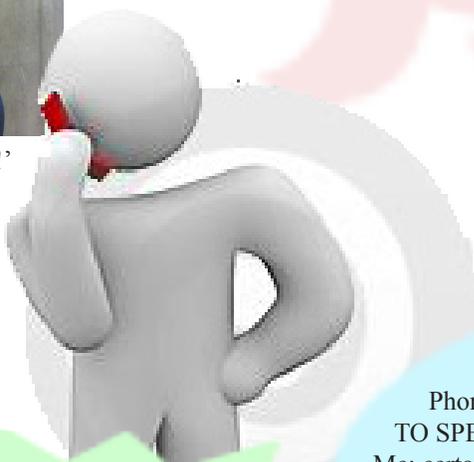
Pharmacist: That was officer so-and-so asking for a repeat of his Cialis. - PHARMAWIN

Submitted by: Anna Molak

### Spillage Fail...



HBan: 'Take that Kennyma!!' EPIC PHARMAFAIL!



Fire alarm during pharmacology exam – LOL  
Prof says the exam won't count – WTF  
Lesley Lavack says we have to do a rewrite – FML  
Fire alarm during rewrite  
– PHARMAFAIL OF THE YEAR

## PHailBlog!

Compiled by: Sidika Dhalla, IT2 Monograph Rep

# 4<sup>th</sup> Year Anti- Calendar

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

\*Thanks to the following people for their very useful contributions: Humphrey Cheung, Hayley Fleming, Peter Ji, Nadine Lam, Richard McLaughlin, Laura Narducci, Aron Quah, Santhosh Sekharan, and Yuan Zhou, without whom this would have never been finished.

Dear 1T1s,

Welcome to 4<sup>th</sup> year, because I am sure all of you will pass the final exams in 3<sup>rd</sup> year if you read the anti-calendar I wrote last year. So I hope this guide will serve the same purpose by giving you some insights about which electives to take and how to do well in your final year that will go by before you know it.

## **PHM421Y1 Pharmaceutical Care III**

Coordinators: Lalitha Raman-Wilms and Gary Wong

The format is similar to 3<sup>rd</sup> year therapeutics except the topics are being covered at a faster pace because there are usually 2 to 3 cases per week. Most of the topics are very useful and informative, focusing mainly on cardiology and psychiatric disorders. There are also only 2 CSS (7.5% each) in the term but they seem a bit longer than the ones in 3<sup>rd</sup> year, especially the one in CHF which requires quite a bit of detail. There is only 1 mid-term (35%) and 1 final exam (40%) in this course. Much like 3<sup>rd</sup> year, the final will showcase an oral component that will make up most of your mark so make sure you are familiar with the topics that they like. The multiple choice questions seem short but they require you to know the details of the topics very well. Professor Raman-Wilms, the professor of the year, is very helpful as she guides you through the term with all the key point summaries. Make sure you spend a lot of time in this course in order to maximize your learning.

## **PHM425H1 Pharmacy Practice Research**

Coordinator: Marcio Machado

This course covers the basic ideas of research methodologies and designs that are relevant to pharmacy practice and the

overall difficulty is not very high. The mid-term is very straight forward and the final exam is fair. But the majority of your grade comes down to the research protocol so make sure you choose good and reliable group members because it will make your life much easier. You will have to work together to finish a proposal, literature review, and presentation but remember that you can always change some of the details of your study along the way. However, the final protocol is individual work and is due during exam time. So to avoid major confusion, anxiety, and paranoia, make sure you know what is going on with your research protocol as the deadline approaches.

## **PHM427H1 Health Systems in Society II**

Coordinator: Linda MacKeigan

This is a continuation of health system course in second year. The first part of the course covers some of the issues and topics of the health care system related to pharmacy practice and second half focuses only on pharmacoeconomics. There is a writing assignment that will assess your writing skill and critical thinking ability. It will also let you know why you are not going to do well in the mid-term because you will need to provide specific responses to somewhat general questions in order to do well. If you do poorly in the mid-term, they will let you know that second half of the course is very different. That is true, except that means that you may do even worse. To avoid that, you should familiarize yourself with the tutorial readings in order to salvage some mark in the quizzes. Also, since the second half is a bit more scientific and technical, and the paper that you will need to appraise in the final exam is given ahead of time, you should know it well as to how it relates to the lecture notes.

## **PHM428H1 Professional Practice IV**

Coordinator: Zubin Austin

This course is taught by professor of the year Zubin Austin. This is a very interesting series of lectures that will give you a different view into your future practice. You will be exposed to mainly patient psychology and tort law. The classes are informative and fun but make sure you understand the examples and ideas discussed in class for exam purposes since

there is application aspect in the exam. This is overall a very enjoyable course with a light workload.

## **PHM429 Pharmacy Practice Seminar**

Coordinator: Debra Moy

This is the 4<sup>th</sup> and final installment of the PPL series, put together by yet another professor of the year, Debra Moy, who is great at providing help for students which may be important because this course is definitely more challenging than the one in 3<sup>rd</sup> year. There are no more technical aspects of dispensing, checking prescriptions, taking verbal prescriptions. It is purely based on patient interactions with standardized actors, who can be quite good at acting so you will have to put your superior counseling skills to use. Although you can bring a suitcase containing all your favorite reference books with you to the lab, it is still important to prepare by going over the pre-lab questions and knowing the given topic well. Make sure you answer all the questions that patients have and manage your time accordingly. If you do fail, learn from it so that you will not make the same mistakes again. If you do that, you should get better towards the end of the course because after all, there are only so many things that can go wrong ... right?

### **Compulsory-electives:**

Note: Students must choose to take 1 of the following 3 courses as an elective

## **PHM454H1 Selected Topics in Pharmaceutical Industry**

Coordinator: Rami Batal

This was Rami Batal's first year as a professor, but he's not new to the field of teaching especially when it comes to the industry. Other guest lecturers include a pharmacist, a former neurosurgeon, a founder and president of a biotech company, and more. Professor Batal's style of teaching is very interactive and engaging. The concepts are better understood when you simply listen and participate in the class discussions since class participation is also part of the evaluation. You will participate in mini-presentations and "workshops", as well as dressing-to-impress since there is a dress code for the class. Both the midterm and final exam cover a fair amount of

material, but they are both open book and are pretty straightforward. Overall, this is an absolutely terrific class, and everyone who finished the course thought it is informative, interesting, and fun. It is recommended for anyone who is interested in being able to carry on a conversation about the pharmaceutical industry with confidence.

### **PHM458H1 Pharmacy Practice Management in the Community**

Coordinator: Harold Segal

This course covers the aspects of being a pharmacy owner. The concepts such as financing, planning, geographical selection, and store designs, can be applied to business other than pharmacy. Although the material can be tedious and dry, Professor Segal uses examples that are fairly up to date such as newspaper articles to complement his textbook. The workload for this course is rather light. There is a mid-term and a final exam (50% each) that are made up of multiple choice questions. But you will find some of the questions difficult to answer no matter how much you study. So make sure you read his textbook and understand the concepts. You should also be familiar with the calculations if you want to do well in the course as they will appear on the tests.

### **PHM459H1 Institutional Pharmacy Practice Management**

Coordinator: Bill Wilson

This course is a continuation of the 3<sup>rd</sup> year management course where you will learn about human resources, administrative issues, and institutional management. The overall workload for this course is very light. There is a writing assignment that is worth 40% but you will likely do quite well if you invest some time to come up with something that is typed nicely on a piece of paper in human language. The final, worth 60%, is not overly difficult and Professor Wilson is nice enough to let you know which lectures will not be tested but you should still allocate enough time to study especially since there is no mid-term, so everything from the first to the last class will be included.

### **Electives:**

Note: Students must choose to take another compulsory elective OR 1 of the following courses as another elective

### **PHM450H1 Aboriginal Issues in Health and Healing**

Coordinator: David Burman

This course provides an overview of the Aboriginal population's history in Canada and their determinants of health to students. There are also students from the Faculty of Arts and Sciences. Overall, the learning is subjectively derived from stories and discussions led by community elders, aboriginal healers, and others who are experienced with the Aboriginal population. Unfortunately, you will not learn how to prepare or use herbal medicines, and you will certainly not be able to perform Aboriginal healing ceremonies at the conclusion of the course. To do well, you must participate and be interested in the material, so if you hate touchy-feely stuff or have uncontrolled asthma, this course is probably not for you. But if you thrive on discussion, lots of self-reflection, and are driven to explore a holistic approach to the Aboriginal population and their health, you should consider take this course because you will love it.

### **PHM456H1 Introduction to Pediatric Pharmacy Practice**

Coordinator: Sandra Bjelajac-Mejia

This course is taught by various lecturers that include physicians, pharmacists, nurses, psychiatrists, and social workers. Medication use and treatment options in children are discussed for various diseases. There are a lot of information presented in each class but the topics are very interesting and relevant to both community and hospital practice. There is a mid-term (30%), an essay (25%) and a non-cumulative final exam (45%). The material is pretty straight forward but there is quite a bit of memorization required so it is best to start preparing early to avoid stressful situation. You will only need to know whatever is covered in class since there are no extra readings or textbooks for this course. In general, this course is interesting and very applicable to future practice.

### **PHM457H1 Natural Health Products**

Coordinator: Heather Boon

Taught by Professor Heather Boon and other instructors, who are all leading experts in the field, this course will give you the basic understanding of natural health products including herbals, traditional Chinese medicines, and homeopathy. This is a great opportunity to learn about natural health products that are very relevant to future practice, considering we rarely get any exposure to them in our curriculum. There is an assignment, a presentation, and a final exam in this course. The evaluations are meant to have you learn more about topics of interest and prepare you for all the tough herbal questions that you will get from the patients, doctors, and all your friends who did not take this course.

### **PHM460H1 Pharmaceutical Marketing**

Coordinator: Harold Segal

This course gives you an introduction to basic marketing principles, which will be very useful for anyone who may want to be an owner, manager, or associate some day. Professor Segal seems to be much less sedating in this class than in community management course due to the small class size, allowing for plenty of interactions. This course has a mid-term and a final in this course, each worth 25% of the final grade. There are only ~120 slides to study in the entire course, supplemented by newspaper or magazine articles so the material is not overwhelming at all. But the questions may be quite tricky, requiring you to recall points as they appear on the slides to get most of the marks. There is also a 50% research paper on a topic of your choice. The paper is final evaluation of the course and it appears that everyone ends up doing well in it. But make sure you try to spread out the work early in the year so that you do not end up rushing through the term paper in the last few weeks of class. Overall, this is a really enjoyable and interesting course that you should consider taking.

### **PHM462H1 Alcohol and Substance Use Disorders**

Coordinator: Beth Sproule

This course covers the basic concepts regarding dependence and abuse of many different substances including alcohol, benzodiazepines, opioids, hypnotics, prescription drugs, stimulants ... focusing on identification, prevention, and treatment

of mainly intoxication, withdrawal, and addiction. The topics are useful to learn especially since they are not very well covered in therapeutics and pharmacology courses. There is a short drug information assignment (25%) that is completed in pairs. The mid-term (30%) and final exam (45%) are relatively straight forward but they have quite a lot of questions in them so you should be familiar with the notes so that you can apply your knowledge. The workload is not heavy and the instructors are knowledgeable and willing to answer questions. If you want to learn more about substance abuse so that you know what advice to give to the patients or how to detoxify yourself for some reason, this is the course.

### PHM463H1 Pharmacotherapy in Obstetrics and Gynecology

Coordinator: Tom Brown

This course provides you with the therapeutic knowledge of medications used in the female population. The classes are always interesting and fun. They are also very interactive, giving you great opportunities to ask questions. There are 2 mid-terms and 1 final exam that contain case-based questions that require application. Only material covered in class are tested so make sure you attend every

class and take good notes. You should also review the material from time to time or else it may seem like a lot of stuff come exam time. On the test, you have to read the questions, understand them, and provide straight-to-point responses because writing long responses will not score you any more marks. But overall, this is a fantastic course that is very well taught.

Note: The following course was not reviewed due to lack of response:

PHM468H1 Self-Directed Online Problem Based Learning Elective in Self-Medication

Coordinator: Debra Sibbald

Note: The following courses were not offered due to lack of interest:

PHM451H1 Radiopharmaceuticals in Diagnosis and Therapy

PHM453H1 Selected Topics in Nuclear Pharmacy

### Preparedness for the SPEP

Coordinators: Annie Lee and Katrina Mulherin

There are a series of lectures and tutorials that you are all supposed to attend to get a better idea of the policies and

expectations of SPEP. All of that leads up to a test that you must achieve 80% to pass. Good news is that the test is open-book but make sure you know the manual well enough so that you can find information relatively quickly because the consequence of failing is not good.

### Final comments:

Overall, the term goes by very quickly especially with all the things that you have to do in 4<sup>th</sup> year. Make sure you manage your time well and so that you will still be conscious when exam comes because having almost all of your exams in 1 week can create a major panic situation for some. But things do seem to come together a little better in 4<sup>th</sup> year so try to learn as much as possible before you have to study for the PEBC exam.

Well, I'm sure you are tired of my writing now, but if you are keen enough to read through all of it, you will probably do well enough to pass the term. If you are even keener, I dare you to e-mail me for the more graphic and unedited version of the anti-calendar that the editors are unaware of. Regardless, I wish all of you the best of luck in 4<sup>th</sup> year and in your future. As always, thanks for reading. 



## Simply Complicated

By: Milson Chan, 1T0 Monograph Rep

<milson.chan@gmail.com>

For the very last edition of my column, instead of writing another article, I have decided to take this opportunity to turn it into an ad to thank all my readers out there, all 9½ of you who told me that you regularly read all my articles no matter how bad my writing is.

From apocalypse, cryogenics, Bermuda triangle, to Y2K bug, they gave me the chance to explore something mind stimulating and controversial and I enjoyed writing all of them. I have learned that sometimes if you look at things around you from a different perspective, you may be surprised at what you will find.

I also want to thank the editors that I got to work with these past 2 years, Ruby Liang, Yuan Zhou, Janet Leung, and Rachel Fu, as well as Josh Lieblein, the 1T0 Monograph rep last year. Thank you for putting up with all my ridiculous demands. And finally, to each and every one of my supporter, I wish you all very successful and rewarding careers, wherever you may end up. 

[Ed.'s note: Isn't Milson just so cute?]



# TIPS FOR MAKING THE MOST OF YOUR SUMMER

By: Kori Winetu, 1T3

You have four months of uninterrupted freedom ahead of you. Of course, first, there are exams, assignments, labs and other hurdles to cross, but that last exam will eventually arrive, and with it will come a whole lot of blissfully empty space on your calendar. So here are a few suggestions for making this summer a good one:

- **Get a job or a volunteer position**

I know, I know. You're incredulously thinking to yourself, "She thinks a good summer is one with work in it!?" Well, yes. If you aren't able to occupy yourself with a job or some other position of responsibility, that's approximately 1970 hours of time that you'll have to fill by doing something else, something that's probably going to be wildly unproductive. YouTube surfing, anyone? Unless you've got plans to go backpacking in Europe, flip a house, or participate in some other time-intensive endeavour, having scheduled responsibilities will help to keep your life in balance and allow you to keep your priorities straight with the free time that you do have. It also doesn't hurt that having a job will contribute to that annual \$ 13,000 tuition. Or that new iPod Touch you want.

- **Spend time with friends and/or significant others**

Be it old friends or new, spending time with people that make you laugh is never a waste of time. Though it may seem like our lives are busy enough already, they are only going to become busier from here on out, and finding those mutually available time slots will only get trickier.



- **Catch up on sleep**

This one requires no explanation.

- **Stay/become active**

As a collective group, pharmacy students seem to be a lot more physically active than the general student population - but there is always room for improvement! Find a sport or energetic activity that you enjoy, and commit to spending a few hours each week in its pursuit. You'll feel recharged and refreshed, both physically and mentally. Plus, you'll be keeping yourself in shape for any inter-class tournaments that may come your way next year!

- **Read**

Make it a goal to read a certain number of books this summer. Whatever genre it is you're interested in - historical fiction, biographies, sports, mysteries - take out a few books from the library and indulge in the reading you haven't been able to do all school year. Or if too lazy, revisit some of the old favourites stashed on your shelves to remind yourself of how good they actually are.

- **Do that thing you've been wanting to do for a long time**

Everyone's got at least one aspiration that they keep putting off for some reason or other. It may be something completely crazy (bungee jumping?), a bit too costly (going swimming with dolphins?), or too time-consuming (changing the wallpaper in your room?). Well, get over all those excuses and go do it already. You won't regret it. Hopefully.



- **If you don't have it yet, get your G license**

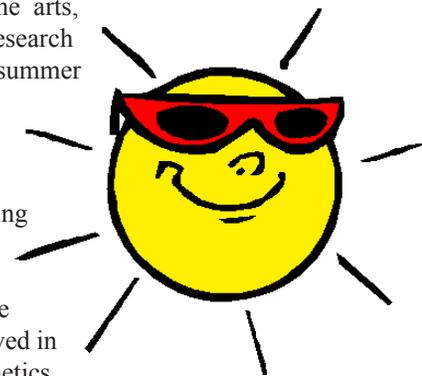
This is especially true if you're already in possession of your G2 and don't drive regularly. The more time that passes, the less sharp your driving skills will become. Tip: when checking those blind spots, exaggerate like there's no tomorrow.

- **Travel**

People automatically think of exotic faraway places when they hear the word 'travel', but travel can consist of a trip to the park a few blocks away that you haven't yet been to. If you have access to a car, there are a multitude of great day-trip destinations within a couple of hours from Toronto, and some really fascinating ones if you're willing to make it a longer trip. Whether your interests lie in the outdoors, the arts, or just having fun, a little research can end in a truly memorable summer excursion.

- **Be aware**

No, this is not an warning against walking down dark Scarborough streets at night. As students, for eight months of the year we are relatively self-involved in our own worlds: pharmacokinetics, CHAMPS, drug interactions, empathy, the ODB, and drug therapy. In the pursuit of knowledge and good grades, we often become a little single-minded in our chase. While this may be somewhat necessary from September to April, it isn't from May to August. So go out this summer and learn more about the reality that exists outside of this faculty. Because you won't be here forever!



**And don't forget...**

Wear sunscreen, drink lots of water, and always bring your camera!

# Professors in Global Health

By: Matt Koehler, ITO

During PDW, Toronto was the host to several hundred pharmacy students from all across Canada. As one of the largest crowds at the conference gathered for the keynote address, Dr. James Orbinski inspired many students with accounts of his humanitarian experiences and his hopefulness. The true spirit of a health professional was embodied though his unwavering compassion, leaving many students interested in becoming involved in international health work. This past summer I had the opportunity to partake in two international pharmacy related endeavours. In my preparation for these, I crossed paths with a number of dedicated and thoughtful professors right here at the Leslie Dan Faculty of Pharmacy who are taking a part in global health development. I hope that highlighting activities of just some of the many professors who have been active in this work will give you an idea of how you can use your education to do the same. This is certainly not an exhaustive collection of noteworthy individuals, so I encourage anyone to follow up with more profiles in another article.



**Dr. Peter Pennefather**, whose background is in cell biology and neuroscience, is one of the friendly faces in second year medicinal chemistry. Now academic director of the Laboratory for Collaborative Diagnostics, Dr. Pennefather is working with the popular microbiology professor, Dr. Ian Crandall, and computer systems engineer Dr. West Suhanic to create low-cost diagnostic technology platforms and health information communication strategies.

Dr. Pennefather cited a dilemma with diagnosing malaria in developing countries because microscope bulbs were difficult to replace. Timely replacement

bulbs for microscopes are near impossible in countries that lack infrastructure and effective supply chains. This, and similar issues have led Dr. Pennefather and his team to create an affordable and reliable telemicroscopy system where expert diagnosis can be made continents away, or even by automated computer software. Another important aspect of their innovations is to ensure devices can easily be maintained using parts available in domestic markets. This model was inspired in part by automobiles build in the 1950's still in operation in India and Cuba because of the availability of parts and ease of repair. Systems need to be simple enough such that users with limited IT and microscopy experience can manage their upkeep. And it's amazing what used cheap consumer computer parts and memory sticks can be used for. The goal is to make the cheapest, simplest equipment carry out sophisticated diagnostic analysis.

Working on projects such as Toronto's interprofessional pain curriculum sensitized Dr. Pennefather to collaboration issues across cultures and disciplines and the need to put the patient at the center of care. Hence, he is also working with his team to find solutions for structuring and saving medical data in meaningful ways to allow health care delivery that can be individualized to the unique constraints that all care seekers bring, whether they live in high-income or low income countries. His laboratory ([www.lcd.utoronto.ca](http://www.lcd.utoronto.ca)) is exploring new ways of integrating primary health care informatics and global health.

Diagnostic devices and global health data are all but simple systems. It's said that it takes genius to turn a complicated system into something simple, but that's just what the Laboratory for Collaborative Diagnostics lab strives to do.



Most students at the faculty are already aware of **Dr. Kohler's** work in global health through PHM227. With a background in political science, she is able to focus her work on intellectual property rights in the pharmaceutical

sector. Dr. Kohler's practical experience lends quite nicely to her current research at our faculty; she has worked as an advisor to governments for the World Bank and World Health Organization on pharmaceutical policy. Becoming acutely aware of the gap between pharmaceutical policy and utility in various countries, Dr. Kohler sought to focus her attention on developing access of pharmaceutical supplies globally, particularly in remote areas.

With increasing drug costs in a highly complex pharmaceutical system, Dr. Kohler hopes to provide answers that guide difficult questions such as pharmaceutical resources allocation, good governance and drug pricing.

Dr. Kohler focuses primarily on improving global access to medicines and leads the Initiative for Drug Equity and Access (IDEA) at our faculty of pharmacy. IDEA is focused on research and education on pharmaceutical policy and governance, and is carried out by a multidisciplinary research team of lawyers, economists, pharmacists and political scientists and students. For some time now she has been taking on undergraduate pharmacy students for internships and work-study positions with her team. Examining how benchmarking within the pharmaceutical industry acts as incentive for corporate social responsibility, and assessment of transparency in Nigeria's public pharmaceutical sector as it pertains to vulnerability to corruption are examples of published research Dr. Kohler has undertaken with undergraduate pharmacy students. She has also established relationships with several organizations, giving students an opportunity to complete summer internships at an antiretroviral therapy clinic in Namibia, a health care management and consulting firm in Costa Rica and the World Health Organization in Switzerland.

Focusing on five underpinning issues of intellectual property rights, development assistance, corruption, governance and ethics, Dr. Kohler aims to tackle a central question – how to make access to pharmaceuticals more equitable, particularly for the world's poor. ■



## **You Can Rely On Us: Pharmacists' Role in Pandemic Planning**

By: Taj Dhinsa  
(OPA Student  
Board Member)

**I**t is beyond doubt that the threat of a future pandemic is looming. Along with an increased burden on our already-tired health care system, a pandemic would threaten to rearrange delivery of key patient services. Some may view this as an opportunity for health professionals that are currently behind the scenes to step into the spotlight; this is certainly the case for pharmacists.

Community pharmacists can play a major role in providing patient care, disseminating health information and distributing drugs during pandemics. Numerous challenges also face pharmacists as many pandemic plans lack the integration of pharmacy services during crisis situations.

Community pharmacies often become frontline health care facilities during times of crisis. During the SARS crisis in Toronto, many acute care centres and emergency rooms had to close because they simply could not accommodate any more patients.<sup>3</sup> Being one of the most accessible and trusted healthcare professionals, pharmacists quickly became the 'go to' people for care.<sup>3</sup>

On a regular basis pharmacists have to interact with patients to obtain medication and disease histories.<sup>2</sup> This routine activity can be extended to screen patients for influenza during a pandemic.<sup>2</sup> In this role, pharmacists are provided with a unique opportunity to manage the spread of illness. They can: a) identify patients that are most at risk using their medication profiles; b) differentiate between different respiratory illnesses in order to identify individuals having a high likelihood of influenza; and, c) identify patients that are at risk of developing influenza-related complications.<sup>2</sup> Accordingly, pharmacists

are not diagnosing patients, but are instead identifying high-risk individuals and referring them to appropriate facilities for triage.<sup>2</sup> Advantages of a screening program includes using health care professionals more resourcefully, early detection of influenza and minimizing its spread.

Pharmacists can also provide leadership as a provider of health information by counseling patients on the illness itself, medications, methods of self-care, and methods on how to prevent its spread.<sup>4</sup> They can also stress to patients the need to be prepared and address fears and misconceptions regarding vaccinations.<sup>2</sup> With the public and health care personnel alike questioning the safety and efficacy of vaccines, pharmacists can advocate for vaccination by spearheading community presentations to educate both fellow health care professionals and the public.<sup>2</sup>

Pharmacies, because of their unique community setting, also have appropriate infrastructure in place to be able to accommodate vaccination programs.<sup>3</sup> With training, pharmacists can help administer vaccines. Pan-Canadian legalizations are long overdue as pharmacist-administered vaccination programs boast numerous benefits. Not only can this program provide outreach in rural and remote regions where there is little access to health care providers, it can also mitigate long line-ups and increase overall vaccination rates. Furthermore, when vaccination programs are limited to only high-risk populations, pharmacists can help to identify people who should be vaccinated.<sup>2</sup>

Pharmacists must be ready to embrace the new opportunities and challenges that face them during crisis situations. Currently, a lack of integration of pharmacy services into public health strategies significantly hinder the success of pandemic plans.<sup>1</sup> Pharmacy's role in pandemic preparedness must be recognized by both the government and fellow health care professionals. Traditionally, public health teams only consisted of doctors and nurses; interdisciplinary education emphasizing the responsibilities of each health care profession during a pandemic should be provided and the inclusion of pharmacists should be standard procedure.<sup>3</sup>

Pharmacies should not compromise

the delivery of essential services to their patients during a pandemic. In order to do so, they must be equipped with appropriate resources and staff and have general plans in place on how to deal with shortages.

In the advent of a pandemic, pharmacies must align and be in regular contact with their respective provincial advocacy organizations. Pharmacy advocacy bodies must, in turn, determine appropriate methods of communication with their stakeholders, engage pharmacies to participate in awareness campaigns and must be responsible for providing pharmacists with the most accurate and recent pandemic information. These organizations must also advocate for appropriate compensation for services provided by pharmacists during pandemics.

Overall, the threat of a pandemic brings an opportunity for pharmacists to establish themselves as frontline responders during times of emergency. Pharmacists can prove to be an invaluable resource during pandemics as they, in their more traditional role, can disseminate drug information and facilitate drug distribution. With additional training, pharmacists can assume new responsibilities such as participating in patient screening and pharmacist-administered vaccination programs. Although their role still needs to be recognized, pharmacists must be prepared to collaborate with both the government and other health care professionals in the development of a pandemic preparedness plan that meets the needs of patients during public health emergencies. ■

### Works Cited

1 Austin Z, Martin JC, et al. Pharmacy practice in times of civil crisis: The experience of SARS and "the blackout" in Ontario, Canada. *RSAP* 2007; 3:320-335.

2 Klepser ME. Seasonal and pandemic influenza: Preparing pharmacists for the frontline. *JaPhA* 2008; 48(2):312-314.

3. Canadian Pharmacists Association. SARS and Beyond: The Pharmacist in Public Health Emergencies. Retrieved from: [http://www.pharmacists.ca/content/hep/Resource\\_Centre/Drug\\_Therapeutic\\_Info/pdf/SARSSubmission.pdf](http://www.pharmacists.ca/content/hep/Resource_Centre/Drug_Therapeutic_Info/pdf/SARSSubmission.pdf) on November 9, 2009.

4. Cooper J, Crandall L. Planning for a pandemic and preparing for the future. *CPI/RPC* 2006; 139 (4): 59-60.

5 Canada Newswire Group. Ontario's 10, 000 pharmacists are ready to help their patients prepare for H1N1 "swine" flu. Retrieved from: <http://www.newswire.ca/en/releases/archive/September2009/08/c3000.html> on November 9, 2009.

7 Chin, TWF, Chant, C et al. Severe Acute Respiratory Syndrome (SARS): The Pharmacist's Role.

*Pharmacotherapy* 2004; 24(6): 705-712.

# Why the Veil?

By: Sidika Dhalla, IT2 Monograph Rep

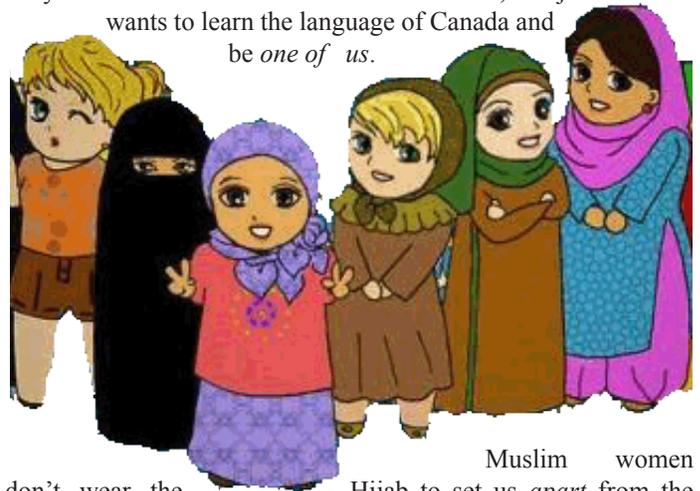
**Islam**, which literally in Arabic means *peace*, prescribes Muslims to live simple lives and to remember God. That, in a nutshell, is really what most religious people try to do. The ways we do it differ and sometimes you can see these ways and sometimes you can't. My intention in this article is not to be preachy, but to explain to my friends and peers what my headscarf truly symbolizes.

For those of you who know me, you may have noticed that you can't see my hair anymore. I started wearing Hijab, which in Arabic means *cover or veil*. Yes, wearing the Hijab covers my hair and doesn't allow you to see all the curves of my body – which you probably didn't want to see anyway. But try to focus on what it shows, rather than what it hides. For those who didn't already know that I'm a devout Muslim, donning a headscarf has shown you that in a way that my hair never could. And to me, sending this message, the message of a religion of peace and simplicity, was more important than whatever it was that my endless series of bad-hair-days was portraying. Needless to say to a bunch of twenty-somethings who are probably all past their image-conscious days - what we look like on the outside doesn't entirely define who we are. Clothes, colours, piercings and haircuts are just accessories to our personalities and obviously, even if they don't match, they complement us.

The physical Hijab, for women, consists of covering the hair and body in front of men that are not blood relatives. A huge part of the purpose is to ward off creeps by not giving them much to look at to begin with. But more important than that, it is a synchronization of the values we adopt as Muslims with our actions as human beings. Islam teaches people to be honest, trustworthy, always give the benefit of the doubt and to not engage in actions that have the potential to be harmful such as drinking alcohol, taking illicit drugs, engaging in pre-marital sex, etc (from enzyme deficiencies to STDs – we all know numerous reasons why these can be harmful). The Hijab serves as a reminder to ourselves of what we believe in, so that if we find ourselves in situations that stir our moral consciences, we are pushed in the right direction. Of course, everyone's concept of what is *right* is different. This is why there are many Muslim women who do not wear a scarf. They may well be portraying Hijab in their words and actions, just not in their clothing and this does not make them less Muslim. Two months ago, I thought it was *right* for me to have my faith inside me and that it wouldn't make a difference if I didn't show it to the world. But over time, as my faith grew

stronger, the internal aspects weren't enough for me and I strived to be more. And I realized that Hijab wasn't about showing off my faith to the world, it was about having enough confidence in it to represent it.

Every individual strives to be a representative of their knowledge and of what they believe in, and Hijab is how Muslim women represent Islam. It might have been painted by the media, especially post 9/11, as an oppressive garment, but this is by no means true. It is simply an expression of who we are. Hijab is enforced by law in some parts of the Middle East and this may be considered oppressive, but I think it's equally harsh for countries like France to ban women from wearing it at all. Both of these rules effectively strip women of their identity and what they *want* to portray about themselves. Take for example the Egyptian woman in Quebec who was in the news recently. She wore a Hijab that consisted of a headscarf as well as a face covering and enrolled herself in government sponsored French classes. When she went to class, she was given the choice to either take off her face covering or to leave the class. She left the class and enrolled in another one, and was once again thrown out. This is oppression that is happening right here in our culturally diverse Canada. Why should it matter what this woman wears, she just wants to learn the language of Canada and be *one of us*.



Muslim women don't wear the Hijab to set us *apart* from the rest, much the same as Jewish men and the Yamaka, Christians and the cross, Sikhs and the turbans – we all wear these symbols to express our commitment to our faiths. We don't wear it to be *holier than thou* or to claim to be more religious than a person who doesn't wear any of these physical signs. Every individual sets out on a path to be the best version of themselves that they can be. This is the beauty of life. The path we all choose to take is different, the steps we take are different but the ultimate goal unites every one. Hijab is one of the steps in my path. Oh yeah, and pharmacy school is another. **M**



# Focus on: Anesthesiology

By Rachel Fu, Monograph Co-Editor

*Dr. Jacob Lai is a staff anesthesiologist at the Toronto Western Hospital. He is in the OR (operating room) on a day-to-day basis and interacts frequently with surgeons, nurses, anesthesia assistants and other anesthesiologists. In the consultation clinics he works together with nurses and pharmacists.*



*In addition, Dr. Lai has lectured in Engineering Psychology and Human Performance classes at the University of Toronto and has invited students to observe his work environment in the Operating Room (before the H1N1 breakout). Last December, I had the wonderful opportunity to shadow Dr. Lai and had an eye-opening experience inside the OR. (Actually, it was a knee-opening experience).*

**What education do you currently have under your belt and what level of license do you possess?**

4 year Bsc + 4 years MD + 5 years specialist training

**What's the difference between a nurse anaesthetist and an anaesthesiologist?**

Nurse anaesthetist is uniquely American. In some states they are allowed independent practice (mostly in rural areas) The majority of them have worked under the supervision of an anaesthesiologist. In other parts of the world, nurses are involved in delivering anesthetic care under supervision of anesthesiologists.

**What are the education requirements or education structure to gain practice as an anaesthesiologist?**

You would first need to qualify to practice medicine and get specialty training. Some will take additional subspecialty training.

Topics of study include anatomy, physiology and pharmacology on the basic science side of things. Clinical training involves internal medicine, critical care medicine and many medical subspecialties.

To get a license you need to pass a Royal College of Physicians and Surgeon exam and enroll in the maintenance of competency program as prescribed by the Royal College which requires documentation of continuing medical education activities.

**What is your view of interprofessionalism?**

Modern health care is a team effort and interprofessionalism is very important. In our institution, we pioneered the concept of the anesthesia care team and trained anesthesia assistants. This allows us to deliver high quality anesthetic care at the lowest possible cost. That being said, we need a leader on every team. So the flip side of interprofessionalism is that we have to recognise that there needs to be a leader because at the end of the day, somebody has to take ultimate responsibility of the care delivered.

**What do you like best or what frustrates you about anesthesiology?**

I like the fact that I am relieving pain and suffering everyday. Bureaucracy frustrates me and hospitals have a lot of it.

**What should we know about anaesthesiologists that doesn't seem to be well known?**

A significant portion of the public does not recognise the fact that we are doctors let alone highly trained specialists. Most people also don't know that much of our work actually occurs outside the OR in pain clinics consultation clinics, intensive care etc.

**Is there anything else you would like to share?**

The work in the OR is very serious and many steps must be taken to ensure that mistakes are not made. But to offset some of the tension in the room, the staff here try to maintain a lighter working atmosphere by injecting some humour.

*What I also drew from the shadowing experience is that the ideal anesthesiologist is kind of like the ideal pharmacist. To name a few similarities, they both need to have comprehensive knowledge of drugs; a small stomach, a large bladder and hardy legs to withstand long operations or long shifts behind the counter. ■*



**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!**

# Using Past Materials, or Studying Like it's 2008

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

There's a test coming up soon and you have to get started on studying for it. What's the most important resource? The \$120 textbook? Filled with useless chaff, you might have to read several paragraphs to find a few useful facts. The lecture slides? Maybe. It depends on how good the lecturer is, how detailed the slides are, and whether or not you went to class. Notes and tests from last year? Absolutely helpful.

In pharmacy, I would guess that more than half of the students (probably almost all) use past notes, tests, and/or lab reports as studying aids. Is this an effective way of learning? Is it ethical? The use of past notes has become common practice; a viable strategy to reduce a heavy workload.

Past notes tend to be relevant to testable material and the notes that get passed around are (generally) made by an "A" student. Having them can save students a lot of studying time. Course workloads can be large (especially in pharmacy), and why make notes when they already exist? Student-made past notes theoretically contain pertinent information from the course material.

A disadvantage of using past notes is that sometimes they're not entirely correct. For many courses, the facts don't change much from year to year. However, notes can become irrelevant or useless if the curriculum or professor changes. Also, students often make typos or mistakes and this can cause confusion while studying (or make someone write the wrong answer on a test). Third, student-made notes might not be complete – the note-taker might have missed or forgotten something, or the lecturer may have added extra material that wasn't covered before. Past notes should not be completely trusted (especially if you don't know who made them).

The existence of past notes diminishes the importance of going to lectures. If there are readily available summaries, some students skip classes, relying on past notes/tests/lab reports to succeed. Judging by the low lecture attendance and low

failure rates, this strategy works. However, using someone else's notes can be inferior to making your own - you're more likely to remember something you heard and/or wrote yourself. It also promotes a poor student work ethic. Those who rely too heavily on the work of others may falter someday when they need to do that work themselves.

Professors who give poorly attended lectures often have more to blame than the existence of past notes. Students resort to using past notes/tests if the lecturer is boring or bad at explaining concepts. Solving the problem of poor lecture attendance is partially up to professors – there are many who are able to educate, engage and entertain, even with the worst material. Often, the most useful past notes are for subjects taught by the worst profs – the ones who don't change or otherwise spice up their material/teaching style. Reliance on past notes is partially reflective of the quality of the lectures.

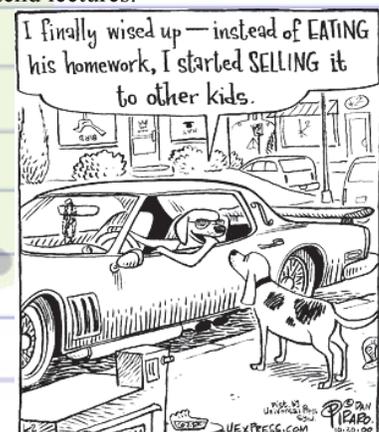
A summary of course material can be a concise, useful reference. However, notes are not the only resources that circulate. I've seen lab reports, assignments, tests, and quizzes (with solutions) passed around. Certainly, the use of 'last year's answers' makes lab reports and assignments easier, but sometimes an assignment question is exactly the same as one from a previous year, and it's just a matter of copying to have the correct answer. Students aren't supposed to copy answers, but when these resources are available, the temptation is strong. In competitive or difficult programs, students will use all the tools at their disposal to get good marks.

Sometimes, access to notes/tests is limited. If notes are useful but not everyone can get them, it can create an unfair academic environment. Students who don't know people with notes have fewer resources to study with, leaving them at a competitive disadvantage. In undergrad at U of T, past test packages are sold as fundraising items outside of classes. They're helpful, but they cost money and there aren't enough for everyone. In programs like the sciences, every potential advantage may be important to getting into graduate school, so it becomes worthwhile to pay \$10 for photocopied tests. In difficult programs, some students may want these resources out of fear of failure.

I have always supported the use of past tests as study aids. Past tests let students know test structure and the professor's expectations. Some courses publically provide past tests and encourage their use. I think that publically available past tests are helpful and wish that more courses would embrace this practice.

Underground circulation of 'last year's notes' can't really be stopped. I don't like the idea that students can use past problem sets and lab reports to complete current ones. When these assignments are similar from year to year, students are tempted to copy. Professors should fight this by changing the problem sets and assignment questions. This way, students need to put in work to answer the questions. The past assignments and lab reports are still useful because they show how to answer different types of question. There are only a certain number of questions that can be asked, though, so the process can't go on indefinitely.

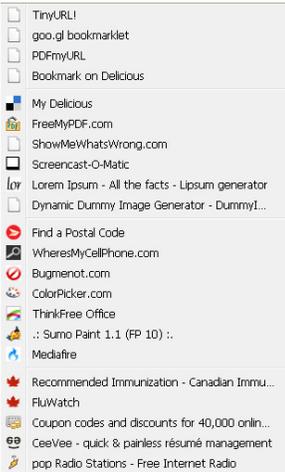
It's not ideal that students rely on the work of others to get through assignments, labs and exams. However, as long as the students actually learn the material, the ends probably justify the means. Use of past notes is something that's tough to stop, so I think that it's best if professors and course coordinators post past tests (or sample questions) on Blackboard to prevent an unfair learning environment from developing. In addition, they need to change problem set questions every year to stop unethical copying of solutions from previous years. Finally, profs and coordinators need to work harder to keep lecture material fresh, entertaining, and up-to-date so that students continue to attend lectures.



Feedback? Send it to [andrew.ting.a.kee@gmail.com](mailto:andrew.ting.a.kee@gmail.com).

# A TRIBUTE TO HIPPOS

By: Yin Hui, IT1



So I have to read the remaining 17 pages of the diabetes CSS package. As usual, whenever I need to do something academic, I do this wonderful thing called procrastination. So I have decided to write a monograph article about useful tools you can find on online, in case any of them would become relevant...

## Bookmarklets:

A bookmarklet is a short script that will run when you click on the bookmark. So instead of taking you to a particular page, it'll run a script. A script is a random arrangement of letters and symbols that will make your computer magically do something amazing.

**TinyURL** – Shortens the current URL via tinyURL. You might have received emails telling you to go to links such as tinyurl.com/hockeycup or tinyurl.com/1t1poll. The shrunken URL just serves as a redirect to a URL that is (a lot) longer. (<http://tinyurl.com/>)

**Bookmark on Delicious** – Adds the current page as a bookmark on My delicious (<http://delicious.com/>). It's great if you'd like to synchronize bookmarks across multiple browsers

**PDFmyURL** – As the name suggests, this will generate a PDF file of the page you are currently viewing. It work with URLs that are relatively simple, and not something like: example.php?345987=347&3sdf=sdiuwjhj. (<http://pdfmyurl.com>)

## Day-to-day needs:

**Find a Postal Code** – looks up a postal code by address for all of Canada. (<http://www.canadapost.ca/cpotools/apps/fpc/personal/findByCity>)

You can also find an address via a

postal code at the same place

**WheresMyCellphone** – Can't find your cellphone? Have this website call you up. No need to pick up when the phone actually rings though. I haven't received any spam calls or texts since using it. The website claims "No records of dialed numbers are kept or shared!" So far, I believe it. (<http://www.wheresmycellphone.com/>)

**Retail Me Not** – Provides a list of user submitted coupon codes for your online shopping pleasure. It also has a rating system to show which ones are the most reliable. (<http://www.retailmenot.com/>)

**CeeVee** – Builds up a CV from your input. A quick start to resume building. (Speaking of which, I want a job!). (<http://www.ceevee.com>)

**Show Me Whats Wrong** and **Screencast-O-Matic** – Ever have a friend trying to describe, in super confusing detail, about what is going on on their computer screen? SMWW builds on SOM's features of being able to record your on screen activities on command. It will send an email to your troubled friend, provide instructions on how to record on screen actions (a screencast), and email the resulting video back to you. I use SOM for tutorials on how to post on Wordpress. (<http://www.showmewhatswrong.com>)

**Mediafire** – Upload bulky email attachments. No registration required => (<http://www.mediafire.com>)

**Bug Me Not** – Provides a list of already created usernames and passwords to websites that requires you to sign up to use. Some of the most popular being nytimes.com, other reputable newspapers online, megaupload.com. (<http://www.bugmenot.com/>)

**Free My PDF** – Removes view restrictions from PDF files. Not for unlocking passwords, but useful if text in a PDF file can't be copied, printed, etc (<http://www.freemypdf.com>)

**Flu Watch** – For the H1N1 and regular influenza watchers (<http://www.phac-aspc.gc.ca/fluwatch/index-eng.php>)

## Online "Software":

At one point I didn't have MS Office or Adobe Photoshop, and was too lazy to download any of the alternatives. So I got by with some of these before I found my disks for Office and PS.

**Google Docs** – I <3 Google. They have the Google equivalent of Word, Excel, Powerpoint. They even let you make forms (see [tinyurl.com/1t1poll](http://tinyurl.com/1t1poll)). (<http://docs.google.com>)

**ThinkFree Office** – "Office" suite online with collaboration tools. It's more feature rich than Google Docs, but runs on Java, and slightly slow when run on older computers =( (<http://www.thinkfree.com>)

**Sumo Paint** – Image editor online. Loads fast, don't need registration, with more features than MS Paint. (<http://www.sumopaint.com/app/>)

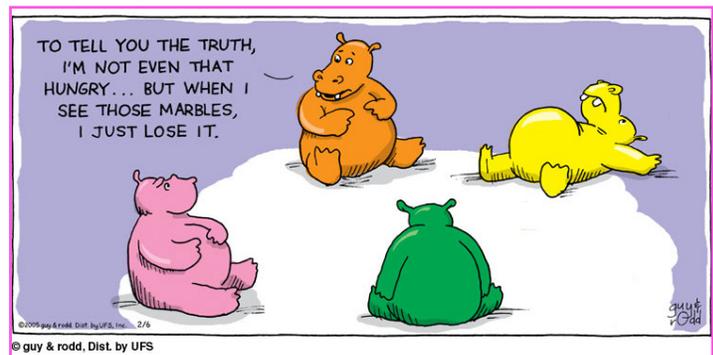
## Design Related:

I couldn't resist...

**Lorem Ipsum** – Contrary to popular belief, Lorem Ipsum is NOT Latin. It is filler text commonly used by people to try to take up space. The website generates filler text in set number of paragraphs, words, bytes, or lists. (<http://www.lipsum.com/>)

**Dynamic Dummy Image Generator** – It's like Lorem Ipsum, but for images. It's not Latin either. (<http://dummyimage.com/>)

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed commodo sagittis odio, vel ullamcorper arcu sodales vitae. Hippos are Awesome. Ut vitae porta tortor. Placerat, velit quis faucibus malesuada, enim quam ornare lacus, eget adipiscing nisl orci eu ante. Hippos are Awesome. Donec nunc mi, iaculis in varius quis, imperdiet vel risus. Hippos are Awesome. Vivamus suscipit lacus vitae nibh bibendum eu tincidunt. ■



## How Literature Inspires and Changes People in Real Life

By Rose Liao, IT3 Monograph Rep

Growing up outside of my homeland, I learned information about China from mostly my parents. I remember being told that the Tiananmen Square Massacre never happened, and the entire incident was contrived by the West in order to condemn China. Many years later, when I finally learned the truth, I could not understand why they lied. Sheng Xue, a brave, exiled Chinese journalist, whom I had the fortune to interview last year, tells me that my parents only wanted to protect me from a dangerous truth. However, she points out that a society in which the truth cannot be spoken is much more ominous. Sheng Xue teaches me how detrimental it is, to both the individual and society, if the freedom of communication and expression is suppressed. On the other hand, when the freedom to speak out is granted, people can move into a position of knowledge and power. By examining two books, "The Metamorphosis" and Cassandra, with Sheng Xue's stories, I gained significant insight on real world issues.

In the story *The Metamorphosis*, the main character, Gregor, finds himself transformed into a gigantic insect one strange morning. His family is shocked and appalled by the situation, but refuses to deal with it. They are constantly trying to hide the reality of Gregor as a bug by drawing the blinds and shutting him in his room. To them, the fact that Gregor has turned into an insect is shameful and they are unwilling to face what happened. In the end, the family completely ignores Gregor's feelings and decides that he must be gotten rid of. Failure to consult the other creates strained relationships that only produce suffering. Gregor eventually dies because he does not experience mutually satisfying relationships with his family.

The destructive family dynamic in *The Metamorphosis* reminds me of Sheng Xue's illustration of the Chinese society. She describes the Chinese people as "sick" because their freedom of expression is suppressed by the government. Like Gregor's family trying to hide his existence behind the locked door, the state conceals the truth of oppression behind people's silences. Also, since Chinese citizens are

unable to voice their hopes and desires, they cannot show care for others and accept care for themselves. Without the nourishment of caring, each person is only existing and not truly living.

A similar ill society is evident in the novel Cassandra. In this story, the Trojans are waging a war based on a lie. It is believed that Paris has abducted Helen from Sparta, while in fact she is not in Troy at all. However, King Priam's court is too proud to reveal the truth in fear of embarrassment. To preserve the family honour, the ruling house suppresses the truth so that soldiers would have a reason to fight. Just as in *The Metamorphosis*, where a lack of honest communication results in the severe impoverishment of Gregor's body and mind, the Trojan society also deteriorates because people are restrained from speaking and confronting the truth. Troy becomes a phantom city where the inhabitants are not truly living.

However, unlike Gregor, the main character Cassandra uses her dialogical powers to challenge the unhealthy state of affairs. She argues that the Trojans should facilitate negotiations with the Greeks to end the war. However, Priam, her own father, warns her to keep quiet or die. Cassandra is perceived as a traitor, even though she is speaking out to prevent Troy from succumbing to its lies. Similarly, Sheng Xue is also labelled a traitor by the Chinese government and has been exiled for twenty years from the country she loves because of her truthful reports on the injustices at the Tiananmen Square Massacre. Sheng Xue points out the absurdity in equating an honest critique of the government with a crime of betrayal to one's country. Such censorship of the truth, in which people who care are silenced, only leads to disaster. In Cassandra's case, Troy crumbles.

Even though Cassandra does not succeed in saving Troy, at the end of the novel, her bravery in choosing death over a life of manipulation inspires others to challenge oppressive conditions. If she chose to live, she would live in captivity as a slave. Instead, she chose to die rather than live without the freedom to use her critical and creative voice. Sheng Xue also faced a difficult decision in 1996, when the Chinese government arrested her and demanded that she sign a contract

in which she would admit to her "false" coverage of China's human rights issues, reveal the names of her allies, and plead for forgiveness from the state. Only then would she be released to see her family and friends. The alternative was to continue her exile in Canada. Sheng Xue struggled with her options because she desperately missed her homeland. Regardless of how painful it was to be exiled, she could not betray everything she believed in. Just as Cassandra meets her death with her eyes open, Sheng Xue faced deportation without regret because she remained true to her passion of freeing the Chinese people. Both women show incredible courage in refusing to let oppression and lies defeat them. Their actions inspire people to dialogically challenge the world they live in.

From the books *The Metamorphosis* and Cassandra, I learned that social change is a combined endeavour in which everyone must be included and not turned away. If Gregor and his family communicated with each other, they would have deepened, rather than severed their familial bonds. In addition, if the Trojans actually considered, rather than ridiculed Cassandra's words, Troy would not have fallen. Finally, Sheng Xue also expresses how important it is for people to come together for social change. She explains that a collective voice is extremely powerful in pressuring the Chinese government. Many of her friends were freed from torture and imprisonment because the Chinese Canadian community spoke out against injustice.

By comparing *The Metamorphosis* and Cassandra with Sheng Xue's stories, I discovered the power of literature to inspire and change people in real life. The texts demonstrate the importance of a society that permits the freedom of expression, where people can engage in dialogue to critique the world around us, recognize that we cannot accept the unacceptable, and bring about social change as a community. As long as there are enough people who care to defy oppression and injustice, there is hope for a brighter future in which all of humanity will have the freedom to speak and share the truth. ■

### References:

- Kafka, Franz. "The Metamorphosis." *The Basic Kafka*. New York: Washington Square Press, 1979.
- Wolf, Christa. *Cassandra*. Trans. Jan Van Heurck. New York: Farrar, Straus and Giroux, Inc., 1984.

## A Prescription for Success: Using Pharmacists as a Tool for Health Promotion and Disease Prevention

By: Taj Dhinsa (OPA Student Board Member)

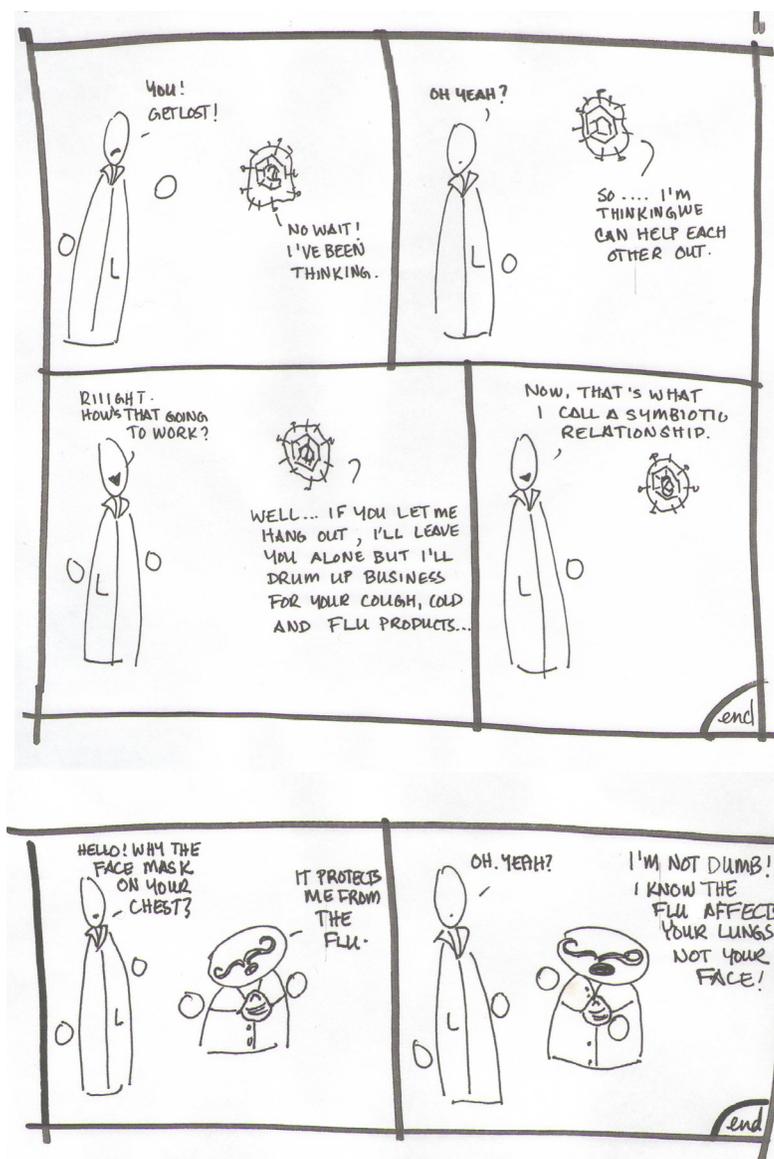
As Canadians are becoming increasingly aware of the serious risks associated with poor health, they are looking at making more informed decisions on products and treatment options. Pharmacists can accommodate this demand for health information as they are an accessible resource that patients have the opportunity to visit multiple times per year.

In addition to counseling patients on the proper use of medications and medical equipment, pharmacists can promote health in many other ways. They can monitor drug therapy to determine patient compliance, safety and effectiveness of treatment; educate patients about their disease(s) and help facilitate adherence; avoid the need for additional medications and involve the patient in the care process; and provide information on how to modify lifestyle to further complement therapy.

Pharmacy students who are being taught under the pharmaceutical care model are eager to provide expanded services to patients upon graduation. Besides making their careers more rewarding, providing additional services allows for better utilization of the unique skill set and knowledge of pharmacists. In the future, pharmacists will be looking at increased roles in conducting patient risk assessments and health screenings.

Overall, with health and wellness continually on the minds of patients, pharmacists can reflect the needs of the public by serving as an invaluable resource for health information. As pharmacy students, it will be crucial for us to listen to the public and develop programs tailored to the needs of consumers in order to help the healthcare system meet changing demands.

(Originally published in 'The Ontario Pharmacist')



# ATHLETICS

## Male Athletics

Hey guys,

Well the intramural season is over and we have had another successful year in pharmacy athletics. A big thank you to all of you who signed up for our teams and helped make our teams as competitive as they were this year.

The dodgeball tournament went over very well this month with an overwhelming 60 or so people showing up. The 1T3's had roughly 45 students playing, more than twice as much as the 1T1 and 1T2's combined. Bending the official rules of the game a bit we managed to get a few games in of 15 on 15 then ended the day off with a huge game of 45 on 20.

The Male Athlete of the Month for January was Marko Tomas  
The Monograph - March 2010

(1T2). He has shown great skill out on the volleyball court in both Mens and Co-ed this year. For the month of February Niall O'Brien captured the title for his hard work on both Men's Hockey and Innertube Waterpolo. An finally the Male Athlete of the Month for March is Brendon Wiebe with some outstanding work on the Ultimate Frisbee team as well as Men's and Coed Volleyball. Next year Brendon and Marko will be your UPS Coed and Male Athletics Directors. Way to go guys and keep up the great work.

I would like to take this opportunity to thank you all for a wonderful year as your UPS Male Athletic director and I hope that I did everything I could to make our male athletics the best they could be. Look forward to seeing you all next year!

Brandon Thomas  
Male Athletic Director

## CO-ED Athletics

Hi Pharmacy,

Thanks to all of our COED athletes and coaches who made COED intramurals this year happen and be so successful. It was a disappointing end for all of our COED teams this semester with none winning a championship though many made it close.

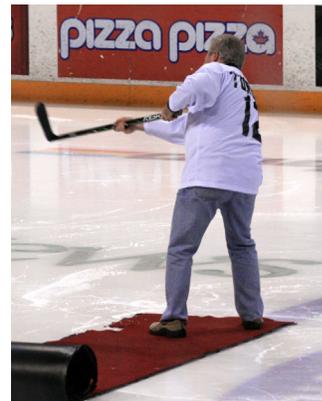
### OPA STUDENT CUP



Thanks also to all those who attended the OPA Student Cup on March 20<sup>th</sup> in Waterloo. We had an unbelievable turnout with close to 150 students and even some staff attending. There were signs made, T-shirts and even CHESTS painted! The game also ended up being a fantastic game with UofT coming out with the 4-3 win in a shootout! After starting off slowly and falling behind

early, the loud cheering fans gave the team the energy it needed to dig itself out of the hole and bring the game into overtime. After a scoreless overtime, Toronto was able to win the shootout 1-0 thanks to our MVP goalie, Eric Tobia from the IPG program who kept our team in the game and made some crucial shots when it mattered most. Toronto has now won the OPA trophy for the 2<sup>nd</sup> straight year. Congratulations to everyone on the team for a very exciting and well played game.

Thanks to Dean Mann who went out onto the ice for the first time ever to have a shootout with a representative member from Waterloo. Being from Kentucky he didn't get many chances to get out on the ice but he did well losing only by 1 goal!



Well since that's it for sports this year, I would like to take the time to thank all of you who participated in our intramural program this year, and for all those who helped run teams! Finally, I would like to congratulate Brendon Weibe for being awarded the COED Athletic position next year on UPS.

See you all in the fall!

Paul Bazin  
COED Athletic Director

## Female Athletics

With this last article for the Monograph I hand the Female Athletics reins over to Shanshan Zhu of 1T3. With any luck she will be able to inspire many more 1T3s to participate in women's athletics as well as the incoming class of 1T4! I would also like to take the opportunity to thank all students who have served as captains for our teams this year, as well as giving one final farewell to the 1T0s as they graduate.

For my final athletics update, I sadly report that the Pharmacy/Meds hockey team was the only pharmacy women's team to make it to the playoffs this semester. But they definitely made their presence known during a very exciting game, pulling off a 2-1 victory to take home the t-shirt! Congrats to our champions!

I would also like to acknowledge Shirley Lin making it all the way to the final game in the U of T intramural singles badminton tournament. Shirley played very well in the tournament, only losing in the championship game!

On March 24<sup>th</sup>, three outstanding graduating female pharmacy athletes were recognized for their participation in intramurals at U of T as recipients of the "Intramural T Award." For these awards, only 18 are given out to students from across the University of Toronto and pharmacy was well represented taking home 4 of them this year. Congrats to our winners Stephanie Chan, Anna Huisman, Linda Plong, and Bryan Langel.

That very same night, the Pharmacy women took home a major award at the Intramural athletics banquet. In back to back

wins, we took home the Marie Parkes Award for participation in women's athletics, beating out Phys Ed by only 10 points! So let's build on that win and get even more participation in Pharmacy Athletics in 2010-2011!



Female athlete of the month for March is Vanessa Cho of 1T1. Vanessa is always a dedicated member of whatever team she participates on. She has consistently participated in women's basketball and soccer, and since Pharmacy did not have a women's team for the winter semester she branched out and joined the coed basketball team instead.

Lisa Levangie  
UPS Female Athletics Director



Left: Linda Plong, Bryan Langel, Stephanie Chan



Vanessa Cho, 1T1

# >>> 2010 UPS AWARDS WINNERS <<<

AS PRESENTED AT THE UPS AWARDS NIGHT ON TUESDAY, MARCH 20TH, 2010

## Dean Donald Perrier Award of Professionalism

James Morrison (1T0)

## Guy Genest Passion for Pharmacy Award

Hayley Fleming (1T0)

## Pharmasave Award for Student Innovation

Matthew Koehler (1T0)

## CAPSI Patient Counselling Award

Joanna Habjan (1T0)

## CAPSI OTC Competition Award

Anatoli Chakaroubo (1T1)

## CAPSI Student Literary Challenge

Matthew Koehler (1T0)

## UPS External Affairs Writing Award (OPA)

Taj Dhinsa (1T1)

## UPS External Affairs Writing Award (CSHP)

Sidika Dhalla (1T2)

## Phollies Award

Katrine Dragan (1T1)

## Jock McCrossan Award

Brandon Thomas (1T1) and Stephanie Chan (1T0)

## Dr. Murray Freedman Award

Paul Bazin (1T1) and Linda Plong (1T0)

## Coach of the Year

Brandon Thomas (1T1)

## Female and Male Athletes of the Month:

September	Sophie Adam & Baseer Yasseen
October	Kayla Castonguay & Samer Charab
November	Anna Huisman & Cory Gilmer
January	Giana Tassone & Marko Tomas
February	Jenny Kotsidis & Niall O'Brien
March	Vanessa Cho & Brendon Wiebe

## Pharmacy Ps (70 UPS Points)

1T0s:

Cindy Changoor, Jackie Chong, Tatyana Depcinski, Matthew Dykes, Michael Gobran, Brenna Hanwell, Jillian Higgins, Eileen Hill, Daniel Kok, Alex Lee, Sean Lund, Sarah Luong, Ruby Mehta, Alana Minty, Laura Narducci, Mei Shi, Lucy Wang, Alicia Wood

1T1s:

Rasha Ahmed, Michelle Baker, Ardalan Barghi, Kit Chan, Vanessa Cho, Jessica Fitzgerald, Rachel Fu, Elnaz Haddadi, Yin Hui, Pedro Ibrahim, Jennifer Kadwell, Jenny Kotsidis, Max Lafontaine, Paul Lee, Adrian Leung, Wendy Li, Shirley Lin, Jadie Lo, Stephen Pahuta, Chris Sawler, Jelena Sparavalo, Sabina Wong, James Ying, Joanna Yeung

1T2s:

Heather Bannerman, Aimee Hutton, Esther Lee, David Yam

## Pharmacy Plaque (130 UPS Points)

1T0s:

Aaron Boggio, Milson Chan, Vanessa Chan, Anna Huisman, Earl Kim, Rachel Knott, Matt Koehler, Tommy Lam, Ruby Liang, Andrew Pylypiak, Joseph Zingaro

1T1s:

Vanessa Cho, Yin Hui, Tina Hwu, Meaghan Linseman, Giana Tassone

1T2:

Lisa Levangie

## Dean's Award (200 UPS Points)

1T0:

Peter Chiu, Anna Huisman, Rachel Knott

1T1:

Paul Bazin, Brandon Thomas

## Walton Award (350 UPS Points)

1T0:

Stephanie Chan

## Social Participation Award (55 non-academic/sports points)

1T0:

Milson Chan, Cindy Changoor, Jillian Higgins, Vincent Ho, Anna Huisman, Sarah Luong, Kareena Martin, Ruby Mehta, Katie Mok, Sassa Orser, Andrew Pylypiak, Laura Schultz, Mei Shi, Hing Chung Tam, Lucy Wang, Alicia Wood, Joseph Zingaro

1T1:

Vanessa Cho, Jessica Fitzgerald, Rachel Fu, Man Ying Ho, Yin Hui, Adrian Leung, Janet Leung, Wendy Li, Jadie Lo, Koren Lui, Jelena Sparavalo, Giana Tassone, Brandon Thomas, Joanna Yeung, James Ying

1T2:

Tanya Billeci, Tiffany Kan, Lisa Levangie, Natalia Persad, David Yam

## Class Awards

*Robaxacet Athletic Challenge – 1T1*

*Dr. Kenney Charity Award – 1T1*

*Tug-of-War Winner – 1T1*

*Curling Award – 1T2*

*Shoppers Drug Mart Award – 1T1*

## Fall MVPs

### Sport

Women's: Soccer

Basketball

Football

Hockey

Div 1 Volleyball

Div 2 Volleyball

Men's

Hockey

Soccer

Flag Football

Div 2 Basketball

### MVP

Jenny Kotsidis

Shirley Lin

Linda Plong

Linda Plong

Heather Bannerman

Charisse De Castro

Cory Gilmer

Andrew Mikhael

Max Lafontaine

Harvinder Singh

Co-ed

Ultimate Frisbee

Basketball

Flag Football

Div 1 Volleyball

Div 2 Volleyball

Brandon Thomas

Jelena Sparavalo

Max Lafontaine

Heather Bannerman

Brandon Thomas

## Winter MVPs

Women's: Hockey

Indoor Soccer

Volleyball Div 1

Volleyball Div 2

Field Hockey

Men's

Hockey Div 1

Soccer Div 2

Soccer Div 3

Basketball Div 2

Volleyball Div 2

Co-ed

Ultimate Frisbee Div 2

Basketball Div 2

Waterpolo Div 2

Volleyball Div 1

Volleyball Div 2

Linda Plong

Sophie Adam

Heather Bannerman

Faye Peralta

Maari Wotherspoon

Tyler Robinson

Mohammed Mahdi

Chukwuka Ume

Andrew Wong

Max Lafontaine

Brandon Thomas

Baseer Yasseen

Laura Feeny

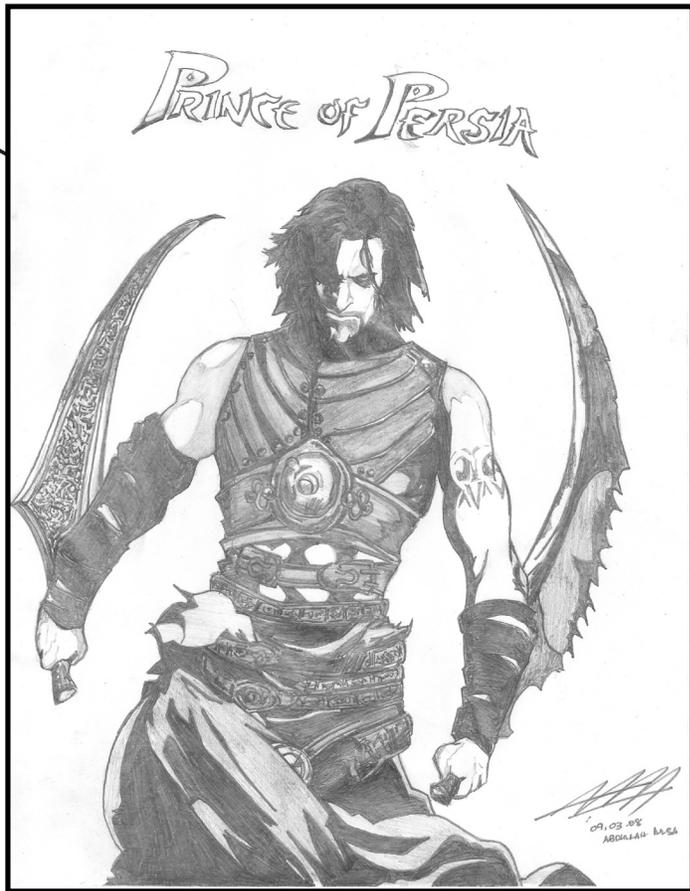
Daniel Trat

Brandon Thomas

# art & diversions



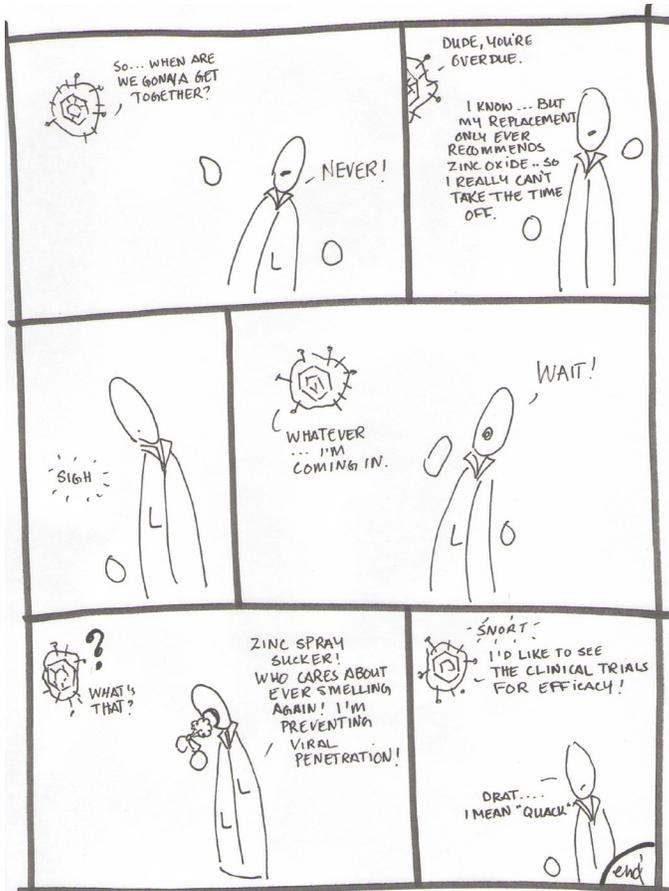
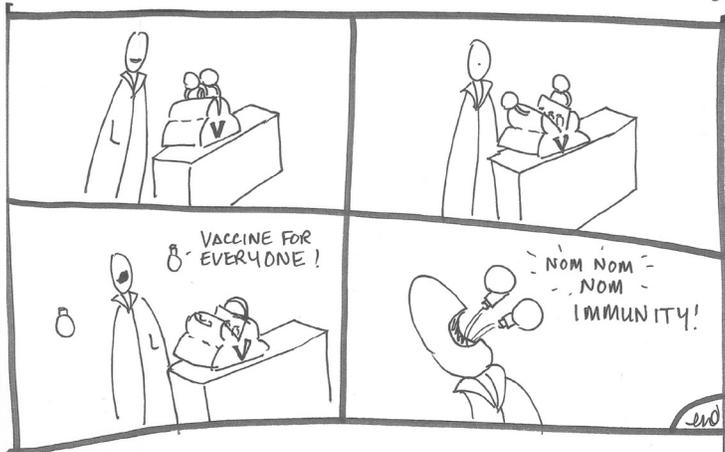
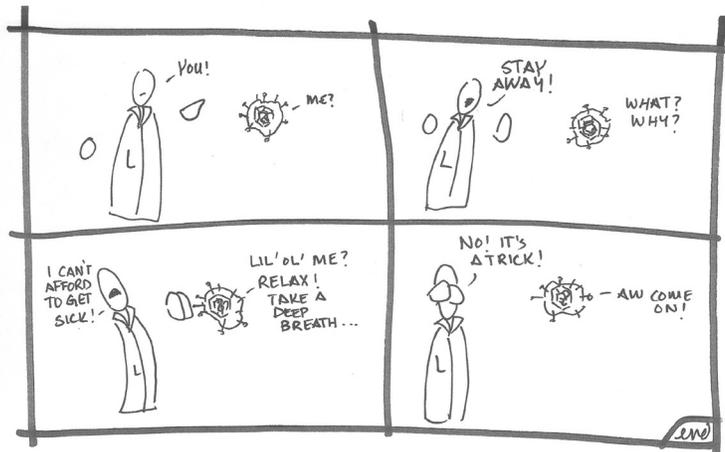
Superman  
Abdullah Musa (1T3)



Prince of Persia  
Abdullah Musa (1T3)

## ANECDOTSE

BY M.E. SCHELL



# 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](http://www.pharmasave.com) or email us at [info@on.pharmasave.ca](mailto:info@on.pharmasave.ca)



## SUDOKU

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

