



THE

MONOGRAPH

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THE MONOGRAPH

October 2010

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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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Hey Pharmies.

Now that the first few months of school has zoomed us by, we hope that you are getting settled in and prepared to get down to business. During the month of September, UPS is proud to have presented numerous events. The Class of 1T4 has had their induction ceremony and now are officially part of our pharmacy family! The boat cruise was a blast with Medicine and Dentistry joining in on the fun and many thanks to the Faculty members who endured smoke and heat alongside your UPS executives to help serve 800 plus hungry pharmacy students at the UPS BBQ. Let's not forget the class of 1T2 that pulled themselves to victory at the Tug Of War! Unfortunately the 1T1s were not around to snap the rope this year. Other classes don't despair, there is always next year!



Keep an eye out for the upcoming fall events that are sure to be a blast! With Pharmacy curling approaching on Nov 13th we encourage everyone to represent by throwing stones and making a presence in the house! Inter-mural teams can always use some ladies and gents who want to have some fun and want to start repping pharmacy! Speaking of ladies and gents, November 19th at the Arcadian Court banquet hall we have our annual semi-formal to the theme of Mardi Gras! Last but definitely not least, be sure to sign up and show off your creativity and talent at the Pharmacy Phollies on November 4th and 5th!

Please ask your council members if you have any questions about any of these events and don't forget to check out our pharmacy photo album for past and upcoming event pictures! [<http://pharmakon.smugmug.com/>]

Cheers,

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.

Editor's Note



Dhalla Dhalla Billz MONOGRAPH'S OUT!!

about an hour ago · Comment · Unlike



You and Xena Wp like this.



Xena Wp WOOT!! I ♥ the cover this time

about an hour ago · Like



Dhalla Dhalla Billz yeaa Mad Men is siiiiick! and actually so are the 1T4s!! they had the most submissions this issue :)

about an hour ago · Like



Xena Wp I know, I ♥ them! Also congrats to Henry Leung from 1T4 who won the Monograph raffle last issue! Enjoy your Tim Card!

about an hour ago · Like



Dhalla Dhalla Billz Kudos to Sana for a great start, I really liked her article 'Phirst Impressions' (pg 18)

about an hour ago · Like



Xena Wp Yeah, and I ♥ Adam Calabrese's article "On the adorability of first years!" (pg18)

about an hour ago · Like



Dhalla Dhalla Billz There's so much to study but I'm so tempted to ✕ cook and bake up a storm with the lovely recipes from 1T2s! (pg 7)

about an hour ago · Like



Xena Wp OMG and did you see Sam Hsieh's article?! He really has a way with words (page 13)...and with the ladies... ♥

58 minutes ago · Like



Dhalla Dhalla Billz LOL you're really in a ♥'ing mood eh? I love when our inner pharmacy artists bust out with their wicked awesome art! Watch out, it could be anywhere!!

about an hour ago · Like



Xena Wp There are also quite a few articles about animals and natural products...i guess our phellow pharmies are itching to get outside more...but with midterm season in full force, that ain't happening anytime soon.

54 minutes ago · Like



Dhalla Dhalla Billz Oh man, what even happened the last time we were outside?? OH YEA the 1T2s won the Tug-of-War!!! I ♥ our class....but why are none of them commenting here? It's very unlike them..

36 minutes ago · Like



Xena Wp Yeah! Come to think of it...why am I the only one commenting on this? Oh I remember..it's Wednesday night...they are all in hibernation in preparation for THURSDAYYYY

35 minutes ago · Like



Dhalla Dhalla Billz oops. peace out X.

29 minutes ago · Like



Xena Wp laterz. enjoy the Monograph!!

29 minutes ago · Like



The Monograph Editors on set at The Strombo Show before we were interviewed by Strombo himself!
True Story.



ZENAHA SURANI AND SIDIKA DHALLA

RE: PHM 428 THE PYSCHOLOGY OF PATIENT CARE

which Approach Is This Zubin?

By: Taj Dhinsa (ITI)

“Oh Megan....why won’t you eat? Ugh. Fine. I’ll feed you,” I said, frustrated. I wiped the remnants of pureed salmon and squash from my brow and dipped the spoon into the applesauce hoping that maybe something sweet would be more enticing to her palate.

“Megan, open wide. Muh muh muh muh Megannnnnn,” I wailed. No response. Her lips were sealed. I sighed. Looking at the clock, it was 8:38 pm. I started supper a full two and a half hours ago. I couldn’t figure out what was wrong. Megan’s other intervenor had trained me the night before and she made everything seem so effortless. She had her supper fed, bathed, teeth brushed and out for a walk all before 8:30 pm. Megan and I couldn’t even manage to get through the main course.

Megan had Infantile Refsum’s Disease—a condition which causes blindness and deafness as well as severe cognitive impairment (to the age of an infant). To help her poor vision, Megan had glasses and a surgically implanted hearing aid to help her with her hearing. These two devices only helped to restore her senses a bit; she was still legally deaf and blind. Megan was also much shorter than the average 13 year old. She resembled a grade three student more than the pre-teen that she really was.

Everything around the house was modified so that Megan could maneuver herself around without getting lost or injured. Toys were strategically placed in three locations---near the kitchen table, end of the staircase and Megan’s play corner. Megan’s younger sister, Nicole, 5, couldn’t leave things on the floor in case Megan tripped.

Communicating with Megan was accomplished by speaking loudly coupled with hand-over-hand sign language. Tapping her elbow would mean Megan had to lift her hand to her mouth in order to feed herself. Walking—again, *seemed* effortless; she would walk with only little difficulty with the help of her intervenors. She just needed her hand to be held in order to go to the right direction. Bathing and brushing her teeth—those were a bit more challenging for Megan and required for the intervenor to do the tasks for her.

Back to supper. Anxiously, I looked at my watch and as soon as I looked up I saw Megan drop the spoon filled with applesauce.

“Splat,” Megan let out a giggle as it hit the floor, which I have to admit, kind of made me laugh even though I knew I would have to clean it up eventually.

To my horror she then proceeded to pick up the bowl of applesauce.

“Oh no!” I said out loud anticipating the event. It was too late. She let it go. The bowl fell. Applesauce was everywhere on the floor, the table, her face, my face. Megan was hysterical.

“I don’t think I’m going to be able to handle you,” frustrated, I gave the spoon to Kathy, her mom, and she finished feeding Megan. Again, seemingly effortlessly. I just couldn’t figure it out.

Nothing prepared me more for a future career in healthcare than firsthand experience working in a home with a young teen that was disabled. My position as a deafblind intervenor was one of the most challenging, yet one of the most rewarding experiences of my life.

When you are in a patient’s home, you see everything. You are forced to deal with every issue that comes at you. You have to be innovative. You have no choice but to think on your feet; you don’t have time to prepare—just to react. Now, as a pharmacy student, these are the challenges I remember as I meet patients. I now realize that medications are only one part of the entire process; the patient and their family often don’t have an escape; they have to deal with their condition day in and day out. This, at times, can be very overwhelming for them.

Intervening was a process of trial and error for me. Even though trying to create strategies to motivate and engage Megan in activities was challenging, I knew it was important to her development.

Megan particularly did not enjoy exercising and I decided to come up with original ways to encourage her to participate. One day, I decided to incorporate music therapy (Megan loved music) into her daily exercise routine in order to win her over. It worked like magic. Improving Megan’s gross motor skills was actually one of my successes as her intervenor. During the months that we worked on the routine, it was essential for me to remain patient with her progress. I learned that the process, not necessarily the end result, nurtured Megan’s instincts and allowed her to expand her physical capabilities.

“When you are in a patient’s home, you see everything. You are forced to deal with every issue that comes at you. You have to be innovative. You have no choice but to think on your feet; you don’t have time to prepare—just to react.”

In my early stages of intervention, I did not believe in Megan's capabilities; I did not trust her to complete daily activities autonomously. As a result, Megan became continually frustrated and uncooperative when I worked with her and seemingly straightforward activities such as feeding took hours to complete. She wasn't trying to make my life difficult; she was giving me signs that she, if given the chance, could do them on her own.

When I finally came to the realization that Megan's deafblindness was dynamic in that she had strengths in certain areas and weaknesses in others, I started to develop intervention strategies that best suited her. My revitalized approach centered on empowering Megan by giving her more control over her environment. Feeding was structured, but, it did allow for some flexibility. I wouldn't try feed her myself anymore. I started to encourage her to do it on her own by tapping her elbow at specific times; just like her other intervenors had done. Now, she was responsible for feeding herself. She held the spoon. She had the control. I was just in the shadows helping her along the way. It soon became evident how intervention became much easier once I began to trust in her abilities and how Megan thrived when given her independence.

"Every patient wants an element of control over their condition and drug therapy can often be a very confusing

I often reflect on my year with Megan. The whole experience was a learning curve; I had to come to terms with the fact that there was a different pace and avenues through which Megan learned.

Now, when I interact with patients I remember not to be patronizing or condescending. Every patient wants an element of control over their condition and drug therapy can often be a very confusing experience. I am reminded to treat the patient as a partner when developing care plans. My interactions are, as a result, more meaningful and the patient is more informed and walks away with a greater understanding of their condition.

My most important lesson--understanding and trusting in the abilities of others is instrumental. It is important to address preconceived notions and not let any obvious handicaps dictate your interaction with other individuals. Megan, was my teacher more than I was hers; she taught me patience and most importantly, never to underestimate a person's abilities. To her, I express my sincerest gratitude. Thanks for being such a great sport Meg.

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Pharmacy News Ticker

Interesting Pharmacy news from the past month...in a nutshell
By Zenah Surani, OPA Student Board Member

Used to treat osteoporosis but may cause bone fractures?! Health Canada recently announced that bisphosphonates, a class of drugs used by women to stave off osteoporosis, could lead to an increased risk of bone fractures. They went on to say, however, that the drugs' benefits outweigh the risks. The real problem lies in the fact that they are widely inappropriately prescribed. The threshold for who should be using the drugs has been lowered—even to include those with just pre-osteoporosis. The risks are thought to be prevalent mainly in those who have been long-term users of the drugs (i.e. more than 5 years). (The Toronto Star, 15 October 2010).

So you could lose 5 pounds...but get a heart attack. The generic version of the weight-loss drug Meridia (sibutramine) has been withdrawn by Abbott Laboratories from the Canadian and US markets. The drug has been found to increase the risk of myocardial infarction and stroke in patients with heart disease. The pill was withdrawn since the drug's risks were said to outweigh its benefits—users usually only lose a minimal amount of weight. (Canadian Press, 13 October 2010).

“...the same thing we do every night, Pinky. Try to take over the world.” Pharmaceutical giant Pfizer has announced that it will buy King Pharmaceutical Inc., a company specializing in pain medications, in a \$3.6 billion US deal, Pfizer's biggest deal since it bought Wyeth for \$68 billion in 2009. King's claim to fame is its class of “abuse-resistant” pain drugs—designed to treat pain by slowly releasing oxycodone. However, if the pills are crushed or dissolved, this mechanism ceases to exist and abuse potential is back with a vengeance. Pfizer is likely looking at this deal as a way to pick up some extra profit after Lipitor went generic a few months ago. (Waterloo Region Record. 13 October 2010.)

In the habit of chugging a Redbull or two after pulling an all nighter? Think again. Health Canada is spreading the word about a healthy 18 year old man who drank two 355mL Red Bull drinks over a half an hour on an empty stomach after a night of studying. An hour later, he suffered two grand mal seizures. He had drunk Red Bull in the past. Health Canada has said four cases of seizure associated with energy drinks have been published. Red Bull, in a retaliatory statement, said that two 355 mL cans of its energy drink contain about 230 mg of caffeine (equivalent to about 2.5 cups of coffee). They went on to say that their product is available across the world “because health authorities...have concluded that Red Bull Energy Drink is safe to consume.” (Canadian Press, 6 October 2010)

Gee, I think I've heard this one before. eHealth Ontario's head, Greg Reed, has announced that it will deliver on its promise (after an embarrassing spending scandal) to produce electronic health records for all patients by 2015. (Toronto Star, 6 October 2010).

Whip Up Your Own Pumpkin Spice Latte!

By: Kristine Galido, IT3 Monograph Rep

October for me means two things: midterms, and enjoying the myriad of specialty drinks that start to pop up at Starbucks. My absolute favourite of all is the pumpkin spice latte. However, it costs a good \$4.15 a pop and I started to wonder if I could replicate all of its pumpkin-y spicy glory (minus the almost unhealthy neon orange colouring) at home. I did! And you can too!

Ingredients

2 cups milk
2 ½ tablespoons of canned pumpkin
2 tablespoons sugar
2 tablespoons vanilla
¼ teaspoon each of cinnamon and nutmeg
½ cup of coffee

In a small saucepan, mix together all the ingredients but the coffee with a whisk or briskly with a fork. Heat until steaming, but make sure it does not burn. Pour into a mug and add the coffee on top. Finally, if you want, top with whipped cream and a sprinkle of nutmeg. (Makes 1-2 servings)



1T2 Kitchen Komounding...

Compiled by: Priya Bansal, 1T2 Monograph Rep

Vegan French Toast Adaption

By: Priya Bansal

Put some happiness in your stomach!!! This is a really quick breakfast that will start your day off right!

1. In a blender, puree 2 ripe bananas with 1 cup soymilk and 1/4 teaspoon cinnamon or nutmeg. Use vanilla soymilk if you have it, or just add 1/2 a teaspoon of vanilla.

2. Generously oil a pan and turn on the heat.

3. Pour the puree into a flat bowl and quickly dip both sides of a slice of bread into the puree. Then put the bread in the pan and cook each side until they become brown (each side should take about 2 minutes).

4. Now just sprinkle on the icing sugar and pour on the maple syrup. Serve with fruit and you're done!



Banana Bread

By: Dipti Tankala and Cat-Vi Nguyen

Mix in the following order:

1. 2 eggs

2. 1/4 Cup oil

3. 1 Cup sugar and/or molasses (can try brown sugar instead or 1/2 Cup sugar plus 1/2 molasses if you are looking to be more healthy)

4. 2 mashed bananas (tip: use really ripe bananas that have blackish peels)

5. 1 teaspoon of vanilla

6. 1 Cup flour

7. A pinch of salt

8. 1 tsp baking soda and 1 tsp baking powder

Optional

1. raisins (coated with flour) 2. chocolate chips

3. walnuts and/or pecans

Mix ingredients using a cake mixer. It is important that you add baking soda/ powder last so that you mix minimally.

Line 1 or 2 pans with paper, lightly brush with oil. (If you have a good pan you could skip the paper)

Fold in the optional ingredients into the batter. Pour batter into pans, sprinkle with more raisins/ chocolate chips/nuts.

Bake at 350 F for about 30-45 minutes (this will depend on the depth of the pan you are using and your oven).

The bread will be ready when a toothpick inserted into the centre comes out clean. The result is a sweet, moist, nutty and flavourful piece of bread. You can enjoy it with a cup of milk for a late night snack or you can pack it for breakfast on the go!

Seafood Pasta!

By: Ashley Homsma

Preparation: 5 mins Cooking: 15 mins

Ingredients:

- 400g/14oz of mixed seafood (note: preparing seafood can be a chore so make it easy and buy it chilled or frozen and be sure it is ready to cook!)

• 200g/7oz of spaghetti or linguine

• Extra virgin olive oil

• 3 stalks of flat-leaf parsley

• Quarter glass of white wine

• 1 clove of garlic

• Salt & pepper

• Optional: 1 plum tomato



STEP 1 – Fill and boil a kettle. While that's heating, peel the garlic clove then chop it end to end (long-ways).

Carefully cut out its central 'spine' or heart (this is green or white in colour and the trickiest part to digest). Throw this away, then close the clove and chop it as finely as you can.

Wash and remove the parsley's stalks, then tear or roughly chop the leaves.

STEP 2 – Cover most of the frying pan with a thin layer of olive oil and put this on medium/high heat. Throw in the garlic and two-thirds of the parsley, and when the garlic starts making a frying/sizzling sound, turn the hob down to medium. (Be sure the oil doesn't burn and start smoking. If it does, drain it away and start again.)

STEP 3 – When the garlic is sizzling, throw in the seafood, wine, 2 pinches of salt, one of pepper, and if you like, the optional tomato (finely chopped).

Mix this gently for 4-5 minutes (until your seafood loses its translucent/see-through look).

STEP 4 – Put the boiled water in a pan on maximum heat, and when boiling again add 2 tablespoons of salt. Drop in your pasta, stir, and cook as per the packet's instructions.

When the pasta is ready (i.e. 'al dente' – literally, firm to the tooth), drain this and put in the frying pan full of seafood set at medium heat.

Stir in the pasta for 2 minutes until it's covered in seafood and oil.

Done! How easy is this seafood, garlic, pasta recipe?

To serve: Sprinkle the remaining parsley segments on top of each serving. Serve with your favorite white wine and enjoy!

Get creative: Try adding your favorite vegetables into the mix at Step 3. If you want a creamier tasting pasta, try using Alfredo sauce – yummm.

To Submit your recipe email priya.bansal@utoronto.ca

CAPSI COLUMN

The school year is in full swing, and CAPSI local at U of T has been super-busy already! Peter Zadwadzki from CPhA and Pharmasave visited our faculty for our fall symposium, a “State of the Nation” report in regards to drug reform and the role of pharmacy students in promoting beneficial change. PDW registration is in full-swing, and if you haven’t yet registered for the biggest event of the pharmacy school year, we encourage you to attend. As well, the Teva Leadership Seminar had a great turnout and was thoroughly enjoyed by all. Currently, Stephanie from 1T3 is leading the pack in CAPSI’s football pool, but so many weeks left in the season, it’s anyone’s game!

Some important CAPSI dates to watch out for:

October 19 – Patient Interview Competition

October 20 – U of T PDW leftover spaces available to all CAPSI members – register before this date!!

October 27 – OTC Competition

November 11 – Compounding Competition

November 20 – Mock OSCE

Have you been delaying registering for PDW because you’re not sure you’ll have enough \$ to attend? How does \$250 in your pocket towards PDW expenses sound? If you like extra money, compete in the Patient Interview, OTC or Compounding Competitions! The winner will receive \$250 towards PDW expenses, providing that they go to PDW.

Watch out for listserv emails or ask your class CAPSI reps how you can join in the fun this semester – there are lots of events, and a lot of prize money up for grabs!

Happy midterm-ing,

Your CAPSI Council,

Anne Sylvestre

Sr. CAPSI rep

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Navigating Nature's Self-Care Aisle

By: Priya Bansal, 1T2 Monograph Rep

As the story goes, a small village in Tanzania was once suffering from a dysentery-like epidemic, when a plant (known as mulengelele by the villagers), previously thought to be poisonous, saved them. To be fair, some credit ought to be given to the porcupine.

The what? Yes, the porcupine.

A young man from the village happened to notice a porcupine exemplifying some of the same signs and symptoms of the illness and decided to follow it. Upon further observation, he witnessed the porcupine frantically digging at the roots of the poisonous mulengelele plant before it proceeded to chew on them. The young man captured the porcupine and, over time, saw it get better. The root was then given to the ill members of the village and it cured them too.

The porcupine didn't chew on the root as a source of food, it did it to get better. Basically, it self-medicated.

Zoopharmacognosy is this process of animals self-medicating: selecting plants, soils, and insects for the use of treating illness or disease. The word itself broken into three parts literally means "animal", "medication", and "knowing". Scientists now have much more evidence and knowledge of self-medicating amongst our co-existing members of the animal kingdom. Probably some of the best evidence comes from the study of great apes. It is well known that some apes eat or chew on the bitter pith from a Vernonia tree when they suffer from diarrhea. Scientists isolated a compound called vernonioside B1 from the pith, and it was discovered to have antiparasitic, antitumor, and antibacterial properties – which is likely what helps the apes treat their diarrhea. As well, many chimpanzees find and swallow Aspilia leaves whole. This originally was a wonder to scientists, but it then became apparent that the leaves pass through the chimpanzee intestines without being digested and remove parasitic larvae in the process. Another observational discovery is that Capuchin monkeys rub millipede secretions on their

fur during humid seasons. Since the toxic secretions contain benzoquinones, which are compounds known to be insect repellents, it is thought the monkeys use the secretions prophylactically!

Many other observations of possible self-medication practises have been noted. A scientist studying African elephants noted one of the pregnant elephants changing her diet drastically towards the end of her pregnancy. One day, she walked a very far distance, beyond her usual daily walking routine, just to get to a specific tree from the Boraginaceae family, only to eat every last leaf on it! The elephant gave birth four days later, and it is possible she sought out the specific tree for a labour inducing compound.

Although it might seem as though these animals have an uncanny knowledge of the medicinal compounds around them, this knowledge or skill is thought to have existed for much before the observation by man. It is thought to be a part of the animal's survival and process of natural selection.

As health care providers, we often find that natural products do not have enough evidence to support their use or reveal their safety profile; this however, does not mean they don't work! Observing animals, can, in fact, lead us to the discovery of new phytochemicals around which pharmaceuticals can be developed. It truly is a case of monkey see, monkey do...except, I guess, we're the monkeys.

References:

- Pradeep Mishra et al. (August 2008). Zoopharmacognosy: Nature's Pharmacy Used by Animals.
Huffman, Michael A. (August, 2001). Self-Meddicative Behavior in the African Great Apes: An Evolutionary Perspective into the Origins of Human Traditional Medicine. Bioscience.

Overheard in the Pharmacy Building...

"A pharmacist without scruples isn't worth a dram."
Amber-Lee Carriere, 1T4

"It's self limiting so it goes away in 7 days if you treat it or 1 week if you don't."



Good-bye

By: Shajia Zia, 1T4

I hear voices from the past, resonating in my ear
I see shadows of places and wonder if they're near
Reaching out to touch them, now and then
I feel like a child playing with a tree stem
Then unlike in a dream, I slowly come alive
Knowing for the first time, who I am and why
Smiling with tears I wipe my face dry
Then I pull myself together, 'cause it's toughest
to say good-bye.

A Semi-Vegetarian's View of the World

By: Ian Wu, IT3

As an animal lover myself, I really feel compelled to talk about this, because it's not something that you hear about every day. There are various animal rights groups or organizations such as PETA telling us how animals should not be eaten or exploited because they are living, breathing creatures. For me, whether or not those animals should be eaten or exploited is another story (stay tuned for my next article, "specism"), but my primary focus here is not how they are eaten, but rather, how they are treated. Let's get one thing out of the way – I do eat meat, but my choice of what meat to eat is so complicated it might fill up half of this newspaper. But to briefly describe it – I am against animal abuse, and I primarily do not like eating meat that came from animals that have been tortured, imprisoned, or treated like a commodity.

First, let's look at the bigger picture – we are humans, and we are on top of the food chain. We always ate meat, our ancestors always ate meat, and we are biologically designed to eat meat. That's fine, I have no problem with it. But things can get a little too far. You see, over the years, as we become smarter and technology develops, we no longer follow this predator-prey relationship that was so common during the caveman ages. We choose a few of the animals, namely cows, chicken, and pigs, and then domesticate them, imprison them, and then make them nothing more than just commodities.

Now we all take whatever we eat for granted, but I want you to step back

and ask yourself, does this feel right to you? Think about this – they are living, breathing creatures with 99% of our DNA. They need their natural food to survive, they need freedom, pleasure, and warmth, just like what humankind needs. But what makes us think that we are so superior over these farm animals, we can just simply stuff them up in a dark cold shack with no help or comfort and use them for our own ends? I'm not that extreme though – I personally don't believe in this 'animal rights = human rights' philosophy because we are, after all, on top of the food chain. But that doesn't give us any excuse to treat these animals inhumanely so we'd have an easier time getting meat from them.

Now on about torture and all this "inhumanity" I've been referring to. Torture, by definition, is the act of inflicting physical and emotional pain. Imagine for a second, that you're cramped up in a cage with nowhere to move and you have to be in there for the rest of your life. Imagine that you (if you are a cow) are forced to eat grains and suffer psychological stress because grains are not a natural part of a cow's diet. Imagine that you are required to take injections every day and suffer a high risk of severe side effects because the farmers don't care about the well-being of their animals. Heck, just to make it simpler, imagine you are put into prison during your birth for the rest of your life for doing nothing wrong.

Why do we do that? Most of us assume that just because animals are not

showing any sign of struggle, it is okay for us to treat them as inhumanely as possible. The truth is, they may have been struggling for years or even decades, because let's face it – we don't understand their language. Whereas for us humans, we are able to speak up against certain injustices that would happen to us, like for instance, discrimination or mistreatment. However, animals cannot do the same - they rely on us to act on their behalf.

So here are my views. What makes my views different from the standard vegetarianism views, is that whereas most believe the same ideas that I have outlined, I believe in some sort of balance between "human desires" and "animal desires". Unfortunately now, I feel that the scale is tipped too much to the "human desires" side. We want to get as much meat as we want and we don't really consider the humane treatment of animals. I personally feel that if we want to eat meat, we can, but we'd have to play fair and get the meat ourselves using the most humane way possible – by hunting and fishing wild animals. I hope you understand where I am coming from and why I think this way, so that the next time you eat a hamburger or a hot dog, just think for a moment how much physical and psychological complications the animal went through to become the meat in between the bread. Some animals are for us to eat, because we are, after all, on the top of the food chain, but they are definitely not for us to abuse and mistreat.



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P.F.E.C Executive Council MP

THE FINANCIAL REGRETS OF GENERATION X... CAUTION GEN Y!

By: Martin Maretzki, RHU President, ax/iz financial solutions inc.

As a "Gen Y'r", your transition from a university student to a full-time working professional will be quite overwhelming in many ways. Welcome to the world of fiscal responsibility!

Furthermore, looking forward to graduation you can expect to have well paying jobs and a steady income. Along with these, you will probably be faced with credit card debts and student loans. Now is the time to take control of your finances!

One of Canada's biggest banks conducted a poll recently asking Gen X'rs (my generation) the following: "From a financial planning perspective, would you do anything differently if you were 25 again"? The overwhelming answer was that "they would have been more financially responsible". So what does this mean? Well, I'd like to break it down in 2 parts...SAVE MORE and SETTLE THE SCORE!

PART 1 – SAVE MORE!

According to the bank survey, 93% of Gen-X respondents would save more money every month if they could go back in time. Another 91% said they would pay off more debt and 79% said they would open an RRSP! Yes, an RRSP can be set up if you have some earned income. Starting early is the key to long term gains. Starting early puts time on your side since you have so many extra years of accumulation until retirement. Put it this way, a 25 year old who puts away \$5000 per year for 40 years versus a 45 year old putting away \$10,000 for 20 years will have MORE than twice the amount accumulated at age 65 versus the one who started late. This is the magic of compounding at work! Now, you may not be able to put aside \$5000/year but any automatic monthly deposit would be better than nothing at all. Furthermore, you can use your accumulated RRSP deposits as a down payment on your first home through a special "First Time Homebuyers Plan". All in all, starting early is the key to a bigger pot of gold and it sets up a good discipline for you. Even if it is not an RRSP, a simple monthly forced savings plan through automatic withdrawals is an easy thing to do in your twenties that will put you on the road

to being financially stable.

It is also important to get advice from the right people. In fact 26% of all respondents of the bank poll indicated that a financial advisor was the best way to get advice and overwhelmingly, well intended friends was the worst place to get advice regarding financial matters.

PART 2 - SETTLE THE SCORE!

This means making sure you have and maintain a good credit score. Did you know that one blemish on your credit bureau report can prevent you from getting a loan for a car....a house?

The biggest challenge college student's face is managing student loan debt and credit card debt. Considering how expensive education is, by the time you graduate you may have high credit card balances and a phenomenal student loan to pay off. Making minimum monthly payments on your credit card will certainly prevent you from getting a bad remark on your credit bureau report but you will get caught in a vicious cycle of running high credit card balances every month which will ultimately lower your credit score.

Missing a payment or making late payments gets reported to your credit bureau within 30 days and this would impact your credit score negatively. Your FICO score is a number that creditors use to estimate risk. The higher FICO score you have, less likely you are to default on your loan. These remarks can stay on your credit bureau anywhere from 3 to 7 years.

Avoiding financial mess is really straightforward and all it requires is budgeting and planning your expenses. You should start by keeping a monthly record of your income and a breakdown of your expenses. You could even hire the services of a financial planner who can help understand your financial goals and prepare an optimal budget which includes short terms savings for your immediate goals, long term savings for your retirement and also emergency savings while incorporating your expenses.

If you consider buying a house or even a car, the only way to get a loan from a financial institution would be if you maintained a high credit rating.

In short, incorporating a sound financial plan from the very beginning can prove to be the right prescription for a health financial future! ☺

Martin Maretzki, RHU is the President of ax/iz financial solutions. He works specifically with Healthcare Professionals across Canada, prescribing solutions for their good financial health. Martin, his wife Janice (also a Pharmacist) and their 4 children reside in Hamilton, Ontario. He can be reached at 1 877 522-7394 or martin@axizfinancial.com

OPA STUDENT CUP 2011

Join us for the annual showdown between UofT and Waterloo schools of Pharmacy. UofT has held the championship for two years in a row...can they do it again?

March 20th at Varsity Stadium. Let's go out and show our phar-macy col-ours and cheer our team on!



We are currently looking for volunteers to help with everything from announcing to helping plan the post-game party! Contact the UPS Co-Ed athletic rep if you want to get involved with this

What's New with U.T.S.U.?

By: Farhana Chowdhury, IT3



"Stronger Together" was the motto that began the triumphant year for the newly elected UTSU executives. The basis of these strong words is to help students realize the essence of unity; the power of one can and will accomplish anything. As such, the students' union at the University of Toronto stand as a team in order to advocate for the needs of our student body at large. This itself is a means for you, as a pharmacy student, to get more involved with your campus, your student union, stronger together. Issues that are currently being tackled by the UTSU executives are as follows:

Environmental Issues

This year, sustainability has become a great concern for the UTSU executives. Without a doubt, one of our main objectives for the year is to create a more sustainable environment for our campus community. One of the main campaign with regards to sustainability will involve the elimination of plastic water bottles around campus while advocating for more water fountains around campus. Our goal is to make our campus a better place and more environmentally friendly. For more information on how to get involved with this project, please contact Farhana Chowdhury at farhana@utsu.ca or Zexi Wang at vpexternal@utsu.ca.

Elections and Other External Issues

Being at the heart of downtown Toronto, the University of Toronto is greatly affected by what occurs within the situated area. As such, UTSU will continue to connect our campus to the community as a whole. Currently, UTSU will work closely in promoting the upcoming mayoral elections. Our goal is to create a more vibrant campus life.

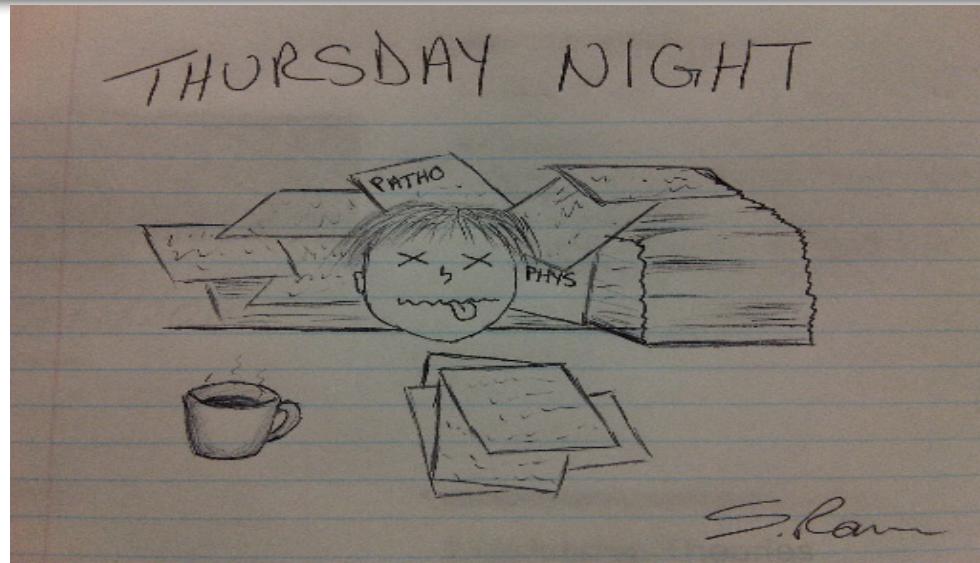
The Vice-President External portfolio plays a vital part in lobbying for student needs. 'Education is a Right Campaign' is one of the most important campaigns for the year. Through such, the UTSU hopes to lobby for more funding towards education at the upcoming provincial and federal elections. UTSU is currently working to collaborate with other Student Unions' and labour unions across Canada who have suffered from the rising tuition fees. If this interests you, please contact vpexternal@utsu.ca.

Equity Issues

Equity is a term used to bring the aspect of unity while deteriorating any forms of discrimination amongst a community. The vice-president Equity, Danielle Sandhu's main focus will be on inequities that commonly occur both on and off campus. Through her work with society based groups, such as religious, racial, gender, and sexual orientation, we hope to create an environment inclusive to all. On the Equity portfolio, one of the biggest projects that will be tackled this year is the annual eXpression Against Oppression (XAO). XAO is a week-long event, from October 18-22, with a series of events and workshops that will focus in addressing the many issues faced in today's society. In hopes of creating an educational environment, we plan to invite keynote speakers along with a panel discussion in partnership with campus groups. If you are interested in being involved with this remarkable event, there are numerous ways to help out. Contact farhana@utsu.ca or Danielle at vpequity@utsu.ca, NOW!

That's all for this month! Questions, comments, concerns and suggestions can be sent to farhana@utsu.ca! Get involved today!

"Thursday Night"
By Satini Ram, IT3



LOCAVORE'S LUNCH

By: Sam Hsieh, 1T2

Gently nestled in the 3rd floor of the Gardiner Museum, Jamie Kennedy at the Gardiner Cafe is a refreshing place to grab a quick lunch bite. The unpretentious, minimalist design of the cafe is ubiquitous in their food as well. Sourcing only seasonal goods from local purveyors and food artisans, the menu is rotated on a regular basis. They showcase the ingredients in their raw, uninhibited state, with only a drizzle of sauce to accent the natural flavours.



The Spring Salad was refreshing, crisp, and had a nice pungent undertone from the leeks. Each salad green was coated perfectly with just the right amount of vinaigrette, and the rustic presentation was a nice touch. The Pâté and Sourdough Bread platter was a unique combination of flavours and textures. It was served with house-made dill pickles and walnuts. The fattiness and creaminess of the pâté was counter-balanced with the acidity of the pickles, while the fresh sourdough bread acted as a dampener for the walnuts and wild rice crackers.

Both the Smoked Turkey and Vegetarian Sandwiches were served with gaufrettes (lattice-shaped potato chips), and either would be a hearty and healthy choice. The turkey sandwich was quite good with a delicate smoky taste that lingers, while the grilled vegetables in the vegetarian sandwich were caramelized decadently.



But the real reason why people keep going back to the cafe is because of one thing: their fries. The double-fried, local organic frites served here are just plain addictive. Seasoned with thyme-infused salt, paired with artisan cider vinegar and a dollop of mayo, one bite would make a person feel as if they've gone to potato heaven and back. These golden, morsels of goodness is the perfect accompaniment to any meal, or enjoyed as a snack on its own.

If you're looking for a place with great ambience, fancy servers, and a serenading string quartet, you won't find it here (albeit, the space the cafe occupies is often converted into a hall for a wedding reception, or a conference). All you'll find at the cafe is a bright, casually humble space, with delicious, local foods.



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

RX FILES

Compiled by: Dipti Tankala and Natalia Persad, UPS External Affairs Directors

Demographic Info

Name: **Kam Wong** B.Sc.Pharm, MBA

Year of Graduation: **1975**

Which pharmacy school did you graduate from? **U of T**

Have you completed any advanced training or certification? **Queen's Executive MBA**

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

-**Member of the Ottawa Carleton Pharmacists Association**

-**Cornwall Pharmacists Association**

-**OPA**

-**Advocis Ottawa (local chapter of the Financial Advisors Association)**

Brief bio: Kam Wong retired as an Associate from Shoppers Drug Mart in 2006. He is currently engaged as a Financial Security Advisor and a substitute pharmacist at various pharmacies in Ottawa and the surrounding area. Kam joined SDM as a retail pharmacist in 1975, in the Niagara Falls and Toronto areas. In 1979, he opened the first franchised SDM store in Cornwall, Ontario. Kam moved to Ottawa in 1996 and became Associate of the largest Shoppers Drug Mart franchise in the capital at the time. Thereafter, he assisted with implementation of Shoppers' now well known growth plan as the company acquired and merged independent pharmacies into the Shoppers franchise system and brand.

What position do you hold or what is your current practice? I currently do relief work at various SDMs in Ottawa area. But my current active practice is being a Financial Security Advisor with Freedom 55 Financial, a division of London Life which is part of the Power Corp. Company (TSX: POW) that also owns Great-West Lifeco (TSX: GWO).

Describe your typical work day? As a relief pharmacist, I particularly fill in the week-ends. By using humour and adopting the principle of "fun at work", I demonstrate and motivate staff in performance excellence and adapting changes.

As a financial security advisor, I help my clients to achieve their financial goals and dreams. We take a snap shot of where the clients stand financially today and where they want to be in the future. Then we help to map out the proper course of actions to get there. I work out from my home office, my office and visit clients at their homes. My practice currently includes Ottawa and Toronto area.

What do you like most about your job? Interacting with people! Satisfaction that patients' medical needs are being met-----they come to pharmacy because of illness; they leave the pharmacy at least psychologically feeling that they are being looked after professionally.

What is the most challenging aspect of your job? To ensure patients understanding and compliance---including reordering their medications on-time and understanding their medication regimens.

How did you get to where you are today? Planning, diligence and hard work. Setting goals and personal measurement or milestones are important-----at least trying to map out where you want to go. Curiosity, self discipline and self enrichment of knowledge are also keys. It is your attitude, not aptitude that determines your altitude.

What courses, degrees, or previous positions that you have held do you find the most relevant to your current job? Community accounting courses, MBA at Queens University, and attending many financial seminars. Never pretend you know everything and never stop learning from others.

Fondest Memory from Pharmacy School: In the 4th year thesis, I was complemented by the professor that I was a "doer" and that I delivered the best experimental mouthwash---better than Scope and Listerine!

Favourite Pharmacy Course: **Pharmacology and Physiology**

Summer Jobs held during Pharmacy School: During school: volunteered in helping out in a local small pharmacy, Factor's Pharmacy, and a local health community clinic. Also worked in the summer at 999, Queen Street Mental Health Hospital (that was what was called at the time) Pharmacy as a student. I took the challenge to taste different oral liquid medications---of course with permission.

If you did your pharmacy degree all over again, what would you do differently? **Not much different---maybe more partying? (Only kidding).** Probably branching out more to get to know more of my classmates and students from other faculties.

What advice do you have for current pharmacy students or new graduates? **Be yourself and prepare yourself for the future by planning.**

What advice do you have for students searching for a job next summer? **Do it now. Connecting and net working. Be assertive during interview-----learn about the company and the interviewer (if possible) beforehand. Talk about what you can bring to the table and talk about the soft skills you can offer.**

What kind of skills/qualities should students focus on refining while still in school that will make them successful in practice? **People and communication skills are paramount. Do not be afraid of making mistakes; be pragmatic but do day dream often; if you do not try, you may never know.**

Where do you see the pharmacy profession in Ontario heading in the next five years? **Drug reform will take 3 years to complete. Some independent pharmacies may close due to financial impact. New business model will evolve. Those that resist changes will leave the stage; those that adapt well will survive and prosper. I see pharmacists need to be more clinical in their daily practice as the Government demands increase.**

Hindsight is only 20-20; never regret. Meaning of my SWEAT:

Sight-----goals and dreams

Work hard and practise-----even the Great One (Wayne Gretzky) needs to practise with his talent

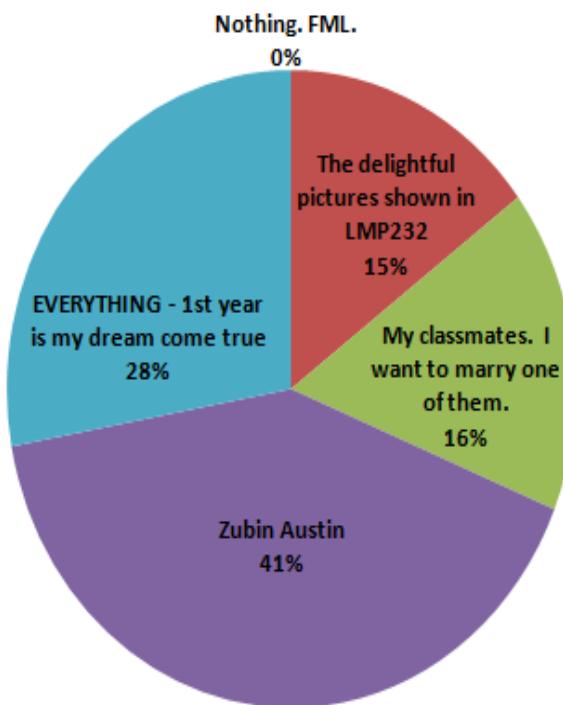
Enthusiastic-----be energetic of what you do. Give a 100% or more---you won't lose.

Attitude-----positive; it is always a 2-way street when dealing with people.

Tenacity-----Never give up without giving your true effort. Nothing is free!

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!

1T4 Poll - What do you like most about 1st Year Pharmacy?



Conducted by: Sana Naqvi, 1T4 Monograph Rep

CLEANING OUT THE MEDICINE CABINET

By: Kristine Galido, IT3 Monograph Rep

After filling out “Store at 15-30°C, away from light and heat, in a dry place” for storage on almost every single one of my drug cue cards for PPLs – which don’t turn out to be very many, since I’m very doubtful that I’ll be able to reach that magical number 64 in time for the final in December – I got a little curious. How were my own family members storing their medications? I hadn’t really paid much attention until now since, luckily, I haven’t had to take very many apart from the occasional Advil for a headache or a puffer once a decade for a really bad case of bronchitis. Besides, my mom usually takes care of this sort of thing. She usually can’t stand it when me or my brother unload the cans from the grocery bags on the wrong shelf of the pantry, so I figured that the situation in our medicine cabinet would be under control.

But of course, I was wrong. The “medicine cabinet” at my house turns out to be the cupboard next to the stove, which is probably not the best place. Not to mention that my parents’ favourite kitchen appliance, the rice cooker, sits neatly underneath this cupboard, blowing puffs of steam into it almost three times daily without fail.

Coming home one Wednesday evening, I decided to do some exploring and throw out all the expired goods. The first bottle to come out was that old bottle of Koffex from God knows when, which I’m pretty sure I’ve been offered every single time I’ve had a cough for as long as I can remember (but luckily, even as a young child I knew that taking somebody else’s prescription drugs was probably not a good idea). A couple minutes passed, my “throw away” pile growing steadily, until my mom and brother noticed what I was doing. My brother asked, “What’s she doing?” To which my mother replied, “There’s a pharmacist in the house now.” This sort of made me feel like my mission to clean out the medicine cabinet was like my destiny or something. It was kind of nice.

Now let me explain: this kitchen cupboard is of a substantial size. Granted, the top shelf is occupied by a series of immaculately organized mason jars (despite the fact that nobody in my family has ever cooked anything that requires the use of these jars), but the other two shelves were packed to capacity with various bottles, tubes and vials. Once I was finished, all that remained was a box of Aerius, the box of Caltrate Soft Chews that I’ve been meaning to start taking for the past year, two Tylenol tablets, and a whole unopened jar of gummi bear vitamins that my dad bought for me thinking that this was the only way to make his almost 20-year-old daughter take her vitamins. Doesn’t he know I like lollipops better?

The “throw away” pile, on the other hand, is of a much larger nature: 3 bottles of cough syrup, some milk thistle supplement that expired in 2006, two tubes of Oracort, various packages of Gravol which correspond with family vacations past, countless bottles of eye drops, a whole unopened jar of Metamucil, plus many vials of prescription medications containing the full or almost full amount dispensed that should have been finished years ago. This, of course, does not include the boxes of ointments that have been sitting next to my orange juice in the fridge clearly reading “store at room temperature”. I’ve tried to take them out, but they always end up back in there to spite me, even though I’m pretty sure nobody in my house still uses them.

Of course, I’m not completely free of blame when it comes to old medication hoarding. I’m positive that my various purses and backpacks hold ancient Epi-Pens dating back to the last century. Not to mention that old metered dose inhaler from that time I had pneumonia in the 6th grade that I found in my dresser drawer last year for the express purpose of having a prop to use while explaining how to use one in preparation for my very first PHM 127 oral assessment. Now that I think of it, I’m pretty sure that I even sprayed it into the air a few times to demonstrate priming to my brother, which probably wasn’t such a good idea (neither was preparing for a PHM 127 oral assessment – what a waste of time).



But even though I might have seemed to be completely appalled by the state of our medicine cabinet, I’m sure that it’s not at all unlike the medicine cabinets of ordinary people all across the country. My mission is nowhere near complete: I still have to find a new home for the four medications which survived the purge, as well as replace some of the essentials that didn’t. Maybe my adventures in the medicine cabinet will inspire you to do a little exploring of your own. It was, overall, a positive experience for me: I helped my family out, and I also discovered a note reading, “Dear Kristine, you are cool” inside one of my old purses, circa 2000. Maybe my adventures in the medicine cabinet will inspire you to do a little exploring of your own. As for me, it looks like I’ll be bringing a jar filled to the brim with expired tablets to work this weekend.

HAVE YOU EVER WONDERED...

By: Rose Liao, 1T3

Once a periodic luxury, many North Americans now daily consume meat. In order to understand the relationship between ourselves and our food we must ask...

WHERE DOES OUR MEAT COME FROM?

Traditionally, livestock were **pasture raised** —growing outdoors and eating their natural diet. Although some smaller scale farms still practice this method, large majority of meat comes from indoor **Factory Farms** and “Confined Animal Feeding Operation” (**CAFOs**): high density agricultural approaches fixated with efficiency and profit. The intensive farming disregards implications to the health of the animals, the human consumers and the environment in general.



FROM A HEALTH PERSPECTIVE...

Regardless of the excess protein and fat often associated with a meaty diet, livestock from factory farms and CAFOs contain a large amount of **antibiotics**. These are fed to animals to prevent disease in the overpopulated farms and to avoid a reaction to unnatural farm feed. Consumers of factory farmed meat also consume these antibiotics — unknowingly allowing for resistance build up within the body.

FROM AN ENVIRONMENTAL PERSPECTIVE....

Meat is extremely resource intensive!

OIL: An average steer requires 35 gallons of oil in its lifetime¹

WATER: 8% of the world's water supply is devoted to livestock production²

LAND: A meal including meat requires seven times more agricultural space than a meal not including meat³

*Cattle Farming is responsible for 18% of greenhouse gasses
(Food and Agriculture Organization, 2006)*

WHAT CAN YOU DO?

“Nothing will benefit human health and increase chances for survival of life on earth as much as the evolution to a vegetarian diet”
—Albert Einstein

Vegetarianism (the exclusion of meat, poultry and fish from diet) is an increasingly popular dietary choice for those with certain ethical, environmental and health concerns. However, reducing meat intake on a weekly basis (to any degree) is a strong individual action that can positively impact human health and the environment.

(Endnotes)

1. Pollan, Michael. 2006. *The Omnivore's Dilemma: A natural history of Four Meals*. New York. Penguin Press.
2. Roberts, Paul. 2008. “Carnivores Like Us” *Seed Magazine*. <http://seedmagazine.com/news/2008/05/carnivores_like_us.php>
3. Yassa, Paul, Ryan Prescott, Ahmed Darwish. “Health Zone” *Thinkquest* 1999

"Phirst" Impressions

By: Sana Naqvi, 1T4 Monograph Rep

After four years of undergrad at UTSC, I have to admit, Pharmacy school is waaaaay more fun than I expected. Well, at least everything aside from the learning part. But, before I start reliving my first experiences at PB, I think I should thank the 1T3's for their fabulous job at organizing our Phrosh week. Or should I just be thanking Paul Moyer? Haha, I think that was one of the first names I learned coming into Pharmacy. But jokes aside, Phrosh was pretty fun .. especially the Hypnotist show. For those of you that missed it.. well, there's only one thing you need to know, our fellow 1T4 Paris Lai's real name is Chip. If you don't believe me, just ask anyone that was there. The dodge-ball tournament was also a hit, where we learned that the 1T3's have no mercy when it comes to whacking balls at other people.

Personally, I think the best part of Phrosh was meeting other people. Everyone is so friendly! It's only been two months and I think Professor Taddio's right, it feels like we're all family. Except, I'm not sure why the rest of the faculty is trying to make us awkward by constantly suggesting we're going to marry each other, haha. It really does feel like a community though, complete with our own little address book (The Key)! One of my favourite moments was when I entered my first organic chemistry lab. Thinking I would be grouped with several non-pharmacy first year undergraduate students, I introduced myself to the students in my lab group. When the six of us realized we were all first year pharmacy students the atmosphere completely changed. We were all so excited to see each other, despite it having been the first time we met. I loved how everything got so comfortable all of a sudden, each of us helping one another with no hesitation. It really felt like we all had some sort of bond being a part of the 1T4 class. Sometimes I feel like I've known some of the people I met in class for years, and it's hardly been two months. Speaking of two months, we all know what that means ...

Midterms!!!! Ahhhh! How did that happen? I was just getting into the groove of things when I get an email in my inbox labelled 'Midterm Schedule'. Already?! Okay first of all, for those of you with more than one exemption don't even dare to complain. Actually, I think I should say anyone with the exemption for CHM223 (death class) shouldn't be complaining. Because we all know how

much fun that class is, I mean everything just makes so much sense. I suppose studying for all these midterms would be easier if my commute wasn't so long! Taking over an hour to get to and from school is just brutal. The worst part is the race against time I have every morning when I wake up. Making it to a 9am Anatomy class means I catch the 8:15am GoTrain, which means a super adrenaline rush at about 8:14am when I'm looking for a place to park at the station. On a more positive note, at least I get a refreshing morning sprint, running frantically from my car to the closing doors of the train. Okay, I'm really not that bad, this has only happened once... or twice. But I will admit, I am not a morning person.

I really don't understand how some people can wake up so easily! And some people apparently can do it without alarm clocks?! In my opinion, that's either completely insane or takes some serious will power. Come to think of it, I don't understand a lot of things. Like why on earth are the front doors to PB so ridiculously heavy? And why did they have to switch the male/female washroom sides on one of the floors? I'm guessing everyone's noticed by now, but if you haven't, two of the floors have the girl's washroom on the left, but one of them has it on the right. It gets confusing! I've already seen a few guys get confused and walk into the girl's washroom... or maybe they weren't confused? (Haha). Anyways, what else? Okay, here's my deepest darkest secret. I'm quite embarrassed of it actually. Okay don't laugh, but here goes... I still don't understand what the "T" in 1T4 stands for! Is it just me, or do you all know what that means? They've been calling me a "1T4" since I got acceptance, and I only recently figured out it's because I'm graduating in 2014. Okay, I figured that out a while ago, but what's with the T? Maybe it means terrific.

I mean we are pretty terrific. Come on, we're all going to be pharmacists, how much more awesome can we get? Haha. I love how the 1(Terrific)4's are so excited and involved in everything. I really feel like we'll all have an amazing time in this program, and the four years will be over before you know it. Because it's like they say ... time flies when you're having phun. Ha-ha.

on the adorability of first years...

By: Adam Calabrese, 1T1 Monograph Rep

Having spent far too many hours of my life in the Jack Kay room, I've spent enough hours over-hearing conversations. Pharmacy students, being a keen group, love talking about school. And when you're in first year, well, talking about school is a lot more exciting because pharmacy school still has a nice shiny polish on it. Well, don't get used to it: pharmacy school doesn't contain enough chromium to not start rusting. But the thing is, now that I'm a big and important fourth year, it is absolutely adorable to hear first years talk about the same things I used to talk about with the same aw-shucks naïveté. I don't mean to be condescending, but listening to you first years talk is like watching a puppy chase its tail. Sure, you want to tell the puppy that it will never actually catch its tail, but why would you?

"What's the relevance of physical chemistry to pharmacy?" some

of them wonder. Cue laughter from everyone not in first year. The problem here isn't just that there is no relevance of physical chemistry to pharmacy; nor is it that physical chemistry is actually of negative utility because it occupies brain space and learning time that you could put towards something else.

The problem is that the question you need to be asking is "What's the relevance of physical chemistry to pharmacy school?" Well, it's marginally relevant to pharmaceutics, which is marginally relevant to pharmacokinetics, and somewhere at the end of this Ponzi scheme of academic credits is that you need your degree to get a



license to practice.

The other adorable thing about first years is how easily impressed they are. If I happen to answer one of these near-rhetorical questions I overhear and mention that I am in fourth year, I am fawned over, as if being less than a year away from licensure somehow instills certain divine properties on my person. This is perhaps connected to my last point: they make some sort of assumption that, after three years of intensive training in all things pharmacy-related, I might actually know a thing or two about pharmacy. The implication is that after they've been in pharmacy school for a few years, they'll know a thing or two about pharmacy. Isn't that cute? But most of all, first year students remind me of mindless depths that pharmacy school puts you through, especially when you don't have any exemptions. I actually had family members take note that, after Christmas exams of first and second year, I looked like I'd been hit by a truck. I specifically remember walking out of the last Christmas exam of first year (anatomy, naturally) and looking up at the sky and thinking that it had never quite looked so blue before. I had been up until at least 5 AM the previous morning trying to study the central nervous system, something I did not and will never understand; I had passed the first midterm by about one percent (and this was back in the day of needing a fifty to pass),

and was similarly worried about the outcome of every other exam. I thought I was going to fail before I had ever had the chance to get out of first year, when I could have stayed at the University of Western Ontario and otherwise enjoyed my life. Of course, I didn't fail. Not that I did particularly well, or even enjoyed my life, but I didn't fail.

So in the face of all this, what's a first year to do? The best piece of advice that was given to me by upper years was to enjoy all the free time you have in first year. My standard response to this was usually "What free time?" because I was one of the lucky ducks who didn't have exemptions and therefore had work to do. But I've begun to see what they mean: I skipped far too many band rehearsals and extracurriculars because I thought I was "busy". I am now infinitely more busy and I rarely miss band rehearsals, I'm learning French, and I go out with friends more often, and I wish I had done this back in first year. These things are simply not worth giving up. The other thing I'd recommend is to not treat everything like a big deal all of the time. Pharmacy school is going to be throwing a lot of nonsense in your direction over the next few years. A lot. As talented and motivated and keen as so many of you are, I can't imagine a greater waste of your time and effort than caring about any of it.

Diabetes: What's it to me?

By: Nicholas Tsang, Sr IPSF Rep, 1T2

Imagine you walk into the doctor's office for a check-up and come out of it with a lifetime mandate to buy drugs. This is the reality of diabetes.

Diabetes (specifically diabetes mellitus for those in the know) has gotten a lot of press for the last decade or 2. I often hear people joke about how if they keep eating from the local fast food vendor that they'll end up with diabetes and laugh it off so what's the fuss all about, why all the press?

First of all, newly diagnosed patients usually start off with 1 or 2 medications that many take for life! Some patient's sugars are well controlled and those that are not bounce between all the antihyperglycemic medications out there until they find a set that will do the job.

The human tongue, especially mine, loves sugar, but high sugar levels in the blood destroy the microvasculature. It can be so severe that gangrene can develop, at which point, amputation of limb(s) is sometimes required if the patient wants to leave the hospital alive. Well what can patients do about it? Unfortunately, it's a disease that very difficult to cure just because we don't know too much about it but the best research has only shown that if we keep euglycemia, it decreases chances of developing or exacerbating comorbidities such as heart attack, stroke, cancer, hypertension, the list goes on. While drugs help control the glucose, the onus is on the patient to lead a much healthier lifestyle by incorporating rigorous exercising at least a few times a week. They also need to learn to be anal (yes I said it) about what foods they eat.

So what's our role as pharmacy students/soon to be pharmacists? There is no doubt in my mind that we must be advocates for patients, and we should settle for nothing less than be a hero or heroine in our practice. Telling your patients to take their met-

formin with food is great and all but just isn't going to cut it if we as a profession want to make a drastic change and put a dent in this disease. We know so much about the pathophysiology of the disease, the drugs out there, and if your store carries the Apo/Teva/Co/all of them, but what we lack is the real-life experience of the patients.

As such, I challenge anyone reading this month's issue of the monograph to talk to someone with diabetes, ask them what it's like, and together with the patient come up with ideas as to how you can make a difference in their lives and become a champion for their cause. (so for myself: when I was at EPE this summer, I made it a habit to always ask about how the medication was working for them and to ask for some numbers about their blood glucose. You'd be surprised how many people don't know/forget what the targets are supposed to be! Why pay for medications that are no longer effective?!). Email me your ideas or things you've done or would like to see more of at nc1tsang@gmail.com and you may see your idea in the next edition of the monograph!

We are pleased to host a talk by Henry Halapy, a pharmacist at the St. Michael's Hospital outpatient comprehensive diabetes program on Nov 18th from 6-7pm. For that and many more, please stay tuned for the official IPSF Diabetes health campaign Nov 15-19.



What makes us Human?

By: Andro Abdel Maseh, 1T4

If you look at the very top of a food chain, you will see humans. If you ask around most people will tell you that humans are superior to animals. We are better than these savage beasts. We can feel. We can write poetry. We can bring works of art to life. We can love. That is why we deserve this position of high regard as "greater than animals" because we are HUMAN.

After thinking over such a response I begin to wonder what makes us so different from animals. After all, looking at evolution theories we would simply be viewed as another kind of animal. So what separates us? Is it our emotions and our abilities to feel such things as love? Is it as Aristotle says: our ability for higher thinking? Or is it as Plato considers it: our ability to control our urges?

As humans we have the capacity to feel, to love, to hate, or to be driven to anger. As humans we have more abstract feelings of loyalty and justice. But our hate and anger are traits that we consider as savage and animal-like. All animals have portrayed their anger in fighting, and elephants have even been known to portray sadness. But what about love? Surely love is a human trait... isn't it? What about loyalty, and justice? These are qualities which can be portrayed only by beings of higher brain function, right?

If you ever see a mother giraffe raise her child to adulthood, then you have seen the selflessness of love in action. If you have ever owned a dog then you have experienced their loyalty and passion. And justice? If a chimpanzee feels that he is wronged by another chimpanzee, then he will hit him. A chimpanzee will never hit another without reason. Actually, hurting someone out of spite seems to be strictly a human trait.

So what makes us different from animals? Is it our unnecessary violence? A chimp will never strike another without reason, but a human will. Even a lion, the fiercest of all jungle creatures would never kill another creature in cold blood, but a human would. So do our human emotions make us better than animals? Does our ability to deceive, to lie, or to cheat make us better? Or does it simply make us worse?

So what makes us so great? What makes us so much better? Why do we place ourselves so highly? It might lie in our superior brains. We have tools, we have buildings, we have communities, and we have government. Surely these portray our ability for complex and intelligent brain function.

But tools have been used by monkeys so that they can eat. Birds have built nests and homes and entire communities. The only difference is that birds didn't destroy their environment to do so. No, that also seems to be strictly a human trait.

Our communities are complex, with governments and leaders and jobs. Ants can say the same thing. They live in complex tunnel systems with set jobs. They have an employment rate of 100% in their communities, unlike humans. They have a queen whom they never attempt to assassinate or rebel against. No, I think that assassinations and rebellion can be added to the "strictly human" category.

Animals have been viewed as creatures that are simply trying to survive, unlike humans who strive for deeper meaning to life. But maybe humans and animals are not so different. Maybe a wolf howling at the moon is sending a prayer to the heavens. Maybe a monkey picking fleas off of his brother is our equivalent to a hug. A bee dying for his queen can be viewed as patriotism.

The word "human" is always associated with love and kindness. A "humane" act is one characterized by tenderness, compassion, and sympathy. The words "animal" and "beast" are always associated with violence and aggression. So I ask: for what reason are humans considered so superior? What makes us such great human beings? Is it that we are at the top of the food chain? Is it our "strictly human traits" such as spite and deception? This does not make us better humans; it simply makes us better animals. We have given the word "human" such high praise by our speech, but we have stained this word by our actions. I hope, for humanity's sake, that we are able to live up to our name.

Picture from Burne Hogarth's 'Drawing Dynamic Hands' By: Michelle Joseph, 1T4



Angelina
By: Andrea Bodo, 1T4



DPSF Exchange Student: From Czech Republic to Toronto

By: Jana Krucinová

Pharmaceutical Faculty, University of Veterinary and Pharmaceutical Sciences Brno - Czech Republic

I'm glad I can share my summer experience from Toronto. Thanks to IPSF and CAPSI I had a chance to spend almost 6 weeks in Toronto, work in a pharmacy, and see many places of interest.

During my time at Shoppers Drug Mart, I recognized many differences between the Czech and the Canadian systems. The first day for me was a big surprise: I had to get used to counting pills, cutting strips and blisters, and opening everything possible, which is not allowed in Europe. Every day I learned a lot - how to prepare baskets with medication, how to use the labels, how to fill a robot, how to enter a prescription, and what a counselling session looks like. After few days, I was able to participate in most of the activities and help the staff. If I were to compare the Czech and the Canadian pharmacy system, I think the Czech system is in some ways easier because we don't have to do so many procedures with the medication before the patient receives it. Patients receive the medication immediately after they come to the pharmacy, because we are only allowed to dispense the whole unopened package (box) of pills, and we also don't use labels. A pharmacist in the Czech Republic would just take the box, sign for it, and then explain to the patient the necessary information. Pharmacy technicians in the Czech Republic are allowed to provide information about OTC drugs but they are not involved in the processing of prescription drugs for patients; only the pharmacist works with prescriptions. A prescription is valid for 2 weeks in the Czech Republic, and a prescription for antibiotics is only valid for 5 days. Also, it is very uncommon for patients to have refills in the Czech Republic. This is why the Canadian system was a lit-

tle bit difficult for me in the beginning, but it also means that there are more options for patients. However, that means that there is more work for pharmacists and technicians, too.

My pharmacy was a very busy place with staff from all over the world, so I had a chance to meet many different people and learn about different cultures: there were approximately 20 different languages that were spoken between all the staff. My biggest personal plus was being able to speak English - it was a great opportunity to use English every day and especially at the pharmacy, which was a perfect training course for a student studying in Czech language.

Because I live in a small town, Toronto was the exact dose of energy I needed. I



Now that I am back home, I especially miss eating Asian food and having coffee-to-go on every street corner.

If I needed a place to relax in Toronto, I would go to the harbourfront because I could just watch Lake Ontario for hours. I also visited Centre Island, and I enjoyed one afternoon renting a bike and going to Tommy Thompson Park. One of the best places I saw was definitely the financial district on Bay Street. I stared at the colossal buildings until my neck started to hurt! I also had a chance to see the Toronto skyline at night, including the CN Tower, from the Panorama restaurant with its highest patio on the 51st floor. The manager of the pharmacy I worked in took me to the CN Tower restaurant (360) for dinner. This restaurant turns 360 degrees in 72 minutes, so I enjoyed a wonderful view while eating a great meal. Of course, I cannot forget to mention the Pharmacy Building, which is fabulous, even at night.

had a great time every day that I was there. I walked down the streets, exploring the diversity of buildings, stores, people and cuisines. Of course, I couldn't miss the CN Tower, Royal Ontario Museum, Casa Loma, Science Centre and the Toronto Zoo. Visiting Niagara falls was one of the best experiences in my life. I really enjoyed watching a baseball game in the Rogers Centre – Toronto Blue Jays vs. Boston Red Sox – even if the Jays lost that day! Queen Street was one of my favourite places because of the small original shops, galleries and restaurants. I also liked the Korean town around Christie because Korean cuisine is my favourite! However, while I was in Toronto, I tried Japanese, Chinese, Vietnamese, Thai, Ethiopian, Italian and Greek food as well (and I had a few classic burgers, as well).



Finally, Toronto was the best place to spend my vacation/pharmaceutical stay and I look forward to visiting this amazing city again in the future. I would recommend it to every other student. I would also like to encourage students to participate in the SEP because it is a perfect opportunity to see another part of the world, meet new people, and see how other pharmacies work. It's also great that you don't have to worry about many things when you're abroad because the students there will take very good care of you.

Thank you to all those whom I've met and spent a great time with while exploring Toronto.

SPEP

Classifieds

By: Adam Calabrese, 1T1 Monograph Rep

Jan-Feb hospital placement in Hamilton looking for GTA switch. Reason: I am unwilling to live in Hamilton for two months. I am, however, willing to let someone else live there for me.

Jan-Feb community in Barrie looking for GTA switch. Reason: Despite the fact that I am by no means the first person in the history of the world to have to move to Barrie for two months, I will not be able to find housing or transportation or any of the things that everyone else who has had an SPEP placement in Barrie has done.

Jan-Feb community in Barrie looking for GTA switch. Reason: Nobody else has been put on a rotation to Barrie! How am I supposed to find a roommate?

Jan-Feb community in Barrie looking for GTA switch. Reason: I'm not going to know anybody in Barrie! I'm going to be so alone for two months! Is there anyone out there who likes snow and isolation?

Jan-Feb community in Barrie looking for GTA switch. Reason: Barrie sucks. Frankly, it sucks.

I know some of you have been placed into small towns as well, but none of you have it nearly as bad as I do.

Mar-Apr hospital in Etobicoke looking for subway accessible switch. Reason: I'm going to have to take a bus to get to my hospital. A bus. This is simply below my dignity.

Mar-Apr in St. Michael's Hospital looking for Westerly switch. Reason: St. Michael's is slightly East of Yonge Street. That's pretty much in Scarborough. Do you have any idea how much of a career killer having a Scarborough hospital is on your résumé?

Jan-Feb hospital downtown looking for downtown switch. Reason: There is no Starbucks in the lobby of my hospital. I can't work under these conditions.

Jan-Feb community in Toronto looking for Toronto switch. Reason: I didn't get the brand of store that I wanted. When I go to a restaurant and order a Coke, I expect a Coke, and not a Pepsi. Does the faculty even know who I am?

Jan-Feb Sunnybrook placement looking for UHN switch. Reason: I simply won't be able to get a job in this economic climate if I don't have as prestigious a hospital as possible for a two-month rotation that everyone has does just to graduate.

Jan-Feb CHEO placement looking for Sick Kids switch. Reason: Okay, so I really want to do a pediatrics rotation and I got a pediatrics hospital, but frankly, what I wanted was to do pediatrics in Toronto. I've never lived anywhere else and I'm getting panic attacks at the thought of having to be independent for two months.

Jan-Feb small town hospital looking for Toronto switch. Reason: I'm pretty sure that, twenty years from now, I'm really going to regret living in a small town for two months when I could have spent another two months living in the same city as I've spent the last twenty years of my life. As such, trying to con someone else into taking on this life-long burden for me. Any takers?

Women's Athletics

PHARMACY ATHLETICS!

With all women's intramural games well under way, pharmacy girls are off to a great start. A big thank you goes out to the captains: Kayla Castonguay(1T1) of volleyball, Irene Lee(1T3) of flag football, Lisa Levangie(1T2) of basketball, Jenny Kotsidis(1T1) of soccer, and Jody Morris (1T2) of hockey.

The turnout for women's volleyball has been excellent. Despite a very close loss in the first game against Victoria, they crushed FPEH in their second game! Well done ladies!

Flag football team has played on two Sundays. First game was a close match against Medicine with our team losing by just one touch down. Pharmacy girls showed strong endurance in the second game against PT/OT despite their injuries and sickness. Good news is, the long Thanksgiving weekend was perfect for them to rest and get ready to bring some victory home later in the season.

As for basketball, we are fortunate enough to secure the last spot in the league. Great news for all basketball lovers! Many new faces showed up in the first game, 1T4 girls definitely got talent in basketball. We are looking forward to some great performance as more games coming up.

For women's soccer, the team of nine put on a rough game for St. Hilda's which had a full house of players. And these ladies won PT/OT in the second game by default-a great start to the season.

Similarly, the returning champion- Pharm/Med hockey team tied the first game with UTM and won the second by default. Good job everyone!

If you are available on Thursdays at 4:30pm, we need more players for our soccer team. It's not too late to join in any teams and the games will be fun! Just email me at shanshan.zhu@utoronto.ca if you have any questions.

Female Athlete of the Month (September)---Jelena Sparavalo (1T1)

Jelena is the backbone for both co-ed and women's basketball teams (as we can tell from all the cheering she gets over others). Most often, we will find her score the most and great on defense. She has demonstrated amazing skills and dedication to basketball throughout the years which deserves our recognition. Congratulations,Jelena!

Shanshan Zhu - UPS Female Athletics Director



Male Athletics

With all of the court sports and most of the field sports in full swing already, the male intramural teams are off to a great start.

All of our teams are enjoying the competition and showing off what our faculty can do.

Mens teams this term include flag football, soccer, hockey, and good start. This semester we have three co-ed volleyball teams and two basketball teams. For a complete list of scheduled games, an ultimate Frisbee team and we recently got a co-ed basketball check out <http://www.uoftintramurals.ca/> and cheer on your fa- team. I still encourage anyone who hasn't made it to intramurals yet to come out as extra team members are always welcome. A reminder to all athletes to bring your T cards to games and to wear

The male athlete of the month is Paul Bazin (1T1). Paul is cap-

tain of the mens flag football team, a member of the hockey team, and has made considerable contributions to athletics as a player as well as a captain. Congratulations Paul.

Remember that athletic reps are still selling t-shirts in the lobby ably should have been the second year in a row! After losing to the this week so don't miss your chance to wear some pharmacy red! 1T3's in round robin, 1T2's recruited more classmates and rallied to Lets keep up the good work and take home some championships overpower the 1T3's in the final. There will be more challenges in this season.

Co-Ed Athletics

Another season of Intramurals has started and so far we're off to a good start. This semester we have three co-ed volleyball teams and two basketball teams. For a complete list of scheduled games, an ultimate Frisbee team and we recently got a co-ed basketball check out <http://www.uoftintramurals.ca/> and cheer on your fa- team. I still encourage anyone who hasn't made it to intramurals yet to come out as extra team members are always welcome. A reminder to all athletes to bring your T cards to games and to wear

pharmacy red! Congratulation to our softball players who won gold at the softball tournament a few weeks ago! Keep an eye out for more tournaments coming up, particularly broomball. Also another congratulations to the 1T2's for triumphing in the tug of war (for what prob-

lems to come so make sure you come out and support your class.

Marko Tomas - UPS Male Athletics Director

Brendon Wiebe – UPS Co-Ed Athletic Rep

ESCAPADES OF A VOLUNTEER

By Henry Leung, 1T4

The Post-Teenage Mutant Turtle Story

I occasionally liken myself to a turtle, gradually inching out of my cozy shell of Chaplin-esque Zen. My family are of the lively and outgoing ilk, so it was only natural that I rebelled (badass, I know) and grew up preferring the quietness and serenity of familiar surroundings, i.e. my home and my room. Accordingly, as a turtle or a quiet person, what's more comforting than to literally bringing your shell or your room with you wherever you go? Despite the emotional security of dwelling in my shell, this past summer I began appreciating the notion and possibility of doing things I wasn't entirely comfortable with. And it's been sexy. I can't stress enough that all anyone ever needs to be motivated to do something worthwhile is a little peer pressure. Fortunately, the friends I have met during the first month of pharmacy have further encouraged my shell-exiting, and I've been able to try a lot of new activities and smile about it. However, I'm pretty sure turtles die without their shells, so I will henceforth liken myself to a post-teenage, mutant turtle that wears clothes and functions without a shell. Side-tracking aside, the original goal of this story was to continue sharing with you my volunteering experience at the Seniors Health Center (SHC), and I can quite joyfully proclaim that this will, from hereon in, be a blithesome story of learning, magic, and wonder, sans the magic and wonder (sorry!).

Two weeks after I began my escapades at the SHC Shop, I was pleasantly tasked with the secondary objective of my July volunteering placement: Activation. As a friendly reminder, my shop duties began at 11 in the morning and ended at 2 in the afternoon, but my volunteering shift began at 10 am everyday. This was, in total, due to my post at the SHC Activation program, starting at 10 and ending at whenever I decided to open shop. In short, the SHC Activation program was a voluntary exercise program for the resident seniors that began approximately 30 minutes after breakfast time, and again in the afternoon. Accordingly, every morning at 10 I would groggily arrive at the Activation office, gather the necessary equipment, greet the Activation coordinator, and then head to one of the four floors of the SHC to assist the elderly residents in casual stretches and exercises. The SHC was actually segregated into 4 floors, based on the residents' physical limitations per floor. This allowed the Activation staff to specialize their exercise regimen per floor. The fourth floor residents were the most physically capable of the SHC, then the third, and lastly, the first and second floors had the least physically dexterous residents. Accordingly, the exercise routine was generally very flexible, depending on the floor we exercised on.

During the first week or so of Activation, I was assigned to a number of Activation staff who helped integrate me into their daily exercise program. On the first couple of days I sat quietly next to a staff member along with my volunteering colleague and monkey-see-monkey-did the stretches in front of the residents to encourage their participation. The routine of stretching was rather peculiar at first, because each resident was limited to specific ranges in motion and capabilities. Most of the residents were confined to wheel-chairs and walkers, so exercises were largely upper-body based. Those that could move their upper-body may also have had varying ranges of motion or varying control of their muscle movement, hence most of the exercises were done slowly and with caution. A resident's participation in each exercise was voluntary, but the goal of Activation was to include as many residents as possible in as many exercises as possible. I immediately knew Activation would be a learning experience because sitting in a roomful of strangers and performing stretches in front of dozens of inquisitive eyes made me feel like such a superstar. For you to put on my shoes and view this situation from my perspective, I ask you to Google-image "superstar turtle". Turtles don't like the attention; why do you think they have shells? I passed evolutionary biology despite that mentality but it wasn't tough to see that Activation would be uncomfortable. Although the staff led the exercises, the volunteers' roles were to encourage residents to participate, interact with and stimulate the residents during the exercises.

At first, I was most comfortable exercising on the fourth floor because I did not necessarily have to think of specific exercises that individual seniors were capable of. All the residents were very independent and did the exercises flawlessly. When it came to the other floors, there were fewer willing participants and occasionally a couple of grumpy seniors. In a new environment, it gets rather discouraging when things don't go as planned. It was no different for me. Some would fall asleep instead of participating, and the turn-outs were generally mediocre when I first began. Fortunately, as I began remembering names and faces, my conversations with the seniors during the exercise became a little more personal, which was something the elderly genuinely appreciated. Then some would awaken during their mini-naps and stretch with the group. More people would show up, and some began bringing their friends. Then as I got better with my role as the assistant to the staff, I would run off throughout the residence to round up more seniors for the exercises. Simple tasks like engaging in small talk, reassuring the seniors that the exercise will be fun, healthy and personalized enough to engage them would tip the scale and convince most to join. Eventually I didn't care about the statistical turn-outs or smile-to-frown ratios of the exercise sessions. It became more about getting to know the seniors: how their day was, what their schedule was like, and even more personal matters like their family and friends. I realized that when someone to venture into something they're unsure about all it takes are gentle and caring words of encouragement to have them feel at ease again. Once I felt comfortable with almost all the seniors I worked with, I naturally got more confident in what I was doing as well.

And as I grew more confident with the stretch routines and with the residents, the staff unleashed me as an unsupervised volunteer to lead the stretching with my colleague. I can visually recall the smirks on both our faces when we were given the news, and I can honestly say that we made the most out of our time. The first day we began our exercises without staff supervision, we sang "Twinkle-

"Twinkle Little Star" with the first and second floors, encouraging dozens of arms to reach upwards and sprinkle their fingers like a star would its rays. On the second day we sang "Row-row-row your boat" with the third and fourth floors, immersing ourselves and the elderly in a rapid (but not too rapid) river, steering left and right to dodge imaginary, non-life-threatening rocks (thank goodness). Everyone enjoyed it, and I loved it. We eventually ran out of songs but we encouraged some of the seniors to teach us the songs they grew up with, and we sang their songs with improvised actions (I hate that I can't remember the songs). I remember how caregivers and some nurses would stop by our room and watch us sing and exercise with the volunteers, smiling along with our exercising endeavours. Eventually, two HCPs (Health care providers)-in-training joined our exercise group during their breaks, but they would suspiciously disappear just before our singing stretches began (shy singers, I suspected). However, the one memory I treasure most dearly was teaching the fourth floor residents how to do the "watermelon tai chi" (apply Youtube if ignorant). When I first tried the "stretch", my colleague couldn't stop smirking at how ridiculous I looked (again, apply Youtube if ignorant). I'm very proud to say I made a fool of myself in front of the well-established, well-educated, and well-aged residents of the fourth floor, but I regret nothing because everyone followed every movement I performed and smiled while doing it.

To conclude the story of my Activation shenanigans, I was recently asked to share my imaginary watermelon cutting skills with my friends but I still felt incredibly embarrassed by it. That's how comfortable I got with the once-complete-strangers of the SHC. When you're anxious about certain situations or about your place in a social setting in general, a little practice and a little encouragement can go a long way. Seeing the eagerness in the eyes of the residents doing the stretches made me want to give so much more than just the normal duties of an Activation volunteer. Being with people you care about can give you the comfort to overcome those turtling feelings. I'm sure this easily relates to one's families and friends. So I ask you, why not be the same with strangers and care for them as well? After all, everyone you know starts off as an unfamiliar face. It's your choice of reaching out, and to a certain extent caring for them that lured them into your social turtle shell (stranger danger!). During the brief time I spent singing, dancing, and occasionally exercising with the elderly folk at the SHC, I swear that our flickering stars could have lit up even the most urbanized city's night skies. We could have ventured the world and back with our imaginary boat paddling, besting any fluvial obstacle to stand in our way. And our watermelon-sharing could have solved world hunger in brisk and refreshing fashion (while educating the world about fractions). All to help a mutant, post-teenage turtle and (hopefully inspire) others out there to shed their shells and be superstars.

SÖFTBÄLL!

By: Davin Shikaze, 1T4

- It was a great day for some ball, but despite the large number of people signed up to play, the pharmacy team only managed to field the bare minimum number of players and were even short one girl. In order to play by the rules, the girls had to work extra hard for the first two games. But this didn't discourage the team at all. Everyone stepped their game up and with some timely hits by the ladies as well as some heads up base running by Max, the team was able to finish the afternoon with a 4-1 record, good enough to make it to the finals. The team that we faced in the finals was unfortunately the team we lost to previously. Soon we found ourselves losing 5-0. But with a team huddle and an exchange of inspirational words, the team came back with vengeance with the sticks. Tauqeer capped the rally with a line drive single over the third baseball's head to tie the game 5-5. With the momentum clearly in our favour, Davin capped the comeback with a 2 run Home run in the top of the last inning. With the score 10-7, the team needed some solid defence to shut them down. Darren answered the call with another spectacular outfield grab, followed by Max who snagged the second out and effectively sealed the deal. Everyone ended up walking off the field with a brand new championship T-shirt.



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External Affairs and UPS Presents...

The External Affairs Student Writing Award

What it is:

Two annual awards which recognize students who promote and raise awareness about opportunities offered by OPA and CSHP (1 award for each organization)

Criteria:

- Be an active student member of either CSHP or OPA
- Submit an article to the Monograph between September and April, which talks about a service provided by the

organization that you are a member of. Examples include conferences, CE events, social events, etc.

Award value:

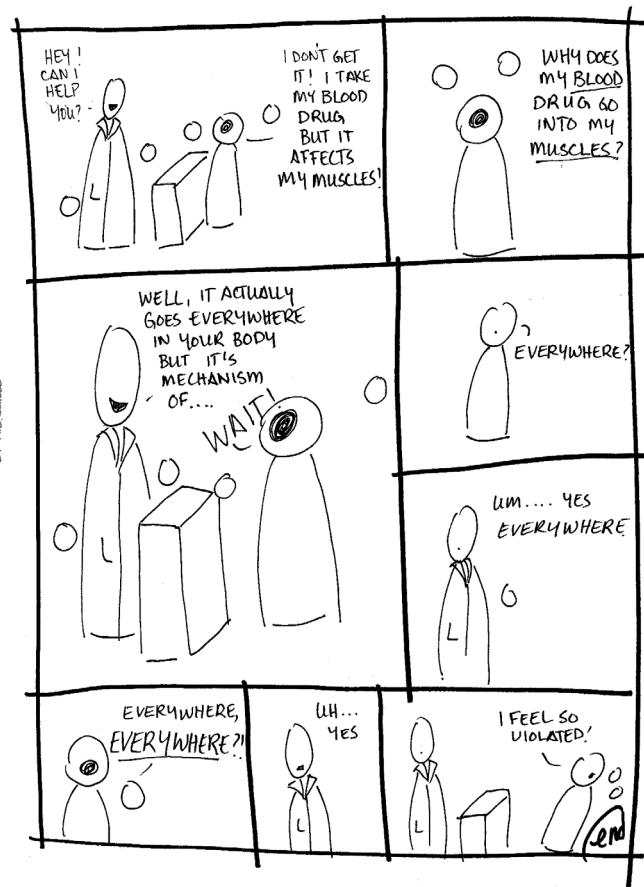
- 1 year membership in the organization
- Plaque with your name on it presented to you by a CSHP or OPA member at the UPS awards night in April

Questions:

Contact natalia.persad@utoronto.ca or

dipti.tankala@utoronto.ca

ANECDOSE
BY M.E. SCHILL



Shout Outs!!

@ BW: Hide your kids, hide your wife...and hide your husbands too

@SR: WHA G'WAN GRODY GYAL

@HB: Life is one big gelastic seizure. Carpe diem!

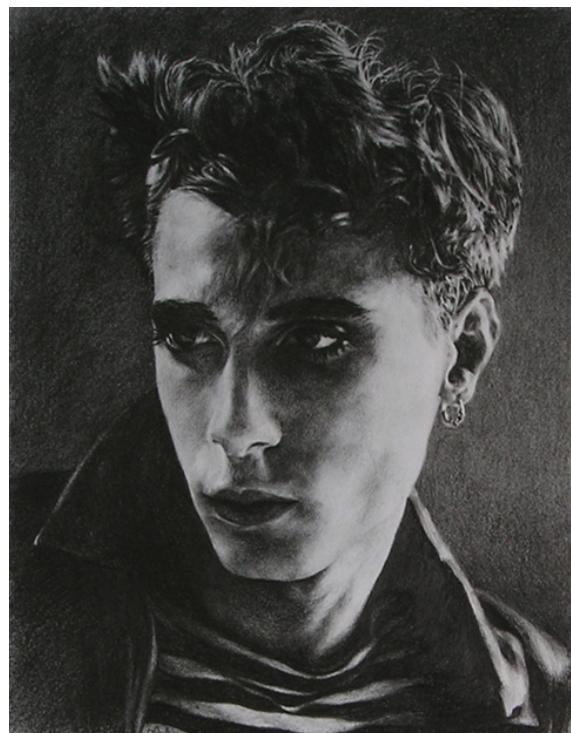
@NS: mobile trade-sies? - SD

@NT: no sideways hats in interviews!

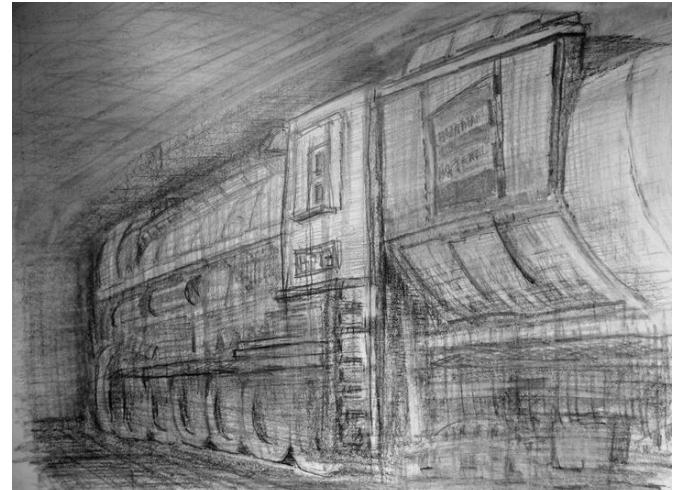
@PB: you only use 3 fingers to type

@KM: don't stop be-LEAF-in

@SH...so what are you doing for the rest of your life? <3 HB



Untitled By: Amy Luo, 1T2

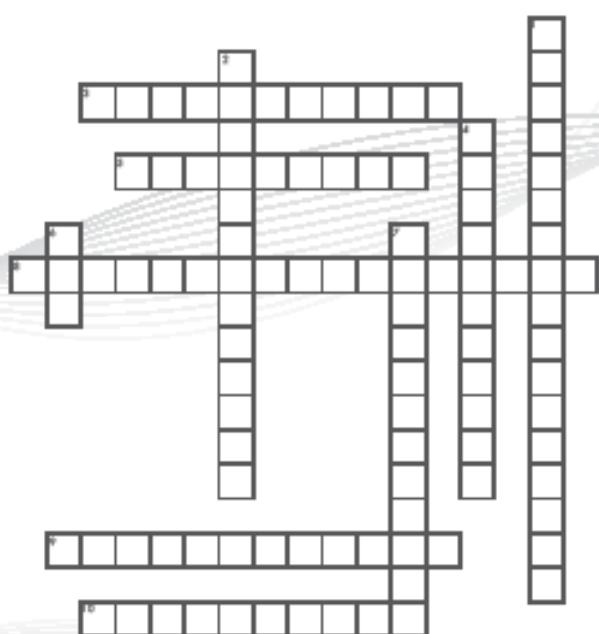


Train By: Timothy Luk, 1T1

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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 _____ one-to-one meetings on a variety of health topics
- 4 Drug used for lowering cholesterol and preventing cardiovascular disease
- 6 Pharmasave mascot Hintz buzz
- 7 PPI which prevents the stomach from producing gastric acid



SUDOKU!!

8	6		2					
			7				5	9