



# THE MONOGRAPH

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# The Monograph

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## DISCLAIMER

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.



## CORNER

What's up pharmies? We hope you enjoyed the first bit of school and are ready for the next challenge...midterms!

First off, a BIG congratulations goes to the 1T5s for their display of power and strength to win the UPS Tug of War challenge with an undefeated streak. Hopefully, you were able to get a burger or two or three at the UPS Welcome-Back BBQ as we saw many old as well as new faces come out. For those of you who went for a night out on Lake Ontario at the Interprofessional Boat Cruise, we hope you enjoyed the beautiful skyline of Toronto. Finally, thank you to those of you who sent in their suggestions for our first official Meeting with the Dean. We encourage you to keep sending them to your Class Presidents about any concerns or suggestions that you may have about our pharmacy program.

Despite the mayhem coming our way, make sure you take a breather by coming out to some of the events in November! Phollies will be happening on November 4th and 5th. Make sure you save the date to see your fellow pharmies sing, dance, act and be entertained. Also, for our annual semi-formal on November 25th, get ready for a night of the "Roaring Twenties" with your pharmacy gals and pals.

That's it from us for now. We wish you the best of luck with all of your tests and assignments. Make sure you get a satisfying amount of sleep and stock up on all your favourite study snacks!

Sincerely,

**Angela Cho**  
President, UPS 2011-2012

**Jamie Zao**  
Vice-President, UPS 2011-2012



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## THE MONOGRAPH WANTS YOU!

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 monograph@uoftpharmacy.com to submit!! We want YOU in the Monograph!! Potential advertisers can reach us at monograph@uoftpharmacy.com as well.

# Editors Note



Hey everyone,

It's November! Who would have thought time would fly by this fast? We hope in the midst of lectures, tutorials, labs and midterms, you were all able to have some fun. First of all, we would like to introduce you all to the newest member of our team, the 1T5 Monograph Rep, Edric Paw Cho Sing! We're so excited to work with him and, we can't wait for you all to read his awesome submissions.

Even though school's crazy, we were able to bring out yet another issue of the Monograph. The feedback we received from you regarding our first issue was really helpful. We hope that we can continue to improve upon each issue but, that won't be possible without your help. We would like to thank all those who contributed to this issue with their wonderful submissions. Again, we would also like to thank all of our class representatives

for their great ideas and enthusiasm this year.

Also, if you look below, you will notice we've started a new section in the Monograph. It features the previous month's Tim Horton's Gift Card winner! Hopefully this will entice all of you to send in some submissions - because who doesn't want their picture in Monograph!

If you have any questions, comments, shout outs or suggestions, just shoot us an email at monograph@uoftpharmacy.com.

Sincerely,

Sana Naqvi & Shajia Zia  
Monograph Co-Editors 2011-2012

## September Issue's Winner:

Andrew Nguyen (1T4)

In September's issue, Andrew Nguyen submitted his article "*The Past and Future of Space Flight and Exploration: Looking up to solve the Problems in front of us*". A great read, be sure to check it out if you missed it last month!

We asked Andrew...  
What did you buy with your \$10 Tim Horton's giftcard?

Andrew said...  
"I got Henry a coffee in appreciation for all the work he does as 1T4 Monograph Rep. Yeahh... he didn't take to it very well. I should have known that he was super sensitive to caffeine. Fortunately, the creepy eye-twitching stopped after a few hours."

Thanks Andrew for your submission!



# CLASS PRESIDENTS' ADDRESS

## 1T2 Class President - Zao Zhu

Grad Song has been completed! Much thanks to the creative genius of Dane, Kenny, Zenah, Sidika, Salini, and a few others. Not that I'm keeping it a surprise, but you'll be able to watch the Youtube video soon so you can all sing-along in the privacy of your own home! A brief note on PEBC. Registration for next May's exam is due next year before March 2. We will have a sampler in November though, as a mock test for the MCQ portion. More details to come.

## 1T3 Class President - Calvin Ng

From the class council of 1T3, I'd like to update everyone on what we've been working on and what we have planned for the coming weeks.

The first social event way back in September was a visit to Cirque du Soleil (Totem). Self described as "dramatic mix of circus arts and street entertainment". The famous Montreal-based entertainment group put on quite a show. A group of over 50 of us enjoyed a good show and even better company.

We had our first bakesale in early October smack dab in the middle of the atrium. It was a great success as we've received excellent support both from faculty and the student body. We made sure everyone got a chance to sample our goods and many came back for more. We hope to do another soon. Special thanks go out to 1T3s Lisa Mai, Julia Cahill, Irene Lee, and Kim Vu who took time out of their busy schedule to contribute!

A new concept from our class is the 1T3 Foosball Tournament (foosball for the uninitiated, it's the table top game soccer game in the student lounge) organized by Mario Dadalt (1T3 Male athletic rep). If you've been wondering why there's a large tournament bracket situated on the far side of the student lounge, this is why. Simply put, we threw a bunch of players together and let them duke it out in a 32-person tournament style bracket. By the time this article is published, a winner will have been announced and will take Pharmacy Foosball supremacy (at least for now).

Switching gears now to a relatively more forward direction. The 1T3 class council is hoping to bring back 1T3 T-shirts! For those that missed out on the sale almost two years ago (time flies doesn't it...), here's a second chance to show your 1T3 pride. As of writing of this article, the logistics are in the works and I'm hoping that by the time you read this it will be well under way.

Lastly, I'd like to thank Irene Lee (1T3) for the idea of the monograph column from each of the Class Presidents. It's the first time for any of us doing this so we're (ok, maybe at least me) still on a bit of a learning curve as we learn to collaborate properly. This is an open column so if there's anything you want to see us write about, you're more than welcome to send in requests. I look forward to the writing for the next issue.

Calvin Ng (cal.ng@utoronto.ca)

## 1T4 Class President - Ophelia Chik

Hey 1T4s,

On behalf of the 1T4 Council, I'd like to fill you in on what we've done so far and plan on doing.

Phrosh Week was a huge success and everyone had an amazing time. Special shout outs go to Kevin Chow, the 1T4 VP, for planning and executing such an eventful week, the phrosh planning committee, and of course, the enthusiastic 1T4 phrosh leaders and volunteers!

We couldn't let the "phun" stop there. A Mexican-themed mixer between the first and second years was co-hosted by the Faculty and 1T4s. It was a great turnout, food was excellent (from Quesada), and students of both years had a chance to meet fellow students and faculty members.

Your athletic reps, Mike Yake and Monika Zhang, organized the Playdium trip, where everyone had fun and unleashed their inner child. The samosa sale in mid-October was just the beginning! We'll be selling samosas (and possibly other yummy and greasy foods) throughout the year because we know how delicious and wallet-friendly they are!

For those who missed out on getting a 1T4 hoodie last year, don't worry because we'll be selling the exact same ones soon, so keep an eye out for listservs and class announcements! And for those who want to show more 1T4 spirit, we've got something for you in our second clothing sale! We're looking into more hoodies, t-shirts, or maybe something for the winter?!

That's it from me for now, but if you'd like to see other 1T4 topics/gossip written in this column, feel free to give the Monograph editors or myself a shout.

See you next month!  
Ophelia Chik

## 1T5 Class President - Duke Boampong

Hello everyone!

My name is Duke Boampong and I am the 1T5 class president. Although we are all primarily here to receive an education, I believe that participation in social events is very important in the development of life-long friendships. I am very excited to be in this position as I have a lot of great ideas in mind that will definitely bring our phamily closer together. This year, your 1T5 class council is looking at hosting many events like bake sales, paintballing, and pub nights amongst other things. There will also be an upcoming auction where you can bid on all class council/faculty members so look out for that. With that said, let's make this year a memorable one!

-Duke

# CAPSI Corner

- Hi Pharmacy!
- CAPSI local council hopes you've had a great start to the year so far and that you've registered for Canada's largest pharmacy conference, PDW 2012 in Halifax! A few dates to keep in mind as the fall semester proceeds:
  - Sunday October 30 – Guy Genest Award application deadline
  - October 31 – Student Literary Challenge submissions deadline
  - November 9 – OTC and Patient Interview Competition
  - November 19 – Mock OSCE
  - November 24 – Compounding Competition
- Everyone is welcome to participate in the competitions regardless of whether or not you are planning on attending PDW, however please be aware that the prize money of \$250 is intended to be a travel subsidy and will be awarded to the student representing U of T at PDW. We have big shoes to fill from our winners from last year – especially since our compounding team won it all last year! Keep your ears open for the fall symposium announcement as well – it's going to be a great talk and you get a UPS point for attending.
- Happy studying!

Jen Baker  
Senior CAPSI Representative

Amber-lee Carriere  
Junior CAPSI Representative



CAPSI • ACEIP

*The Pharmacy Mentorship Program Team presents:*

## CAREER NIGHT



What • Short presentations from pharmacists from traditional fields of pharmacy practice, followed by a candid question session. You don't want to miss it!

When • November 2, 2011  
• 5:30pm-7:30pm

Where • PB B250

How • Watch your list-serves for a link to sign up. **Space is limited.** This is open to all pharmacy students from all years, regardless of PMP membership status.

# FEMALE ATHLETICS

October is finally here and hopefully everyone is falling back into the daily routine of pharming. UPS Athletics started off the year with a big heave and pull with our first Robax Platinum challenge, the annual UPS Tug of War. With numbers on their side, the 1T5's dominated and pulled their weight towards victory. A big thank you to those who came out and participated, especially to the very few 1T2s.

Women's intramurals are well underway, with teams for soccer, volleyball and hockey. 'She's Got Game' and clinic days were offered to all female players to kick off the season. Keep an eye out for similar events in the near future. A strong turn-out and great captain-ship for soccer, volleyball, and hockey has kept our teams in good standing and momentum to make it to playoffs. Keep up the good work ladies!

A special recognition goes out to Irene Lee (1T3) for being our female athlete of the month. Besides representing UPS as our co-ed athletic director, she's also an avid participant in women's volleyball and soccer, co-ed ultimate frisbee, volleyball, and flag football, and has participated in the annual softball tournament and 5k CIBC Run for the Cure. Cheers to you!!

Faye Peralta, UPS Female Athletics Rep



# MALE ATHLETICS

Besides the occasional rain and muddy field, this month has been great for men's sports! The road hockey tournament was a success with Richard Hache (1T3) and Kevin Bussey (1T5) showcasing their hockey skills. Brett Hamaguchi (1T4), however, stole the show by throwing his weight around and netting a hat-trick.

The men's hockey team had a dominating season-opener winning 7-0, with Ajit "Stonewall" Johal posting a shutout performance. The basketball team tied their season opener and won their second game by default. The flag football team lost a close game to defending champs Victoria, however came back strong with a 25-8 win over Trinity. The men's flag football team is going for their 3rd consecutive championship title. With new help from Adrian Lau (1T4), Louis Nguyen (1T4), returning vets Chukwu Ume and Justin Colbon, and led by team captain Mario Dadalt, they are well on their way to do just that!

Congratulations to Ajit "Stonewall" Johal for his efforts and being male athlete of the month!

Davin Shikaze, UPS Male Athletics Rep



# CO-ED ATHLETICS



Coed sports kicked off with a great season starting with the annual softball tournament held in September. Pharmacy was strong to defend its championship title climbing closer to victory once more. Unfortunately, the team was defeated in the final game against the Biomers and came in a respectable 2nd place. The team's success was due to all the participants who came out and **Davin Shikaze's** (1T4) inspirational pep talks that kept the team pumped up and ready to go! Special mention goes to **Shaun Leong** (1T2) and **Daniel Trat** (1T2): two familiar faces that have participated in the softball tournament year after year. We appreciate your dedication to the team and all your grand slams and home runs! Good luck in your future endeavors!

Other news in coed sports: our div 1 volleyball team recently got off the waitlist and now the team is in full

gear and ready to play. Coed basketball team is as strong as ever and is currently on a winning streak. We can always use some more girls for basketball so come on out! Switching gears to our field sports, both the flag football and ultimate frisbee teams have toughed out close wins in harsh conditions such as strong winds, heavy rains and chilly temperatures. We're doing well in all our sports and I have a hunch we'll be making the play offs if we keep up the good work!! Go pharmacy go!!

Irene Lee UPS Co-Ed Athletics Rep

## 1 Minute Read: 5 Things You Need To Know

*All '1 Minute Read' articles are brought to you by: [www.SOAPE.ca](http://www.SOAPE.ca)*

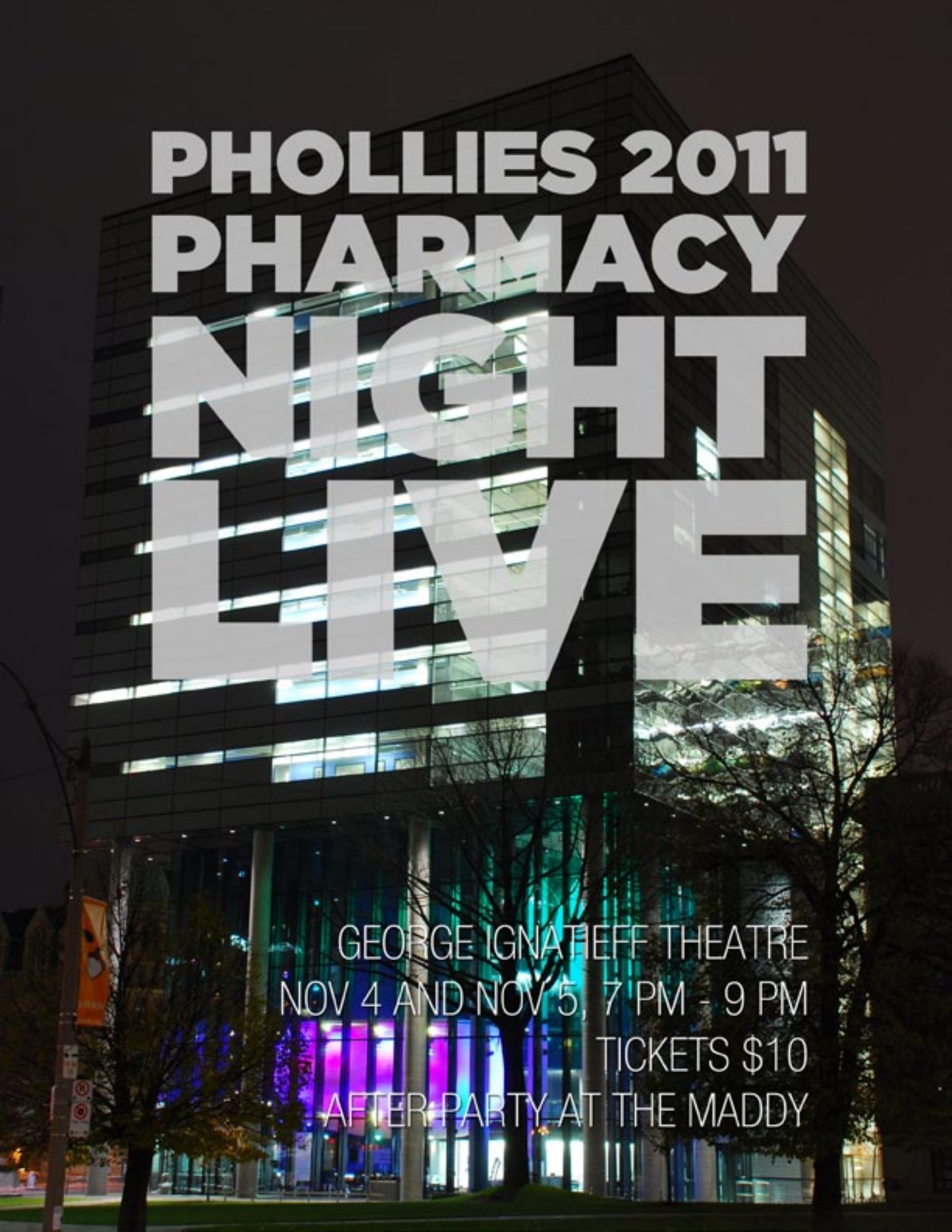
- 1) Beginning this month, when a patient lacks reasonable access to a pharmacy, a Nurse Practitioner will be able to dispense, sell and compound medications.
- 2) Jeffrey Yurek is a pharmacist who won his MPP riding in Elgin-Middlesex-London earlier this month.
- 3) Later this year, a professional clinical services program will be implemented to feature pharmacists helping patients better manage chronic diseases such as diabetes or asthma.
- 4) MedsChecks that can be done today: MedsCheck Annual, for Diabetes, at Home, for Long-Term Care, Follow-up and one more to be launched (MedsCheck Consult).
- 5) Pharmacist, physician and nursing organizations (such as Ontario Pharmacists' Association) have started a public awareness campaign to improve Ontario's health care system called "Better Care Faster."

**Kenny Chan**

*References: Links supplied upon request*

*Shameless plug: visit [www.SOAPE.ca](http://www.SOAPE.ca) to view our publications ahead of time!*

# PHOLLIES 2011 PHARMACY NIGHT LIVE



GEORGE IGNATIEFF THEATRE  
NOV 4 AND NOV 5, 7 PM - 9 PM  
TICKETS \$10  
AFTER PARTY AT THE MADDY

# THE MANY FACES OF PHARMACY STUDENTS

By: Edric Paw Cho Sing, 1T5 Monograph Rep

It's been a month since classes have started and the stress is starting to compound. But it hasn't stopped me from being the skillful people-watcher that I am. The following is what I think are the many faces of pharmacy students. It's true that while we cannot be pigeon-holed to a category with complete accuracy, it's always fun to try. So, the next time you're in class, take a look around the room and observe like I have.

## The Intense One

This student takes school to the highest degree of seriousness. Their eye is on the prize: a 4.0 GPA and graduating with honours. They're always prepared for class, ready to jot down every single word that comes out of the professor's mouth. You'll find that they have quite an arsenal of multi-colored highlighters (and they're not afraid to use them), drenching their notes with neon ink. Given their keen nature, you could probably expect to see them sitting near the front and lingering around after class to bombard the professor with their questions. They've made TA office hours a part of their daily routine.

## The One Who Slacks

These are the people you envy; They're able to go out to a bar the night before and despite being a tad hungover, are still able to land themselves a decent A-on that midterm. Did you hear that? That was the slam of the door made by this student who left the lecture hall to go home early. When they are in class, however, they slide down in their chairs and take naps in the midst of students trying to concentrate. You'll wonder to yourself how they even got into pharmacy school in the first place. They've got the brains and potential, but their determination is somewhere in the Bahamas.

## The Motivated/Enthusiastic One

This student goes to pharmacy school and is proud of the fact. They're engaging and perky in conversations and will probably be the first one to add you on Facebook. They'll use their spare time to volunteer at a soup kitchen or fundraise for a charity. Their resume is stellar: member of class council, co-chair of student organizations, active philanthropist, part-time pharmacy assistant, recipient of countless scholarships, etc. Multitasking is their middle name. On top of that, they're most likely attractive.

## The Second Cup Addict

This student is going to be late for class. What's the first thing on their mind? A nice cup of Joe. Every single day before class starts, this student is in line at the Atrium for their caffeine fix. They'll whip out their change and order the same thing they had yesterday. As Second Cup's best customer, you'll also find them running to the washroom in between classes.

## The Stylish One

This student manages to put on a fashionable attire every morning. She walks down the aisle like a model down a runway in a flowery dress she picked up from a vintage store, with accessories from H&M. Inside her leather Louis Vuitton bag, she takes out her Macbook Air and uses it as a mirror to check her make-up and fluff her hair. "Dress to impress" are words to live by for this student. Her impeccable and luxurious taste makes her the talk of the town, especially for the fellows.

## The Drama Bombs

These students have a circle of friends with unresolved conflicts that they decide to bring into class. While the professor goes on and on about folate deficiencies, they gossip about where they were last night, who they were with, and what went down. Their incessant whispers consisting of "he said..." and "she said..." elicit a loud "SHHH!" from irritated students, before shortly returning to their conversation.

## The One Who Pulled an All-Nighter\*\*

This student comes into school with bags under their eyes and in the same clothes they wore the day before. Why's that? They spent the night in the reading room on the second floor to finish the Health Systems assignment they put to the last minute. \*\*As a footnote, going to bed at 2AM can be considered an "all-nighter" for some people, especially those who can't walk the walk.

## The One Who Knows It All

This student can regurgitate random facts from world history and politics to scientific phenomena to pop culture. Resourceful in everything it seems, these bright individuals aren't afraid to raise their hand in class and, if they have the balls, challenge the professor. They rarely take notes in class (obviously, if you know it all, why would you?) and are the first ones to walk out of an examination. Oddly enough, their penmanship is terrible and are often penalized for illegible handwriting.

## The Procrastinator

I would say these students are similar to the Ones Who Slack (perhaps they evolved from the same ancestor). During class, they concentrate less on the material and more on winning a game of tetris. Outside of class, most of their time is devoted to the art of surfing the web, chatting with friends, and gaming. In preparation for an exam, these students eat multiple meals while watching random YouTube videos of cats. Like the Ones Who Slack, they end up preparing very little for assessments. Unlike the Ones Who Slack, they end up doing poorly. The only saving grace for Procrastinators are bell-curves.

# IT5 CLASS POLL

By: Edric Paw Cho Sing, IT5 Monograph Rep

Marking one month into pharmacy school, what is one thing (academic or non-academic) you have learned?

- It would probably be that I shouldn't have thrown away my organic chemistry notes so soon.
- For the past month I have learnt that Examination does not start when the proctor says "You may begin." For me, Examination started back in September when we heard there was going to be an exam in October, November and December.
- The one thing that I learned is that online physiology lectures sounds like it would take less effort than in-class lectures, but it's not.
- I've also learnt that getting a 60%, 50% or even 1% on assignment is not the end, rather it's a beginning. I've taken a step closer towards my goal of 100%, now I just have to figure out how to get from 50% to 100%.
- One thing I have learned is that "having fun isn't hard when you got a PB Access Card" (A reference to the PBS show, "Arthur").
- I learned that the mustache to Henderson is what hair was to Samson.
- Why use my own [facebook] wall when I can use the "Pharmacy Class of 1T5" group wall instead? What's an

- audience of 53, when I can reach over 300?
- I learned that laughter is a more effective way to cover nervousness than coughing.
- I didn't know before that I would be getting this much free stuff during the first few weeks of school.
- The faculty seem to want us all to marry each other, but Anna Taddio just wants to know who hooks up.
- Over the past month, I was surprised to find out that the pods in PB don't actually glow like I thought they did.
- I learned that Anna Taddio wants me to marry another pharmacist... More specifically, one of the guys who sit next to me in class.
- I learned that IPEs are like Pokemon: Gotta' Do 'Em All! ...Actually, just the ones that promise free food and prizes.
- I learned that no one is safe.
- I learned that pharmacy kids are better at sports than you'd expect nerds to be.

Robax Platinum Challenge #1:  
TUG OF WAR



WINNERS:  
Class of 1T5!!!!!

# 1T5 Photography

*Compiled by Edric Paw Cho Sing, 1T5 Monograph Rep*



*By: Helen Zeng, 1T5*



*“Some like it black ...”  
By: Rob Zed, 1T5*

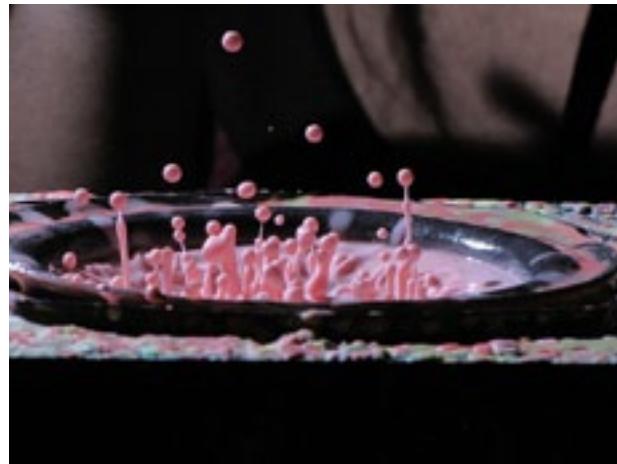


*“Should’ve pursued bureaucracy,  
haha”*

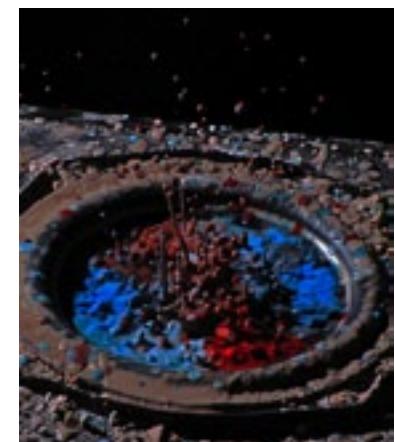
*By: Rob Zed, 1T5*



*“The sights and sounds of a  
Sunday afternoon.”  
By: Rob Zed, 1T5*



*By: Stephanie Wong, 1T5*



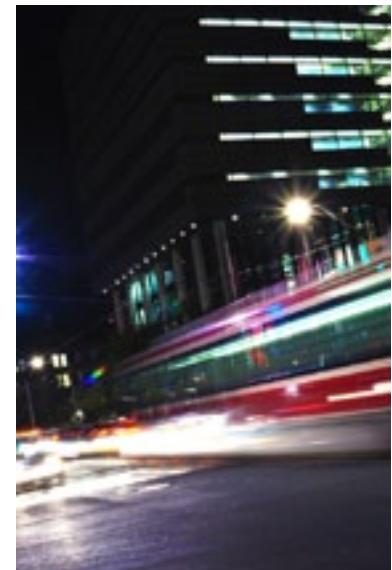
*By: Stephanie Wong, 1T5*



*By: Helen Zeng, 1T5*



*By: Yin Cheng, 1T5*



*By: Helen Zeng, 1T5*

# Getting to know: Dr Bill Bartle, Sunnybrook Health Sciences Centre

By Henry Leung, 1T4 Monograph Rep

Over the past summer, I had the pleasure and opportunity to work for Sunnybrook Health Sciences Centre (SHSC). There, I met other fellow students, pharmacy technicians and respected practising pharmacists that thoroughly convinced me that pharmacy really is a nifty place to be. To be honest, I entered the Faculty of Pharmacy without much prior knowledge or relation to the profession of pharmacy, so finding myself knee-deep in a hospital pharmacy setting was both a jubilant and intimidating experience. And it was definitely as intimidating as it was jubilant. In retrospect, one of the more memorable encounters I had that embodied my-kid-in-a-candy-store experience was when I shadowed Dr Bill Bartle. Dr Bartle (as you'll learn from the interview) is a well-established clinical pharmacist at Sunnybrook and I briefly shadowed him on one of his thrombo-embolism rounds. A couple of weeks later, I was given the opportunity to interview him to get his views on the profession and its education, so here's the scoop.

*Hello, Dr Bartle. For those of us that haven't met you yet, can you briefly describe how you came to be as a pharmacist for Sunnybrook? Also, how have you been involved with the Faculty of Pharmacy?*

I entered into the U of T BSc Pharmacy program in the mid-60s and graduated in 1969. I took a year of graduate courses in the medical sciences with the hope of getting into medical school. Next, I practiced in community pharmacy briefly followed by hospital pharmacy briefly, probably each less than about a year or so. And then I got accepted into the Doctor of Pharmacy program at the University of Buffalo because there were no programs in Canada, got hired by Sunnybrook and have been here ever since. With respect to the Faculty, I have lectured since I've started here (at SHSC) in topics of gastrointestinal therapeutics, drug interactions, clinical toxicology, pathophysiology, sat on both the admission and curriculum committees, was involved with the new admissions interviews and have been involved with various clinical electives over the years that pre-dated the SPEP program. I was involved with the SPEP program for the first four years or so.

*So what are some highlights of your career?*

Aside from getting accepted into the Doctor of Pharmacy program in Buffalo and getting hired at Sunnybrook upon graduation, I guess highlights would be getting your first publication. Certainly, getting your first research publication in a peer-reviewed journal is rewarding. I have received two awards, based on my practice and involvement, in teaching and patient care. I received the Distinguished Service Award from the Canadian Society of Hospital Pharmacists (2004/2005) which is their big award for your accomplishments over the years. And I was also awarded the William McLean Clinical Pharmacist Award (2002) for the province also based on practice over the years, so those certainly were the highlights. I think starting practice in the anticoagulation clinic and then the thrombosis service are highlights too because they are perhaps the most fulfilling part of my practice over the past 35-plus years. And I say that because its involved direct patient care, a responsibility given to me to prescribe and perform diagnostic and monitor tests.

*So what motivates you to involve yourself so heavily in the education of future pharmacists?*

Well, I enjoy learning from other people still, so I would like to think some people might still want to learn from me. I try to present accurate, up-to-date information that hopefully can be understood most of the time. I enjoy passing on knowledge just like how I enjoy learning additional knowledge from others. I am the type of teacher who, if explaining the Glasgow coma scale, will ask you where Glasgow is.

*Since you are so involved with teaching, what are two qualities that you look for in pharmacy students that are good precursors to becoming a good pharmacy practitioner?*

Just general interest, I would like to see the asking of questions related to whatever is presented such as in a lecture or based on a piece of information. I think that's certainly showing a level of interest and analytical quality in terms of questioning things; always asking "why?" or "what about this?". To me personally, that's what I see as a good characteristic in a student that would hopefully be carried over into practice. I think over the decades as pharmacists, we've generally been willing to accept any piece of information we're given on the computer or on a sheet as the truth. As an example, we've evaluated the warfarin patient information sheets that community pharmacies have been handing out for years and years, and they're substandard. Until then, that information had been accepted without any question of reviewing it to see how accurate they actually were.

*Graduating from pharmacy and then from your PharmD program, did you feel confident in your abilities as a pharmacist heading into the field?*

I don't necessarily think that the undergraduate pharmacy programs are given in such a way to build confidence. When I graduated, the pharmacist filled mainly a technical role so there wasn't much to be not confident about. But with my PharmD training, certainly! It introduced me to direct patient care and working with a team of physicians and nurses, and that certainly increased my confidence. It also taught me essentially how much still I didn't know and how important life-long learning is, which is something I still practice. Working in the anticoagulant clinic and thrombosis service has really given me confidence to practice in that specialized area and that's what I like to see pharmacy progress towards in terms of their method of education and training. Essentially, it is the medical model of education that really increases the confidence of the graduate by putting its students in a practice setting as a big part of their education; having expectations and

giving them the responsibility to look after patients.

*Do you think the new curriculum accommodates for this medical model that you want pharmacy to progress towards?*

I think the new curriculum certainly will be of such a model that will increase the confidence of the graduate compared to the traditional 4-year classroom style of teaching. But I guess, again, we'll have to see if the graduates feel that way. To me the real confidence building, as our residents say at the end of their residency year, is that they feel more confident because they've been in a setting where were expectations of them to look after patients and to provide input on a health care team. And that's a full year of that experience (in residency). If that type of learning is occurring in the new curriculum then it should go a fair distance towards more confident graduates.

*And if you could change one thing in the profession of pharmacy, what would it be?*

Well, even though our education and our graduate education is changing, I'd change pharmacy to move more quickly towards the medical model of teaching where there is more responsibility and accountability. Furthermore, as part of the end of training, having students perform as a practitioner under the guidance of staff pharmacists or senior pharmacists, in a group practice or a hospital sort of setting, is something I'd like to see. That's what I would change for pharmacy. With regards to the health care system, we need to think about giving/accepting more responsibility in conjunction with those ideal educational changes. Maybe somehow in conjunction, we've got to prove to the policy makers that we are changing our practice to make our pharmacy graduates better schooled in practical patient monitoring and pharmaco- therapeutics. Then, maybe they would be willing to confer some more responsibility to our practice.

*How much longer do you hope to keep learning and progressing yourself as both an educator and a pharmacist?*

For many years to come! I read books, newspapers, and watch documentaries and I just enjoy learning, and passing some of that along in my teaching.

*And that's still on a day-to-day basis?*

Yeah, I probably read both professionally and for pleasure as much now as I did 30 years ago, maybe even more so now that I have more time.

*You say you read for pleasure and professionally. So what do you read? Or do you read research papers for pleasure as well \*asked without malicious intent\*?*

For pleasure I read both fiction and non-fiction books. I admire a writer that can write 400 pages AND keep your interest for most of that. I mean I have trouble writing a 3 page editorial and keeping people's interest!!

*If you were to recommend a book to a busy pharmacy student what would it be?*

There are so many to read; I use the New York Times Book Review to guide me. The Malcolm Gladwell books are excellent. How Doctors Think by Groopman also. I read so much I forget many of the titles... Also novels by Richard Russo, who is also an excellent writer. Anyone of the ones I mentioned. They've got nothing to do with pharmacy which I think is important. I think it is important to read and expand your mind to other areas .

*And lastly, outside of pharmacy, what is most important to you?*

Obviously, my family. I try to keep fully engaged with the lives of my wife, Ginny, and our kids, Cassandra and Aaron.

What I took and remembered from the experience wasn't so much based on my introductory interpretations I gathered about anticoagulation therapy, thrombo-embolism, or other science-based pieces of facts and explanations he presented to me. Rather, what I learned from Dr Bartle was that pharmacy isn't so much the final product of a productive life. Instead, as accomplished and well-educated Dr Bartle was in the profession of pharmacy, I found that his interests and character qualities utilised pharmacy as an outlet for his drive to learn, his care for his patients and his passion for education.

On rounds with him that day, he mentioned something in passing that really stuck with me. While following Dr Bartle around as he assessed patients for anticoagulation, we ran into a physiology student that was working on the same patient as we were and we exchanged greetings. "Hi, I'm a physiology student.", she said. "Hi, we're the TE team.", Dr. Bartle replied. A few moments passed and I noticed the physiology student glancing at my name tag. "Oh no, only he is on the TE team, I'm just a pharmacy student.", I answered awkwardly. Dr. Bill Bartle promptly responded, "Well, I wouldn't say 'just'."

\*cue dramatic exit music\*

# IPSF SEP Exchange Stories

By Mona Younis, 1T4

When I first arrived in Barcelona, I fell in love with the city. It's so full of culture and life and there is so much to do! It's beautiful, being right on the Mediterranean sea. The people are so friendly and interesting and the nightlife of course is unbeatable. More importantly, when I first arrived I was picked up right away by one of the IPSF coordinators. She was so friendly and hospitable and took me right to the flat all the students were staying at. It was right near Sagrada Familia, the church by the famous architect Gaudi. The flat was big, clean and breezy :) What was great was that they all put us in the same apartment building in 4 flats. We got to know each other so fast and that was my favourite part of the trip. The other pharmacy students I met became some of my closest friends I have today. We were all nervous to meet each other, but with the help of the Barcelona IPSF coordinators and all of our outgoing personalities, we became such close friends, exploring the city together and sharing our pharmacystories.

As for my placement, I was really lucky to be placed in the clinical pharmacy department of the University of Barcelona. I got to meet the professors there, and one of the professors, Pilar, was so helpful and so welcoming to the faculty. She told me all about the new curriculum they are trying to propose to the faculty and I had a project to create a poster comparing the UofT pharmacy curriculum and the Barcelona pharmacy curriculum. Since they are not as advanced as us in clinical pharmacy, she really appreciated all the knowledge of our curriculum I brought to them. They are trying to push for more clinical pharmacy courses and less science based courses that make up the majority of their curriculum.

The professors thought it would be nice for me to see all the different sides of pharmacy so they found placements for me in both the hospital and community pharmacy. The second week I was placed in the hospital pharmacy in Theresa, a good 40 minutes from Barcelona, which was such a unique experience. The pharmacist there was also a doctor and showed me how hospital pharmacy works in Barcelona. It was mostly about unit dose preparation to different wards of the hospital, and compounding. I was able to assist in making chemotherapy medications as well as methadone. The pharmacists there were all so helpful and eager to teach and learn!

I also got placed in the community pharmacy for a week. This was also a great experience as I found out that community pharmacy is much different in Barcelona. Basically the patient comes in, tells us what they want, and they pay between 30cents-4 euros for most of their medications since most of them are covered. Everything is in packages, so there are no vials or counting pills. The barcode is punched out of the package before giving it to the patient and that is placed on a piece of paper of all the bar codes of drugs that have been sold, and that gets sent to the bank for reimbursement from the government. The pharmacist taught me how to take the blood pressure of patients, and with practice, I got pretty good at it! The pharmacist was so eager to teach us all there was to know about community pharmacy and also taught us some Spanish on the side.

Honestly, I can go on and on about this exchange, because that's what I have been doing since I got back. The city, the culture the food and of course the friends and the pharmacy experience I gained was so amazing, much more than I imagined it would be when I was travelling to Spain. I also got to experience other parts of Spain including Sitges; a beach town 1h south of Barcelona, Menorca; a small island off the coast of Spain. I got to climbMontserrat and went to Pamplona where I got to see the San Fermín Bull run festival. I am still in touch with all my pharmacy friends I met there and we are all planning a reunion at the IPSF conference next summer!! I hope to be able to do this again next summer! It's such a great, amazing and unique opportunity!



Mona and pharmacy friends at Park Guell, Barcelona, Spain

## These are a few of 1T3's favourite things

By Tara Farquharson and the 1T3s

Seats on the subway and post exam shopping  
Warm beds on cold nights and sleep when it's raining  
Putting on clothes that the warm dryer brings  
These are a few of our favourite things

(Dun DUN dun DUN dun DUN dun DUN)

Bike rides on dirt roads and coloured highlighters  
Trees turning in autumn and late night campfires  
Being in PB and achieving low pings  
These are a few of our favourite things

(Dun DUN dun DUN dun DUN dun DUN)

Weekends with freedom or chocolate and coffee  
All food in general but best when it's cost free  
Waking to find you can stay on your bedsprings  
These are a few of our favourite things

When the subway stalls  
When the midterms start  
When we're feeling mad  
If we simply remember our favourite things  
And then we won't feeeeeeeeeeeeel sooo bad!

(Repeat q1h PRN to relieve midterm blues)

## ANTI-STRESS KIT

BANG  
HEAD  
HERE

### DIRECTIONS

- 1) PLACE ON FIRM SURFACE.
- 2) FOLLOW DIRECTIONS IN CIRCLE.
- 3) REPEAT UNTIL STRESS IS GONE, OR YOU ARE UNCONSCIOUS.
- 4) REPEAT AS NECESSARY, NOT EXCEEDING FOUR TIMES DAILY.
- 5) IF CIRCLE TURNS RED CONSULT PHYSICIAN.

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# Things that I don't understand...

By: Sidika Dhalla, IT2 Monograph Rep

In my old age, I become increasingly frustrated about things that I still don't understand. My hope is to pass these confusions on to the little ones out there so that they can take all their MMI, entry-level PharmD (maybe) wisdom and affect some fantastic change. And maybe one day, life, and pharmacy, will make a little more sense.

## 1. Why so many of us didn't have a good explanation of why we wanted to be pharmacists in first year...

So I googled pharmacy – something I've never done before – to figure out what some of us first found when we started thinking about applying to this program! For all you newbies who are still dazed by the glorious land that is University of Toronto, you'll be glad to know that our faculty's webpage is the first thing that pops up. Second is wikipedia's take on our profession and in a measly third place, there's Waterloo Pharmacy's page.

Then I googled pharmacist and I found a fun little article that featured the top 10 'hottest' jobs in Canada that are 'cool and in demand' right now. I think the article is about 8 months old but I was shocked to see pharmacist as one of these 10 jobs. I'm trying to remember what was happening a year ago, and I'm pretty sure the only top 10 list pharmacists should have been on is 'most likely to be replaced by a machine if they don't get their act together.'

This top ten list's description of pharmacy consisted of this: "A growing and aging population means more prescriptions needing to be filled. From hospital pharmacists to your friendly local pharmacist, there's greater demand for them than there are qualified grads or trained immigrants to fill the positions. What to expect: Good pay, and many pharmacists are self-employed -- they own the pharmacies they work in. Getting started: You must attend pharmacy school at a Canadian university and hold a Bachelor of Science degree." This website seems to be a great place to go to validate a young'n's 'feeling' that pharmacy is a solid career path. Too bad you can't say 'coz I feel like it's a solid career, where you can make lots of money without spending a lifetime in school' when they ask you why you want to be a pharmacist in your first phm127 tutorial.

Too bad all of our preconceived notions about pharmacy went out the window when we started pharmacy school. Admit it, your reasons for wanting to be a pharmacist now are much different than they were before. And the latter are probably a little bit more defensive than the former. I'll be the first to admit that I had no idea what pharmacists were capable of and that's very exciting. Someone needs to invest some time into creating webpages that are google'able that have legitimate information about pharmacy as a career option. Get on it!

## 2. Why pharmacists aren't marketed better in Canada...

I don't know about you guys, but I lose sleep every night worrying about the image of our profession to the public. I mean, how are people supposed to know what we do, if we don't really even know what we do (as illustrated by 1)? And if no one knows what we do then how can they value our services? The list of questions goes on. I think the big guns over at the correct regulatory body should just hire some hot-shot MBAs and run a serious ad campaign for pharmacists. There should be commercials on TV with old people talking about the awesomeness of MedsChecks and pharmacists in general – Walgreens style. I think QoL would increase a little bit for every one if pharmacists were on TV. We could do a study on it. There would be a difference – statistically AND clinically significant. Better yet, the Faculty could create a NEW combined program that aligns with Rotman's MBA program! Clearly some people must be capable of such a feat and then we could do biased marketing all by ourselves, once the class size shrinks a respectable 10%! I think that's wonderful advice – there just isn't enough change this year at the faculty.

## 3. Why we have a health systems course in fourth year...

I think they realized that for the new curriculum. I think it would have helped us form our defences for wanting to be pharmacists early on.

## 4. When marks and knowledge are not synched...

If iPhones can do it, I think our faculty should be able to do it too. Exams should exist as learning tools. Not tools that give us neuropathic pain in our arms and make us cry ourselves to sleep.

## 5. How we learned oncology in 1 night, after 421 exam before PPL the next morning... LMPhAO.

## 6. How acronyms have taken over our lives... But I secretly LOVE it.

Use the TTP to find the DTP, then write a PCP after assessing alternatives based on IESA, FU, BBs, ACEIs/ARBs, CCBs (NDHP/DHP), ECASA are used post-STEMI + NSTEMI and for AFib, UA, etc. But avoid them NSAIDs if you have PUD or HTN. DMARDS increase risk of URTI. Use DEX+APR+5HT3RA for MEC + HEC CINV.

I'll stop at six, because I'm in 4th year and I should really understand a lot more about life at this point. Become leaders in the world and FIX things that you don't understand. It CAN be done, you just have to want it bad enough.

# More about OPA...

By Zenah Surani, OPA Student Board member, U of T

So, on October 6th, Ontarians re-elected Dalton McGuinty to his third term as Premier of this province. Well, half of us did, anyway (voter turnout was an abysmal 47.6%). So are things really going to change, in terms of pharmacy and healthcare in Ontario?

Well for starters, out of 3 pharmacists who ran under the PC banner this election, one emerged victorious. The riding of Elgin-Middlesex-London elected Jeff Yurek, a U of T pharmacy alumnus and pharmacist/co-owner of Yurek Pharmacy to represent them. Yurek made history in turning the riding PC after 24 years of being under the control of the Liberals. According to a pre-election interview from Canadianhealthcarenetwork.ca, Yurek was inspired to run for provincial office because of the McGuinty government's sweeping changes to the way pharmacy business and healthcare is run in Ontario. Yurek stated that he would work with PC leader Tim Hudak to ensure that money is brought back to frontline healthcare professionals like pharmacists, nurses, and doctors. Given that our government is in a deficit situation and facing a recession, who knows what will happen. But let's look on the bright side... McGuinty wasn't successful in securing a majority (albeit by one seat)...maybe we'll see all parties coming to the table to come to collaborative solutions?? Especially since Yurek's neighbourhood riding belongs to Liberal Health Minister Deb Matthews? Only time will tell!

During the campaign, McGuinty said that he'd ask Ontario physicians to accept a two year pay freeze when their contract ends in April. He stated that he was sure that doctors would "understand" the need for this. Health Minister Deb Matthews said that this would save the province about \$350 million annually. The OMA (the province's mandatory association for physicians, unlike the OPA, which is voluntary) can be sure to put on the pressure at the negotiation table.

Other Liberal pre-election promises on healthcare include: a promise to increase total health spending from \$47.6bn to \$53bn by 2014, to bring back doctor house calls for seniors and those with disabilities, to give families with sick relatives up to eight weeks unpaid leave from work, a seniors home-retrofit tax credit of \$1500 annually, and defer property tax increases for seniors who choose to stay in their homes.

In the midst of all of this, the Ontario Pharmacists' Association is committed to working with government and other stakeholders to ensure pharmacists are properly integrated and supported in the models and organizations needed to meet the Ontario government's movement towards a better healthcare system. The OPA is working hard on your behalf to ensure that pharmacists receive the compensation that is deserved and needed to make a positive difference in the healthcare of all Ontarians. For more info, please visit [www.opatoday.com](http://www.opatoday.com)-->advocacy

## Sources:

- <http://www.ottawacitizen.com/health/McGuinty+squeeze+health+care/5420204/story.html>
- <http://www.youtube.com/watch?v=MmB-8jgLA-4>
- <http://www.theglobeandmail.com/news/politics/ontario-election/mcguinity-would-seek-pay-freeze-for-ontario-doctors-in-bid-to-rein-in-spending/article2184908/>



The image shows a woman with blonde hair, wearing a white lab coat over a purple shirt, smiling and holding a yellow prescription bottle. In the background, there are shelves filled with various pharmaceutical products. To the left of the image, the logo for the Ontario Pharmacists' Association is displayed, featuring a blue stylized 'F' shape followed by the text 'Ontario Pharmacists' Association'. Below the image, there is promotional text for the OPA.

OPA is the professional advocacy association representing the views and interests of over 10,000 practicing pharmacists and pharmacists-in-training in Ontario.

OPA is your source for the best rates on insurance, special offers and professional networking opportunities. As your advocate, we are here to support your professional growth and development with timely information on the latest developments in pharmacy, and access to resources and professional tools.

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](http://www.opatoday.com)

# DRUGS IN PREGNANCY AND LACTATION: WHERE THE VALUABLE INFORMATION IS

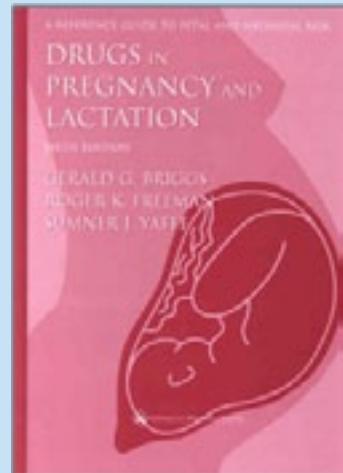
By Tara Farquharson, IT3 Monograph Rep

As pharmacy students, we spend much of our time in school learning about patient care and understanding disease processes and medications. While we may consider ourselves drug experts, there are a few areas which many pharmacists may not feel comfortable discussing with patients. One such area is the effect of drugs in pregnancy and breastfeeding. This population of patients play a significant role in community practice, and you will likely come across questions from pregnant patients about vitamin supplementation, or safety profiles of drugs in pregnancy and lactation. These questions can be difficult to answer especially using resources we're comfortable with as students.

When I first began answering questions regarding drug safety profiles in pregnancy I would turn to the eCPS. Unfortunately, this resource is of limited use in pregnancy, most of the time there is one line of information stating that safety and efficacy in pregnancy has not been determined. However, a little more digging in the right resources may provide very different advice. Some more helpful resources for these types of questions can be found either in Briggs's "Drugs in Pregnancy and Lactation" or Micromedex. Even using these resources can take some getting used to, since their information is not always self-explanatory. For example, Briggs's still uses the A, B, C etc. system for describing safety in pregnancy. This system is not informative, and is often based on out of date information, causing unnecessary concern and is in the process of being phased out. Despite this, Briggs's provides lots of references to studies done in mothers or animals which may or may not be helpful in determining or predicting safety.

If there is limited information and only animal studies are available then recommending the drug in pregnancy would not be advised, however some information can be drawn for educating patients who may have been unintentionally exposed to the drug early in pregnancy. Important information to look for in this case would be the effects in animals at high doses. If birth defects or malformations are noted then there is concern for these patients, but if not there is no reason to believe the pregnancy may be at risk. Micromedex on the other hand has a convenient reproductive risk tab, which can be found attached to drug monographs, or even some disease states (e.g. the effect of certain types of infection on the fetus and nursing infant).

Finding information for breast feeding patients may be different. Some helpful resources in this categories include Briggs (unfortunately a very large book, and not that convenient to use), Drugs in mother's milk (McHale), and finally LactMed (available for free online – Google it!). Some of these resources can be difficult to understand without an understanding of the important information. If it is not obvious whether or not the drug is safe, an important piece of information is the percentage of drug that reaches the infant from the milk. If the dose which reaches the child is less than 10% of the mother's dose, then generally the drug is considered safe for breastfeeding. Though, there are exceptions to the rule (e.g. fluoxetine, lamotrigine). These resources will also provide information on drug-milk concentrations over time, which can allow you to educate a breastfeeding mother on the safest times to breastfeed to minimize exposure of the baby to the drug. For example, drug-milk levels may drop off significantly 4 hours after administration of the medication. With this information you can recommend that the mother pump her breast milk prior to taking the medication, and then avoid breast feeding for 4 hours (and rely on pumped milk when the infant requires feeding).



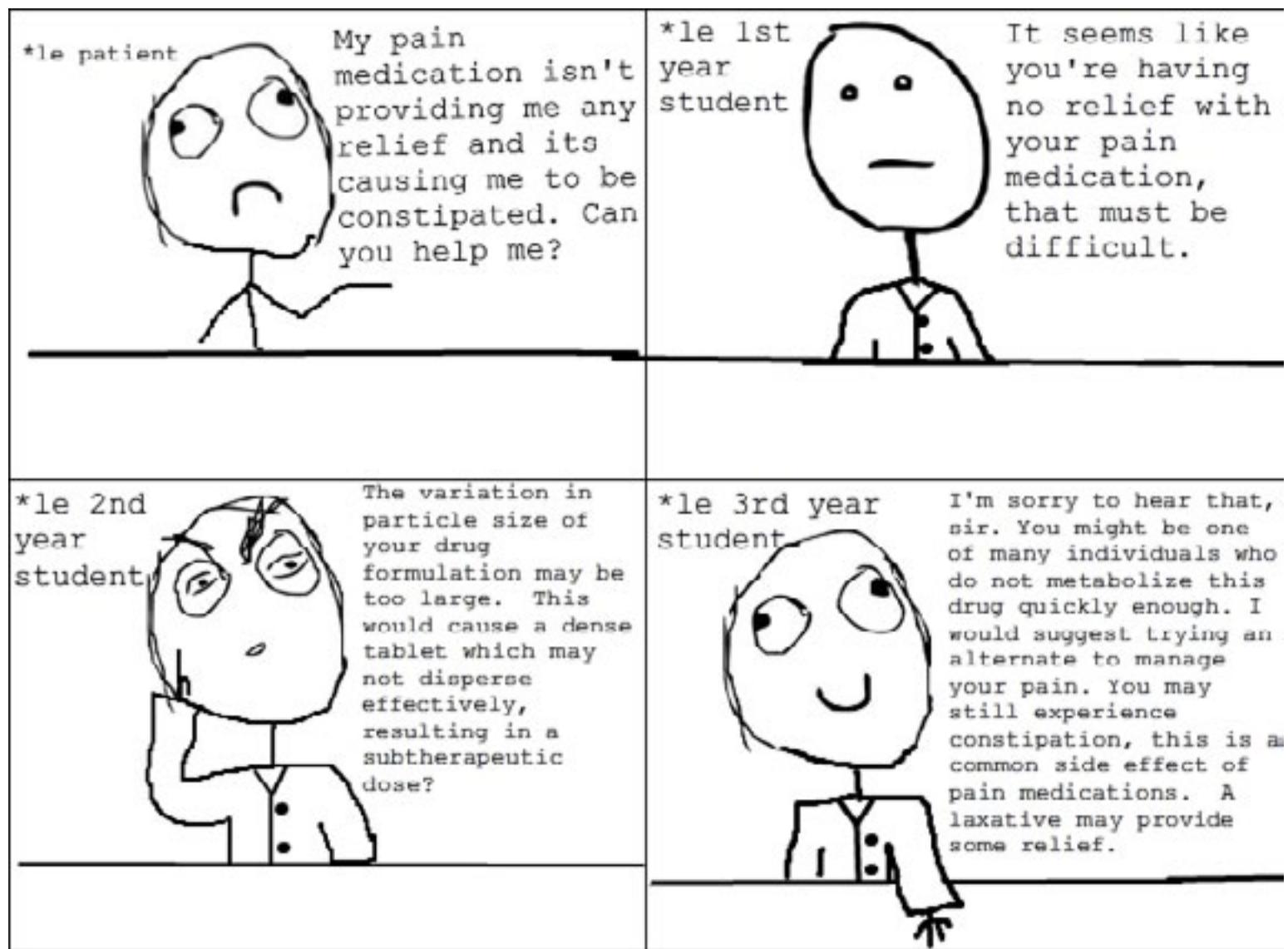
A screenshot of the Motherisk website. At the top, there are logos for SickKids, MOTHERISK (Protecting the Unborn), and Women/Femmes. Navigation links include HOME, FERTILITY &amp; RESOURCES, BOOKSHOP, CONTACT US, DONATE NOW, LINKS, FAQ, DISCLAIMER, and SEARCH MOTHERISK. A search bar is located in the top right corner. The main content area features a section titled 'New Motherisk Guidelines for Folic Acid' with a sub-section about the SOOC and Motherisk release of updated clinical guidelines. It includes a photograph of various fruits and a bottle of folic acid. To the right, there are sections for 'Our Helplines' (with numbers for various services) and 'Our Website Sponsors' (with a note about being proudly supported by ...). At the bottom, there are links for Motherisk News and Events, Morning Sickness Update, Breastfeeding Update, Supplements Update, Medications, All Health Topics, and a footer link for the Motherisk program.

Another invaluable resource for healthcare professionals and patients alike is Motherisk. I had the opportunity to visit Motherisk during my EPE this past summer. If you're not familiar with this service, it is a small program introduced in 1985 designed to provide information to expectant and new mothers about common health issues. The most common issues include pregnancy induced nausea and vomiting, exposure to drugs, infections and chemicals, as well as an alcohol and substance abuse. The call centre is located in the Hospital for Sick Children where four people are connected to the phone line, taking hundreds of calls each day on a plethora of different issues faced by pregnant and breastfeeding mothers. Calls come in from across the country and even around the world with women asking questions from "is this shampoo safe to use" to "I've been exposed to this obscure drug before I knew I was pregnant, is my unborn child at risk?". The phones are answered by a small group of individuals with variable backgrounds, from toxicological and pharmacological PhDs, researchers to physicians or healthcare practitioners from abroad.

Amazingly, Motherisk is involved in more than just the provision of perinatal information, they also provide one on one counselling for expectant and new mothers with physicians who specialize in maternal and infant care. These resources are often used by mothers who require the use of antidepressants during their pregnancies to help them cope with the stress that goes with being pregnant and having children. In addition to the counselling Motherisk is also constantly collecting information on drugs in pregnant and breastfeeding women, by screening the calling mothers in hopes that they will contribute to their studies. These studies may involve taking breast milk samples from mothers taking various medications to determine how much reaches the infant, or evaluating the effects of drugs during pregnancy by running their own research trials. Based on this research, a very thick compilation of unique findings is put together including their own research and research from various other sources. This bible of information (which appears to be well used) is the greatest tool to the operators at Motherisk, allowing them to provide information to their callers.

Information on drugs in pregnancy is a complicated issue, not to mention emotionally jarring for women concerned for the health of their future children. There is a lack of evidence to rule out any kind of negative effects in the majority of medications. That's why the service provided by Motherisk is so amazing not only for mothers, but also for pharmacists. As front line health care practitioners we'll be expected to answer questions like these, answers which may not be clear-cut or obvious. For more information on Motherisk visit [www.motherisk.org](http://www.motherisk.org)

## **STEEP LEARNING CURVE** - Tara Farquharson, 1T3 Monograph



# PSFCA - Pharmacy Students for Cancer Awareness

Hello everyone!

Every day in Canada, 20 people will be diagnosed with cancer. 8 people will die from it. Even with these statistics, sadly, oncology and cancer care does not occupy a large part of our current curriculum due to its specialized nature and the complexity of cancer. PSFCA aims to provide students with a better understanding of cancer, and increase awareness about pharmacist career opportunities in oncology. At the same time, we hope to raise funds towards cancer research and supportive organizations.

## What does PSFCA stand for?

Pharmacy Students for Cancer Awareness

## How are we going to do this?

With your help! By joining PSFCA you will represent a united pharmacy student voice dedicated towards increasing and improving pharmacist involvement in the lives of cancer patients. PSFCA has many great events planned where your participation can make a huge difference!

This includes fundraisers such as bake sales and a Grilled Cheese Sandwich day (a great snack to help you cope with those long classes)! We will also have speakers, including pharmacists that specialize in oncology and social workers that specialize in optimizing communication with cancer patients. As always, PSFCA welcomes input from YOU for more great ideas.

One of our larger events includes a chance to participate in CAMP TRILLIUM. By volunteering at this camp, you'll have the opportunity to spend time with children and their families living with cancer. We hope this will be an enriching experience for all pharmacy students to have greater insight into the management, challenges, and emotional aspects of living with cancer from a patient perspective. It will give you a better understanding of how you can make a positive difference in the lives of these children, and your future patients.

Last but not least, we invite all pharmacy staff and students to participate in an amazing overnight cancer event in the spring called RELAY FOR LIFE. We hope to participate as a large pharmacy group to show our support around the GTA. There will be games, karaoke, sumo wrestling (and much more) to help raise funds for cancer research and commemorate those we have lost and those who are still fighting. This includes walking around the track and participating in a beautiful luminary ceremony. It is a great way to become acquainted with those in the faculty (both your classmates and upper years) and help a great cause! For more information please visit our Facebook Page – Pharmacy Students for Cancer Awareness. We will be proving more information soon.

## Interested in Joining?

Give us a shout at [pharmsfca@gmail.com](mailto:pharmsfca@gmail.com) and join our Facebook group for more information on PSFCA events and updates! Keep an eye out for us in November for exciting events!

## IT4 MONOGRAPH POLL QUESTION

*Compiled By Henry Leung, IT4 Monograph Rep*

### Question: Once a become a pharmacist, in my spare time I will...because...

- Once I become a pharmacist, in my spare time I plan to read the entire cps because I was dared to do that :(
- Once I become a pharmacist, in my spare time I will SLEEP because pharmacy school has stolen 4 years of sleep from me.
- Once I become a pharmacist, in my spare time I will work part time shifts at other pharmacies because I want to retire early!
- Once I become a pharmacist, in my spare time I will watch TV shows like House because not only does it help me review scientific terms, it's also a great stress reliever.
- Once I become a pharmacist, in my spare time I will play tennis because running around the pharmacy is not exercise!
- Once I become a pharmacist, in my spare time I will lecture my doctor friends about remembering to fill out the LU codes of certain meds because I don't want to keep faxing/phoning them for it!
- Once I become a pharmacist, in my spare time I will find something meaningful to do because life isn't just about pharmacy.
- Once I become a pharmacist, in my spare time I will keep myself busy outdoors because, being pharmacists, we're indoors enough already.
- Once I become a pharmacist, in my spare time I will spend it with my family because they are the people I want to work so hard for in the first place.
- Once I become a pharmacist, in my spare time I will spend it volunteering because what's the point of all acquiring all that money, knowledge and skills if I can't help others smile?

# I'm an R-R-S-P, find out how to deal with me!

By Tara Farquharson, IT3 PFEC Rep

How much do you know about RRSPs? Find out with a PFEC quiz:

- |    |  |     |
|----|--|-----|
| 1. | True or false RRSP = regulated retirement spending pool                                  | T/F |
| 2. | RRSPs offer incentives for Canadian citizens to plan for their retirements               | T/F |
| 3. | Contributions to RRSPs are made with after tax dollars                                   | T/F |
| 4. | Upon retirement, withdrawals from your RRSP are tax-free                                 | T/F |
| 5. | True or false, It is a good idea to contribute to your RRSP as soon as you begin working | T/F |
| 6. | Contributing to an RRSP decreases the amount of money you pay in income tax              | T/F |

1. **FALSE:** RRSP stands for registered retirement savings plan.

2. **TRUE:** An RRSP is the government's method of encouraging Canadians to financially plan for retirement. People can contribute regularly to their RRSP so that it will grow over time, and will lessen the financial burden on the government when Canadians reach retirement. Throughout your working years you save a portion of your income in the RRSP plan and upon retirement you begin to withdraw from it to supplement your income.

3. **FALSE:** RRSP contributions are made with income before income tax has been applied to it. This acts as an incentive to encourage Canadians to contribute to their RRSPs.

4. **FALSE:** There is an income tax applied to withdrawals from your RRSP but the rates are much lower than they were while you were working (since you're in a lower income bracket).

5. **FALSE:** Many banks and 'financial advisors' may encourage young people to contribute to their RRSPs at a young age, stating that it will provide million dollar retirement plans when they reach 65. However, yearly contributions from a young age provide bonuses to financial advisors and banks, and in reality are not that helpful for individuals new to the work force. Another reason it may not be ideal to contribute to your RRSP directly out of school is that you will likely not be making a substantial amount of money such that a large proportion of your income is being taxed. When you first graduate, it's better to wait until your income is being taxed significantly, and then you'll be taking advantage of the tax breaks with your RRSP. For example, let's say you graduate and are making \$50,000 dollars a year, and you may eventually make 100,000 dollars a year. The income tax you pay on \$50 000 is considerably less than you will pay on 100 000, so the tax break you would receive by contributing to your RRSP would be much more effective when your income has increased. Lastly, paying off student loans is the most important thing to a new graduate, and that should be done before anything else.

6. **TRUE:** the government views your taxable income as money you earn which is not contributed to your RRSP. For example, if you make 50,000 per year and you contribute 3000 per year, the government will only tax 47,000 of your income. This is a great incentive to contribute to your RRSP.

If you didn't get perfect on this quiz (or even if you did!) PFEC recommends that you come out to some of our presentations to learn more about business, finance and pharmacy graduate opportunities!





# International Pharmaceutical Students' Federation

All CAPSI members become automatic members of IPSF!

## ***What's this whole IPSF thing all about?***

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

## ***Tell me more!***

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

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

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

## ***The Student Exchange Program (SEP):***

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

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

Expenses: Up to \$150 application fee. Students are expected to pay all travel and miscellaneous costs. Room and Board may be provided by the host country, and some placements may provide a small salary. This varies from country to country. Please see the website for a list of placements available!

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

Contact: Barkhad Barkhad, barkhad.barkhad@utoronto.ca, or Mircea Eftimescu, m.eftimescu@utoronto.ca, for more details.

## **IPSF-WHO Internships:**

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

## **IPSF World Congress 2010 & 2011:**

The 57th IPSF World Congress, was held between August 3rd – 13th, 2011 in Hat Yai, Thailand. The participants attended workshops, general assemblies, symposiums, competitions and social events with pharmacy students from more than 30 countries throughout the 10-day Congress. IPSF World Congress provides a wonderful opportunity for Canadian delegates to bond and network with pharmacy students from all over the world! This year, the 58th IPSF World Congress 2012, will be held between August 1st – 11th, 2012 in Hurgada, Egypt.

## **Pharmacists Without Borders / Pharmaciens Sans Frontières (PSF):**

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

## **Health Promotion Campaigns:**

Stay tuned for some amazing health promotion campaigns this year including the Anti-Counterfeit Drugs effort during November and December.

# Matcha Green Tea Iced Latte

By Carolyn Kasprzak, 1T5

*"Do it yourself Starbucks frappuchino"*

\*Makes 2 Servings\*

## Ingredients:

1/4 cup water  
1/2 teaspoon matcha green tea powder (can be bought at T&T supermarket)  
1-2 teaspoons of sugar (to taste)  
3/4 cup milk (or soy milk)  
3 large ice cubes  
optional – 2 scoops of vanilla ice cream or 1 teaspoon vanilla extract



## Directions

Dissolve the green tea powder and sugar into the water.  
Blend all ingredients together in a blender until smooth.  
Enjoy and save money!

# My Student Internship

By Maria Zhang, 1T2

I conducted an internship with the Stop-Tuberculosis Partnership, housed at the World Health Organization (WHO) in Geneva, Switzerland from July 17th to August 19th, 2011. Within the Partnership, I worked with the Global Drug Facility (GDF) which provides access to high quality tuberculosis (TB) medications for DOTS implementation. Between its establishment in 2001 and 2010, GDF has supplied more than 18 million patients with treatment.

The Office Management System (OMS) is the skeleton of the technical services GDF provides such that items like the Product Catalogue, from which donor countries, sponsors or individual countries can procure high quality TB drugs, are generated. My role this summer in GDF consisted of using my knowledge of pharmaceuticals to update and align the OMS codes and drug information with WHO guidelines. I was also responsible for making the information displayed on the website relevant, accurate and consumer-friendly.

The most interesting part about working at the WHO was being able to juxtapose this relatively administrative/research experience with my HIV/AIDS internship last summer in Namibia where I practiced direct-patient care. At the WHO, it is about as high-level and away from the majority of the population most in need of health care resources as possible. Dr. Lucica Ditiu, the Executive Secretary of the Stop-TB Partnership provided some fabulous pearls of wisdom to the interns; she advised us to make a difference on the ground-level first, get experience, know for whom you are working every day to support and then work for the WHO. Being housed in Geneva, Switzerland, one of the most expensive places in the world, acts like a bubble. She even mentioned that to keep yourself going at the WHO, you'll have to continuously go back to the field and get re-energized because working in the WHO can be extremely draining. This is something that I definitely identified with during my internship as there were many three to four hour meetings that sometimes revolved around word-smithing. However, it must be kept in mind that these meetings are critical for changing policies and programs on a world-wide level leading to the benefit of millions to billions of people.

While it felt extremely rewarding to have a tangible product at the end of my internship (the Product Catalogue for GDF) and to be recognized for my work at a team meeting, it didn't have the same effect on me as when a HIV positive patient acknowledged me and thanked me for learning how to do simple medication counselling in Oshivambo last summer in Namibia.

There were some fantastic things about the WHO and Switzerland that I've come to miss including spending time with the incredibly bright group of down to earth, international interns from some of the most well-known academic institutions in the world, the fantastic location of Switzerland that allowed many road-trips to Italy and France on the weekends and the eye-opening Interns for Interns and Experts for Interns lunch time seminars. I will definitely not miss the ridiculous cost of living though! Ie: 15 Canadian Dollars to wash one load of clothing at a Laundromat!

I strongly recommend looking into internships for all students, interns and even alumni. There were quite a few practicing pharmacists who had a special interest in Public Health at the WHO conducting a 6 month internship. Whether it be working at an international organization where important decisions on world-wide policies are made or on the ground-level where important decisions regarding individual patients are made, it'll be an eye-opening experience.

I'd like to thank the International Pharmaceutical Students Federation (IPSF) for establishing relationships with organizations like the World Health Organization, International Pharmaceutical Federation (FIP) etc. and setting up internships through which their 350,000 pharmacy student members can apply to take part in. Also, I'd like to thank the Undergraduate Pharmacy Society (UPS) and the Leslie Dan Faculty of Pharmacy for their support of my internships in Namibia and at the WHO over the past two summers. If there are any questions regarding my internship, please feel free to contact me at maria.zhang@utoronto.ca.

# PHARMALIFE

*Compiled by: Dipti Tankala, UPS Senior External Affairs Director, IT2*

## **Demographic Info**

- Name: Marisa Battistella
- Year of Graduation: 1998
- Which pharmacy school did you graduate from? University of Toronto
- Have you completed any advanced training or certification? Pharm D 2002
- Do you participate in any other professional activities (eg. committees, professional associations)? Currently I am Co-education Chair to the Renal Pharmacists Network (RPN). We organize CE events for our renal pharmacists. I was also chair to the RPN for 2 years and I have also served as membership chair to CSHP.
- About Me: I have two children- two boys that are 8 and 7 yrs old and they enjoy sports as much as mom and dad! So it's fun to spend my non-working hours playing with them!



## **Job Description**

- Are you a part A or B pharmacist? Part A
- What position do you hold or what is your current practice? Clinical Pharmacist – Hemodialysis unit – Toronto General Hospital- University Health Network
- Describe your typical work day? Busy and Surprising! You never know what your day will be like when you arrive at work! I like that because it keeps you on your toes. It's exciting and the day flies by! I guess you never know what to expect on any given day. I could see 10 patients, give a lecture or work on a research protocol.
- What do you like most about your job? The variety and the patients! I love my patients and helping them but I also like the non-patient care responsibilities that I have. I love teaching pharmacy students, giving talks to other health care providers and doing clinical research.
- What is the most challenging aspect of your job? Multi-tasking! I always feel like I am forgetting to do something! But at the same time, I love that our job is so exciting and there are many things going on at one time!
- What medications do you find the most challenging to manage? I enjoy all aspects of different medications- some are more common without much monitoring while others really need our constant monitoring....this is why pharmacy is so exciting.

## **Job History**

- How did you get to where you are today? I always tell my kids that hard work always pays off. So I believe if you really want to do something- go for it...work hard at it and if it works out, great! If it doesn't work out, you have tried your best and it wasn't really meant to be!
- What were some of the greatest challenges that you had to overcome along the way? There is so much I want to do, but have only so much time in each day between work and life. My children are very important to me (obviously) and so finding that balance is always a challenge.
- What courses, degrees, or previous positions that you have held do you find the most relevant to your current job? I think all work experience is important- not only do you learn about pharmacy things- like clinical pearls but also how to work with different people and understand them- probably the most important skill to have as a pharmacist. You learn to work with other health care providers such as physicians, nurses etc but also with the public.

## **Pharmacy School**

- Fondest Memory from Pharmacy School: Having a limo pick up my girlfriends and myself from our final exam in 4th year and driving around Toronto and drinking champagne!
- Favourite Pharmacy Professor/Course: I liked many of them Dr Utrecht, Dr MacGregor, Lalitha Rahm Wilms but my favourite- Zubin Austin (sorry Zubin, I know I am dating you now!)
- Summer Jobs held during Pharmacy School:
  1. Pharmaceutical Manufacturers Association of Canada Industrial Studentship Program, Bayer Inc.
  2. Pharmacy Assistant, Toronto East General Hospital
  3. Pharmacy Assistant, Thunder Bay Regional Hospital
  4. Pharmacy Assistant Shoppers Drug Mart

## **Advice Questions**

- If you did your pharmacy degree all over again, what would you do differently? I was really involved during Pharmacy –sitting on UPS, playing a ton of intramural sports...but I think I would have liked to have volunteered or worked in a pharmacy more than what I did - it would have been a great experience!
- What advice do you have for current pharmacy students or new graduates? Enjoy school- make lots of friends and get involved with the profession.
- What advice do you have for students searching for a job next summer? Look at everything...even jobs that you think that you might not like...you may be surprised....and start early!
- What kind of skills/qualities should students focus on refining while still in school that will make them successful in practice? Learn to understand people!!!

# THE ROARING TWENTIES

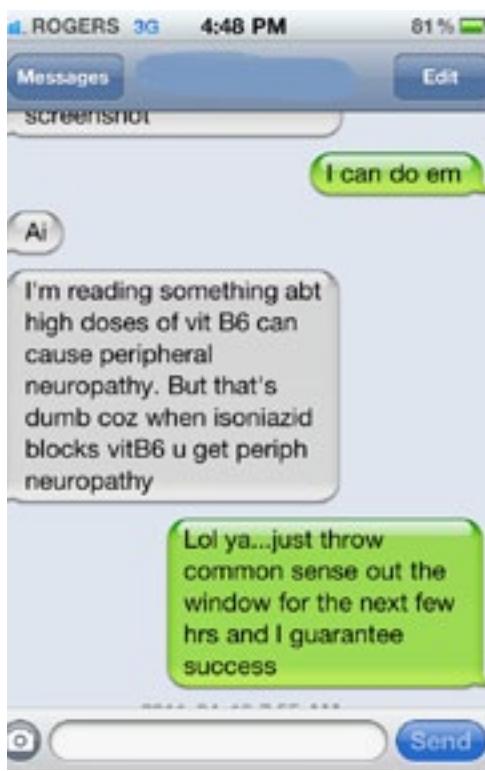
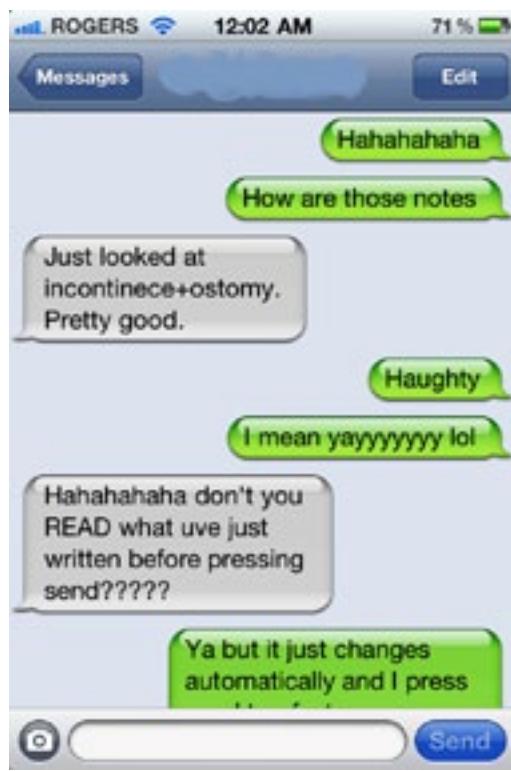


**PHARMACY SEMI-FORMAL 2011**

**FRIDAY NOVEMBER 25<sup>th</sup> 6:00**

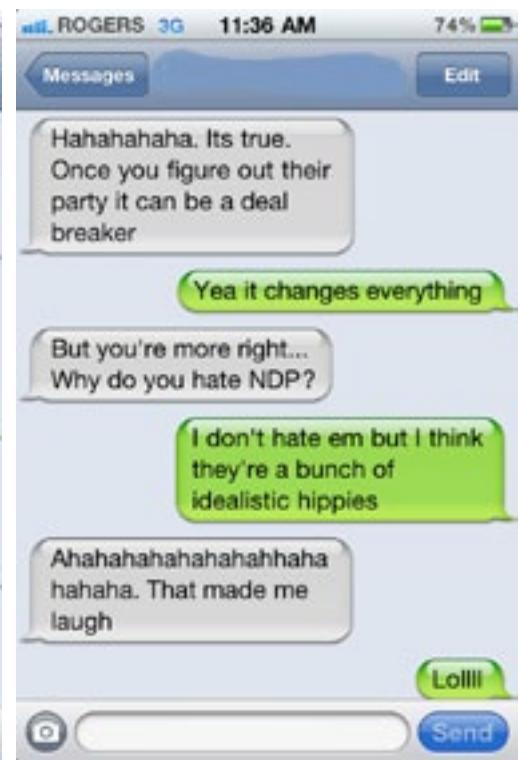
**89 CHESTNUT GRANDE BALLROOM**

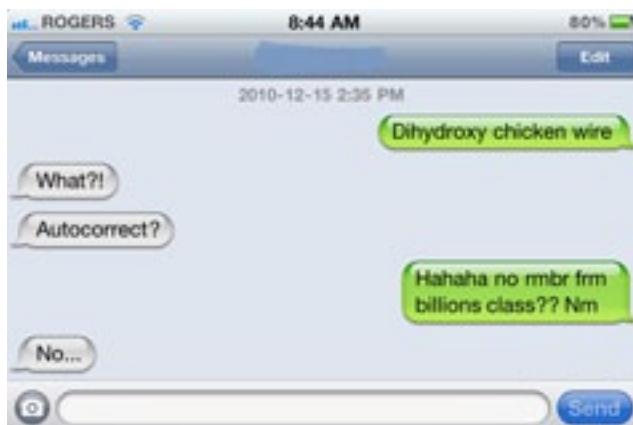
**TICKETS \$45**



# Pharm You Autocorrect!

Compiled by Sidika Dhalla, 1T2 Monograph Rep





# WORDSEARCH

## WORD BANK

ACETAMINOPHEN	DECONGESTANT	PILL
ADDICTIVE	DRUG	PRESCRIPTION
ANALGESIC	DOSE	REMEDY
ANTACID	ELIXIR	STEROID
ANTIBIOTIC	HERB	TABLET
ANTIDOTE	IBUPROFEN	VACCINE
ANTISEPTIC	INJECTION	
ASPIRIN	INSULIN	
BACITRACIN	MERTHIOLATE	
CAPSULE	METHADONE	
CODEINE	PENICILLIN	
CORTISONE	PHARMACY	

N	Q	O	R	N	D	W	Y	C	A	M	R	A	H	P	L	L	I	P	W
F	L	V	D	G	I	E	V	C	B	I	Q	U	I	N	I	N	E	U	D
N	W	X	Z	S	L	R	O	K	N	H	H	L	J	N	A	O	A	K	R
Z	O	M	E	I	T	D	I	J	E	T	A	I	P	O	N	E	E	Q	U
C	E	I	X	T	E	E	P	R	E	M	E	D	Y	T	T	S	H	G	
Q	T	I	T	I	A	C	R	S	S	N	F	N	H	T	I	O	O	G	W
M	R	Y	N	P	T	L	H	O	I	A	E	X	N	N	S	D	D	S	E
X	E	E	A	I	I	O	O	C	I	F	D	E	U	A	E	I	Q	E	X
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D	E	N	O	S	I	T	R	O	C	A	N	T	A	C	I	D	L	A	X



## SUDOKU

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