

The Monograph

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The Monograph

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UPS

Hey UofT pharmacy students!

As this is the first issue of 2011, we wanted to start by wishing you a happy new year! We are almost one month into the new year and hopefully your New Year's resolutions haven't been completely thrown out already :P The Undergraduate Pharmacy Society also hopes your Christmas holidays were relaxing and rejuvenating.



New this month, 50 or so energetic University of Toronto Pharmacy students recently came back from PDW 2011 - 'Wide open Future' in Saskatoon! See the CAPSI article and the smugmug website for the nitty gritty details of what happened at PDW :D Our enthusiastic U of T delegates are already getting pumped up for next year's PDW - 'Ocean of Opportunity' in Halifax! This semester also brings about new inter-mural sports. What better way to meet your fellow pharmacy students and get active than to join up?

Things to look forward in the near future: OPA Student Cup - get ready as we battle Waterloo for Pharmacy hockey supremacy in Ontario! This year it'll be in Toronto, right here on our home turf. Also, Pharmacy Awareness Week is just around the corner so get involved by promoting our profession and reaching out to the local community. Nearing the end of February, UPS elections and interviews will be held and we want you to be on our team so please don't hesitate to contact either of us to get some more information on how to be a part of next year's UPS team!

Cheers,

David Yam and Bryan Falcioni

UPS President and Vice-President, 2010-2011



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.

Ask The Monograph

Zenah Surani + Sidika Dhalla - co-Editors-in-Chief

Happy New Year Pharmacy!! For this issue of The Monograph, we're going to answer some questions from your distressed classmates! We are always open to your questions and as the seniors in the building now, we hope you can benefit from our pharmacy wisdom!

Dear Monograph,

I really want to apply to med school next year but my mark in a certain course (may or may not be phys chem...) is bringing down my mark. Whatever should I do?!

Sincerely, Phrustrated Phroshe

Dear Phrustrated Phroshe,

First of all, we can tell that this is very frustrating for you. You may think that med school is within your reach this year but just wait till you encounter Med Chem and Therapeutics. However, if you are a superstar and if drawing out mechanisms for organic chemistry is your passion, then med school may still be an option for you, regardless of that mark. Either way, you'll be wearing a white coat! 2011 is a year of change. The first baby boomer will turn 65, Pennefather is no longer teaching his section in med chem., and the new curriculum is coming into effect, but the best advice we can give you is to stay united with your class. Everyone messes up phys chem, there is solidarity in numbers!! And in the end, if it doesn't work out and you get a 60, take that six oh and GO Glenn Coco!!

Dear Monograph,

I really like this girl in my class but she's really popular and I'm so nervous to talk to her! I made the mistake of going up to her the day after Heffer's oral exam, and accidentally introduced myself with "Hi, I'm Robert the pharmacist. How may I help you today?" HELP ME!!

Sincerely, Robert

Dear Robert,

Don't worry, next time just tell her to step into the private counselling room with you! Then you'll be able to show her some real pharmaceutical care! ;)

Dear Monograph,

I think I'm caught in the Wells vortex that keeps going in never-ending spirals like a G-protein coupled receptor! I eat, sleep and dream about the dreaded phone book of med chem notes!! Everything is like mush in my mind, and every time I close my eyes I SEE DOSE RESPONSE CURVES...help?!!

Sincerely, lost-in-wells

Dear lost-in-wells,

You're right; Wells' notes have more curves than a Beyonce video. Study hard, friend, and embrace your new life. Mastering that phone book is a landmark in your pharmacy career; once you've spent 3 weeks of your life engrossed in the depths of that vortex, you will have a new found appreciation for the amazing knowledge you are gaining from second year...or not. But at least you'll be prepared when a patient comes in to your pharmacy and asks you to draw for them a diagram of the B-adrenergic receptor, the ex-

act amino acids at which isoproterenol attaches and, just for fun, to draw a dose response curve for her.

Dear Monograph,

I think i'm allergic to something. Every time I walk into PB, I start hyperventilating! I have a BP of 110/68, a HR of 127 bpm and a RR of 34 breaths per minute!

I just feel so anxious all the time. What should I do?

Sincerely, SOB

Dear SOB,

As we have just completed the CSS for asthma/COPD, you of all people should know that the first thing to do after confirming an asthma diagnosis is to examine environmental triggers! After careful consideration of the parameters and clinical signs and symptoms you have provided us, your DTP is as follows:

1. SOB is experiencing signs and symptoms of acute asthma exacerbation secondary to exposure to academic triggers.

Pharmacy care plan: Spend the least amount of time in PB as possible. Particularly, avoid the second basement lecture hall as airborne irritants, and just smells in general, seem to have a greater potency down there. Always carry around your rescue Salbutamol, and let's face it, you're going to need a spacer because your FEV1 is going to be in the red zone until the end of April.

Dear Monograph,

Oh how I miss thee. I longed for freedom during those rigorous yet glorious years as an undergrad at PB and now all I want to do is come back and frolic in the pods, dance in PB250 and spend all the live-long day in the glass room. Life as an SPEP student is not as glamorous as it sounds...I miss my friends and patients don't treat me like the professional I was told I would become...I miss being a pharmacy student! Sincerely, Reality Bites

Dear Reality Bites,

After receiving our December exam grades, therapeutics exam looming on the horizon and having several PPL hurdles, we're sorry. We can't relate.



The editors on the slopes at Blue Mountain!

**Sincerely,
Zenobiotic+Sidonkulus**

Pharmacy Jokes!

By: Anonymous, 1T4

Hiccups

A man goes into a drugstore and asks the pharmacist if he can give him something for the hiccups. The pharmacist promptly reaches out and slaps the man's face.

"What did you do that for?" the man yells.

"Well, you don't have the hiccups anymore, do you?"

"No," the man replies, "but my wife out in the car still does!"

Duck Food

A duck walks into a pharmacy and asks, "You got any duck food?"

"No," says the pharmacist, "we don't sell duck food."

The duck leaves.

The duck comes back the next day and says, "You got any duck food?"

"No," says the pharmacist with a frown, "This is a pharmacy. We don't sell duck food." The duck leaves.

The duck comes back the next day. "You got any duck food?"

"Look," screams the pharmacist. "This a pharmacy! We don't sell duck food! We sell medicine! If you come in here tomorrow and ask for duck food, I'm going to nail your little, yellow webbed feet to the floor!" The duck leaves.

The next day, the pharmacist becomes incensed

when he sees the duck comes in the store. The duck asks timidly, "You got any nails?"

"No!" screams the pharmacist. "This is a pharmacy! We do not sell nails!"

"Good. You got any duck food?"

Cyanide

A man goes into a pharmacy and asks for a vial of cyanide. The pharmacist, concerned, asks what he wants it for. The man answers, "I want to kill my wife."

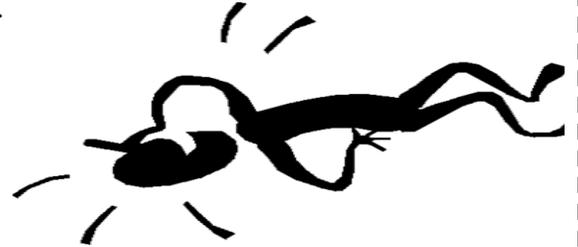
"I'm sorry, sir," the pharmacist replies, "but I can't sell you cyanide to kill your wife."

The guy reaches into his pocket, pulls out his wallet and produces a photo of his ugly wife. The pharmacist looks at the picture, then replies, "I am sorry, sir. I didn't realize you had a prescription."

Light Bulbs

How many pharmacists does it take to change a light bulb?

Just one, but he has to do it three times a day for 10 days.



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Dear 1T3s...

By Paul Moyer, 1T3

We're at a half way point! I know, I know, we're not done second year just yet, but we are half way to day 1 of SPEP. That means we're half way done our time all together as a class of 240, we're half way done lectures & PPLs and we're half way to the point where many of us will leave the GTA for good. With that in mind, I feel this is a good time to consider what we'll do during our next 1.75 years together.

I, for one, entered pharmacy school with several goals. Graduating and succeeding academically was at the top of the list, but I also planned to get to know my classmates & profs and to get involved in the pharmacy community. Whatever your goals are, I hope you are making progress. If you're not, then this is a good time to reflect and try something new. Keep in mind that if you want to know all 240 1T3s over our time together you should know at least half the class by now. If you haven't, there's still time to catch up, but it might take some work.

If you've never been to a boat cruise, a dodgeball game, a semi formal or a PDW, then your opportunities to do so are half over.

The same goes for playing an intramural sport, writing for The Monograph or, dare I say it, running for council! I believe that we've made some progress as a class in terms of doing more than just study, but let's be honest with ourselves, there's still that guy in the exam room you've never seen before or the people that sit on the "other side" of the lecture hall that you never talk to. Chances are they're pretty nice once you start talking to them, so don't be shy.

Take a moment to think about what you WANT to do before you commit to working, etc, next year. At the end of the day, it's up to you to decide what you get out of pharmacy school, but as future professionals we need to get used to the idea of making decisions for ourselves. Assuming we wish to pass, we HAVE to write exams and do PPLs, but we CHOOSE to get out to social events (or not) and we can choose to make friends and be a part of our pharmacy community. Consider what you WANT to do and fit that around what you actually "have to do".

So think about it 1T3's! Before this year wraps up, come out to something and maybe introduce yourself to someone new. I've been choosing to do so since I got here, and it's made all the difference. Keeps your eyes open for upcoming activities: OPA Cup (March 20), drop in sports, Arts night, council elections, maybe another Molly's night at the end of exams... Whatever it is, I hope to see you there!

TASTY TEA TREATS AT TIMMIES

By: Michael De Guzman, 1T4

Bubble Tea! Lattes! Smoothies! I really do love these delicious concoctions. Sadly, specialty drinks aren't always affordable on a student's budget. Over the summer, I began trying combinations of drinks at Tim Horton's in the hope finding something with a unique taste. Two combinations really stood out and became favourites of mine ever since. They taste great and they're affordable as well, with each costing about \$2.00. If you're feeling adventurous enough, you should give these two a try:

- To make Chocolate Chai, add a Chai tea bag to a large Hot Chocolate.
 - To make a London Fog, add an Earl Grey tea bag to a large French Vanilla.
- Adding the tea and let-

ting it steep for a couple of minutes adds a whole new layer of flavor to both drinks. The Chai mellows out the sweetness of the Hot Chocolate, which I usually find too sweet. It also adds an amazingly sweet nutty-chocolate-cinnamon aroma to the drink. On the other hand, the Earl Grey tea and vanilla combine to make an aroma that can only be described as similar to fruit loops! This scent goes really well with the sweetness of the drink and reminds me of breakfast as a kid.

The best part about these concoctions is the ordering process itself. I've gotten some pretty funny and highly entertaining reactions from Timmies cashiers when I told them to put tea bags in my drink. If you do want to skip the awkwardness, you can simply order the tea bag separately and put it in the drink yourself.

PLAN B SALES OBSERVED

BY AN UNNAMED IT2 DURING 7 HOUR SHIFT:

Dec 25th: 1
Dec 26th: 0
Dec 27th: 1
Dec 29th: 2
Jan 1: 7

Apparently this spike happens every year at my pharmacy =P



A Literary Review: Anne of Green Gables

By Priya Bansal, 1T2 Monograph Rep

Anne Shirley is the greatest heroine to grace the literary fiction shelves of any library, classroom, or mind. Her fiery spirit, vivacious imagination, incorrigible ability to talk for pages on end, and genuinely sweet nature not only bring her to life, but make it impossible not to love her. I'm not going to lie – this isn't a real literary review. I do not embark upon reading this novel with a critical eye, but simply to be taken away by my all-time favourite childhood story. This is an article expressing how much I love this book and why. Any friend that's ever known me since the fourth grade has been made well aware of this, and I think it's necessary to finally include my new friends in this tradition.

A little bit of insight into my obsession: I have read Anne of Green Gables at least 11 times, own several copies of it, and have taken to watching the movies as a treat after every exam period. When I was younger, I did book reports on the whole series and used to dress up as Anne for Halloween. My room is also a shrine to her. Anne posters, dolls, picture frames, and all other sorts of Anne paraphernalia are the theme of my interior décor. It's just pure luck that my room faces east and has a tree outside of it, just like Anne's room in the book. I gathered most of the paraphernalia when I was 12 years old and vacationing with my family in PEI to visit her house and see her play. Imagine my surprise when I discovered there exists a whole store dedicated just to her! My family soon learned that a kid in a candy store is equivalent to a Priya in an Anne of Green Gables Store. It was like being in heaven. If I weren't in Pharmacy, I would probably be working there.

I should probably explain something of the plot to you, seeing as how this is a "literary review". Anne of Green Gables is the story of an 11 year old orphan named Anne who is accidentally adopted by Marilla and Matthew Cuthbert; siblings who, in their old age, intended to adopt a young boy for extra help on their Prince Edward Island farm. Anne is forced to endure something of a probationary period in which time Marilla and Matthew must decide whether to return her to the orphanage or not. It is in this time and thereafter that Matthew, Ma

rilla, the little town of Avonlea, and us, the readers, fall in love with the red-haired orphan.

It is primarily the literary genius of L.M. Montgomery that makes this novel a Canadian classic. Just like Anne, L.M. Montgomery has a way with artistically depicting scenery and sculpting characters and personalities. Beyond the plot is the imagery of the setting and the dynamic set of characters that live within it. Anne's character is so complex, with any other author, she would have been too unrealistic and too unrelatable. Montgomery, however, created a character so intriguing and complete as a person, it is no wonder that for generations, many young girls have related to her in some ways and aspired to be like her in others/ When this book was first given to me by the librarian, I read the first page and wasn't all that interested. I only decided to read it because it was supposedly a classic. But Anne instantaneously became a "kindred spirit". She was interestingly different from most people around her, as she was an extremely passionate person, read a lot, and spent most of her time day dreaming about



novels and dreaming up her own stories. Moreover, she didn't seem to notice or care that people thought she was strange. She did, however, care about her distinctive red hair and freckles that she was sensitive about and would take her temper out on people that made fun of them. Her temper and vanity were flaws that made her more real, while all other strange traits about her and her confidence were intriguing. She came to Avonlea with a definite sense of who she was and everyone seemed drawn to her.

I like to believe that although I, and many other people that loved this book, are not really anything like Anne, we relate to the fact that we are all strange in our own ways and can appreciate a character that truly owns who she is. We can also appreciate a book that is really well written. It is no surprise to me that even after having recently turned 100 years old, Anne continues to be a favourite character for many children all over the world.

My fear of medicine ... as a pharmacy student

By Sana Naqvi, 1T4 Monograph Rep

As we all know, Toronto really only has two seasons; the first being summer and the second being the flu. Fortunately, I haven't gotten the flu for the past few years even though at least one of my family members usually does. This year, it wasn't just one person, but pretty much everyone in my household had either cold or flu symptoms. Still being able to resist experiencing any symptoms myself, I made it my duty to go around the house telling everyone to drink lots of fluids and remember to take Tylenol if they had a high fever or continue taking any other medications they were currently on. Feeling like a true pharmacist, I took pride in reminding everyone of the importance of sticking to their medication regimen. Deep down inside however, I knew that if I were the one that was sick, I don't think I'd listen to myself at all. Fortunately however, I remained flu-free, until one horrible morning ...

As I was sitting in PHM128 on a Friday morning, I started feeling an intense pressure in my head right above my eyes. Assuming it was a lack of sleep; I continued to sit there squinting at the professor. Feeling tired and drained after class, I tried to get home as quickly as possible to my bed. By the time I reached home, I was exhausted and hungry and went to the kitchen to take out some food. As I stood in the kitchen, staring at the fridge, I felt like I didn't have enough energy to take out my food. I somehow managed to get myself a blanket and lay down on the couch and closed my eyes. When my mom came downstairs a few minutes later, touching my forehead she told me I was burning up. I refused to believe her and told her I was just tired from an exhausting week at school. After finally managing to eat my lunch, my mom was after me to take a Tylenol and go to sleep. "But I'm not sick!" I refused, and went to my room. Lying in bed, my body hurting and my temperature rising, I finally succumbed and took an extra strength Tylenol. Swallowing the pill with distaste, I fell into a dreamless sleep.

It was after a week of having an off and on fever, muscle ache, headaches and congestion; I realized how much I hate taking Tylenol or any other medication for that matter. It's not that I don't like swallowing it or the way it tastes or anything, it's just I hate having to put any kind of pill in my body. As weird as that sounds, I know a lot of people feel the same way. For the past 4 or 5 days, I was taking a Tylenol about every 4 hours to help fight my stupid fever. But to be honest, being the kind of person that

almost never takes any pills; I really hated having to take them. I'm not really sure why I don't like taking pills though, but I think it's more the odd Tylenol or Advil that I hate. What I mean is, if I have some kind of bacterial infection and I was prescribed to do a 7-day course or something by my physician, well then I'd obviously complete the course. But it's something about non prescription medications that I don't like. Or maybe, I just feel like they're not really that necessary. Or I suppose since I rarely take any pills in the first place, I feel like I'm ruining my clean record or something.

The funniest part was when I was in class and a friend of mine told me I should take something because I was scrunching up my face in pain trying to pay attention to the professor. Feeling nauseous due to the fever and pressure in my head and sinuses, she thought I should be taking a Tylenol or Advil asap. Having conveniently forgotten my Tylenol at home, I told her I didn't have any and I wasn't feeling that bad anyway. She then said not to worry and pulled out her own bottle of Advil, offering me some. I said no thank you telling her I could wait until I got home to take the Tylenol that I had been taking for so many days already. She insisted anyway, and eventually I agreed to take one. She handed me two pills and I looked up at her confused. "Why are you giving me two?" I asked. She casually replied, "I always take two." And I was horrified, "TWO PILLS?!" She started laughing and told me to calm down. I took both of the pills, trusting her advice, and seriously felt like some kind of a drug addict. I then started feeling weird about the fact that I've normally been taking Tylenol and now I just switched it up with Advil. Does that make a difference to anything? Then I started wondering what exactly the difference between Advil and Tylenol were. The bottles both said for pain relief and fever. Or maybe they were both for Cold and Flu. I can't remember, but anyway the point is, what's the difference? That's when I realized, that I still have a long way to go in pharmacy school, because I don't even know the difference between Tylenol and Advil. Shouldn't the first year of school teach you basic things like that? The only thing I know is that Tylenol is acetaminophen and Advil is ibuprofen ... but that still doesn't really tell me anything.

Anyways, finally about 4 days after the fever started, I began feeling a lot better. The fever had gone and I was just left with the common cold symptoms. Not feeling feverish, I gladly stopped taking the Tylenol. I started thinking to myself about how ironic it is that I've chosen a career path in which I'm going to be constantly advising people on the appropriate use of their medication and at the same time I, myself, hate taking anything. Well, I guess I don't have to love taking pills to be a good pharmacist, haha. I suppose, for people like me, the moral of this story isn't about whether I should take medication or not, the real moral is, just don't get sick!!!



CAPSI COLUMN

PDW Saskatoon : Wide Open Future By Ashley Homsma, 1T2 CAPSI Rep

WEDNESDAY DAY 1

Although flights were delayed, we arrived at Saskino Royal all glamourised up with our James Bond attire and ready to gamble to win Bachelors and Bachelorettes. Our bachelorette Ashley was sold to Nima for \$2.2 million dollars. The 60 delegates danced the rest of the night away.

THURSDAY DAY 2

Waking up Thursday morning a little tired, our delegates enjoyed listening to a motivational talk by the Keynote speaker, followed by educational talks later in the day. Our competition winners competed against the other pharmacy schools in a variety of CAPSI competitions and represented the school well. A job well done to Katie Palmer (OTC, PIC, PharmaFacts competitions), Tiffany Kan, Ken Dong, Jonathan Fung and Kenny Ma (Compounding competition), and Nicholas Tsang, Matthew Jefkins and Mark Trevor (PharmaFacts Bowl). Big thanks to everyone coming out to the PharmaFacts Bowl to cheer our team on and show our school spirit – we were definitely the loudest for our size! The delegates then enjoyed a Wild West Country Western night with lots of dancing and good times with friends.

FRIDAY DAY 3

The day began with the CAPSI National Elections. Congratulations to David Yam for being elected Finance Officer on the CAPSI National Executive. We then had an inspirational talk from Dr. Russ Kennedy about the importance of recognizing your stress and finding ways to go about relieving it (www.dr-russ.com). We then attended the healthfair and were able to learn about different pharmacy organizations and grab some more free stuff. The afternoon included talks such as Nutrition Hot Topics; Prions, Protein Misfolding and Peptide Arrays; and an RX files tutorial. We then enjoyed some freetime to discover Saskatoon and grab some food before getting ready for a Pirate themed night where “The Last Saskatchewan Pirate” became stuck in our heads for the rest of the night (if you don’t know it – You Tube it!)

SATURDAY DAY 4

Saturday morning was filled with a talk by Saskatoon native Catriona Le May Doan! Catriona has won gold medals in the 500m long track speed skating event at Nagano 1998 (in Olympic record time) and then held on to this title at the 2002 games in Salt Lake City. She also won bronze in the 1000m event in the 1988 Nagano games. Catriona is not only passionate about her sport, but is also involved in a number of charity and community organizations including Right to Play. She was an eloquent speaker, very motivating and encouraged us to reach our full potential! We then attended the Annual General Meeting, ate some lunch and enjoyed some free time to go skating, explore the local farmer’s market and for those us staying at the Sheraton we discovered an amazing water slide! The winners of the bachelor/bachelorette night were then taken by limo for an hour tour across Saskatoon’s beautiful city and dropped off for a night of dinner, awards and dancing at the Fairytale themed closing gala. Congratulations to 1T2’s own Kenny Ma, Ken Dong, Tiffany Kan and Jon Fung for winning the national compounding competition!



SPECISM - WHAT WE ALL SHOULD BE GUILTY OF

Ian Wu, 1T3

Dogs are cute. Pork tastes good. Flies are annoying. Butterflies are pretty. You have no problem with that right? Okay, let’s change some things up a bit: Pigs are cute. Dog meat tastes good. Flies are pretty. Butterflies are annoying. Gosh, WHAAAATTTT?? Dog MEAT? Butterflies are ANNOYING? Oh the horror, the horror. Why is it okay for us to eat the flesh of a pig but not the flesh of a dog? Why is it okay for us to kill a loud buzzing fly but not okay to kill a butterfly? Are we manually selecting which creatures in the animal kingdom that we’re allowed to kill based on the criteria of how cute or pretty they look? Let’s look in the past – what if dog meat tasted good? Then chances

are, we’d be treating those dogs cruelly inside those slaughterhouses and then eating them. What if butterflies didn’t have big colourful wings and made loud buzzing noises? Then we’d kill them when we have the chances to. This comes down to one thing – if the animal is tasty, or if it is annoying, then we’d have no problem killing it. Ask yourself this – is it in the fly’s control whether its wings buzz loudly or not? Is it in the pig’s control whether its meat is tasty or not? The flies are annoying because WE find them to be annoying. Pigs are tasty because WE find them tasty. The fly doesn’t know that it’s annoying us. The pig doesn’t know that it has delicious tender meat. In fact, a creature has no control whether it’s going to be a pig or a dog. This is specism – favouritism towards certain animals based solely on a few criteria, and we should all be guilty of it. However, one thing to keep in mind is that almost all of us are specists, and we may not realize it. I’ve seen vegetarians who refuse to eat any meat, yet have no problem swatting a fly in a living room. I’ve seen people who object to the slaughter of el-

elephants in Africa to get their tusks yet have no problem eating a Big Mac. There is no law against specism, so I have no right in saying whether it is condemnable or not. However, if we care so much about racism (and rightfully so), because we have an obligation to treat everyone equally, then wouldn't that mean that we should treat all animals equally? Most people would say no, because it's not related to humans. And that's the bias – unless an issue is pertinent to humans, we're apathetic about it. Thus, it is about time to face the reality – we, as humans, only care about our own species.

Sounds trite? Here's the catch – I specifically mentioned examples using vegetarians and anti-animal cruelty groups for a reason. The people who care about elephant slaughter – clearly, they're caring about something that isn't human related – it's elephant related. But would you say for certain that all people who care about elephant slaughter also care about the cows and pigs being brutalized in slaughterhouses? I respect people who believes this notion that an animal's life should not be seen lower than that of a human's life. However, shouldn't it be considered as hypocrisy if someone thinks killing elephants is wrong but eating beef is not? I don't know, and I cannot say it for certain, because clearly there are other issues going on. Maybe we eat beef because it tastes good (hence, necessary) and we're against elephant slaughtering because it's unnecessary? Well in that case, how do we justify which is necessary and which is unnecessary? Is killing a fly necessary because it's annoying? Is killing a cow just to get its tasty

meat necessary? I can say that most of us eat meat because it tastes good, not because we need the meat for basic survival (unless it's 2500 where world hunger runs rampant, where in that case, it's a separate discussion so stay tuned for my next article). Here, it's specism revealing its ugly face again – why is it that some people think that the killing of elephants to get their tusks unnecessary and yet killing a fly because it's annoying is necessary? And here's to further elaborate my point – it's easy to say that one cares about the life of animals, but to actually care about the lives of all animals is a pretty challenging thing to do. Most of us cannot escape specism, and hence, most of us are guilty of favouring a select few groups of animals to sympathize with, usually for our own ends.



Home for Dinner

By: Jacqueline Flank, 1T2

This year, the class of 1T2 decided to support the Toronto chapter of the Ronald McDonald House (RMH) for charity week. This is a fantastic organization that provides assistance to many families with sick children and it also happens to be an organization that I have a personal connection with. For this reason, I am incredibly grateful to everyone that took part in charity week and for all of the generous donations.

This past summer, I had the privilege of working at the Hospital for Sick Children. Every day that I went to work, I was thankful for my health. I would often think to myself about how difficult it must be for these children and their families and how I could never imagine going through what they were going through. On the day of my last shift at the hospital, I received a phone call from my pregnant sister. She was being rushed to Toronto to deliver my nephew and he would have to undergo heart surgery at Sick Kids. My family was now one of the families I had often sympathized with. I would no longer have to imagine what they were going through, my sister and I were about to experience it firsthand.

When my nephew was first admitted to the hospital, my sister was told that they should be able to return home in a few weeks if things went as planned. To put things simply, things definitely did not go "according to plan". My nephew was in the hospital for just under three months and he spent most of this time in the critical care unit. During this time, the staff at the Hospital for Sick Children helped my sister apply for a room at the Ronald McDonald House, which is where she would call "home" for the next couple of months.

For the most part of the fall, I would spend my mornings at the pharmacy building, my afternoons at the hospital, and my evenings at the Ronald McDonald House. It was during this time that I was introduced to the many amazing things that RMH does for families with sick children that are away from home. The "home for dinner" program was something that really struck a chord with me. On certain days of the week, volunteers would come in and prepare a home cooked meal for the residents. The families staying at RMH are under a tremendous amount of stress and they are often so concerned with caring for their children that they sometimes forget to take care of themselves. Providing them with something as simple as dinner allows them to worry about one less thing. This program gives them the chance to sit down with other families going through similar situations and share a meal that will provide them with nourishment so they can have the physical strength to get through another difficult day. I knew this was something my sister appreciated very much during her stay at the RMH, and I also knew I wanted to get involved in some way. With charity week fast approaching I thought it would be great for my class to not only raise and donate money to the Ronald McDonald House, but also to donate our time. I approached my class council and was thrilled when we decided to support the RMH and plan our own "home for dinner" meal. This program not only benefits the residents but it also brings fulfillment to the volunteers that prepare the meal and have the opportunity to talk with some of the families about what they are going through. Due to the generous donations of the people in pharmacy, we will be able to make the residents at RMH an incredible meal, while working together and learning about some of the struggles that these families experience. I truly believe that "the best way to find yourself is to lose yourself in the service of others" (Mahatma Gandhi), and for this reason I am looking forward to the class of 1T2's "home for dinner" meal at the Ronald McDonald House.

The PFEC Account

By: Tara Farquharson, PFEC director of promotions

This article is the basics of investing for noobs. To learn more, come out to PFEC's seminars this semester!

They say that investing as early as you can is usually a good idea. This is unfortunate, since my previous plan was to pillage and hide my treasures in a chest on a tropical island. This caused me to do a little digging, try to figure out what exactly it is that the smart kids are talking about.

Investing is essentially giving your money to various organizations, in the hopes that its value will increase (appreciate) when it is returned to you. This can be very helpful, especially since inflation causes the value of money to decrease over time, which means keeping your money in the bank will actually make your money depreciate. However, there are a wide variety of investment types, some with low risk, some with high risk of losing (or not gaining) capital. Also, as much as it is important to invest early, it's also a good idea not to invest until all your debts have been paid. As students, this is important to recognize so that you don't get yourself in a rut right out of school.

I've discovered that there are several basic types of investment:

Cash-like investments: these include Canada savings bonds, treasury bills, and money market funds, these are considered the safest methods of investing, where there is little to no risk of losing money, but the rates of return on these are low. Also, they will freeze up your money for a predetermined amount of time.

Fixed income securities / bonds: When you purchase a bond you are lending money to the government or a company, in return they will pay you interest on your money, therefore repaying the 'face value' (value after inflation) when you cash the bond. However, within this category there are various types of bonds, some with guaranteed income certificate (GIC) that are much less risky, but have higher returns than cash-like investments, and others which are very risky, but offer the potential for high returns. These include tax free savings accounts (TFSAs) and registered retirement savings plans (RRSPs). And look at that, you already understand some of the lingo!

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Equities: when investing in the stock market, you take on part-owner status in a business. This may entitle you to vote at shareholders' meetings, or to receive profits the company allocates to share holders, which are called dividends. There are two ways to make money on a stock; first by an increase in the value of the stock you've purchased (these may increase or decrease), second by the company paying a dividend. Equities can offer high rates of return, but can also be quite risky, since it is possible to lose some or all of your investment. Also, dealing with the stock market is done best by researching, and so this option may be much more time consuming than the others.

Alternative investments: these include foreign currency, hedge funds, gold and real estate. These are some of the most complicated and time consuming investments, and therefore pose higher than average rates of return. These types of investments are usually taken on by investing masters.

Getting involved with investing early on is always a good idea, so take the plunge! You may find it helpful to talk to family, friends, pharmacy coworkers or even a financial advisor about the best place for your money. See you at the PFEC events this semester!!

pfec2009@gmail.com

For more basics on Investing:

http://www.osc.gov.on.ca/documents/en/Investors/res_basics-of-investing_en.pdf

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Thoughts From a Man With Nothing But Time

By Adam Calabrese, 1T1 Monograph Rep

When I was working my way from first through third year, second semester Monographs always had a suspicious feature. The articles from the fourth year Monograph rep were usually pretty terrible, of they existed at all. And sitting here from the vaunted position of being “on rotations”, I can see why. The more plebeian concerns of day to day life back at the faculty hold absolutely no interest in my mind. I was never really the type to get nervous for labs, but gowning up to go into a isolation room to talk to a real person (even if it's as mundane as asking what time they take their propranolol) puts your mind on higher things.

The fundamental absurdity of SPEP is making the transition into being a permanent resident of something in which I had previously been only a tourist. Any good preceptor will ask you questions to which you don't know the answer (and given the quality of our education, if I had a dime for everything I didn't know, I'd be able to pay my tuition), and standard procedure on not knowing something is to look it up. Try squaring that circle: not only do you not know something, but in short order, you're going to be responsible for knowing it, and will be qualified to take on a student to teach them the same things. Worse still is when a pharmacist has you look something up to answer a nurse's question, and then sends you to answer that question without even double-checking to make sure you were right. Every new task is a constant challenge to keep everyone from finding out how useless you really are.

Well, that's not the only absurdity. The real absurdity of SPEP lies within the months leading up to it, where you will never see such a large group of ostensible adults behave, on all sides, as if they still had trouble putting their clothes on the right way round in the mornings. You're probably going to hear people bemoan their fate that they have to commute all the way up the Yonge subway line to get to their hospital rotation. You're less likely to hear much whining from the people who have really been inconvenienced by SPEP, such as those who had to go through the trouble and expense of buying a car.

As for my part, the majority of people would probably have tried to switch out of my current placement, in Oran-

geville. As you approach SPEP you are probably going to hear more than a few refrains about how going to a small town isn't that bad from the faculty, buttering you up for being sent off to the middle of nowhere. So let me pile on. Being at a small hospital has a bunch of advantages for a student that you otherwise wouldn't expect. It starts with the simple things: when you only have a small number of wings to visit, it takes a fewer number of days to figure your way around the hospital and to your desired nursing station to check a smaller number of charts. For another, seeing a small number of familiar faces at rounds every day makes staff far more approachable: they're more likely to say hello and, their hospital not being overrun by students and residents of every stripe, are not fatigued by the constant flow of students in and out of their hospital. When you're sent on a mission to find a nurse to answer a question, finding that it's a familiar face makes approaching them much easier on both ends: you have an idea who the nurse is, and the nurse already knows that you're the pharmacy student. When I have to do a presentation to other members of staff, it's a lot easier to generate interest when there's only one presentation from one student to attend, especially when that topic is one the other staff want you to research.

Small hospitals also carry their own fringe benefits. I was able to attend a lunch hosted by Pfizer (at a fairly decent restaurant, too) between hospital and long-term care pharmacists to iron out details over medrecs and discharge paperwork. The pharmacists from the other hospital had some six or seven SPEP students running around their facility, none of whom attended the lunch. This is what I imagine the life of an only child must be like: everyone pays attention to me, I get all new stuff, and I have more privileges and resources dedicated to me than my multi-sibbling peers. There are other discoveries afoot. Did you know, for example, that there are places in the world outside of Toronto that aren't complete and utter wastelands? Apparently, many pharmacy students do not. I live within walking distance of an excellent pizza place and a beer store, which fulfills pretty much any requirement one could hope for in a real estate location, and I'm in an apartment where I'm paying

half of the rent I would in Toronto, with far more living space. The roads are kept more clear of snow than the streets I've lived on in Toronto. The calm drive into work and the view of the gently rolling hills of the Oak Ridges Moraine are a welcome change from Toronto's traffic and cityscape. Even driving back to Toronto carries its benefits: the last hill heading southbound on Highway 10 offers a marvelous view of Toronto in the day, and at night, an endless stream of headlights from commuters making their daily northbound pilgrimage. I'm a short drive from the local skiing hole, and only an hour away from Blue Mountain, and I'm kicking myself for not getting in on the early bird skiing pass deals. It puts all of the bed-wetting over finding a “good” placement in perspective.

I know that I've gone on about the subject enough, but it is one of the measures of someone's commitment to a cause or ideal that they are willing to be boring about something. I am committed to trying to make pharmacy students a shade less childish in future years. The reasons why people exhibit the behaviour over their SPEP placement is twofold.

Firstly, people are over-sheltered and unwilling to so much as try living somewhere else for a paltry two months. Secondly, people want a more prestigious placement because they think that it will actually make a difference in their lives. Presumably, they also think that hospitals, multi-million dollar operations, exist for the purpose of enriching a pharmacy student's life for two months. I've spent my university career living in and traveling to a pretty wide variety of cities and towns, under a pretty wide variety of conditions. I've slept in unheated alpine huts on top of mountains, in fancy hotels, cheap hotels, hostels, barracks, dorms, apartments, on friends' apartment floors, and the ground (although I did relatively little actual sleeping there). Believe me when I say that it doesn't matter where you find yourself in life, or what amenities or restaurants or bars or food you find yourselves near (except, perhaps, for being able to have ice in your vodka tonic in the heat of a Montreal summer). What really matters is who you find yourself with.

She's smokin' hot...ribs

By: Sam Hsieh IT2

There's Stockyards, Phil's Original, Tunnel BBQ, Highway 61, and Lou Dawgs, all claiming to have some of the best BBQ around. But they all pale in comparison to the artisanal creations coming out of the smoker at Buster Rhino's. Three locations are currently available to satisfy your meat-addictions, but it is the main store on Thickson Road that provides fresh-off-the-smoker-ribs on Thursday nights and all day Fridays.

By far, this is the best 'low and slow' BBQ place north of the border (only when you get them on the aforementioned days, it's just not the same when you reheat their vacuum packed products during the rest of the week). What sets this place apart from others is their spice rub, award winning BBQ-sauce, and the mesmerizing blend of wood chips and whole logs in their pit that creates the smoke which permeates deeply into everything it touches (I kid you not, the smokiness stays on your fingertips a good day after eating their ribs).



A group of friends and I make regular pilgrimages out to Whitby just for a taste of their ribs, brisket, and pulled pork. It is our safe-haven, our Mecca of Meat, if you will. But tonight was a special night. Buster Rhino occasionally hold sampler evenings, where you get to try 8-10 dishes created by the chef/owner, some off their regular menu, while others are the by-products of their kitchen experimentations.

The sampler started off with a jar of deep fried black-eyed peas, seasoned with their dry rub. The perfect blend of salty, sweet, and crispy. Ideal bar snack criterions. Next course was their Pig Candy. A slice of homemade bacon, cured in maple syrup, brown sugar, then smoked. If you thought bacon was good, this just kicks it up a couple thousand notches. To counter-act the fattiness of the bacon, we were given a Kool-ickle (pickles soaked in cherry-flavoured Kool-Aid, which gave it a diabolical reddish colour). Apparently this is a big thing in certain cities in the States. The flavour wasn't off-putting at all, the cherry flavour really worked well with the brine from the pickle.

Up next were the Southern Potato Skin (deep-fried potato skins stuffed with smoked cheese, brisket, and BBQ-sauce). Another

homerun. The smoked cheese and the sauce were a harmonic duo. We were then given a Red Neck Wellington, which is their version of the classic Beef Wel-

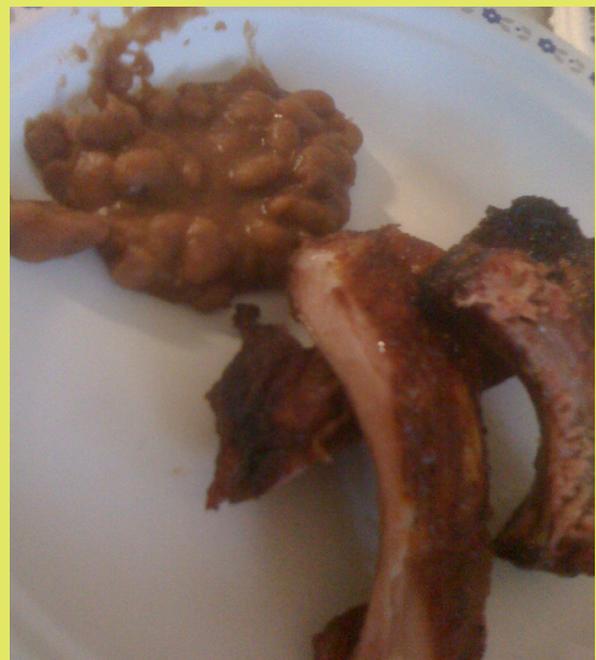
lington. They made their own sausage meat and then wrapped it in phyllo dough. This wonton-esque meat dish was simply dynamite.

But to me, the M.V.P. dish of the evening was the Beef Brisket (it was served with a side of sweet potato salad, which I found unnecessary). The meat was tender, juicy, flavourful, and is better than any brisket...anywhere. It tasted better than a million mangoes. The pulled pork sandwich was next, and consuming it simultaneously with the coleslaw was good, but nothing worth writing home about. The final savoury dish of the evening was the ribs with baked bean. Exquisite. Simply sublime. With or without sauce, hands down, one of the best (if not the best) ribs within driving distance of Toronto.

Good ribs shouldn't fall off the bone, that just makes them mushy. You want ribs where you need to tug ever so gracefully at the meat for it to delicately un-cling from the bone. Oh, and the ribs also have these really sexy smoke rings on them (it's so nice that if you proposed to a girl with these rings, she wouldn't be able to refuse).

The evening ended off with a bacon pecan praline with vanilla ice cream. That's right. Bacon. For dessert. The saltiness and sweetness just amalgamated perfectly on the palate.

Want ribs? Have access to a vehicle? Go visit BR. Live in (or near) Whitby? Go visit BR every Thursday and Friday. Try out one of their sampler menus if you ever get the chance. Everything they have is sourced locally (except the smoker, which was imported from the States). But just a little caveat, NEVER ask for ketchup to go with your ribs. The owner will personally throw you out of his store (true story).



Student Exchange Program:

Latvia By: Jadie Lo, 1T1

This summer, I had the opportunity to visit Latvia as a pharmacy student through IPSF. In the four short weeks I was there, I learnt about the culture and pharmacy practices of the small but beautiful country of Latvia. I also travelled around the Baltic States and of course, met lots of wonderful people. Many of you probably never considered visiting Latvia, a small Eastern European country bordering Russia – and that really is the beauty of exchange programs. SEP gives you a legitimate excuse to go to places you have never been or perhaps never even heard of.

My exchange took place in Riga, the capital city of Latvia, and like much of Eastern Europe, most of the locals had a very poor grasp of the English language. This of course affected my ability to communicate with patients, but I was still able to learn a lot about pharmacy in Latvia. For example, in Latvia, there is no such thing as counting. When a doctor prescribes medication, regardless of the duration of therapy, the patient gets the whole pack (which usually comes in a pack of 30). The waiting times are also quite short (usually 5 minutes, including counselling) and documentation is almost non-existent. My job at the pharmacy was to enter the prescription information for billing purposes, as this was done after the medication is given to the patient. This would include the doctor's information, the diagnosis code (which determines the amount compensated by the government) and the patient's personal identification. It was much easier to notice the differences in pharmacy practices between Latvia and Canada, but there were two similarities that stood out for me: the perception of the pharmacist being the most accessible health care worker and the white lab coat.

My experience in Latvia was very enjoyable. As soon as our national SEO accepted me into the program, I was put in touch with the SEO of my host country. As my placement was in community pharmacy, the schedule was more flexible and I was able to participate in the exchange after I completed my jurisprudence examination. Although I had to pay for all my own costs, it was extremely affordable as the cost of living in Latvia was quite low. My residence costs me less than \$180CAD for four weeks, and food is about half the price in Toronto. Needless to say, I was quite pleased with the arrangements.

If there is one thing you get from reading my experience in Latvia is this: TRAVEL! Before I left for my trip, I had many reservations about travelling in a country that is not as developed as Canada. I really had nothing to worry about. I met lots of awesome people during my exchange that made my stay very comfortable, even though I didn't know a word of Latvian. I travelled in several beautiful countries I never thought I would have a chance to travel to and made several friends from various countries around the world. I highly recommend participating in SEP.



HAND (based on Burne Hogarth's "Drawing Dynamic Hands"), Michelle Joseph, 1T4



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RX FILES

Nattalia Persad+Dipti Tankala, UPS External Affairs Representatives

Name: Miranda So

Year of Graduation: 2000 (BSc.Pharm.); 2010 (Pharm.D.)

Which pharmacy school did you graduate from? University of Toronto for both pharmacy degrees

Have you completed any advanced training or certification? Pharm.D.

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

I have been a member of CSHP since I was an undergrad student. Currently I am a member of Working Group 3.1, which is one of CSHP's 2015 Initiatives. Our job is to provide a toolkit to help pharmacists in hospital practice access, critically appraise and translate clinical evidence into their day-to-day practice. It has been a wonderful experience, and I have a lot from other practitioners in the group that come from across the country. Starting last Fall, I have also become involved in the Professional Practice Lab of Second Year, and now First Year as a facilitator. I really enjoy this exciting opportunity! It has been very rewarding to see the students grow in their knowledge and confidence over time.

About Me: After gaining my BSc.Pharm., I did my internship at Trillium Health Centre. Once licensed, I became a clinical pharmacist in General Medicine/Oncology at Peel Memorial Hospital (today's Brampton Civic Hospital, part of William Osler Health System). Those were my "foundation years". Not only did I gain knowledge, I also learned to work as part of the health care team, and gained invaluable skills in interacting with patients. Later on I took the role of Clinical and Drug Information Specialist, which meant I got involved in many projects and committees where a pharmacist's expertise is required. A few years later, I felt the need to re-tool myself, so I enrolled in the Part-Time Doctor of Pharmacy Program at Leslie Dan Faculty of Pharmacy. Incidentally I overlapped my maternal leave with the first year of PharmD courses...something that I do not recommend others to do! Now that my degree is completed, I have returned to William Osler as the Corporate Clinical Pharmacy Specialist for Infectious Diseases this Fall. Of course, I am not all work and no play. In my spare time, I love to knit. I just learned to knit socks a few months ago! My next step is to learn how to spin my own yarn from roving (wool).

Job Description

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

My current position is Corporate Clinical Pharmacy Specialist—Infectious Diseases.

Describe your typical work day?

I will focus on a component of the antimicrobial stewardship role of my work here. The essence of antimicrobial stewardship is the right antibiotic(s) for the right bug, for the right time. Antimicrobial Stewardship rounds are conducted twice weekly at each of the two Intensive Care Units (ICU) at my institution. The stewardship team consists of a physician with specialty in Infectious Diseases and me. We meet with the intensivists and the ICU pharmacists and review all the patients who are prescribed an antibiotic, or who have had a positive microbiology results (e.g. in their blood, urine or sputum, etc.). A part of my day is spent preparing for these rounds, gathering information about the status of the patient by talking with the bedside nurse, family member, sometimes the patient him/herself, or from the computer system. While the computer provides me with a lot of information, I have learned it is never as good as talking to the patient/family/nurse. I often come across questions or issues that would not have been uncovered just by looking at the computer screen—after all we are treating the patient, not a lab result. After reviewing the information, I would have my recommendation ready for the meeting. Often the focus of our discussion (and teaching point) would be on dose recommendations, streamlining antimicrobial coverage (though at times expanding the coverage is needed), as well as duration of treatment. Our recommendations are evidence-based, while incorporating microbiology data from our own institution. After our meeting, I document our recommendations and write a report for the AS team. All the data will be reviewed on a larger scale to evaluate the success of this program at a later date.

Why are we doing this? Well, you may have heard about the growing concern of multi-drug resistant organisms wreaking havoc in patients, the drying of the antimicrobial development pipeline, un-intended consequences of overuse of antibiotics (e.g. *C. difficile*-associated diarrhea, yeast infections in the blood, etc.) and of course the rising costs of health care? Importantly many of these concerns are now "quality indicators" that are reported to the public (e.g. methicillin-resistant *S. aureus* rate; *C. difficile* rate). Our ultimate goal is to improve quality of patient care through judicious use of precious resources—antimicrobials (hence the term "stewardship"). As you can well imagine, inter-professional collaboration is a must for such a program to run smoothly. Apart from that, a significant part of my day is spent on meetings! As we develop our program, we make linkages with other departments and programs, e.g. Infection Prevention and Control, Patient Safety, Information System, and my calendar fills up quickly.

What do you like most about your job?

Knowing that I can make a difference in the care of the patient—even if it is only a very small step at a time.

What is the most challenging aspect of your job?

Learning to communicate and work with our Information Technology /Business Intelligence colleagues is a challenge. Although I am not at the level of the tech-geek, I am fairly "tech-aware", nonetheless IT people speak a different language, so it often takes a while for us to understand each other!



Job History

How did you get to where you are today? And, what were some of the greatest challenges that you had to overcome?

Enjoying what you do for a living is important—most of us spend AT LEAST 8 hours a day at our job on average! It is important to stay motivated, and keep moving forward. As you meander through your academic and professional career, seek out mentors who will help you grow. This sounds terribly like some self-help book mantra, but one should not dismiss the power of a good role model. For me, one of the greatest challenges is to find work-life balance. There are so many interesting things waiting for me to do, but so little time!

Advice Questions

If you did your pharmacy degree all over again, what would you do differently?

I would have enjoyed the learning process more, rather than trying to cram in as much information into my head as possible all the time.

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

Keep an open mind and persevere. Health care is changing, and so are our profession and the landscape of the job market. By keeping an open mind, it is easier for us to expand our horizon, and uncover new and exciting opportunities for ourselves as pharmacists. For example, my workplace (William Osler Health System) recently started a geriatric outreach program that involves a pharmacist making home visits to assess and follow up on patients enrolled in the program. My colleague, who has been a community pharmacist for almost 10 years, totally embraces his new role as the outreach pharmacist, something he has never considered before.

What advice do you have for students searching for a job next summer?

Look for opportunities that would help you consolidate your learning from the school year, so that you can link “theory” to “practice”. That is not to say that everyone has to work in a drug store. There are many settings where a pharmacy student is appreciated, e.g. hospital, industry, regulating bodies, professional associations all provide valuable learning opportunities.

What kind of skills/qualities should students focus on refining while still in school that will make them successful in practice?

Self-reflection, life-long learning, and our skills as a provider of pharmaceutical care go hand-in-hand. It may sound straight-forward, but to take a moment to think about what you have done, what you would have done, and how to do better “next time” is not a necessarily innate skill for all of us, but it is what I strive for. This process gives us the opportunity to celebrate our achievements, build confidence, and helps move forward to the next level. Many of my Mentors in Pharmacy have demonstrated this ability, which makes them leaders in our profession today.

Where do you see the pharmacy profession in Ontario heading in the next five years?

Sounds cliché, but Health Care is changing and everyone involved in the systems (patients and health care providers alike) are faced with challenges and new opportunities. I hope to see further expansion of our role in the health care system as experts of drug therapy, becoming more involved and take leadership in the care of our patients.

Pharmacy School

Fondest Memory from Pharmacy School: Probably something to do with Pharmacy Phollies (do you still have that?)

Favorite Pharmacy Professor/Course: Professor Jack Uetrecht’s Medicinal Chemistry...full of useful, fascinating information, and sometime hilarious anecdotes, which come in handy at parties!

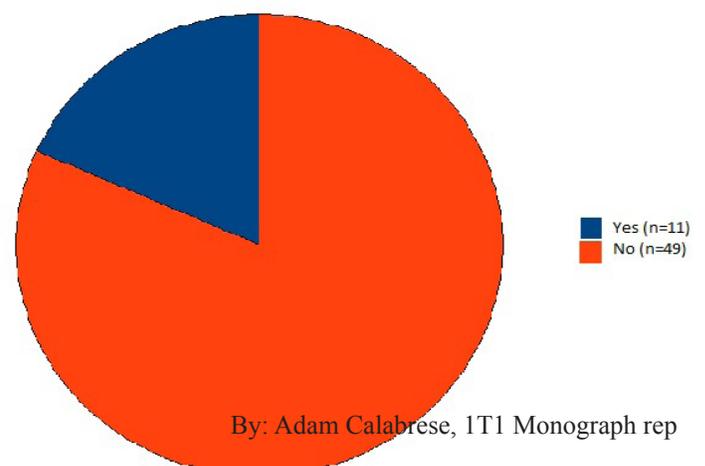
Summer Jobs held during Pharmacy School: Pharmacy Student at Trillium Health Centre (The Mississauga Hospital). It was my first proper job and I learned a lot from the pharmacists and technicians there.

Traveller's Diarrhea in Mexico: a Non-Randomized Retrospective Survey

Question 1: Did you have traveller's diarrhea in Mexico?



Question 2: Did you take Dukoral prior to travelling to Mexico?



1T2 Resolves for a Happy New Year

Compiled By Priya Bansal

It comes as no great surprise that a group of people who have been sleep deprived and stressed out for the better part of 2010 would resolve to live a life of health, happiness... and better work habits for 2011. With a few notable exceptions, the resolutions shown mimic many other 1T2 resolutions that were received; mostly detailing workout, sleep, and study regimens.

2011 will bring us the end of 3rd year, the end of the academic portion of 4th year, a summer of work/ travel/ life experience in between, and an amazing grad trip to finish off. Of course it'll be a lot of work, but it'll be a lot of fun too. So, here's to spending it with the most amazing group of people this Faculty has ever seen. Happy New Year 1T2!!!

TO FIND THE LOVE OF MY LIFE! SOMEONE NOT IN PHARMACY I HOPE - ANONYMOUS

"This year I'm hoping to wake up at 9:30 (unless I have to get up earlier) every weekday. I'm hoping I'll be more likely to stick to it if I see it in writing because so far it hasn't been going too well. I want to smile more often too :) Happy New Year 1T2s!!!"
Ola Alhasan

TO SLEEP AND WAKE UP EARLY! - ESTHER LEE

To work out 3 times a week! - Heather Bannerman

- 1) TO NEVER SKIP BREAKFAST
- 2) WORKOUT AT LEAST TWICE A WEEK
- 3) ALWAYS GET A GOOD NIGHT SLEEP BEFORE A BIG EXAM - ANONYMOUS

Everyday, when I wake up to a beat, I should get up on my feet, and get all my stuff together.

But I say hey, what a crappy part of day, I just wanna sleep away, and stay home, I can't be bothered!

But...I gotta listen to my alarm, listen to the beat, get up on time, get something better to eat, coz I always feel like I'm late, and end up giving myself orthostatic hypotension!!

It's a resolution, and it comes from the heart, just to get up early in the morning and get a better start! And to say hey, morning is a wonderful time of day!" - ANONYMOUS

TO BE MORE OF A GO-GETTER, ONCE I LEARN TO FLY OF COURSE. - SALINI RAM

THIS YEAR I HOPE TO TRY SOMETHING COMPLETELY NEW FOR ME (LIKE DANCING OR BAKING), AND GET REALLY GOOD AT IT. I'LL PROBABLY HAVE TO HOLD OFF UNTIL THE SUMMER THOUGH - ANONYMOUS

6-0 AND GO IS NOT THE WAY TO GO. NEED TO WORK HARD AND DESTROY ALL 1T2 CLOSET KEEPERS" - WILLIAM KHONG

TO ENJOY WHAT I'M LEARNING AND NOT STRESS SO MUCH OVER MARKS - ANONYMOUS

TO BRING SOMEONE TO TEARS WITH AN AMAZING, HOMEMADE MEAL. - SAMMHSIEH

- 1) SPEND MORE ONE-ON-ONE TIME WITH FADIE
- 2) GET OUT OF THIRD YEAR IN ONE PIECE - KENNY MA

- 1) Not lose my voice to bad colds for at least 1 year.
- 2) Reduce the blackness of the dark circles under my eyes (Note: may postpone until after April 30).
- 3) Drink more water.
- 4) Put a smile on the faces of at least 10 people each day.
- 5) Enjoy life!
I probably won't be able to keep the first 2, but it's the last 3 that count the most (as my kidneys agree)! - Michelle Lui

Try to get the recommended 6-8 hours of sleep everyday = P" - Anonymous

Resolutions...

Compiled by Kristine Galido, 1T3 Monograph Rep

SO, IT'S THE FIRST ISSUE OF THE MONOGRAPH FOR 2011, AND WITH IT COMES SOME THINGS THAT THE 1T3S DECIDED THEY WERE GOING TO DO IN THE NEW YEAR. FROM PERSONAL EXPERIENCE, MOST NEW YEAR'S RESOLUTIONS SEEM TO BE BROKEN WITHIN THE FIRST FEW WEEKS OF THE YEAR. THE RESOLUTIONS LISTED BELOW WERE COLLECTED WITHIN THE FIRST FEW DAYS OF THE NEW YEAR. HOPEFULLY, ONE MONTH IN, THESE PARTICULAR RESOLUTIONS ARE STILL GOING STRONG!

MY NEW YEAR'S RESOLUTION IS...

"...TO CUT THE CLOWNS OUT OF MY LIFE." – A

"I'M NEVER DRINKING AGAIN." – VP

"...TO WRITE BETTER MONOGRAPH ARTICLES. OH, AND TO BE A SIZE 6. BUT THAT'S MORE OF A NEW DECADE RESOLUTION." –KG

"...NOT TO BE A PROBLEM, BUT A SOLUTION." – AC

"...TO DRINK MORE TEA, AND TO SPEND LESS." – KV

"...TO GET JACKED." - DL

"...TO NOT PROCRASTINATE AND GET MORE PEOPLE TO TRY OUT PURDY'S [ICE CREAM]. BECAUSE AS RULE #6 [OF EATING ICE CREAM] SAYS, IF YOU FIND GOOD ICE CREAM YOU HAVE TO GET YOUR FRIENDS TO TRY IT. OH, AND ALSO TO FILL UP MY PURDY'S CARD. YAY, FREE ICE CREAM." - TK



LEMON MERINGUE PIE

By: Andreea Pirvulescu

INGREDIENTS + MITTE

- 1 to 1 1/4 cups of granulated sugar
- 6 tablespoons of cornstarch
- 1/2 teaspoon of salt
- 2 cups of water
- 4 egg yolks, beaten
- 1 tablespoon of grated lemon zest
- 1/2 cup of lemon juice
- 3 tablespoons of butter
- 1 pre-baked pie shell (frozen or home made)



SIG:

In a saucepan, stir together the sugar, cornstarch, salt and water. Cook on medium heat until the mixture comes to a boil and bubbles, stirring often. Cook for 3 more minutes, stirring continuously. Turn the heat off.

Whisk the yolks in a separate bowl. Whisk in 1/2 cup of the hot mixture bit by bit, then whisk the yolk mixture into the saucepan. Let the filling return to a gentle boil and cook for 3 more minutes, stirring continuously. Turn off the heat. Add the lemon zest, lemon juice and the butter. Stir until it is smooth and let cool slightly.

Pour the cooled lemon mixture into a baked pie or tart shell and chill until set.

MARS BARS

By: Natasha Iyer



SIG:

1. Melt half of an unsalted butter in a pot (or 1/3 if you prefer)
2. Put in 8 Mars bars (unrefrigerated)
3. Stir until melted
4. Add rice krispies
5. Stir until they are completely covered with chocolate.
6. Add more if there is too much chocolate.
7. Turn off heat.
8. Use spoon to remove 'balls' of rice krispies and put them in a cupcake holder.
9. Refrigerate.

SHA'S SUPER AWESOME TUNA CASSEROLE! By: Shaharin Khan

This recipe will serve 6 moderately hungry people, 4 super hungry people, or one ogre on a diet.

INGREDIENTS:

- 2 cans of tuna
- 2 boxes of Kraft mac and cheese (I would recommend the original, not white cheddar)
- 2 cans of condensed Cream of Mushroom soup
- 1 cup of shredded cheese (I would recommend mild cheddar, but mozzarella works too)
- 3/4 cup of milk
- 1/3 to 1/2 cup of frozen veggies (amount depends on how much veggies you'd like to eat)
- 1/4 cup of chopped mushrooms (optional)
- paprika to taste (optional)



***EQUIPMENT:** 1 large pot, 1 large casserole dish or large glass Pyrex baking dish, oven mitts

THE 10 STEPS TO HEAVEN ON A PLATE!

1. Grease baking dish with margarine, oil, or butter.
2. Combine milk, 1/3 cup of cheese, soup and tuna into your baking dish. Make sure the tuna is drained well. If you do not like the "fishy" smell, then lightly fry the tuna over low heat and no oil before adding it to the mixture.
3. Mix well.
4. Boil your macaroni pasta; add your frozen veggies about 5 minutes before you take the pasta off the stove. If using fresh mushrooms, add them 2 minutes before removing from stove.
5. Add the cheese sauce to pasta as per directions on the box.
6. Preheat oven to 350 C.
7. Add the pasta and veggies to the mixture of tuna, milk and cheese in the casserole dish. Mix well to make sure the tuna is evenly mixed with the pasta.
8. Sprinkle the remaining cheese so that it forms a layer on top of the tuna/pasta mixture. If you are of the cheese-loving variety, feel free to add more cheese.
9. For those who require an extra kick of flavour in our food, sprinkle a little bit (about a pinch) of paprika on the top layer of cheese.
10. Bake for 30-35 minutes, or until the cheese is bubbling/golden brown/you are so hungry you can't take it anymore
11. Let it cool for 15 minutes before eating. Best served with a side salad or bread.

Nuts, and Eggs, and Shellfish, Oh My!

Kristine Galido, IT3 Monograph Rep

When I was about six, my grandmother came back from the Philippines with a whole bunch of chocolate, among other things. I remember that my mom kept pushing this particular bar of chocolate at me, trying pretty hard to persuade me to eat it because it had been her absolute favourite when she was my age. Reluctantly, I popped the little morsel of peanut butter chocolate into my mouth...and spent the rest of the night in the hospital.

We've all learned about it before, I'm sure: anaphylaxis, a severe, potentially deadly allergic reaction. Six percent of young children and 2-4 percent of adults suffer from a food allergy. As many as 600,000 Canadians are at risk of anaphylaxis due to a food or insect allergy, and although this number may not seem like a big deal at all – only about 2% of the population – it's a pretty big deal for people like me, who've lived with the risk for practically their whole lives.

It was only over the past year that I really started thinking about food allergies and what other people think about them. The definition of "allergy" seems to hang up in the air sometimes. According to Health Canada, food allergies are sensitivities caused by a reaction of the body's immune system to specific proteins in a food. Some people also don't seem to get that a food allergy is not merely a food preference. Over the holidays one year, I asked a waitress to please make sure there weren't any peanuts in my food because I was really allergic. She responded by asking me if it was because I didn't like them or if it was because I really couldn't eat them, and if it was the latter, what exactly would happen if I ate one. Okay, understandable, she probably just didn't know, but I was pretty upset at the time, wondering if "possible death" still wasn't enough to get her to check up on my food.

On the up side, there are a lot more of those labels on packages of food these days, proudly declaring that the item is free from dairy or free from eggs, tree nuts, or any one of the nine most common allergens in Canada (the rest being peanuts, shellfish, fish, wheat, soy and sesame). Digging up the information for this article, I was unable to find what the exact definition of

"free from" was, mostly because it's pretty tedious to be sifting through the entire Food and Drugs Act and Regulations and I do have schoolwork to do. I did find that Health Canada's current labelling policy requires that all ingredients be listed based on proportion in descending order; however, the components of certain ingredient are currently exempt from being declared on the label – basically, an ingredient in a product may actually in itself contain an allergen such as milk in some quantity, but milk itself could possibly not be listed in the final product's ingredients. This pretty much blew my mind, along with the Canadian Food Inspection Agency's food recall and allergy alert page, which declares in capital letters alerts such as "undeclared egg in Kellogg's Rice Krispie treats sold at Michael's", not to mention alerts more harrowing yet unrelated to this article such as "WHOLE FOODS MARKET gingerbread houses may contain toxins produced by Staphylococcus." Yikes.

To hopefully solve this issue, Health Canada is currently proposing an amendment to the Food and Drugs Regulations that would require that a priority food allergen as defined by the regulations, gluten, or sulphites, be declared if a quantity equal to or in excess of 10ppm is present in the product.

Now, it's not all that bad. People are always telling me how sorry they feel for me because it must suck so much not to be able to freely eat things like ice cream and chocolate cake whenever I want to, but really, there's nothing to be sorry about. Sure, it does suck sometimes, and after doing research for this article, I'm going to have to try and be a little more careful with what I eat, but it's really the only way I know. And I'm sure it's that way with a lot of people who have severe food allergies. On the up side, there is now a section for peanut and nut free snacks in the bakery at Loblaws, and I recently found out through the magic of Internet and the Starbucks website that a good portion of their delicious treats do not actually contain peanuts – though I have yet to try any. There is evidence that allergies can be outgrown, and who knows, maybe one day they'll figure out how to be done with allergies altogether. Otherwise, me and my best friend the Epi-Pen will be hanging out until they do.



OPA Student Cup 2011

Hey Pharmacy!! This year's OPA Cup will take place on March 20, 2011 at Varsity Stadium on Bloor + St. George.

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?

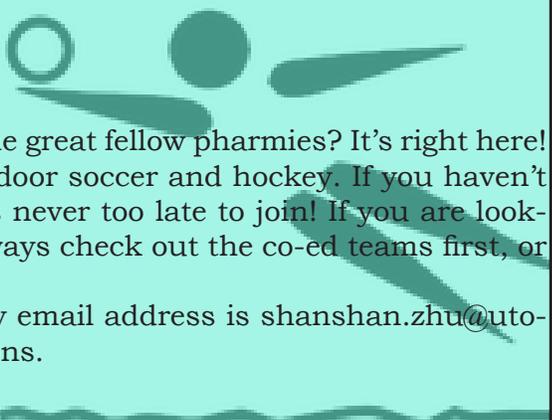


After the game, join us for a mixer at The Madison, just a short walk from the stadium!

Also, if you're a great skater and you want to get involved, e-mail Brendon Wiebe at brendon.wiebe@utoronto.ca.

Look out for announcements as we get nearer to the date!! See you there and WEAR RED to support our team!!

PHARMACY ATHLETICS!



Female Athletics

Hello pharmies,

Looking for a way to unwind yourself and chance to meet some great fellow pharmies? It's right here! For intramurals, this season we have women's volleyball, indoor soccer and hockey. If you haven't signed up for any, feel free to send me an email because it's never too late to join! If you are looking for something else other than the sports listed above, always check out the co-ed teams first, or email me so we can get you access to another college's team.

Also stay tuned for the tournaments that are coming up. My email address is shanshan.zhu@utoronto.ca, don't hesitate to send me any comments or questions.

Athletes of the month:

November: Brittney Goodman(1T2).

Brittney has been a strong and dedicated player for women's volleyball team throughout the years. She will take on the captain's position for the team during this season.

December: Jody Morris(1T2)

Jody is the captain for women's hockey team this year and has been the backbone for the team.

Congratulations, Brittney and Jody!

Shanshan Zhu - UPS Female Athletics Director

Male Athletics

Welcome Back Pharmacy!

I hope that you all had a relaxing (although very short) winter break. Now that you're all stuffed with food and full of energy, its time to start a new season of intramural sports. The men's teams available this year include indoor soccer, basketball, hockey, and volleyball.

Keep your eyes out for some Robax Platinum Athletic Challenge events this semester. The next one coming up is dodge-ball so warm up your throwing arms and get your dodging skills ready.

If you didn't have a chance to sign up in the student lounge earlier in the month and still want to join a team, please email myself (marko.tomas@utoronto.ca), or one of the other UPS athletic directors.

Let's start the year off as we ended it last year; by winning some championships!

Marko Tomas - UPS Male Athletics Director a.k.a

Co-ED Athletics

Hey Pharmacy,

Another intramural season has begun for our Pharmacy teams! This semester we look to have a strong showing with most of our COED teams. This semester we have volleyball, indoor ultimate frisbee and innertube waterpolo. We have been strong in these sports in the past and look forward to make another run this year. Also, be sure to keep a look out for upcoming tournaments this semester. There will be broomball and badminton, as well as a few others so keep a look out for those when they come up.

If anyone is still interested in joining any teams, please email me at brendon.wiebe@utoronto.ca. I encourage everyone to get involved! It's an excellent way to meet new people and stay fit. It also gives you an excuse to avoid studying.

Drugs on 3!...

Brendon Wiebe - COED Athletics Director

Lifestyle: Food and Health

By: Rose Liao, 1T3

Organic vs. Conventional Grown Foods

A growing number of consumers are switching to organic food under the belief that it is healthier for them. Organic foods believed to be grown without the use of genetic engineering, pesticides, herbicides, irradiation, chemical fertilizers, hormones, animal drugs and intensive confinement of farm animals.

However, official food agencies around the world are unanimous in claiming there is no evidence of a nutritional difference between organic and conventional food. There is no consensus in the scientific community on the benefits of organic food.

Do you believe there is a difference?

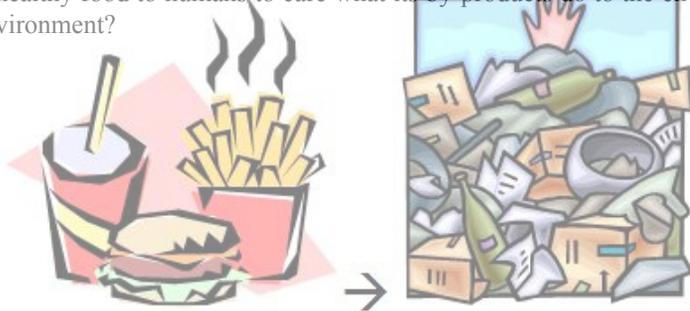


Packaged and Fast Foods

Over the past century, major changes in the way we live and work have altered what we eat. Since the 1950s, the food industry has developed a wide variety of processed and packaged foods, which reduce time spent in the kitchen.

Although fast foods promote convenience, they have a huge impact on our health and the environment. North America's fast food culture is hurting more than our waist lines. Fast food outlets are a major source of urban litter. The most abundant type of non-cigarette litter is foamed polystyrene (Styrofoam). This foamed plastic becomes a permanent fixture in our environment when littered. Easily travelling through gutters and storm drains, it eventually reaches the ocean. Indeed, plastics from urban runoff are the largest source of marine debris, which in some parts of the ocean is so concentrated that there is six times more plastic than plankton!

Can we expect an industry that profits by selling unhealthy food to humans to care what its by-products do to the environment?



Genetically Modified Foods

The world population has topped 6 billion people and is predicted to double in the next 50 years. Ensuring an adequate food supply for this booming population is going to be a major challenge in the years to come. Genetically Modified Foods may be able to meet these needs by modifying plants to be pest resistant, herbicide tolerant, larger in size, and disease resistant. However, some criticisms against GM foods are that they create environmental hazards and human health risks.

Labelling of GM foods is minimal in North America and as a result, consumers are unaware that they may be eating foods that have been modified. This poses a risk to individuals because the safety of genetically modified organisms for human consumption is questionable.

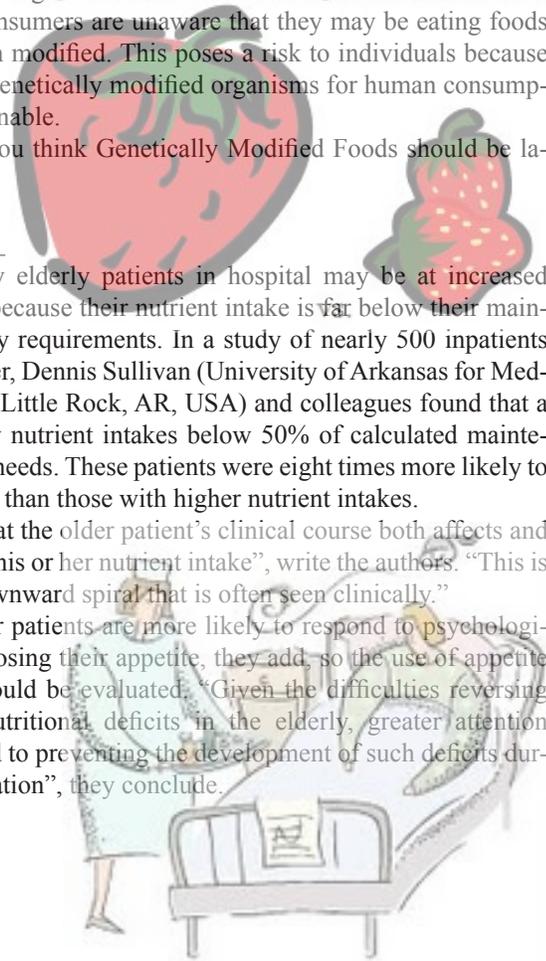
Do you think Genetically Modified Foods should be labelled?

Hospital Food

Many elderly patients in hospital may be at increased risk of death because their nutrient intake is far below their maintenance energy requirements. In a study of nearly 500 inpatients aged 65 or over, Dennis Sullivan (University of Arkansas for Medical Sciences, Little Rock, AR, USA) and colleagues found that a fifth had daily nutrient intakes below 50% of calculated maintenance energy needs. These patients were eight times more likely to die in hospital than those with higher nutrient intakes.

"It is likely that the older patient's clinical course both affects and is affected by his or her nutrient intake", write the authors. "This is part of the downward spiral that is often seen clinically."

Older patients are more likely to respond to psychological stress by losing their appetite, they add, so the use of appetite stimulants should be evaluated. "Given the difficulties reversing established nutritional deficits in the elderly, greater attention should be paid to preventing the development of such deficits during hospitalization", they conclude.



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

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Indication: Improved industry awareness and job satisfaction.

Possible career advancement. Can be taken with or without food. Repeat.

Side Effect: May induce excitement.

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PHARMACY CROSSWORD!

BY: LISA LEVANGIE, 1T2

Move over Metro Play, let's
Crossword the Pharmacy
way!!

**solution on back cover:

Across:

1. Provincial rivals
7. Competition with 1 across
13. Relief
14. Sodium, for example
15. WWDD
16. Patient, in short form
17. Otalgia
19. Cannot be refilled
20. Heart attack
21. Type of joint pain
22. Country where Prevacid is OTC
23. Pharmacist's bible
24. A type of genetic mutation
26. A forgery with 300 refills
27. United Nations Org. most relevant to us
29. Required for 1T3 and 1T4
30. Old (ant.)
31. Amoxicillin flavor
32. A type of pneumonia
33. Sensation due to histamine release
34. Opposite of 15 across
37. Exclaimed at pdf notes with black backgrounds
38. Spermicide formulation
39. PHM in a pharmacy
41. Native of 21 across
42. Supplement, element
43. 1 drop into left eye
44. Anticholinergic eye effect
45. High blood pressure

Down:

1. Given at induction
2. Every PHM needs a good one
3. "A Pharmacy First"
4. Sick, backwards
5. Multiple areas of fluid build-up
6. Vast hypertonic body
7. Liver, kidney, lung, for example
8. By mouth
9. Greek letter, or slope of the residual
10. Cell, suffix
11. Our University
12. Dish where bugs grow
13. Good treatment for pneumonia
18. Possible cause for Reactine use
20. The up-side of bipolar disorder
22. U of UD
23. A cream that is not pharmaceutically elegant
25. The centre of care
28. District reps sit here
31. Slow way to count
35. U of T grads will have lots of
36. 1 event = 1 _____
39. E-Helper in dispensary
40. Proper way to address a senior male
46. ___ and personal

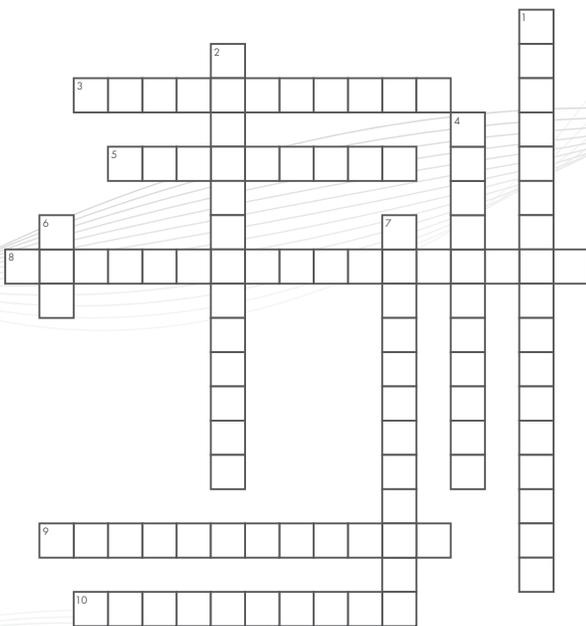
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ACROSS

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

Shout Outs

@HB + SR: Can't wait to have another party with DJ LRS!!

@PB: I have sore abs...How about you?

I HAVE WIEBER FEVER – BW

Dear Zenobiotic, Wish I had your back jack, snowboarders be crazy.

-Sidonkulus

SUDOKU!

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		1					9	
		6			4			

CROSSWORD SOLUTION!

	W	A	T	E	R	L	O	O		O	P	A	C	U	P
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Z	I	N	C	O	X	I	D	E		G	P	T			T
I	T		H		A		E	A	R	A	C	H	E		R
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