

THE MONOGRAPH

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Hey Pharmies!! We encourage any and all submissions, whether they be articles (not necessarily about pharmacy or healthcare), artwork, jokes, or whatever you can think of - if you want your voice heard, get in touch with us!! Shoot us an email at themonograph@gmail.com to submit!! We want YOU in the Monograph!! Potential advertisers can reach us at themonograph@gmail.com.

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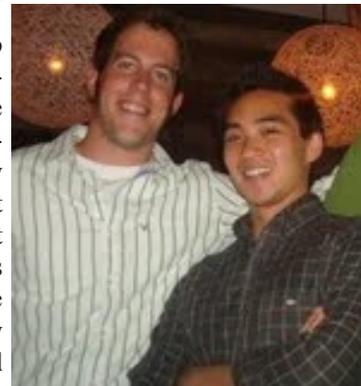
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UPS

Howdy Pharmies! Firstly we would like to welcome the shiny new 1T4s to our pharmacy family. Congratulations to be the first class to successfully pass the Multiple Mini Interview! We know it was a very grueling process and we're glad to see that you survived it without any permanent damage. To all of the "old school" students out there, welcome back. Hope everyone had a great summer - or should we say great summer school for the 1T2s - and are ready to get the 2010-2011 academic year started.



UPS has some great events lined up to get your school year started with a bang! These traditional fall classics should help ease the transition from the bright, warm days of summer to the descent into our loveable basement lecture halls. We'll start off with the annual Interprofessional Boat Cruise: Pharmacy (and other professionals) are on a friggin boat! Follow that with an event that is sure to satisfy your appetite - the welcome back BBQ where your UPS council will be grillin' up some FREE grub on a good old fashioned 'cue. Prepare to be served... food by faculty, professors and our very own Dean Mann. Also, be sure to eat your wheaties that morning for an epic tug of war - all four classes will battle, pitting muscle versus muscle for bragging rights and glory. **War paint not required but strongly encouraged** Lastly, don't forget our pharmacy Semi-Formal, a special night as you and all your pharmacy friends dress to impress!

We look forward to providing you with an exciting year full of these and other extra-curricular activities. Hopefully you'll all be able to make it to as many as you can - don't be a Debbie Downer.

See you around,

David Yam
UPS President 2010-11

Bryan Falcioni
UPS Vice-President 2010-11

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 of the articles offensive, please contact the editors to discuss the matter in further detail.

I, Zenah Surani, hereby disclose that I hold the positions of both Monograph co-editor and that of Student Observer on the Board of Directors of the Ontario Pharmacist's Association for the term 2010-2011. In the view of managing any direct or indirect potential conflicts of interests that may arise due to the nature of both of these positions, I consent to the declaration of Sidika Dhalla as Monograph Content Editor and myself as Monograph Layout Editor. Please don't hesitate to contact me should you have any concerns, questions or suggestions, at zenahsurani@gmail.com

Editors' Note

Welcome back, from your Monograph Editors! Timmy's days are back!! The following is a conversation that took place the night before the first day of school between 11:53pm and 12:11am.



Conversation: Zenah and Sidika - 09/12/10 23:53

XenaWP: Yo man what's up!

Sidiksta: Hey chillin like a villain...until i remembered that school starts tomorrow!!

XenaWP: Yeah I know eh...I'm really scared about that...I feel like third year will be a gong show!

Sidiksta: Oh it definitely will be...but we'll get through it together! Partners fo lyfe right?!

XenaWP: Fo sho! So glad we're Monograph editors this year, it'll def take some of the heat off school

Sidiksta: Yea, super excited! We already got some wicked awesome submissions eh?

XenaWP: Yeah! I really liked Heather Bannerman's article about the Stop Cuts Bus Tour we were on...those pictures really bring back bus memories (pg 26)

Sidiksta: I also really liked Adam Falconi's Harvard Pharmacy...it was so inspirational! (pg 27)

XenaWP: Yeah and looks like those new 1T4s are a great group. They might even be awesome enough to put on the front cover of the first issue. What do you think?

Sidiksta: Let's do it, I saw some pretty awesome Phrosh pics! Looks like they had a really good time, I'm glad Paul Moyer wrote about it :) (pg 13) Did you read the anticalendars?? Got some LEGIT advice this year. (pg 8-13)

XenaWP: Yeah they are right on the mark. By the way, didn't you love Henry Leung's article (pg32-33)? Don't tell anyone, but I almost cried because it was so moving.

Sidiksta: LOL...um anyway...Some people had some pretty amazing experiences abroad this summer. Not that I didn't enjoy EPE + bumming around with my BFF for 3 months.

XenaWP: Yeah... I thought this summer would be lame because of the whole Deb Matthews debacle and the fact that I had to work for free for a month, it actually didn't turn out to be so bad.

Sidiksta: I wonder how much hate e-mail she got this summer from students. Speaking of which...I hope our inbox fills up at themonograph@gmail.com with lots of submissions this year!

XenaWP: Yeah, one thing I love about The Monograph is that it's a great forum for people to express themselves in different ways—and we accept everything from articles to drawings to jokes and shoutouts...and more!!

Sidiksta: Wow, you sound like you're advertising in a private conversation. Anyway I'm gna pass out from excitement to start the commuter life all over again tomorrow morning!

XenaWP: Oh man I don't think I can even sleep right now....I'm so excited just thinking about the Monograph!! You know what I mean?? You know? You know??!!

Sidiksta is offline.

UPS Council

UPS President and Vice President

Dave's description: This year, as UPS President, I will be working with UPS council to make your student pharmacy experience memorable!

Bryan's Description: Organize the Pharmacy Key, Phrosh Orientation Banquet and the UPS Awards night in the spring. Plus, do whatever this guy says

If Dave were stranded on an island, the one drug he would want with him is: 'dimenhydrinate - Gravol - After I finish constructing my get-away boat, I would need dimenhydrinate for the ride home!'

and Bryan would want: 'cyanide because why live if I can't beat the Waterlooers at the OPASC every year.'



UPS President
Dave Yam (1T2)



UPS Vice President
Bryan Falcioni (1T2)

CAPSI Representatives



Senior
Anne Sylvestre (1T2)



Junior
Jennifer Baker (1T3)

Description:

As CAPSI reps, we represent U of T on the National level. Locally, we lead the CAPSI local council and organize CAPSI competitions, symposiums, and community outreach programs

If Anne were stranded on an island, the drug she would want is: "Prozac because I would be bored and depressed. Also, once I ran out of drugs, I would still be covered for a little while because prozac has such a long half life."

and Jen would want: "Concerta so I would have the energy to build a raft, a hut community, hunt and fish and swim every day."

External Affairs Representatives

Description: Our responsibilities include soliciting companies for sponsorships, which helps to pay for our publications (Pharmacy Key and The Monograph), interviewing pharmacists for RxFiles, assisting CSHP and OPA with event planning.

If Natalia were stranded on an island, the one drug she would want is: "Advil, because it helps with pain and inflammation caused by my struggles to survive"

and Dipti would want: "Narcotics - I can easily trade a treasure chest full of narcotics for a ride off the island with pirates!"



Natalia Persad (1T2)



Junior
Dipti Tankala (1T2)

Monograph Co-Editors



Zenah Surani (1T2)



Sidika Dhalla (1T2)

Description: As your monograph editors, we are here to make sure your voice is heard! Whether you have an opinion about pharmacy, healthcare, or ANYTHING, we want to hear from you! We can be reached at themonograph@gmail.com (Store it and use it!)

If Zenah were stranded on an island "I would want to have a load of avobenzone mixed with a whole lotta zinc oxide...because hey, if you're stranded on some random island, you may as well soak up the rays."

And Sidika would want: "LSD so I could hallucinate me some friends."

Who's Who?!

Events Co-Directors Tiffany Kan (1T2) + Elizabeth Lo (1T2)

Description: We will be organizing the annual Phollies show and Pharmacy Awareness Week this year!

If Elizabeth were stranded on an island, the one drug she would want with her would be, "Penicillin because I would hate to die from an infection. It seems like a slow and painful death haha." and Tiffany would want: "Immodium."



Yearbook Co-Editors



Emily Chen (1T3)



Yifan Jiang (1T3)

Description: We make the yearbook for everyone in Pharmacy, and we are also responsible for the Who's Who list for each class! So stay tuned for our cameras! =)

If Emily were stranded on an island, the one drug she would want is: "Dimenhydrinate, because there are probably lots of crazy allergens on the island... I'm also gonna need my herbal tea" and Yifan would want "amoxicillin."

Finance Officers



Senior Finance Officer
Amy Wong (1T2)



Junior Finance Officer
David Laughren (1T3)

Description: We make sure the bills are paid and that UPS sticks to its budget!

If Amy were stranded on an island, the one drug she would want is: "Cipro. Seems to cure everything."

and Dave would want: "enalapril. Just rearrange the letters to get 'airplane' (close enough), and fly my way outta there!"

Athletics

Position description:

Together, it's our job to make sure that the athletics programs in our faculty run smoothly. Our goal for the year is to get more students involved in intramurals and set up more interyear sports competitions between the classes. Lets make this year another great one for sports!!!



Male Athletic Rep
Marko Tomas (1T2)

If Marko were stranded on an island, the one drug he would want is: "graviol, to prevent sea sickness after I'm rescued by pirates"



Co-Ed Athletic Rep
Brendon Wiebe (1T2)

If Brendon were stranded on an island, the one drug he would want is: "quetiapine -because i would probably go crazy"



Female Athletic Rep
ShanShan Zhu (1T3)

If ShanShan were stranded on an island, the one drug she would want is: "Tylenol. I probably wouldn't get things other than pain, fever, allergies, cold, cough, or flu. What else could do all these jobs?"

UTSU Representative

Farhana Chowdhury (1T3)

Description: I am the Pharmacy Director on the U.T.S.U.'s Board of Directors, and as a result I am also the U.T.S.U representative on UPS. This year, my hope is to get all the pharmacy students more engaged and involved with the university as a whole by promoting the numerous amazing services that your union provides. U.T.S.U.'s got YOU!



If Farhana were stranded on an island the one drug she would want is: "Pepcid (famotidine) 40mg tablets, because they look like patties! Who needs real food when you've got mini-tablet patties!?"

UPS Webmaster

Michael Tsui (1T3)

Description: You'll most likely know of my position from the myriad of emails you'll be receiving over the coming year, but I also manage the UPS website and complete tasks that require more technical computer skills.



If Michael were stranded on an island the one drug he would want is: "Cannabis, because if I'm going to spend time alone on an island I might as well do it feeling awesome."

UPS Social Director

Michael Juba (1T3)

Description: As the Social Director, I am here to make sure you have fun this year! I hope to see you at Semi Formal!



If Michael were stranded on an island the one drug he would want is: "Although not commonly referred to as a drug, I would have to say pure ethanol. You can clean any wounds you get with it, it may also be useful as a fire starter, although I am not positive about the latter point. The best part is, you could mix it with some coconut milk and have a party, because what else are you going to do while stranded on a beautiful beach waiting for a rescue."

UPS Speaker

Rose Liao (1T3)



Description: To chair all the UPS meetings according to Robert's Rules of Order so that meetings proceed efficiently, orderly, and diplomatically. I call for agenda items before each meeting and collect any constitution review items and suggestions.

If Rose were stranded on an island, she would want to have: "multivitamins to keep me healthy so I come up with creative ways to call for help."

UPS Secretary

Jaspreet Lamba (1T3)

Description: Besides keeping the minutes of the UPS meetings, being the chair of the 'Points and Awards Committee', I will be responsible for the allocation of the UPS points as well as for the maintenance of the UPS points system.



If Jaspreet were stranded on an island, the one drug he would want with him is: 'Aspirin - Because it is multifunctional, just like me.'

UPS Past President

Tina Hwu (1T1)



Being Dave & Bryan's back-up in supporting the UPS council, doing my best to try to get to know and mentor the new 1T4 council, while trying to make it through the last academic term (how crazyfast this four years has gone by!)

If Tina were stranded on an island, the drug she would want with her is: "Dukoral or traveller's diarrhea antibiotics - for what I think might be an increasingly adventurous diet if I'm stuck on an island!" :)

Community Outreach Co-directors

Description: "As your Community Outreach Directors, Aimee and I will pave the way to creating new and exciting initiatives to help you raise awareness to the public about health and wellbeing and to exemplify how pharmacists and pharmacy students play a critical role in delivering healthcare. Since we are the future of pharmacy, it is up to us to ensure our profession moves forward in a positive light!"

If Tanya were stranded on an island the one drug she would want is: an unlimited supply of PEPTO BISMOL!!! "Nausea, heartburn, indigestion, upset stomach, DIARRHEA yay!" I would do the Pepto Bismol Dance (as seen in the commercial) every so often, just for kicks :P



Tanya Billeci (1T2)



Aimee Hutton (1T2)

4th Year Class President Jelena Sparavalo (1T1)

Description: Act as a liaison between the fourth year class, recruiters and faculty.

If Jelena were stranded on an island the one drug she would want is: "Benadryl, to fight off the allergens :)"



4th Year Class Vice President Rachel Fu (1T1)

Description: I have the job of FUNd-raising for our class's Grad FUNd and for charity week.

If Rachel were stranded on an island, she would want some "Ritalin to keep me awake, alert and my appetite suppressed!"



3rd Year Class President William Khong (1T2)

Description: I am responsible for ensuring that class council operations run smoothly and be the 1T2 representative to both internal and external organizations.

If Will were stranded on an island, he would want: "Nitrostat tablets! I will grind it up and use the powder to build a fire and to kill animals."



3rd Year Class Vice President Fadie Jebrail (1T2)

Description: In a nut-shell I will attempt to raise as much money as possible for your graduation festivities!

If Fadié were stranded on an island, the one drug he would want is: "cyanide."



2nd year class president Stephanie Ma (1T3)

My plans for the year are to ensure that any concerns our class has regarding all the changes happening to the curriculum are met and that second year will be as, if not more, enjoyable and memorable as first year!! :D

If Stephanie were stranded on an island she would want "a narcotic of some sort so that I could get my mind off of being stranded."



2nd Year Class Vice President Paul Moyer (1T3)

Description: I plan phrosh week, work on charity week and help run the 1T3 class council!

If Paul were stranded on an island.. I'd want insect repellent (DEET) to keep the bugs away!



1st year President and Vice President to be announced!!

ANTI CALENDARS! *Helpful hints to get you through....*

First Year Anti-Calendar

Kristine Galido, IT3 Monograph Rep and George Zalahan, IT3

ANA 200 – Human Anatomy and Histology

Prof. Ballyk

Doing well in ANA 200 is mostly a matter of studying the lecture notes and paying careful attention to the details that Prof. Ballyk mentions during the lectures – taking notes (or just having notes by way of your organized friend who stays awake in class) is pretty much a must for this course. Lectures are recorded, but this doesn't mean you can stop going to class: they won't be posted if not enough people attend. The recordings are best used as a way for you to fill in what you missed while you blanked out for a few minutes or further clarify something you didn't quite get the first time. There are four multiple choice term tests in this course, neither of which are cumulative, so if you don't do so well on one of them, you can probably make up for it on the others without worrying about that one group of lectures that just didn't make sense to you. Of course, the best thing to do is to understand all the concepts, and if you don't, the next best thing is to memorize.

PHM 122 – Introduction to Statistics

Prof. Victor

Number one recommendation: strong coffee. Unless for some reason the mention of bell curves and analyzing the numerical results of a clinical really excites you, the material for this course isn't the most... interesting. When studying for this course, you should focus more on what formulas to use where instead of the formulas themselves, as the midterm and final exams are open book. The midterm and the final are challenging, however, so it would be a good idea to boost your mark with some of the assignments, though that is no easy task either. Doing them with a friend isn't discouraged, so my advice would be to start making some really smart friends. Sticking post-it notes on your textbook so you can mark the page where a certain equation is for the exam or even writing out your own formula sheet helps out for the midterm and final exams.

CHM 223 – Physical Chemistry for Pharmacy

Physical Chemistry was the course that I was afraid of taking due to all the bad things I've heard about it: The first reason being the monster weight given to the midterm and the final (45% and 55% respectively... ouch) and the second being the pages full of calculus related equations. The final was more difficult than the midterm, although both were challenging. Most of the questions had to do with deriving equations, so if you can understand how to do them all, you're set. Taking the time to do the recommended problems on your own can really help you out in the long run: the same types of problems usually reappear on the tests.

CHM 138 & CHM 247 - Intro to Organic Chemistry I & II

The main idea for both courses is the same – know your reactions. I found that the term tests and final tend to be a little tricky, especially if you don't know what kinds of questions they're going to be asking you, so getting your hands on some past tests (from an upper year or from the Arts & Science Student Union) will really help you in seeing how comfortable you are with the types of problems that will be asked on the exam. Making an organized table of the reactions you need to know is a good way to memorize them. The textbook is also a really valuable resource for this course as it's full of diagrams and worked examples that help you to apply your knowledge. The labs are worth a big chunk of your mark, so it can really help in boosting your final grade if you prepare for them properly.

LMP 232 – Microbiology of Infectious Diseases

Prof. Crandall

Great course, will make you laugh, but don't eat your lunch during class because you might lose it if you can't handle the wonderfully gross pictures of conditions you may encounter over the course of your career that accompany the lecture. There are two tests in this course, one at the end of each term, as well as a lab component. The only advice I can really give is to study

those lecture notes well, make a chart of all the different conditions if it helps you. The great thing is that almost all the questions (if not all) come from the lecture notes, so if it's not in your notes, it more than likely will not be tested. The lab quizzes at the beginning of each lab in second term weren't so bad most of the time; a quick read-through of the section covered in the lab manual will usually do the trick. Getting your hands on some past quizzes, lab exams, and term tests should help you out.

Following Course Reviews by George Zalahan

PHM120Y – Introduction to the Profession of Pharmacy

Welcome to the introduction to the profession of Medicine course... I mean, Pharmacy. Why did I say that? Well, most of the material contained in the course and what you will be tested on pertains to doctors. So, for the wannabe doctors in the class that just happen to be in Pharmacy, you will enjoy it. For the rest of us, this course seems like one of those elective Arts/Social Sciences courses you are required to take in your undergrad, but with half the clarity and double the unnecessarily difficult marking. While this course is not all bad, with interesting guest lecturers and guest panels, you can tell that it is seemingly so easy that it serves as a wake-up call for whoever takes it with a grain of salt. To not end up like the majority of the class and get a lower-than-satisfactory grade on the midterm (which happens to be AFTER Christmas break!), make sure you do a good job of taking notes and paying attention at the review seminar. Do NOT miss the review by Raza Mirza (one of the best TA's in the class) and make sure that by the end of your studying, you can answer all of his questions. For the pointless writing assignments, make sure you do NOT write about your opinion. They will give you a 5 or 6 out of 10 at best, so to do relatively well on the writing assignments, write a one-page paper that is to the point and basically repeats what's in the notes.

PHM127H – Professional Communication Skills in Pharmacy Practice

Prof. Heffer

While it sounds like you will cover material that pertains to pharmacy, you would be wrong. The majority of the material deals with things that everybody SHOULD know like proper body language, eye contact, etc. And, being that the class reading this was the first year to have interviews, you are probably better-equipped than some of the individuals in other classes. Although mock interviews in this course may seem helpful, they are not because they are NOT clinical whatsoever, and instead deal with how you talk and what kind of body language you have. So, don't worry too much about what you say... instead, worry about how you say it. If you focus on memorizing the pre-written script for you instead of avoiding words like "Um" and behaviours like looking away or "not confident enough body language", you will most likely get a fail grade on one of the mock patient interviews, causing you stress during final exams because you will have to do the fourth (optional, but mandatory if you failed one) mock patient interview, instead of studying for courses like organic chemistry. The writing assignments seem more relevant to pharmacy practice because they pose questions like "if you were a pharmacist, how would you design your practice..." etc. This seems like it gives you room for opinion but again, DO NOT put your opinion. Re-iterate the relevant textbook chapters and you will get Honours.

PHM150H – Introduction to Applied Pharmaceutical Sciences

Prof. Zubin Austin, et al

Hurray, finally something pharmacy practice-related! Most students loved this class but there is one thing it's guilty of – being in the first semester and giving students the idea that their entire first year will be as relevant to pharmacy as this class is. So, for those of you who expected to already be a pharmacist by the end of first year and were hoping to impress people with your knowledge, this course (as well as PHM128Y + 129H, and LMP232Y) are really the only taste of pharmacy you get. This course is broken down into modules – two of which are taught by Professor Zubin Austin and the other two which are seemingly pointless. As for evaluation, you will have a midterm and a final exam, each of which are straight forward and right from the notes. Don't let this course be one of those

last-minute study courses or else you will be somewhat overwhelmed by details in the notes. Study a bit as you go, pay attention in class and with writing notes, attend the review sessions, and most importantly, ASK QUESTIONS. Most of the time, the guest lecturers are so vague that if you let shyness or other feelings of reluctance win you over, you will have a lot of question marks when you go back to studying the notes. The midterm and final exam are short answer, long answer, essay questions, and/or all three. There is room for SOME opinion here but again, to get the best grade possible, stick to what Zubin Austin's opinions are, as well as the opinions of the guest lecturers.

PHM128Y – Professional Practice I

Prof. Rocchi + Taddio

This course gets such a good rep (from our class and the 1T2's, at least) because it's objective is to fill in any gaps or holes in the first year curriculum (there are quite a few in first year) by teaching students all aspects of pharmacy practice, from something as simple as reading and interpreting prescriptions to understanding the pharmaceutical care work-up process that makes up the majority of pharmacy school. While Professor Taddio does a great job lecturing and teaching her subjects, she also has another full-time job working at SickKids Hospital, so her presence was somewhat limited for our class. But, with a Professor like Rocchi to take command of the ship, there's nothing being lost WHATSOEVER. Professor Rocchi is one of the professors that students will be blessed to have during their experience as a student. If you ever need something answered, feel free to e-mail her expecting a quick reply. This course is broken up into 2 term tests, a Drug Information (DI) writing assignment, and a final exam. While the marking of the tests and final exam is questionable (i.e. TA's take off marks for no reason sometimes), the invaluable things you learn will not make you worry too much about getting an A++ in this course. The DI assignment is probably the most interactive and interesting thing you will do all year. Get your hands on an older DI assignment to have a good idea of HOW to answer questions. For the tests and final exam, make sure you attend the review sessions, ask questions, and STUDY EVERYTHING. Whatever topic Rocchi+Taddio tell you is on the exam, study that subject to the fullest and study every word in the notes and

in the textbook. There are also independent course components like pharmaceutical calculations and the dreaded Medical Terminology component (the Textbook is Language of Medicine) which also requires just as much devotion because you will see these sections on the tests and final exam as much as you see the course components taught and covered in class. Do not leave this course to the last-minute and study a bit every day. The details and course load is plenty and since it's so relevant to our futures, you want to know this stuff inside and out.

PHM129H – Professional Practice I Lab

Prof. Rocchi

This lab will change for you guys this year because Rocchi is your course co-ordinator and not Kalamut, but I'm sure the purpose is the same. You will be thrown into Professional Practice Labs or PPL's... Or Panic Party Labs as we refer to them :). Why do we refer to them so negatively? Well, trying to focus on prescription checking accuracy, taking verbal prescriptions, interpreting written prescriptions, and successfully doing mock patient interviews (more clinical than technical) while your peers are running around the room detecting drug therapy problems (DTP's) and stressing over whether their prescription interpretation is accurate are the reasons we call them Panic Party Labs. Do not underestimate any aspect of PPL's or go in there with some err of over-confidence, because you will face the harsh realities of a FAIL and have to pay more attention on future labs to pass the course! The Mock Patient Interviews (or PCC's) are not too bad because you do get a week to prepare for them and you are allowed to bring cue cards. But, again, because this course is relevant to pharmacy practice, you may want to know the material more than be able to read it off a cue card. Take your time, ignore the surrounding frenzy, breathe, and focus on the task at hand and you will pass all PPL's.



"I've gotten over my fear of tests, but now seem to have developed studying anxiety."

2nd Year Anticalendar

*By: Priya Bansal, 1T2 Monograph rep
With helpful input from Zenah Surani*

Hey 1T3! I hope you find your second year anticalendar to be useful in helping answer any course-related questions and to provide an idea as to what to expect this coming year! As you read through it, I'm sure you'll realize second year is a lot of work – but it is entirely manageable! Have a great year and best of luck!

Fall Term Courses

PHM225- Intro to Biochem and Molecular Biology by Zenah Surani

Prof: Dr. Hampson and Dr. Wells

PHM 225 is no walk in the park, but is passable without investing an insane amount of time into mastering the course material. The midterm consists of 2 sections: one is Dr. Hampson's, and the other is Dr. Wells'. I would recommend knowing Wells' section very well for two reasons: 1. Hampson's part is a bit tricky and 2. You will have a much-needed headstart on the Wells' dreaded section of PHM222. The final was just Hampson's material, but quite a bit easier than the midterm. However, be sure to know all the sections of the textbook that he assigns--thoroughly--and spend time learning the concepts covered in lectures. The research paper isn't hard, smart use of google scholar will prove helpful. Write a coherent paper and you'll be set!

PHM227 – Health Systems in Society I

Prof: Marie Rocchi

This course is a continuation of PHM120, and as such, you are right to expect lots of guest lecturers, readings, and your examinations to require lots of writing. Your mark is made up of a midterm, assignment, final and participation in 2 case studies. You will be told which readings are mandatory for the midterm and final and which ones are simply references that accompany the lectures. The key to this course is to know the lecture material well and to use it as a basis for analysis of presented readings and ideas – don't just summarize – analyze!

The case material is actually really interesting, and the group discussions can be fun. I would strongly suggest reading the case material for that reason; and also because, as keen as us pharmies are, some of your group members might not prepare and your

group needs to come up with something to present by the end of the case discussion.

PHM228 – Professional Practise II

Prof: Vinita Arora

Just like PHM128, this course covers a variety of unrelated material that is needed for practice. The compounding section and jurisprudence section on narcotics will both prove to be very helpful for PPL's. There is a section on calculations that you will have to cover on your own, and will be the basis of your midterm. This is helpful for the OCP calculations exam (which is much easier than Vinita's midterm) that requires 100% to pass. I would suggest spacing out the calculations material for your own sanity – the textbook somehow even manages to make adding fractions seem really complicated.

PHM229 – Professional Practice II

Prof: Doris Kalamut

Just like last year, you need to walk into PPL's already knowing what you're doing. Thankfully, you've already done them before, so there isn't much more to learn. Prepare for counselling for the 10 medications just as before, and getting used to running prescriptions through. The main difference for the prescription processing section is that you will be dealing with prescriptions for narcotic/controlled drugs which requires knowledge on legislation regarding transfers, verbal orders, sales receipts, repeats and intervals etc... An added component to PPL's is the compounding section. Read the manual ahead of time – it will be confusing since the pictures and diagrams are really hard to see – but usually everything becomes clear during the demos at the start of PPL's. Another preparation tool for the compounding section is a 1 hour video by Doris Kalamut on how to use the torsion balance and basic compounding skills – it could go for an Oscar one day, so be sure to watch it!

Full Term Courses

PHM220 – Pharmaceutical Care 1a

Prof: Debra Sibbald (aka Deb Sibb)

This course covers Self-Care topics and their corresponding OTC products in a case-base style for OSCE preparation. Students prepare each self-care topic and, during class, are randomly called up to “panel” wherein a case is presented. Panel members use the Therapeutic Thought Process (TTP)

to work through the case and become proficient at conducting a patient interaction. During panel, Debra poses clicker questions to the whole class. You are marked on clicker answers, panel performance (pass/fail), and a midterm and final that are both multiple choice, case-type questions.

This course was a journey for me. It began with a huge fear of public humiliation, slowly learning to gather information (usually from PSC textbook and posted student summaries), to really understanding the TTP and better structuring my notes. Your fear will subside and you will get better at making panel notes. Don't rely on posted “Student Key Note Summaries” too much because some are out-dated and meant for OSCE's, not panels. The midterm and final are best studied by practising cases. Another tip is to look up the BRAND names of OTC products covered; although they aren't tested, you've likely heard of them before – giving context to the material.

PHM222 – Medicinal Chemistry

Prof: Lakshmi Kotra, K. Sandy Pang, Jack Uetrecht, Jim Wells, Peter Pennefather, Patricia Harper, Stephane Angers

Comparatively, this course will take up most of your studying time. It covers an enormous amount of material that is all necessary to know for the cumulative final. Never forget that you have years and years worth of past midterms and finals at your disposal for practise! Your first section, Kotra and Pang's material, is the easiest, so try your best to do well on the first midterm. And, yes, you need to memorize all of the transporters for Pang's section. Don't stress if it doesn't go well, you have plenty of opportunity to make it up as there are 2 more midterms, a final, and a couple of bonus quizzes for Wells' section. Uetrecht and Wells' section come next at the start of winter term. Uetrecht is a good lecturer, and although his material seems difficult, his section of the midterm and final are very predictable from past exams and it is possible to do really well. Wells' section is the toughest. It is necessary to memorize everything in that phonebook sized set of notes – even the random ribbon diagrams of receptors. Although it's important to know the notes very well, it is possibly even more important that you dedicate some time to going over at least a few past exams. The tutorials are very helpful for this section.

Pennefather's section comes next. Don't stress about trying to understand his lec-

ture – his portion of the midterm and exam are essay questions that you prepare and memorize ahead of time. Both Harper and Angers are very good lecturers with less difficult material.

PHM224 – Pharmaceutics

Prof: Rob MacGregor, Tigran Chalikian, Shirley Wu, David Dubins, Ray Reilly

At times, this course feels like it is the most demanding compared to your other courses, and at other times it will feel like it is the least. You have many different professors and sections, all varying in difficulty. Most people generally find the material in the winter semester to be easier. There is a lot of math requiring many different formulas – but formula sheets are provided on the midterm and final. Although Chalikian's section appears to be the most mathematically oriented, his section of the midterm requires mostly understanding concepts (through an understanding of the formulas) rather than applying the formulas in a problem-solving format. Past exams are a useful study tool.

Not only are some of the labs fun, they actually help clarify the lecture material. The only stressful thing about the labs are that sometimes there isn't enough equipment and you have to work fast to be able to hand in your write-up by the end of the lab. In second semester you have to design a lab that requires an understanding of all of the previous labs, and is a lot of group work.

PSL200 – Basic Human Physiology

Prof: Michelle French, etc.

The workload for this course is very light – you are marked on 2 out of 3 midterms and 1 final (all questions are multiple choice). The midterms and final not only cover the lecture material, but PhysioEx exercises as well. The textbook is a good reference if you've skipped class, but otherwise, depending on how you learn, you may not need to read it alongside lectures (despite what the professors may say). You will find this course to be a breeze compared to first year anatomy. Use this to your advantage – it is an opportunity to review the same material in simplified way, which will help you retain it later. Try to do well on the midterms so that you have a bit of a cushion for the cumulative final.

Winter Term Courses

PHM223 – Methods of Pharmaceutical Analysis

Prof: Raymond Reilly

Reilly is a good lecturer with organized and clear notes, but you will likely need some caffeine to stay awake in this class. The course itself has a relatively light workload. Besides lectures, there is only one mandatory lab and tutorial; both of which require written submissions that may take some time to complete, but are nothing to stress over. The final consists of multiple choice questions that are really specific and require you to know the lecture material in depth.

PHM226 – Introductory Metabolic Biochemistry

Prof: Dr. Henderson, Dr. O'Brien

No need for caffeine in Henderson's class! Henderson talks so fast, it's a race just to keep up! And yes, you have to write everything down; his slides might have the molecular pathway on them, but his explanation takes it to a whole new level! The material is interesting and taught well, but there is a lot to know, so give yourself time to learn it all for the midterm. Just to warn you, Henderson marks really tough and you will likely do worse than you expect. One way of making up some much needed marks in the course is to sign up for an optional group presentations.

It's OK that O'Brien is hard to understand – you don't really need to know his lectures that well anyways. His portion of the final is in the format of pre-determined essay type questions (with diagrams) that you prepare ahead of time. It is probably best to answer these questions in groups and go over each other's work – they take a lot of research and time.

PHM231 – Pharmacology I

Prof: Dr. Erclik

You'll soon realize that this is another class you should avoid skipping as the slides can be really bare. The course covers a lot of material, but as you are only evaluated on a midterm and final, you may be tempted to leave the material for last minute studying. Avoid this at all costs! There is a lot to cover, the notes can be unclear (Erclik doesn't always explain terminology and the slides are poorly formatted), and she tests you on EVERYTHING (all side effects included). Erclik always welcomes questions, so you'll have plenty of help if you've gone over the notes ahead of time. In second

year, the brunt of your pharmaceutical knowledge comes from this course, so you will likely find it interesting and will want to do well – this is entirely possible if you are prepared to work hard.

Third Year Anti-Calendar

By: Adam Calabrese, ITI Monograph Rep

When I was but a young and naive first or second year student, I heard that third year was, like, wicked hard. And having gone through it, like most things, it's never quite as hard as you make it up to be in your mind. At least part of the reputation of third year as being harder and more work exists because of the people who have exemptions in second year and finally discover what it's like to have a full pharmacy workload. Part of it is that although there isn't much that is actually hard to understand, there is a lot that you have to know. And even if it isn't as hard as you might fear, don't worry: it will still suck, and you will discover new unimagined depths of apathy.

PHM 320H1 – Pharmaceutical Care Ib

Prof. Debra Sibbald

This is a simple continuation of Debra Sibbald's second year therapeutics course. The lectures, panels and exams are all of the same format. The big secret about the OSCE is that it is not nearly as big a deal as you or Debra Sibbald will make of it. A 1 out of 5 on the OSCE rubric will get you about 40%, and the balance of grades is such that you can still pass the course if you get a 40% on the OSCE. Feel free to ignore the long pep talks from Debra about not being nervous for the OSCE. If you have even half of a head on your shoulders, she will probably make you wonder if you should be more nervous. As for studying for and writing the OSCE itself, practice situations with friends and have the questioning algorithm properly beaten into your head so that if you're thrown a curveball during the exam you won't forget what to do. Volunteering for bonus cases will result in you getting a lot of practice, and will give Debra a high opinion of you. Also, remember to prepare for this class even though therapeutics is right after.

PHM 321Y1 – Pharmaceutical Care II

I will at least grant that therapeutics is a rather scary course. There's a lot of memorization to be had here, and if you're like me, you're going to fail the first two exams (only to have the professor tell you not to worry about your marks because the overall average is high). The thing is that the ins and outs of the therapeutic thought process, which is the format in which the exams are written, aren't explained to you until after you've written at least one mid-term (and definitely two if, like me, you don't pay attention). Until then, remember that the pathophysiology of the disease is not given a lot of weight in the answer key (which means you don't need to study or write about very much of it), and although you may make up your own drug charts to study off of and to give answers in class, you will get far more marks if you write those things out in paragraph form in the exam. Oh also, discover the difference between the therapeutic thought process and a pharmacotherapy plan and when you need to do one and not the other, or both. But as scary as therapeutics might seem, you really don't need to worry. I went into the final exam with a failing grade and still passed just fine. Also, for the final exam, if you do the written part last, you're going to be stuck in the room until the people doing the oral part are finished. You might be allowed to talk until that time if everyone hands in their exams before the end. Do not hold onto your exam long after you are done until the very end, because the people around you will hate you for making them sit in boredom and silence because you lacked the confidence to hand in your exam rather than sit and stare at it.

PHM 322H1 – Pharmacology/Medicinal Chemistry Tutorial

Prof. Utrecht

Dr. Utrecht will tell you at the beginning of the course that the quantity of notes you take in class doesn't matter, and that you need to understand the concepts behind answers to do well in the exams. And he's right, in a sense: the students in at the front of the class each week will sometimes put you (and Dr. Utrecht) to sleep with their long, useless and irrelevant answers. You can safely ignore these, wait for Dr. Utrecht to give out the answer, and write that down. Sometimes Dr. Utrecht himself will go into these long discourses. But as a general rule, arcane facts in and of them-

selves aren't as important as reasons why these facts exist, or processes connecting them. Also, use the past exams to your advantage. As a warning, he will sometimes test on arcane facts.

PHM 323 – Applications of Pharmaceutical Analysis

Prof. Reilly

By far the most forgettable course. It's an extension of the second year lab course, and includes the worst organized lab I have ever taken part in. Unfortunately, you will have a different lecturer than I did, so you'll have to figure out how to study by yourselves.

PHM 324 - Pharmacokinetics

I don't remember much about this course, other than I was worried about it during. The first half is going to be all math all the time, and the second half will be partly math and partly pharmacological concepts behind phenomena like clearance or metabolism. For the first half, prepare for the exam by looking at the past exams and examples provided by the professor – it's far more useful than studying the lecture notes. The math in the second half of the course is considerably simpler and you'll find a lot of overlap with your other courses.

PHM 325 – Introductory Toxicology

This course's exams are done in "essay" format. I use quotation marks because the use of this particular word to describe the exams is an insult to the English language. Although I found that I preferred writing an essay to agonizing over multiple choice questions, the marking scheme is such that your essay will resemble a string of answers from a multiple choice test taped together. Most questions will require you to draw a diagram and then explain that diagram bit by bit. Be sure to memorize the diagrams down to the detail, and when explaining the diagrams, leave no fact implicit: just because covalent bonding is by its very definition irreversible, you have to remember to say that it is irreversible if you want full marks. Even stranger is the lack of flexibility: a friend of mine did not receive marks for writing that a drug forms "an intermediate that is reactive", where the correct phraseology was that the drug forms "a reactive intermediate". While the past exams provide a good grounding

for upcoming questions, surprise questions might involve designing an experiment to test for a genetic trait that would result in increased / decreased toxicity to individuals from certain drugs.

PHM 326 – Pharmacy Practise Management I

Prof. Wilson

The main problem with this course is the incompatibility of a leadership course with a class size of 240, among whom very few people have significant experience working in a pharmacy (which is to say, this is a leadership/management course aimed at people who aren't qualified to be managers and only know leadership as a word they like to put on their resumes and cover letters). While Professor Wilson has a lot of useful things to say and draws from his experience, none of that will ever end up on the exam. Which means that the exam's contents are based heavily on the lecture notes, which of course means that there is a boatload of memorization to be had here. That is, you need to know the main headings of a business proposal or a business plan; what "marketing" and "sales" are, and what the "marketing concept" and "sales concept" are; what such-and-such a lecturer said was the advantages and disadvantages of community practice are; the behaviours you do and don't want to see from individuals working in a team, and what the steps of team-building are. If you think some of those terms sound similar and might easily be confused for each other on an exam, you're right. By the way, take Professor Wilson up on his offer to review your resume.

PHM 328 – Professional Practise III

This is another professional practice course, which includes aspects of jurisprudence as well as preaching our own profession's virtues to us, such as documentation. You will also listen to Ron Fung say "really" far too many times. Pay attention during critical appraisal, because it's useful and a fairly intensive part of the final exam.

PHM 329 – Professional Practise III Lab

The PPLs are a big jump from first and second year. For one, you're not just reading off of a simple script – you actually have to do such weird things as think a little bit during the course of your 10 minutes.

You'll also find that you fail for incredibly stupid reasons, such as not investigating what kind of allergic reaction your patient had to penicillin, even though these are nearly universally irrelevant to the case at hand. Try to keep in mind that you'll usually have a DTP on your verbal or written prescriptions, so gather as much information from the doc on your verbal script; the last thing you want is to find out that you're about to give an adult dose of morphine to a five year old after you've already used up your one call-back.

PHM 330 – Clinical Biochemistry/Pathophysiology/Pathology

The only thing I remember from this course is that I bought its coordinator at the charity professor auction last year and subsequently passed. You will also find this course to be thoroughly depressing: the number of sliced up dead heart pictures and cancer statistics and risk factors will drill into your naive mind the inevitability of your death by at least one of the diseases in this course. While reading the slides, be sure to get the big picture of the lecture to avoid guessing. Also, as daunting as the cancer section is, you will need to study a fair amount of detail despite the massive amounts of information.

PHM 331 – Pharmacology II

Pharmacology! It's pretty much the same thing as second year, but with different topics. Watch out for the section on alpha and beta blockers, where you may or may not find some inconsistencies in the lecture notes which will drive you mad. Perhaps seek reliable outside sources.



Phrosh Week 2010: Healthcare Heroes



By: Paul Moyer, 1T3
Phrosh Coordinator 2010

So, Phrosh Week 2010 just finished up! The 1T3 class did a great job of welcoming the 1T4's to their new faculty and their new profession. The 1T4 class had an excellent turnout and I hope they continue such great involvement. Some of the week's highlights included: a Rock Band pub night, a Jays game, a day at Wonderland, partying at Tryst nightclub and of course dumping me into Lake Ontario on Beach Day.

As Orientation Director I owe many thanks. Hats off to my Phrosh Week Committee for their work this summer, you all did a wonderful job. Thanks to the other 1T3 volunteers for helping me run the events and for leading their groups. Cheers to the 1T4s for their enthusiasm and participation, you made all our efforts worthwhile!

Thanks also to the following people/firms who generously supported Phrosh Week: Leslie Dan Faculty of Pharmacy, Jamieson Laboratories, DRUGStore Pharmacy/Loblaw Pharmacy, Pharmasystems, TRYST Toronto, Sanofi Aventis, TEVA Canada, Flight Centre, Pharmasave, Rexall, CAPSI, Wyeth Consumer Healthcare, Cobalt Pharmaceuticals, Canadian Pharmacists Association, Pfizer.

Got the Post-Phrosh Blues?

Hey 1T4's,

So, phrosh week is over, now what? First of all, I hope everyone enjoyed the week! It's always nice to feel welcome & make some new friends, but that doesn't stop now that classes have begun. There are plenty of opportunities to hang out with your fellow 1T4s and the upper year students. You should really try to get involved in our community! It's fun and it makes our faculty something special (and you earn UPS points!). Not sure what you can do? Take a look at our intramural sports, this is a great way to unwind after class. There are some exciting social events coming up – boat cruise, orientation banquet, phollies, semi formal and more. If you like student council stuff, run in the 1T4 elections - nominations take place the first week of class. The Monograph always welcomes new writers and the yearbook loves photos. There's much more to do, so keep your eyes open for announcements & emails!

Of course, you can always just introduce yourself to some fellow pharmies! Some 1T4s may have missed phrosh week, so be sure to say hi and impress them with everything you've already learned. When studying in PB you will see many upper years, so here's how to tell them apart: 1T3s will be venting about med chem & EPE, 1T2s will discuss therapeutics and crazy PPLs and 1T1s will talk about SPEP and where to go for grad trip!

So don't be shy my dear phroshies! Play a sport or run for council, or just say hi to someone new. Don't just attend pharmacy school, be a part of it! Four years from now you'll be glad you did.



12 Kitchen Kompounding...



Peanut Butter Cheesecake Brownies

By: Katie Palmer

Ingredients:

- 1 pkg. (450 g) brownie mix
- 175 g (3/4 of 250-g) Philadelphia Brick Cream Cheese, softened
- 1/4 cup Kraft Smooth Peanut Butter
- 2 Tbsp. Sugar
- 1 cup thawed Cool Whip Whipped Topping
- 12 Maraschino cherries



Directions:

- HEAT oven to 350°F. Prepare brownie batter as directed on package. Spoon into 12 paper-lined muffin cups.
- BEAT cream cheese, peanut butter and sugar with mixer until blended. Spoon 1 rounded Tbsp. into centre of batter in each cup, pressing down slightly into batter. Bake 25 min. or until centres are set. Cool.
- SERVE topped with Cool Whip and cherries.

Oatmeal Bran Muffins

By Ashley Hommsma

Ingredients:

- 1 Cup Oatmeal
- 1 Cup all bran
- 1 3/4 Cup buttermilk or sour milk (normal milk will do too ☹)
- 1 lg egg, lightly beater
- 1/2 Cup brown sugar
- 1/2 Cup vegetable oil
- 1 3/4 Cup flour
- 3/4 tsp salt
- 1tsp baking powder
- 1/2 tsp baking soda
- Optional: raisins, chocolate chips, blueberries, etc.



Directions:

- Preheat oven to 400 degrees C. Mix bran, oatmeal, milk in a mixing bowl. Heat oil, egg, brown sugar together until well mixed then add to mix in mixing bowl. Feel free to add any optional ingredients (as much or little as you like!). Bake for about 18-20 min or until toothpick comes out clean. Let cool and enjoy!!

~*~* Mexican Chicken *~*~ By: Tanya Billeci

This is a very flavourful dish that is great to serve to guests because it's easy to cook. You can also make extra and store it in the freezer for those "lazy days" when you don't feel like cooking!

*Ingredients:

- tomato sauce (2-4 cups)
- fresh cilantro (1 handful chopped)
- jalapeno peppers (cut 2-3 peppers into small pieces depending on how hot you like it)
- onion (1/4 to 1/2 an onion chopped)
- olive oil (1 shot glass full)
- 3-4 sweet peppers (a mix of yellow and green are best...cut them into long strips like you do for fajitas)
- 2 large pieces of chicken breast (marinated with some salt and pepper)
- cheddar cheese (2 handfuls, grated)

Step 1: Blend together the tomato sauce, cilantro and jalapeno peppers until smooth. Then set it aside. You can use a blender or a hand mixer.

Step 2: Add the olive oil to a non-stick pan and fry some of the onions over medium heat until golden brown. Then add the sauce mix you made from Step 1. Stir and cover. Cook the sauce for about 10-15 min-

utes so that the flavours are released. Don't forget to taste it to see if it has enough flavour! If not, you can add more cilantro and/or jalapeno.

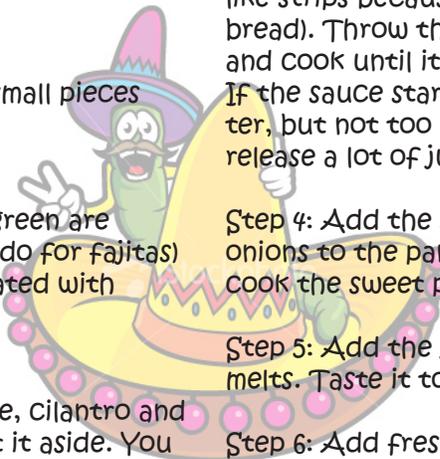
Step 3: Cut the chicken into cubes or into strips (I like strips because they are easy to stuff into pita bread). Throw the chicken into the sauce mixture and cook until it's almost well-done. Keep the lid on. If the sauce starts getting a bit dry, add a bit of water, but not too much because the sweet peppers will release a lot of juice once you add them.

Step 4: Add the sweet peppers and the rest of the onions to the pan and stir. Put the lid back on and cook the sweet peppers until they are well-done.

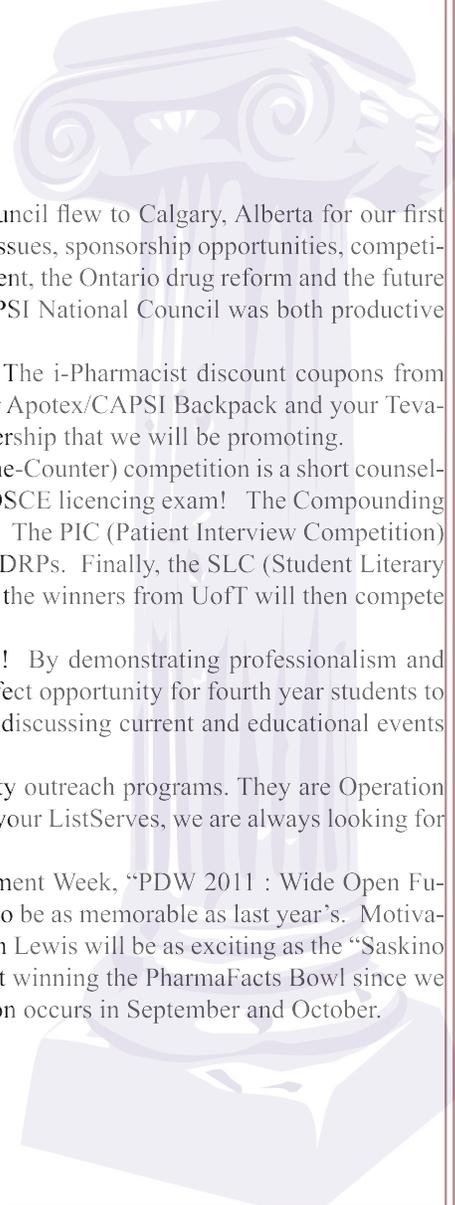
Step 5: Add the grated cheese on top so that it melts. Taste it to see if it needs any salt or pepper.

Step 6: Add fresh cilantro on top to garnish. Serve with rice or pita bread. Enjoy!

*I normally just eye-ball the amount I use for each ingredient, so don't worry about using the exact measurements I provided above. They are just there to give you an idea of how much to use.



CAPSI COLUMN



Get pumped : what to look forward to!

From May 13th to May 18th 2010, thirty members of the 2010-2011 CAPSI National Council flew to Calgary, Alberta for our first face-to-face meeting of the year. For six days, we discussed CAPSI's position on various issues, sponsorship opportunities, competitions and community outreach projects, symposium topics, member benefits and recruitment, the Ontario drug reform and the future of pharmacy in Canada. There were long meetings and intense discussions. But the CAPSI National Council was both productive and efficient. The 2010-2011 school year promises to be memorable!

In September, be sure to pick up your completely redesigned CAPSI agenda! The i-Pharmacist discount coupons from Apotex will also be available later in the year. For the Phrosh, don't forget to pick up your Apotex/CAPSI Backpack and your Teva-Novopharm/CAPSI waterbottles! Also, be sure to take advantage of the free CPhA membership that we will be promoting.

October and November will be the CAPSI competition months. The OTC (Over-the-Counter) competition is a short counseling session on an OTC product and is a great practice for the 3rd year OSCEs and for the OSCE licencing exam! The Compounding competition is performed in teams of four students in the compounding lab on the 8th floor. The PIC (Patient Interview Competition) is a perfect opportunity to practice executing and documenting Medschecks and resolving DRPs. Finally, the SLC (Student Literary Competition) is an opportunity to write and be published Nationally. For all competitions, the winners from UofT will then compete nationally at PDW.

In October, keep your eyes open for the CAPSI/Guy Genest award applications! By demonstrating professionalism and passion for pharmacy, you could win \$500. In November, the Mock OSCE will be the perfect opportunity for fourth year students to practice for their licencing exams. There will also be two symposiums, one per semester, discussing current and educational events in pharmacy.

Ongoing throughout the year, CAPSI will be organising three different community outreach programs. They are Operation Allergy and Operation Wash-up in elementary schools and Sex Ed in High schools. Watch your ListServes, we are always looking for volunteers!

One of CAPSI's most popular events happens in January. Professional Development Week, "PDW 2011 : Wide Open Future" will be held January 12-16th in Saskatoon, Saskatchewan! This year event promises to be as memorable as last year's. Motivational speaker and gold medal olympian Catriona Le May Doan and keynote speaker Steven Lewis will be as exciting as the "Saskino Royale" and "Last Saskatchewan Pirate" galas. This year, U of T will have the best odds at winning the PharmaFacts Bowl since we plan on having a practice competition before PDW! Mark your calendars, PDW registration occurs in September and October.

This year is guaranteed to be memorable and we are excited to be a part of it!

Anne Sylvestre

Sr. CAPSI rep

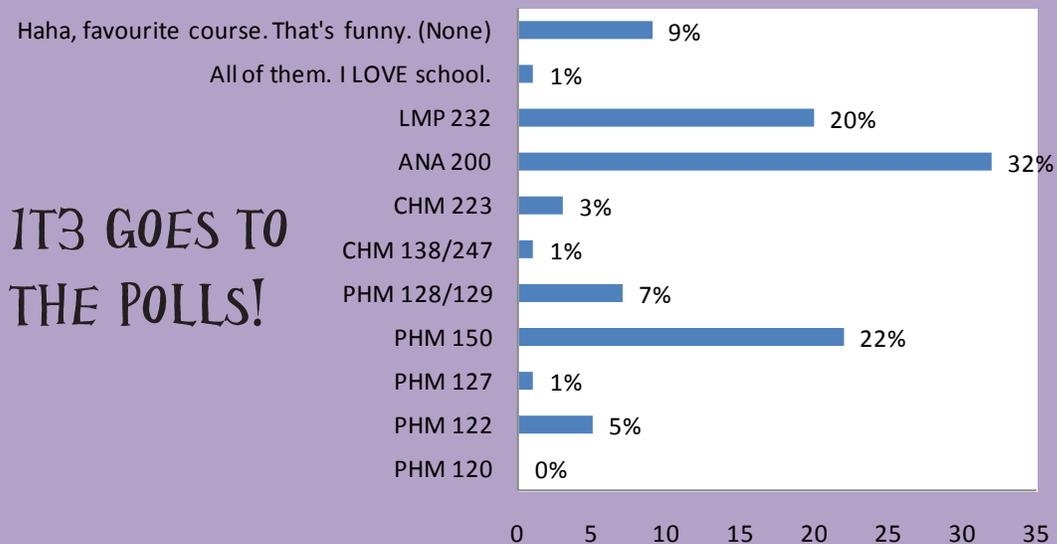
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What was your favourite course in first year?



IT3 GOES TO THE POLLS!

I FEEL sLOVEnia

By: Stephanie Ma, 1T3

Hello my fellow Pharmies!

Welcome back to another year full of studying, socials and best of all seeing many of our classmates whom we haven't seen all summer!

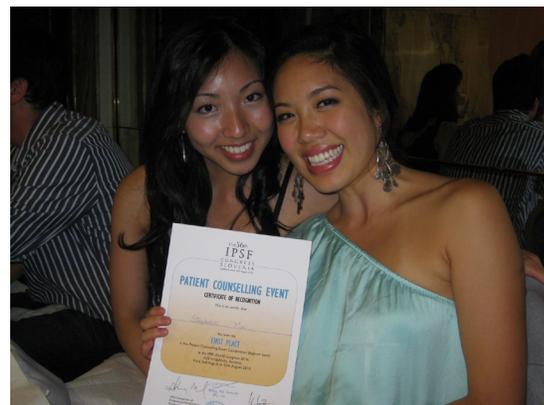
For those that do not know me, my name is Stephanie Ma and I am the Second Year President for 2010-2011. I just wanted to share my AWESOME experience I had this summer attending the International Pharmaceutical Students' Federation (IPSF) Congress that was held in Ljubljana, Slovenia August 2 – 12. I went with Monica Chung – the Second Year Female Athletic Representative for 2010-2011. All we have is great reviews and amazing experiences that have enriched not only our personal lives but our pharmacy lives as well!

To make a comparison, the IPSF Congress is very similar to Professional Development Week (PDW) –except worldwide where you get to meet pharmacy students from ALL over the world and experience completely different cultures. This was a chance to represent Canada (14 Canadians went in total) and show all the other countries how GREAT we are!

The congress consisted of workshops focused on public health, professional development (i.e. leadership and team building) and IPSF-related workshops. There were also diabetes and smoking cessation workshops – two major topics that are affecting people worldwide. There was a day devoted to a public health campaign, focused on HPV awareness, where groups of students visited different cities in Slovenia. Also, there was a Patient Counselling Event in which students competed against one another –following that hefty PHM127 counselling guideline –and a winner was awarded at the Gala. There was the General Assembly that was held throughout the week – it is the highest decision making body of the federation that consists of student delegates from all over the world. It was a time to evaluate, discuss and decide IPSF's course of action and its future.

Of course we cannot leave out the social events that were organised while we were there. We took a day trip to Bled Lake – the main tourist attraction in Slovenia. All I could say and still to this day is “Wow...” It was the most beautiful lake with lush, rolling green hills surrounding the clear aquamarine-coloured lake. There were themed parties like the Facebook party (where you wore a specific shirt colour depending on your status), garbage party (our outfits were made out of garbage – yes, Monica and I made dresses out of garbage bags), and International Night (where we got to represent our country and share our traditional dishes with other countries) to name a few.

Lastly, we had a chance to attend the week-long post-congress tour in which a small group of us travelled to different cities in Slovenia to sightsee and learn more about this beautiful country. Since I travelled halfway around the world, I seized this opportunity to explore the country. We did so many exciting activities from wine tasting at the Vinag wine cellar, visiting a lead and zinc mine in Mežica, white-water rafting in the Soča river, visiting the Salina of Sečovlje (old school salt fields) and seeing the Postojna cave (full of beautiful stalagmites and stalactites).



This trip was an excellent way to see how pharmacy varies from country to country but at the same time unites us all! I do not have any regrets attending this year's congress and highly encourage you to go next year – which will be held in Songkha, Thailand!!!! Trust me, you will learn a thing or two that you can carry on with you for the rest of your life!

To IPSF, to IPSF, Vive La Pharmacie!

Namibia, Land of the Brave...and Rich

By: Roshina Babai-Rad, ITI

“We have a saying in Namibia...as long as you’re alive, you’re rich.” Agnes, my favourite counsellor at the Katutura Health Centre, makes this comment after I explain to her that I’m not wealthy. She tells me this after I’ve spent a full ten weeks interning at the clinic’s HIV pharmacy, dispensing antiretroviral medications to HIV-positive patients. With her one statement, Agnes has perfectly captured the spirit of Namibians.

On my first day of work at the clinic, I was overwhelmed. I arrived shortly after 8 am and already the benches were crowded with patients, all infected with HIV. In the weeks to follow, I would dispense for hours every day, counselling in broken Oshiwambo and Afrikaans. In the beginning, I felt deep sadness and pity for these people living with an incurable and devastating disease, but soon realized my attitude was not reflected by the patients. I’m not sure what I was expecting, but I had never been in the presence of so many sick people at one time, and their seemingly nonchalant attitude towards the disease was unsettling. I assumed they were underestimating the severity of their situation. This disturbed me – if these patients were uninformed or in denial, it would lead to irresponsible behaviour. Every day I replayed the same questions in my mind: Were they taking their medications as prescribed? Were they practising safe sex? If not, did they comprehend the consequences of such neglectful behaviour? It took me weeks to realize that ignorance was not the cause of their carefree attitude. They had made the choice to accept their status and live happily in spite of the hopeless diagnosis. Like typical Namibians, they wore genuine smiles and embraced life with all its challenges.



This resilience was observed outside of the clinic as well. One night, some local friends offered to take us interns out “shebeen hopping” – basically, visiting several watering holes in Katutura on a Friday night.

After growing tired of the third shebeen, we all walked back to the parking lot and noticed that one of our host’s cars had been broken into and left with a shattered window. Nobody seemed alarmed. The boys used their hands to brush the glass shards off the back seat and calmly exchanged information about cheap auto shops that would repair the window for a good price. After getting into the car, we noticed the offender had enjoyed a snack and left the wrappers and an empty can of Sprite in the front seat. This gave me chills, knowing that someone had been sitting there moments ago while we were at a bar 15 meters away. In contrast, our Namibian friends found this amusing and chuckled over the audacity of it. Without a moment of hesitation, they then proceeded to discuss the next stop for the night. Rather than stress over the violation of property and cost of repairing a window, they chose to make light of the incident and maintain a joyful attitude.

From what I observed over eleven weeks, Namibians have an incredible ability to maintain a positive outlook in the face of adversity. To be more accurate, I should specify that my interactions almost always took place in Katutura, the township where I worked. In Katutura (literally meaning “the place where we do not want to live”), many residents live in corrugated iron shacks, the incidence of HIV and tuberculosis infection are high, gunshots can be heard at night, and children play soccer barefoot, using pop bottles as balls. Strangely, I never felt that I was among the poor. The smiles and enthusiasm for life distracted from the poverty. Among locals, Namibia is known as “The Land of the Brave.” From what I can tell, it’s the land of the rich.



Pharmacy News Ticker

Interesting Pharmacy news from the past month...in a nutshell

By Zenah Surani, OPA Student Board Member

-Led by Ontario Health Minister Deb Matthews, Canadian provincial premiers met on Monday, September 13 in St. John's to work on plans for a national pharmacare program. A recent study showed that national pharmacare, employing a bulk purchase of medications for the country as a whole, would allow for a savings of 10.7 billion off the current Canadian healthcare tab of \$25 billion dollars. On the flip side, pharmaceutical brand name association Rx&D president Russell Williams warns that such a program could spell disaster, since every province has different medication needs and moving purchases from provincial to federal jurisdiction could lead to poorer access. Also, this type of program would inevitably see government picking up the enormous tab for medications that are currently covered by private insurance plans for employees—a prospect that seems highly unlikely in an age of sky-high deficits. One can only wait and see. (Source: Front pages of the Globe and Mail and the National Post (Monday, Sept 13, 2010), and The Toronto Star (page A1 and A20, Tuesday Sept 14, 2010))

-The Ontario government has expanded the OHIP-covered MedsCheck program to include all diabetic patients, long-term care home residents, and housebound patients, and now reimburses pharmacists \$60 per annual consultation (up from \$50). As the Ontario Pharmacists' Association has long been advocating for a change to the MedsCheck program, they welcome the expansion—it means increased opportunities for pharmacists to provide much needed patient services. (OPA E-blast, September 10, 2010).

-At a time when many provinces are following Ontario's lead to decrease generic drug prices, generic drug company leaders warned health care ministers that efforts to compress prices could have dire consequences for patients—in the form of decreased access to generic medications in Canada. "If I have to compete on price only, I will have to shift my manufacturing to a lower-cost jurisdiction, which is either India or China," said Jack Kay, president of Apotex. This could translate into brand-name companies hanging on to patents for popular drugs, which would in turn boost drug spending for the provinces. (nationalpost.com, Monday September 13, 2010)

-Abuse of Oxycontin (hillbilly heroin) and other opioids is running rampant in this province, and the Ontario College of Physicians and Surgeons is determined to put a stop to it, by any means necessary. In a recent report, the College has called for doctors to report personal information of any suspects to the police (even without being issued a warrant). The report also targeted the Canadian medical education system, saying that Canadian doctors do not have enough training in the areas of pain management and addiction (they currently receive half the training that nurses receive on the subject). This may lead to inappropriately prescribed narcotics. Health Minister Deb Matthews announced plans to develop a new tracking system to be put in place at pharmacies to more effectively control the situation. (Toronto Star, Thursday, Sept 9, 2010).

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PFEC is a student-run club, with a simple but realistic purpose of improving financial awareness and providing practical and crucial financial knowledge to pharmacy students. We do this by inviting financial experts to give informative presentations to PFEC members. This year, we look forward to seeing YOU at our upcoming events!

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P.F.E.C. Executive Council MP

OPA CONFERENCE – JUNE 2010

Hey Pharmies!

Hope you've had an awesome summer whether it be at home chilling with friends or halfway across the world exploring! We just wanted to share with you what an amazing time we had at the OPA conference this June. The Ontario Pharmacist's Association (OPA) conference was a 3 day event held at Fallsview Casino Resort in Niagara Falls. 400 plus delegates including 30ish attendees representing University of Toronto's Pharmacy school took part in this conference, jam packed with educational seminars, opportunities for networking, and fun filled social events.

The seminars started early Friday morning with our very own professor, Zubin Austin and a discussion on "Are pharmacists the ultimate barrier to pharmacy practice change?" Throughout the day we attended a variety of pre-selected workshops - ranging from seminars on interprofessional collaboration, education on caring for chronic illness, and tools to enhance efficiency in clinical practice. On Saturday we continued with our educational experience starting with the key note speaker, Joe Flower, and his talk on healthcare in Canada and the United States.

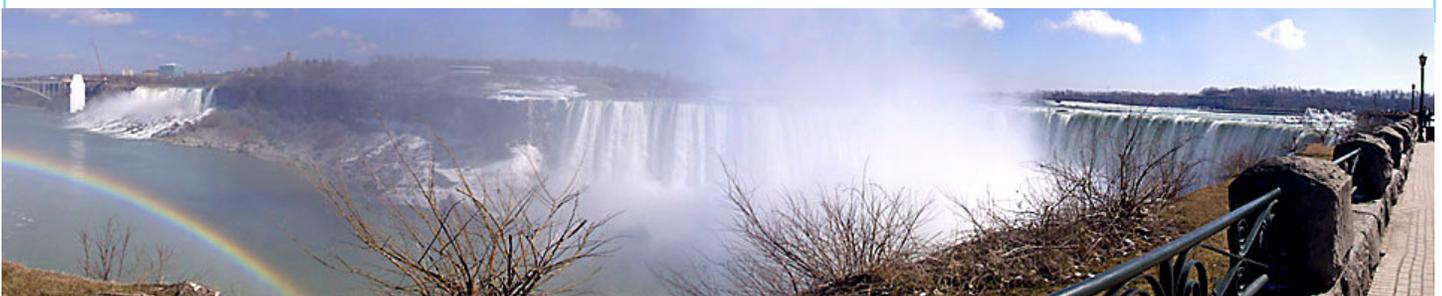


To balance the seminars throughout the two days, we also attended themed social events. Our weekend started off with a wine and cheese event to get everyone mingling. Friday included a drug fair that had a monopoly style prize draw – collect stamps from each of the booths to fill the board and win prizes! That night an international buffet with foods from around the world was served with a World Cup theme. The World Cup party after dinner included soccer themed games and a foosball tournament. Saturday's social event, the Gala Awards Banquet, had us dressed to the T's with a formal dinner and award presentations. It was an opportunity to celebrate the accomplishments of our colleagues with our very own 1T0 grad, James Morrison receiving the student of distinction award and our very own PHM326 professor, Bill Wilson, accepting the honorary life membership award.

Overall, the OPA conference was a great experience – apart from enjoying the majestic Niagara Falls backdrop, we got to learn more about our own profession, attend awesome social events, and had fun with current and future colleagues. We highly encourage all of you to attend next year's OPA conference. Next year, the OPA conference will be held at the location that has played host to the leaders of the world in the recent 2010 G8 - The Deerhurst Resort in Huntsville, Muskoka.

Cheers!

David Yam & Stephanie Ma



U.T.S.U.'s GOT YOU!

By: Farhana Chowdhury (1T3)



As the Pharmacy Director on the University of Toronto Students' Union (U.T.S.U.), I would like to welcome you back to another action-packed, fun-filled, and engaging new academic year! This year, like last year, the Monograph will include a U.T.S.U. News section to keep you up-to-date with all the amazing events, important news, and significant changes occurring on our campus. In addition, the Monograph will also update you on what your union is doing to ensure your rights and your voices are heard, as pharmacy students.

What is U.T.S.U.?

The U.T.S.U. is YOUR Students' Union, representing 44 000 students all across campus. We are governed by the Board of Directors, who are elected from every college, campus, and professional faculty and second-entry program. One of our many goals is to provide you with money-saving services, along with entertaining and educational events to enhance your experience and stay at the University of Toronto. Some amazing services you should take advantage of include the discounted TTC Metropass (revamped to cost you only \$99/month), movie, Wonderland, and Yuk Yuk's tickets. The union also provides essential services such as the comprehensive Health and Dental Insurance plan, as well as tax filing services, and special offers on Woman's Fitness Centre.

More importantly, the U.T.S.U. also hosts events, and runs numerous campaigns to advocate for a safe, equitable, engaging, and affordable university experience for you. There are many ways to get involved with these campaigns. If interested, send me an email!

What's my job and why does it matter to you?

University of Toronto is a BIG place, and many of us haven't even been to all parts of campus yet! Sometimes, it's hard to be in-the-know on what is going on all around campus and what sorts of changes are being proposed or are occurring at the University. Some of these proposed changes could have serious effects on our university experience and education.

This is where I come in. I am the liaison between your union and UPS. U.T.S.U. mainly deals with what is occurring on campus as a whole. Whereas, UPS is dedicated to pharmacy students. As a Pharmacy Director, I am responsible for making sure significant information is passed on to my constituents (via the UPS). More importantly, my portfolio also includes making sure all of you are engaged with the union, and that your voices, concerns, and issues are addressed at the university level.

That being said, should you have any questions, concerns, comments, or suggestions regarding the U.T.S.U., feel free to contact me at farhana@utsu.ca.

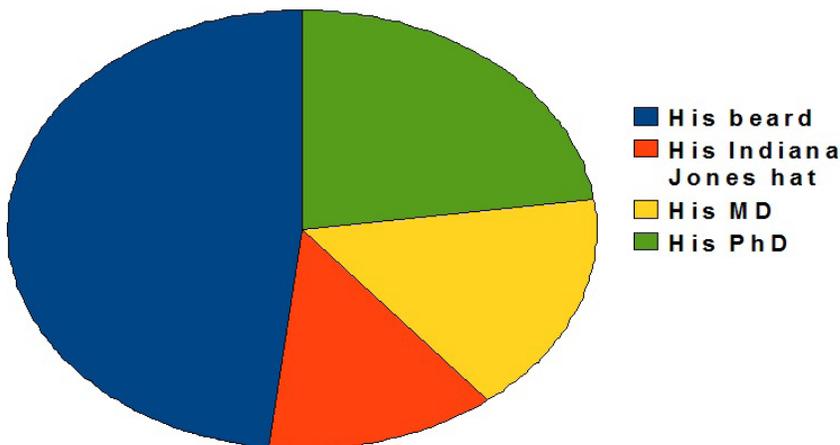
Important Events/News

U.T.S.U. holds monthly board meetings, biweekly commission meetings, and several committee meetings. U.T.S.U. is also heavily involved on many on going campaigns. Currently, we are working on raising awareness for the upcoming Mayoral elections, No to Bill 94 campaign, water bottle-free campus, and many more. Please email me to see how you can get involved!

Next Edition

In the next edition of U.T.S.U. News, I'll go into more details on how you can get involved - from commissions, committees, and campaigns, there are tons of ways for you to be engaged with YOUR UNION. If you can't wait until the next issue, email me at farhana@utsu.ca!

ITI POLL! THE SOURCES AND RELATIVE ABUNDANCE OF DR. UTRECHT'S SUPER POWERS



IPSF – The International Pharmaceutical Students' Federation

All CAPSI members become automatic members of IPSF!

What's this whole IPSF thing all about?

It's an international pharmacy student body, which represents 400,000 students from over 90 countries!

Tell me more!

The International Pharmaceutical Students' Federation was founded in 1949 by eight pharmacy student associations in London. IPSF is a non-governmental, non-political, and non-religious organization that aims to study and promote the interests of pharmacy students and encourage their co-operation world-wide.

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

IPSF Activities include the Student Exchange Program, Internships, Pharmacists Without Borders, Health Promotion Campaigns and promoting the World Congress.

The Student Exchange Program (SEP):

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

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

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

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

Contact: Nicholas Tsang, ncltsang@gmail.com, Barkhad Barkhad, barkhad.barkhad@utoronto.ca, or Kendell Langejans, seo@capsi.ca for more details.

IPSF-WHO Internships:

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

IPSF World Congress 2010 & 2011:

The 56th IPSF World Congress, was held between August 2nd, 2010 and August 12th, 2010 in Ljubljana, Slovenia. The participants attended workshops, general assemblies, symposiums, competitions and social events with pharmacy students from more than 30 countries throughout the 10-day Congress. IPSF

World Congress provides a wonderful opportunity for Canadian delegates to bond and network with pharmacy students from all over the world! This year, the 57th IPSF World Congress 2011, will be held between 3-13 August, 2011 in Hat Yai, Thailand.

Pharmacists Without Borders /Pharmaciens Sans Frontières (PSF)

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

<http://www.psfcanada.org/>

Health Promotion Campaigns:

Stay tuned for some amazing health promotion campaigns this year including promoting awareness of HIV/AIDS during November and December.



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 almost like getting your student membership free!

It's never too early in your career to join your professional pharmacy association.

Call OPA Membership at 416-441-0788 ext. 4224 to join today!

www.opatoday.com

Professors on Global Health

By: Matt Koehler, ITO

****Continued from March 2010 issue of the Monograph which discussed Dr. Peter Pennefather and Dr. Kohler.*

Dr. Heather Boon is an associate professor at our faculty, and is also cross appointed to the Department of Family and Community Medicine and the Department of Health Policy, Management and Evaluation. To most undergraduate pharmacy students, she is best known as the expert in complementary and alternative medicine and qualitative research, but she should also be known for her contributions to the Toronto Addis Ababa Academic Collaboration (TAAAC).

TAAAC is a partnership primarily aimed at building the health care and academic capacity of Ethiopia. The collaborative was first created in 2003 when Ethiopia had slightly more than one psychiatrist for every ten million people and no means of training more locally. Sending physicians to get specialization outside Ethiopia led to the expatriation of hundreds of doctors. A collaborative project with the University of Toronto changed this, and there is now a psychiatrist residency program in Ethiopia graduating psychiatrists. Since then, pharmacy has joined the collaborative, along with a growing list of other faculties and departments including emergency medicine, family medicine, gynecology and obstetrics, internal medicine, laboratory medicine, library services, nursing, orthopaedics, paediatrics, rehabilitation medicine and surgery. The opportunity for pharmacy students to get involved with TAAAC is not currently available, but this is something they would like to do in the future.

With the results that emerged from training professionals within Ethiopian through the collaboration with U of T, the government is seeking to replicate its success by providing local PhD education. A constraint with this was that few university professors in the country have PhD level training and there were very few PhD programs anywhere in the country.

It was with this challenge that Dr Boon and two other Toronto professors ventured to Ethiopia for the first time a few years ago. Teaching in Addis Ababa comes with challenges in itself, Boon explained, in forms of unreliable water, hydro and internet supply. Despite sub-optimal conditions at times, Dr. Boon has been to Addis Ababa four times now, teaching graduate students in the Faculty of Pharmacy at Addis Ababa University. Rob McGregor

and Heiko Heerklotz from the faculty have also been involved in the project as they hope to expand to lab based PhD programs which is a little more complicated to get off the ground.

The TAAAC is a rapidly growing initiative as the number of faculties that want to get involved continues to increase.



It has been a very grassroots project, but has grown to the point where an official University of Toronto program should be put in place. Dr. Boon was wise to point out that in order for a collaborative to be successful over a long period, both parties need to gain something from it. Ethiopian needs post graduate education made available within the country. For the Faculty of Pharmacy, this collaborative opens up new areas of research and new ways of thinking. For example, the khat plant is native to Ethiopia and contains an amphetamine-like compound. A documentary called Black Gold showed that more Ethiopians are farming this plant than before because the profits from selling coffee have been diminishing in recent decades. Dr. Boon is hopeful that research into this or other native plants might lead to the discovery of new medicines, similar to how the plant isolate, artemisinin, has been used to treat drug resistant malaria.

Although **Dr. Béatrice Séguin** is an assistant professor at the Faculty of Pharmacy (and completed her PhD under our friend, Dr. Jack Uetrecht) the majority of her work is done across the street at the McLauhghlin Rotman Centre for Global Health (MRC). The MRC is a research-based academic centre at the University Health Network and University of Toronto. MRC's mission is "to create new models of global health innovation and facilitate their adoption. The focus of the MRC is 'from lab to village' – it is not enough to develop new knowledge and/or products and services, for the potential benefits of these innovations to be realized they must be shared with those that need them the most." (see www.mrcglobal.org)

There, Dr. Séguin is a program leader of the commercialization pillar. The problem that Dr. Séguin and her colleagues are tackling is that despite advances in modern medicine and heavy investments in health research, translation of this research into products that can help save lives of people from the most economically disadvantaged populations in the world, has lagged behind.

Several hypotheses have been put forward about why we are still lacking useful solutions to global health challenges. Some



argue that most investments in health technology in the North are profit-driven and hence not much attention is paid to diseases that ravage poor people. Others argue that technologies that are appropriate for diseases in the North may not be suitable for diseases in the South. In addition, when products might be available, their cost is prohibitive to most people who could

benefit from it. Developing countries' own efforts to promote research and development for their health problems have often been judged as ineffective. They promote knowledge-production in their public research sector, but need closer ties to their private sector in order for this knowledge-production to lead to new health solutions becoming accessible to their populations.

Novel approaches and new models that are focused on science and business, and involving the domestic private sector in Southern countries, are needed. The work done by Dr. Séguin and her colleagues at the MRC is therefore intended to: 1) encourage and facilitate science-based health innovation in the South; and 2) accelerate commercialization of science-based innovations from the South.

For Dr. Séguin it is the tremendous disparities in health between different countries and a desire to contribute to her family's country of origin that draws her to this work. She believes that accelerating innovation of health products from developing countries will propel them into positive and sustainable health and economic positions. In closing my discussion with Dr. Séguin and recounting her unforeseeable career path, she said that you may end up far from what you originally expected, but doing what you love is the best way to ensure you will excel.

NOW A WORD FROM MCGUIN-T-N-T...



Rx FILES

By: Natalia Persad, Senior External Affairs Representative

We are happy to begin the RxFiles with a very special interview from **Marie Rocchi**. We thank her for taking the time to answer the questions and allow us to learn more about her.

Demographic Info

Name: Marie Rocchi (but was Marie Rocchi Dean from 1991 – 2006)

Year of Graduation: 1980

Which pharmacy school did you graduate from? University of Toronto

Have you completed any advanced training or certification? I have a Masters in Education with a focus on Instructional Design

Do you participate in any other professional activities (eg. committees, professional associations)? I am a member of all national, provincial and local associations and a registered pharmacist with OCP, of course. From 1986 – 1990, I was an O.P.A. Council Member for District 4 (downtown Toronto). I was a member of the CSHP Education Committee (Ontario Branch) for several years and, with Gary Wong as Chair, was responsible for bringing the Annual General Meeting (held annually in November) to the Faculty. My committee work and elected positions have not received much attention in recent years, but I do try to attend annual conferences and local meetings.



Job Description

Are you a part A or B pharmacist? Part A

What position do you hold or what is your current practice? Although my full-time position is at the Faculty, I have had part time practices at the Center for Addiction and Mental Health (CAMH) and a community pharmacy (College Medical Pharmacy) since 1994.

Describe your typical work day? My work day at CAMH is actually on Sunday mornings twice a month. I provide pharmacy services and supervise directly observed therapy for methadone and buprenorphine. My work day at the community pharmacy is on Friday evenings (on my way home from U of T)

What do you like most about your job? Without doubt, my professional relationship with patients and colleagues is the single greatest reward at both sites. I have known many patients for many years and, even though I only work “part-time”, I believe we both see our relationships as permanent.

What is the most challenging aspect of your job? Getting up early on Sunday mornings (especially during the school year) and never being home on Friday nights at “quitting time”.

Job History

How did you get to where you are today? My path to education was definitely not a direct one. After 10 years of pharmacy practice, I left a full-time position as an Associate with SDM to pursue writing as a career. That was risky since the recession in the early 90s coincided with that decision. I wrote free-lance and practiced part-time for 6 years (I also got married and had a daughter during that time). Eventually, I returned to work full time in 1996 at Centennial College coordinating the pharmacy technician program. I was hired at the Faculty in 1999.

What were some of the greatest challenges that you had to overcome along the way?

What courses, degrees, or previous positions that you have held do you find the most relevant to your current job? Teaching at a community college was fantastic. It was really and truly interdisciplinary. For example, my work “friends” were in hospitality and tourism, as well as other health professions (paramedics and massage therapy). And everyone there was so committed to teaching.

Pharmacy School

Fondest Memory from Pharmacy School: Having a pizza delivered to one of our classes (I really shouldn't admit that!) although that is rivaled by the infamous alcohol lab in pharmacology where one person in your group of 4 had to become “legally impaired”. I did not volunteer (since I had a big night out planned; it was Halloween) but somehow became the designated one. I was at home in bed by 6 pm and missed trick or treating.

Favorite Pharmacy Professor/Course:

Summer Jobs held during Pharmacy School: Big V Pharmacies and St. Joseph's Hospital (both in Hamilton, and I was born at St. Joe's!)

Advice Questions

If you did your pharmacy degree all over again, what would you do differently? This is hindsight but I probably would have tried to learn for learning's sake, rather than learning to pass examinations. I probably should have thought of graduate school sooner. I took three courses that floored me and wish I could take again. One was Public Health with Marion Powell (search for her on the Internet; she was a pioneer in Women's Health and an activist). The second was Addiction Studies with Joan Marshman; that might explain my current practice in the field but, more importantly, Dr. Marshman is the most intelligent woman in pharmacy. Ever. The third surprised me; Receptor Theory with Dr. Robinson (I loved the abstract concepts and theory, as well as his erudite British accent).

What advice do you have for current pharmacy students or new graduates? Be hopeful. Be open to possibility. Be critical of yourself and your practice, and always try to do better for your patients, the profession and your practice. Know that the profession has a long history, a future without limits, and is currently in flux.

What advice do you have for students searching for a job next summer? Remember that, as a student, most employers see you as part asset, part liability. You should bring enthusiasm, and a willingness to cooperate and contribute to the workplace/practice, with a sense of humility and gratitude.

What kind of skills/qualities should students focus on refining while still in school that will make them successful in practice? Curiosity. A sense of inquiry. Let go of being self-righteous or entitled. Success will follow.



Future of Pharmacy Questions:

Where do you see the pharmacy profession in Ontario heading in the next five years? Recently I read "The Great Reset" by Richard Florida. He writes about how whole economies reset themselves. I think this is what will continue to happen in pharmacy in Ontario for the next few years. A new order will be found and, in my opinion, that will include room for excellent practitioners.

Do you know a pharmacist that should be featured in RxFiles? If so, please contact us at nataliapersad@gmail.com or tankala@gmail.com and the interview may be published in the next Monograph!



*Wide open future
Un avenir sans limite*

*"PDW 2011 in Saskatoon,
Saskatchewan on
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You don't want to miss it!
Registration starts
September 20, 2010*

*check out www.pdw2011.com and
watch your list-serves for more info!*

Reflections on Changes to the Profession...

The following are answers to our call for your thoughts, concerns and opinions on the changes that rocked the Pharmacy boat this summer...

Stop Cuts Student Bus Tour

By: Heather Bannerman, 1T2

With a unique perspective on the proposed funding cuts to Ontario Pharmacies, a group of approximately fifty Pharmacy students began a student bus tour around the province on April 30, 2010. With a different Ontario city to visit every day, the students from both University of Toronto and University of Waterloo spent 15 days visiting Ontarians in order to spread our message about the cuts.

As Pharmacy students, we were concerned about the cuts, and took it upon ourselves to research the issues surrounding the funding cuts and tried our best to become as informed as possible so that we could engage in dialogue with Members of Provincial Parliament as well as the people of Ontario. While the issues are complicated, we began to understand that these funding cuts were not well thought-out and would end up in a deterioration of the patient care that Ontarians have come to expect from Pharmacists. We realized we were in agreement with eliminating the professional allowances and decreasing the cost of generic drugs for Ontarians. However, we were hoping for more dialogue between the Members of Provincial Parliament

and Pharmacists so that a better model for Pharmacy funding could be developed- one which would save money for Ontarians without compromising the Ontario health care system. One such model could include therapeutic substitution of brand name drugs to generic drugs in the formulary (a model the government won't touch due to their agreements with brand name companies).

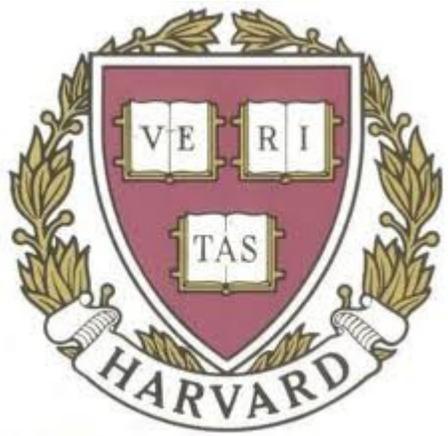
In addition, many of us had recently lost summer placements, summer jobs, or internships. So with all of these issues in the back of our minds, we toured around Ontario hoping to get a response from the people and the MPPs. In each city, we protested, we held media events, we went door-to-door, and occasionally we were able to speak with an MPP. One of the highlights of the tour for me was when we were able to speak directly with the Hon Deb Matthews, who is the MPP for London North Centre and the Ontario Health Minister. Not only were we in London (my hometown) but we were able to express our concerns directly to a key decision maker in the Provincial Parliament!

During the tour we received a great amount of support from the people of Ontario and Pharmacists who came out and cheered for us or honked their horns as they were driving by. It was great to see that



HARVARD PHARMACY

By: Adam Falconi, 1T2



Seems like a funny thought doesn't it? No, Harvard does not have a school of pharmacy, but I don't think many people notice or realize why this is the case. I am of course using Harvard as an example of a premier international educational institution, one that is the ambition of many people as it is commonly regarded as the best education you'll get for almost every program you can think of. So why is this so? Why doesn't a pharmacy program have a place in Harvard's prestigious halls?

The answer reveals itself when you analyze the history, attitude, and general nature of the profession and its members. Pharmacy is notorious for its complacency, as quite simply there has been no need to innovate or further any initiative to improve the profession's capabilities in the past. Pharmacy would just roll with the punches and accept what was given to them by society. The majority of pharmacists were just simply filling a hole that was needed in the health care system, and profited off the niche-like nature of the arrangement. There was no need to be particularly efficient or creative, as who wouldn't love to live a cushy, relatively low stress life aswell, a glorified pill counter? I don't mean to be insulting in any manner, but as many pharmacists that have practiced for a while will tell you, you work with the situation that is given to you, and that was just the nature of the business. Why would anyone pay \$60k a year to go to Harvard, when anyone with a pharmacy degree is going to be making the same baseline salary doing the same job anyway? There are no real top performers of the profession, as there is no real room for innovation to set you apart

from the pack. This is what pharmacy has been for a long number of years, and it will continue in this fashion until it is forced to change by external pressure.

I bring this up as a response to Ontario's recent drug reform cuts to pharmacy, which has ended this simple lucrative way of practicing community pharmacy (and to a some extent hospital pharmacy) in the province. There is a large amount of anxiety in the Ontario pharmacy community at the moment, and it is quite justified as no one has experienced a change like this before. The old model of practice is gone and unsustainable, and many are worried and unsure of what to do to survive.

Now what does Harvard have to do with this renaissance (or armageddon) of pharmacy practice in Ontario? Harvard represents the pursuit of knowledge, innovation, and simply gathering the best people available to further and improve the practice of a discipline or field. The reason that we are so uncomfortable right now is that we have not been striving for these goals, and as was said, there has simply been no reason to do so.

Well, it seems that we now have no choice. We are being pushed, so we have to push back. The actions taken by us, the students, the future of our profession, will resonate for many years to come. We have been given the very difficult task of not only changing pharmacy practice in Ontario, but overcoming and shifting the general attitude and persona of the profession itself. Right now, it is innovate or die, and we must first get rid of the doomsday attitude that seems to be ever-present in the student community. Frankly, someone is going to have to hold the torch and lead pharmacy into this new era, and why not let it be us?

This is easier said than done of course, and I am sure there are a million and one ways in which suggestions can be made to improve the profession. I think that we must begin by innovating community and hospital practice, by not just explaining what we have the capacity to do, but by showing the benefits that we can bring to society while also acquiring the data to show it. The onus is on us to prove

our worth, and in order to change the way we are treated and perceived we have got to have the facts to back us up. We must also show the world what we can do, and show that a pharmacy degree is a tool to that can be used in many different ways and in many different career paths. A degree in pharmacy is more than just a one way ticket, and we do have many options available to us when we graduate.

I should not feel that I have to leave pharmacy in order to make a name for myself, and we truly can use our degrees to advance the world. We are not just a trade. We are not just filling a hole. We are not just a necessary evil. The moment we truly believe this, is the moment that we can begin to take the profession of pharmacy into the 21st century.

In addition to my editorial, I would like to officially introduce a new organization at the Leslie Dan Faculty of Pharmacy called "Pharmacy Without Limits" (PWL). PWL will provide a lecture based discovery series for students and has two main goals that it intends to accomplish. Firstly, it will explore the new practice environments of community and hospital based pharmacy, with a special focus on the new business models that one will need to be successful. Also, it will explore some of the more unique paths that one can take with a pharmacy degree, and highlight some careers that you may have never heard of or didn't know were available to you. The organization's bottom line is to help students get the information that they need to make the proper choices regarding the career they want to undertake with their pharmacy degree. We hope that this can lead to an improvement in the success of our pharmacy graduates, while also serving to expand the profession's capacity and perception in the province and beyond.

Adam Falconi – President
Rahman Hussain – Vice-President

Professional Identity Crisis? I Think Not

By: Priya Bansal, IT2 Monograph Rep

Very recently, there have been a lot of changes in pharmacy - changes that have given us a lot to think about personally and professionally. It got me thinking about why I chose pharmacy, what my perceptions of the profession are, and where I want to see it go.

It's a different story for everyone - for me, I had pharmacy in mind since high school. It began in Careers class when I had to take an online personality test and it matched me with "Doctor/Pharmacist". I had seen enough episodes of ER to know all about doctors, but I was curious as to whether pharmacists had more substance to them than what I perceived; what exactly do they do? What did they learn in school? I was told that they knew a lot of chemistry and throughout high school and undergrad; I realized chemistry was my favourite course. I also loved my Pharmacology and Natural Products courses too, so, out of academic interests only, I thought pharmacy might be a good fit.

Having completed two years of this program, it's clear now that pharmacy is a lot more than just academics - there is a lot of focus on developing skills and traits that enable us to invite conversation, build trust, convey empathy, and guide and control patient interactions. All to ensure better outcomes for the patient, of course! This profession demands of us to be the kind of people we want to be. I have friends in law and business that have often said their classes are very competitive and aggression is a desirable trait. It was only after I entered pharmacy that I knew it was right for me because, it not only suits my academic interests, but it suits my personality as well.

My professional identity is clear: if, throughout school and continuing education, I become a medication expert and develop skills to interact with people (patients and colleagues alike), then I must provide pharmaceutical care to patients and work with other health care professionals to achieve better patient outcomes. This is what the sheltered environment of school teaches us. We must learn, be confident,

and go out and practise it. Unfortunately, it's not so sheltered; sometimes the real world permeates the solid glass walls of our beloved PB and threatens to bring down the perfectly suspended utopia held within our classrooms (the large pod if you want a visual). Pharmacy students are not immune to the exterior perceptions and views towards pharmacy. We are in the thick of it.

We've seen our preceptors and other pharmacists struggle with forms of patient-centered care (MedsChecks, Med Rec's, counseling), seen members of the OMA publicly criticize our abilities to prescribe, seen the way in which the OPA fought back (not entirely promoting inter-professional respect and collaboration), seen the way some patients view pharmacists as just pill-counters, and recently, seen the Ontario government implement changes to healthcare that will affect our ability to provide patient-centered care.

What did we students do? As new members to this world of pharmacy, some

might think we are more vulnerable to the negative views of pharmacy; that lacking proper direction and guidance we'd succumb to gaining these views as well. Instead, many of us students used our unique position of being new to the profession to look at pharmacy with a fresh set of eyes. The best way we can help patients is through patient-centered care. We are lucky enough to be taught the skills needed for this much needed directional change in pharmacy. Only we know how valuable we can be. The role we ought to play in healthcare, our professional identity, is possibly clearer to us than it is to many practicing pharmacists. I believe we became leaders of our profession last May when many students went on the bus tour to promote our profession's value, or went to University Avenue to talk to patients and health care providers, or simply took the time to engage discussion about the issue to the general public. Although the government went ahead with the cuts, let's not lose this sense of what is right nor the drive to make it so!

Pharmacy students are not immune to the exterior perceptions and views towards pharmacy. We are in the thick of it.

Changed and

By: Sidika Dhalla, Co-editor

Let's face it. No one welcomes change with open arms.

No matter how much we try to convince ourselves professionally and personally that change can be a good thing, deep down there is a part of us that doesn't quite believe it. It's likely that same voice in your head that keeps you lying in your bed until 2 pm even though you woke up at 10 am. And the same part of you that gets aggravated when profs don't reuse old exam questions. Everyone just has this voice at a different volume.

Mine is likely a little louder than others.

In April, the government of Ontario dropped a bomb on us. So did the faculty - 7 actually, for the 2nd years at least. There we sat, away from school, away from each other wondering what on earth was happening. So we went on facebook, where we found the coalition website, which then became the new facebook. The difference is that we didn't feel guilty for being on there so many times a day because we were reading about the funding cuts to our profession. It was much more relevant to our lives than looking through an acquaintance's friend's boyfriend's brother's pictures. The problem was that it was likely wasting just as much or more of our time; reading a million articles which relayed the same information over and over again. Changing your mind about how you feel about your future with every article. But because you were already in the midst of such a dreadful exam period situation, this feeling was likely doom. And we thought our career worries would be over once we got into pharmacy. We actually made fun of other faculties in the phrosh parade chanting "We have jobs! We have jobs!"...but do we? With very little direction or support from our professors and faculty, we were left lost and confused. So we read more articles on the coalition website and the anger and fear rose. Eventually we asked ourselves 'Why should I even bother studying for exams to get a degree that seems like it will be use-

Deranged

less??' So we read even more articles. Then we found out that our friendship with Shoppers Drug Mart was a one way street. So we read more articles, freaked out some more. Then we realized we may actually fail exams so we studied a little. It isn't long before we remembered Dean Mann's email saying something along the lines of 'we will ensure that no one is put in a position that they cannot advance as a result of the situation' (or maybe it was just me who decided to twist the words.) And so we read some more articles, and freaked out some more.

Well my friends, the fact is that a degree can never be useless. Knowledge can never be useless. And pharmacy will never die. And University of Toronto is a pretty good place to have a degree from anywhere in the world. I know we all thought that the changes could not have been announced at a worst time – it's probably true as we couldn't cross the street to Queen's Park and protest as we would have liked. But would we have read so much and felt so passionately about the issue if it was announced after exams during the summer? I doubt it. I think that because the news hit us when we were down it hit us harder. We used all our study breaks to read about what was happening, to form opinions about how our profession will change. Some of us may have been simply getting annoyed and sending death threats to Deb Matthews and Dalton McGuinty. But some of us may have thought of innovative ways of dealing with the situation and new directions in which pharmacy can go. Now that we're back and the wound is not so fresh and the anger has subsided a little bit, let's not forget the passion we all had for our profession and how we felt when we thought we were losing it and let it be a new motivation for us to reach new heights. It may be too late for the practising pharmacists, but we are the future and what we start will carry on for generations if we do it right. Let's turn down the volume of that voice telling us to bury our heads in the sand, accept the changes that deranged us all a little bit and move on to better things.

An excerpt from a student's conversation with their MPP...

From MPP Amrit Mangat in response to PJ's e-mail from StopCuts.ca.

"...we're making sure that Ontarians will have access to the pharmacy services they depend on. Included in our changes to the drug system are plans to bolster our support for pharmacies in rural and underserved areas. We know that they're integral to the delivery of health care services in those communities. That's why, for those pharmacies in Ontario's least serviced areas, the dispensing fee per generic prescription will rise by up to \$5.

Finally, we're going to expand our popular MedsCheck program to help more Ontarians learn how to safely manage their prescriptions. MedsCheck allows anyone with an OHIP card to reserve time with their pharmacist for a private consultation. Now, patients who may have difficulty travelling to a pharmacy will be able to have a pharmacist visit them at home. Similarly, residents in long-term care facilities will now be eligible for quarterly consultations. And diabetes patients will be able to access ongoing medication reviews."

- MPP Amrit Mangat

PJ's response...

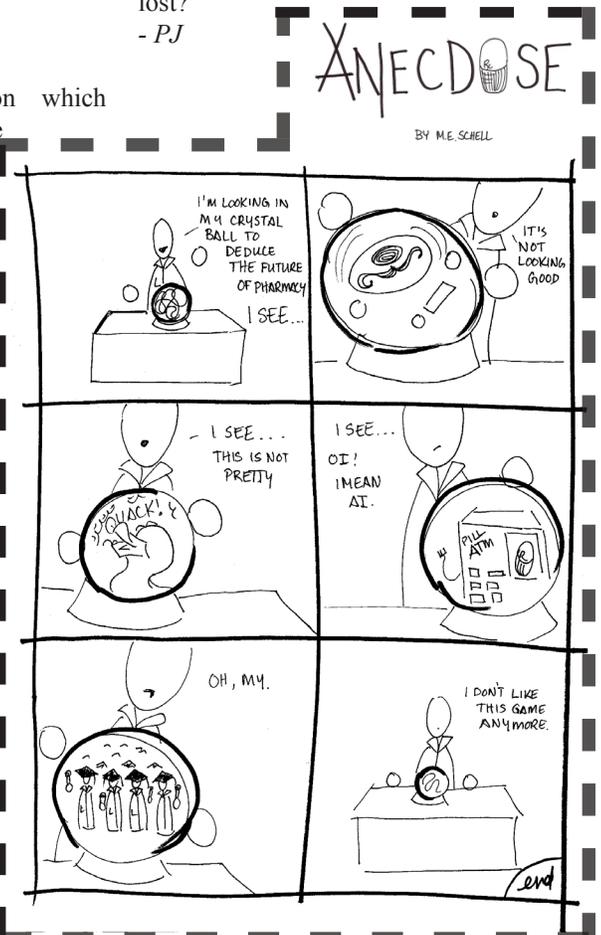
"...the new legislation which promises to "increase the scope of practice of pharmacists" has yet to be completed. For example, it states that pharmacists can "administer drugs" but fails to state what drugs, when, to whom, under what circumstances and so forth. I would have thought if the liberal government was really concerned with allowing pharmacists to provide enhanced professional services to patients to further improve their health, they would have at least worked out these vital details before taking such an important step. The truth of the matter is that these drastic cuts go into effect now, while the expanded scope of practice will not be in effect for years. There is nothing to save pharmacy care in the meantime.

In reality, both the practicing pharmacists and future pharmacy students were

caught off guard when this abrupt decision was made. I also feel we were not given a fair chance to voice our opinions since we were given one month's time to educate the public. Furthermore, the decision could not have come at a worst time - right before exams for the pharmacy students - who neither had the time to voice the truth to the public, or find other jobs to compensate for the ones they lost due to Bill 179.

The general public was also misled about pharmacist's and their intentions by putting a negative connotation on these professional allowances - making them appear as a bribe that money hungry pharmacists came up with. This is extremely disrespectful and inexcusable. Many lives of Ontarians are saved everyday by pharmacists who recognize contraindicated medications and catch wrong prescriptions written for patients by prescribes. Pharmacists are the number one trusted health care professionals who, for many years, have provided valuable services to the people of Ontario. Has the McGuinty government thought about what could happen to the people of Ontario if these services are lost?"

- PJ



Community Pharmacy in France, and other Anecdotes

By: Joan Leung, ITI

This summer vacation, I travelled to France as part of IPSF's Student Exchange Program, and worked in a community pharmacy there. After a week-long tour of Paris, several Loire Valley châteaux, and Reims, I arrived in Charleville-Mézières in the middle of May. My host pharmacist greeted me at the train station and delivered me to the student residence, and I began to discover certain things about life in this part of the world...



Me with some of the pharmacy staff. Monsieur Decaux is the pharmacy owner. The prescription drugs are actually stored in the long drawers you see on the left, rather than on shelves.

Charleville-Mézières is an amalgamation of a number of smaller communities (chiefly Charleville and Mézières) on the Meuse River in the northeast of France, with a combined population of about 60,000. It is located about 2.5 hours northeast of Paris by train, and is quite close to the Belgian border.

As far as I can tell, Charleville has produced approximately one famous person, the 19th-century poet Arthur Rimbaud (and I'd never heard of him before, either). It has four museums, two of which are devoted to the aforementioned Rimbaud. Its place Ducale, a public square, is a copy of the place des Vosges in Paris. It is known for its World Festival of Puppet Theatres, since Charleville-Mézières is something like the puppeteering capital of the world; and for its annual beer festival, which fortuitously took place one weekend during my stay. I had about half a Chimay Rouge, turned completely pink, and felt the blood roaring in my ears. Yesss.

I had previously never spent any significant period of time in a place where the busi-

est street in the heart of downtown is absolutely dead by 7 pm every weeknight. I can say I've experienced it now. All shops are closed on Sundays, except bakeries and supermarkets, which are open until 1 pm. I don't know how I got through Sundays. I think I walked through all the same empty parts of town numerous times, then went back to my room and wept. (No, not really.) Charleville is really a lovely little town, but I ran out of things to do on weekends.

Despite Charleville's proximity to Charleroi and Bruxelles, Belgium, it's actually rather trying to get to those cities. I meant to take a weekend side trip to Belgium, but in the end, I was unable to, because any itinerary by rail would have taken me 2.5 hours southwest to Paris, and then 3.5 hours northeast again, which is ridiculous, to say the least. There are no cross-border intercity buses. Rental cars were only available with manual transmission, except for one expensive car and one expensive ten-seater minibus; and I wasn't about to try any of these!

Asian and other readers may be interested to hear that Charleville-Mézières has about half a dozen Asian restaurants/food shops. There was one Vietnamese shop where I asked if they serve phở. They do not. The owner said (in French): "You want phở? We do not serve phở! If you want it, you can make it at home!" She held up an instant noodle packet. I declined.

Having related all that is worth knowing about Charleville, I shall now talk about pharmacy. I worked (without pay) in a small independent community pharmacy for 3.5 weeks. With my intermediate



The drawers containing the homeopathic remedies. (I gnash my teeth.)

level of French, I didn't interact with the patients much, but I was able to communicate haltingly with the very friendly staff.



A beer store/warehouse, Carolo Boissons. In this part of France, so close to Belgium, people really love their beer.

I filled some prescriptions, took inventory, and just provided general help around the store. My host pharmacist was the only person there who spoke English, and when he had time, he answered any questions I had about how pharmacy practice works in France. I became aware of a number of differences in community practice between France and Canada.

Firstly, they have drug coverage for everyone, not just seniors. I suppose this isn't a huge surprise, as France has generally more socialist ways than Canada. (The French also work less, retire earlier, have more benefits as public employees, and go on strike more often.) The real shocker, to me, was that the public payer, la sécurité sociale, covers homeopathy. Physicians prescribe conventional allopathic medicine and homeopathic remedies on the same piece of paper. This boggles my mind and fills me with rage, so it's time for a paragraph break.

Technicians must complete a two-year program in order to become licensed technicians. They counsel on prescriptions and OTCs. The pharmacist is required to be present in the pharmacy during all hours of operation, but he doesn't have to be involved in the patient care process unless a patient has a question that a technician is unable to answer. Basically, the technicians do just about everything.

There is no dispensing fee. All medications are dispensed in their original packages; no

pill counting required. If a prescription calls for a number of pills that isn't a standard pack size (such as 15, 30, or 90), the pharmacy just dispenses the extra pills.

Acetaminophen, better known in Europe as paracetamol, is only allowed to be purchased in limited quantities; a maximum of sixteen 500 mg or eight 1 g tablets. My host pharmacist told me that when he visited Canada a few years ago, he was shocked to find paracetamol and ASA readily available in pack sizes of 100+, when they are so controlled in France.

In French pharmacies, there seems to be a huge focus on the parapharmacie section of the front shop. This is the section that contains all the skincare products from La Roche-Posay, Avène, Caudalie, and similar brands. My host pharmacy was constantly doing promotions on sunscreens and skincare. I saw some stores that were parapharmacie only – like the BeautyRx section of Shoppers, but stand-alone. Interesting, but French ladies (in general) really do have nice skin.

The above are just some of the differences I remember, but this article is getting too long, so I'd better wrap it up. All in all, despite the weekends when I was bored out of my mind, my student exchange in Charleville was a truly enjoyable experience which gave me the opportunity to learn

more about pharmacy practice in another part of the world. I would recommend the SEP to anyone who wants to do the same. Just try to go somewhere more exciting, or at least be more adventurous than I.

After Charleville, I took a quick trip to Luxembourg before heading back home. Upon my return, I called my boss, who had promised me a job at his pharmacy for the remainder of the summer. However, he informed me that due to the recent changes to pharmacy in Ontario, his financial future was uncertain and he wasn't going to hire me anymore. Good work to all the rest of you who made other employment arrangements. (I'm not bitter.)

If you are interested in participating in the SEP, please contact your IPSF rep!



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ESCAPADES OF A VOLUNTEER

By: Henry Leung, IT4

Prologue

It's been less than two months since my summer placement at North York General Hospital (NYGH) came to an end, yet it feels as though I've collected a lifetime's worth of sensory stimulation and applicable knowledge. Although I attained a great deal of academic information pertaining to our fair faculty's field, the aim of this story is to share with you the "softer" accolades of my volunteering experience.

I was in my early teens when I was diagnosed with CTWS (Chronic Time-Wasting Syndrome) by my mother. As is the case with many males of my age diagnosed with this disease, my CTWS is normally dormant for the greater part of the year, but usually tended to worsen as the summer months approached. The year of the Tiger was blissfully chugging along until exams ended in April and my ailment once again kicked into full-effect. However, my keen mother foresaw this predicament and had cleverly enlisted the aid of my family doctor a few months prior. I remember so vividly how my doctor looked me in the eye and told me to get a job. I remember even more vividly how I cleverly excused my laziness, stating that I'd prefer jobs that pertained to the field of health-care, and that anything else would simply be a lust for spare change. Ultimately, we both acknowledged the difficulty of acquiring health-care professions as an undergrad and thus, my doctor's prognosis was (surprise!) volunteering. I was told to apply for a volunteering position at NYGH, try it out, gain some experiences that could prove useful to my future, and utilize the experience in future summer job applications in health-care. A couple months after my application was submitted, with "heard from my doctor" scribbled under "How did you hear of this place?", I was called in for an interview. I graciously owned the interview and was offered a July placement at the Seniors Health Center (SHC) and an August placement at the NYGH out-patient pharmacy. And so, on a glorious summer morning on the commencement of July, I began my volunteering escapades at the SHC.

Disclaimer: Before I continue, it must be known that the following accounts are of real people, whether they are residents of SHC or are employees of the affiliation,

and I am obligated to keep their identities confidential. Accordingly, I must confess that I have a pretty brutal memory so I'm not consciously omitting vital information pertaining to their identity; I just don't remember. But to be safe, I will not reveal their full-names.

The Story of Mrs. Hidalgo

My first escapade at the SHC was to run a little shop that was funded by and provided for the residents of the SHC. It sold anything from gift cards, pop and chocolate, to patties and plain bottled water. Every morning at 11, I'd sign-in and open the shop for business and close at 2. Like clockwork, life in the shop was about routine and efficiency, making sure you don't give the wrong amount of change, making sure to open on time, and that you don't rush the elderly residents during their purchases while working fast enough to satisfy multiple consumers' needs. And just like clockwork, life in the shop was pretty un-spectacular.

As an excited volunteer eager to impress, I quickly adjusted to the routine of opening and closing, the mathematics of purchases, and the procedures of managing items and stock. With more than three weeks left in my July placement, I was worried that life in the shop would bore me, until I met Mrs. Hidalgo. Mrs. Hidalgo was one of the many elderly residents of SHC that visited the shop routinely. What separated her from the other shoppers was that she spoke little to no English and that she was a very heavy spender. As a glorified cashier, I'm technically supposed to be thrilled at the circumstances I was put in, but that wasn't the case. She was too heavy a spender that she'd spend all her allowance within days, purchasing water and high-sugar beverages. Again, as a glorified cashier, it ought to be good, right?

As it turns out, Mrs. Hidalgo was actually a diabetic and was placed under liquid-foods care well before I volunteered at SHC. This meant that not only should she not purchase the sugar-drinks, she wasn't even supposed to be purchasing and drinking so much water (that was offered free in the lunchrooms, mind you). More frustratingly, procedure dictated that SHC is supposed to be a home for the admitted residents, so as a volunteer, I was techni-

cally not allowed to stop them from purchasing whatever they wanted, whenever they wanted to. Every time she visited the shop and purchased an item from me, it had crossed my mind that I was enabling her diabetes to worsen, and that I was ruining her digestive capabilities with every dollar she spent. Every time the till dinged for each of her purchases, a voice in my head screamed at me that I was harming her.

At first, I tried reasoning with her that she had diabetes, and that she was spending too much. Yes, I reasoned in English to someone that spoke none, but she understood me (I think). I'd tell her to come back later or come back another day in hopes of diverting her concentration, but she was a very alert and determined lady. Eventually she visited me every half hour or so until she got what she needed. This was fine until dozens of other people came into the shop hoping to purchase snacks, only to see the volunteer sheepishly denying a resident from buying her drinks. Simply put, the petite figure of Mrs. Hidalgo slowly wheeling her chair towards my shop was a viscerally disturbing sight for me.

Then she ran out of money, just a week after I started volunteering at the shop. Initially I figured that this would provide me more backbone to stand up to the mighty-willed Mrs. Hidalgo, as I couldn't possibly sell her drinks for free, but she was relentless. I'm still not sure whether it was the hopelessness I found in trying to communicate to a person that wanted things she shouldn't have so badly, or how her face contorted in sadness and looked me in the eyes every time I denied her, or just the sheer number of times I had to repeat the process of the aforementioned but I had to give in. In my mind, it was never about the money. It was always about me trying to do the "right" thing in a situation that had no concrete "right" course of action. To add to the drama (yes there's more!), I found out that there used to be a Mr. Hidalgo that visited her every day until he passed away a month before I started at SHC. Not surprisingly, it turns out that he would visit every day and purchase the exact same drinks she purchases from me and he'd sit and sip with her on the couches outside the shop. I can't say I've experienced something similar, but I could imagine how confusing and frustrating it'd be if a way of life, a routine as simple as buying a drink and drinking it with a loved one, was suddenly ended with no warning nor reason. I was already breaking procedure denying a resi-

dent their purchases, but I was once again harming her when I gave her drinks purchased with my own change. It's a pretty weird feeling to charge drinks for someone that wasn't supposed to drink them, and paying for it yourself. I never had a job and frugality was a way of life for me so even if her drinks were inexpensive, the dollars added up and it felt as though my solution would not last for the rest of my placement. It had been but two weeks since I started volunteering at the shop.

Cheer up, dear reader, for I would never let the story end on such a frustrating note. I'm still not sure why, but during the second week of telling Mrs. Hidalgo that she shouldn't drink so much or to come back later, and then ultimately purchase her drinks for her anyways, she stopped visiting the shop after one bottle of water and one bottle of sugar-drink. Then in a couple more days, she would leave the shop after buying just one bottle of water. I'd like to believe that somewhere within all the self-doubt and regret from my actions, she realized that I meant everything I did sincerely. In a couple more days, she would purchase her water, finish, and come back without asking for more. She would just sit in her chair looking out the shop's window.

Eventually my other customers saw Mrs. Hidalgo and I in the shop having English-Tagalog conversations (keep in mind that I don't speak Tagalog) and there'd even be smiles and nods. I'd like to believe that she understood the things I said to her, but even if she was just entertaining me, talking to her was less frightening, less regretful and less sinful.

The sight of Mrs. Hidalgo rolling her chair towards my shop eventually shed its feeling of taboo. Her pointing at the fridge, my retrieval of a bottle of water, unscrewing the cap, placing a straw into the bottle bent so that it won't fall in, then reaching into my pocket for a single dollar, hearing the dings of the till open and close, knowing that our purchases are paid for and that she's only drinking a single bottle of water per day, all became routine. Then I'd lean over my counter and stare outside the shop window with her as she drank her water. Then she'd hand me the empty bottle, slowly turning her chair around as I recycled it. Before exiting, she'd glance over her shoulder and nod her head once while raising her hand in farewell, and leave as I say good-bye. Between the times she entered and left the shop, there'd only be maybe two words and nothing more be-

tween us.

I guess I owe a concluding statement to the time I spent with Mrs. Hidalgo; the things I learned and the experiences I gained. The sillier side of me would tell you that it was the first time I bought a drink for a lady, albeit it was outside of a bar. However instrumental gaining that experience is to a male of my age, I feel as though I gained much more irreplaceable knowledge about who I am as an individual. I learned that it is possible to communicate with someone, even if there are barriers in age, perspective and in language. I learned that it is possible to empathize with someone despite those barriers, given the right time and place, and the willingness to try. Furthermore, I learned that transcending these lapses in personal connection can present additional complications, sometimes more difficult to overcome than the previous (bummer!). But, as the late Randy Pausch says, "The brick walls are there to give us a chance to show how badly we want something." After all, I stopped doubting my career choice in pharmacy and patient-care from seeing the determined little lady slowly roll her chair away from my shop, content after one bottle of water. Thanks, Mrs. Hidalgo.

PHARMACY ATHLETICS!

Female Athletics

Welcome to a new season of intramural sports ladies! As many of us have enjoyed the teamwork and physical workout in the games, I look forward to seeing more of you coming out to play. For this season, we have many sports offered that include: hockey, field hockey in winter, volleyball, soccer, flag football, and possibly basketball.

Something to look forward to this year:
A possible interprofessional Pharmacy/Meds hockey team would triumph again after winning last season's championship
The ever determined flag football team would continue its quality work and attempt for even better scores
For the soccer and volleyball teams, we are hopeful that the new season would have some great improvement as the 1T3's are getting stronger in their performances
Now is the chance for us to have some fun and be fit! We are always looking for more player no matter what the skill levels are, especially the 1T4s, we need to bring out some fresh blood! We like to win but we also like to enjoy ourselves while in pharmacy. The sign up sheets will be in B250 within the first two weeks of school. If you have any questions or concerns please contact me at shanshan.zhu@utoronto.ca
See you on the field!
Shanshan - Female Athletic Director

Male Athletics

Welcome back Pharmacy! It is already September, and that means its time to start another season of intramural sports. We had a strong showing last season and fielded many competitive teams. It is time to continue our success and show the other faculties what we can really do. Most sports will be starting up at the end of September. Pharmacy will be fielding teams in hockey, soccer, volleyball, flag football, and basketball. Watch for signup sheets that will be posted in the student lounge. We are always looking for more players so take the opportunity to give yourself a break from all the studying, and get active! If you're a water polo player, stay tuned for an opportunity to create a new team. The intramural office is going to be opening a new league for this year. If you have any questions or ideas for new teams, just ask or email one of the athletic reps. Best of luck for another successful year Pharmacy.
Marko Tomas - Male Athletic Director

Co-Ed Athletics

Welcome back to another year of school! The UofT Intramural program is one of the most vast and involved university sports programs in the country, as it incorporates all 3 campuses. As sports are just starting up, I encourage everyone to join a team or send me an email if you're interested. There is a wide variety of sports to get involved in. Getting involved is a great way to support the faculty, make new friends, put off studying, and to get some exercise. Keep an eye out for the Curling Bonspiel coming up later on in the year, tentatively set for the 27th of november. I look forward to seeing some new faces out there.
Brendon Wiebe - Co-Ed Athletic Director

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Award value:

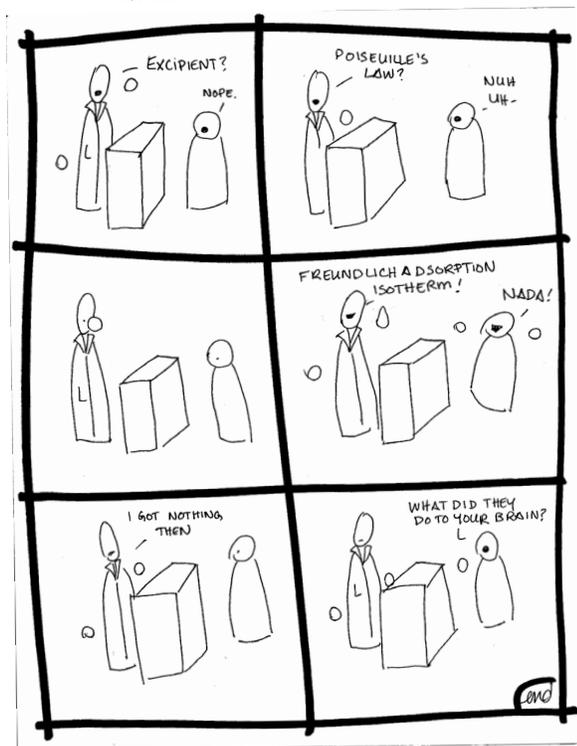
- 1 year membership in the organization
- Plaque with your name on it presented to you by a CSHP or OPA member at the UPS awards night in April

Questions:

Contact natalia.persad@utoronto.ca or dipti.tankala@utoronto.ca

ANECDOTE

BY M.E. SCHELL



Shout Outs!!

DM squared, thanks for making me really really really stressed out during exams and for making me scared that I might be burdened by my student debt for the rest of my life. Thanks.

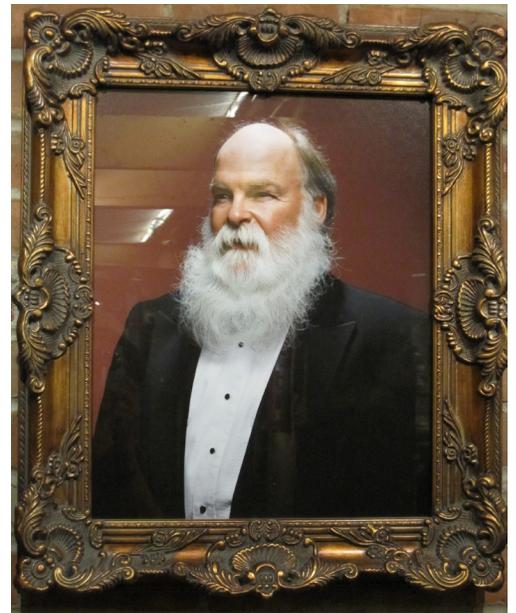
PB, We met during Phrosh 3 years ago and you changed my life. You are my one and only DB!

SR, Stop trying to make "Fetch" happen.

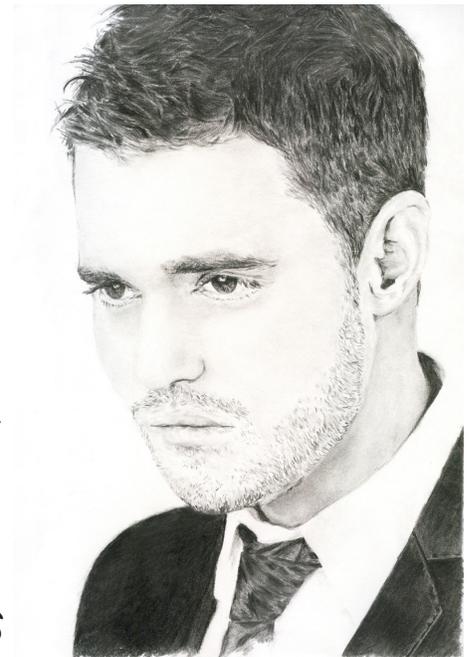
HB, Hey I need a folder. Here you go.

NG: Slick Day is in effect.

"Like Dr. Wetrecht, but with even more beard.. Terry J's photo, taken in Chelsea Market, NYC."



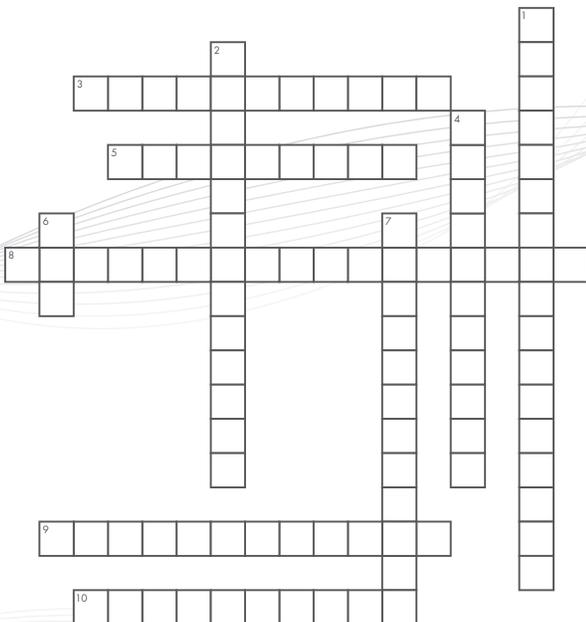
*Michael Buble
By: Kason Chan, T12*



PHARMASAVE®

Live Well. Enjoy Life.

Pharmasave has been built by people who have a passion for the practice of pharmacy—people who are interested in providing health solutions and health management. People who, in addition to dispensing and counseling, are looking for a way to share their unique health care expertise with their community. We offer some of the most innovative and successful patient care programs in Canada so you can develop your passion into a career. Whether you're interested in becoming a community-based pharmacist in a rural or urban setting or in becoming a pharmacy owner, Pharmasave has a career development path for you. For more information, visit our website at www.pharmasave.com. You'll find more than just the answers to the crossword below.



ACROSS

- 3 The process of creating custom medications
- 5 A private consultation with a pharmacist to review your medication
- 8 A simple and convenient way to organize your medications at home
- 9 A written direction from physician to pharmacist for preparation and use of a medicine or remedy
- 10 A group of independently owned pharmacies across Canada

DOWN

- 1 Chronic condition that affects the central nervous system including the brain and spinal cord
- 2 Live will _____ are one-to-one meetings on a variety of health topics
- 4 Drug used for lowering cholesterol and preventing cardiovascular disease
- 6 Pharmasave mascot hint: buzz
- 7 PPI which prevents the stomach from producing gastric acid



SUDOKU!!

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