

THE MONOGRAPH

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CLASS OF



The Monograph

The Executive Team

Editors In Chief:

Sana Naqvi & Shajia Zia
monograph@uoftpharmacy.com

1T2 Representative:

Sidika Dhalla
sidika.dhalla@utoronto.ca

1T3 Representative:

Tara Farquharson
tara.farquharson@utoronto.ca

1T4 Representative:

Henry Leung
hthleung23@utoronto.ca

1T5 Representative:

Edric Paw Cho Sing
epawchosing@gmail.com

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CORNER

UPS

Dear fellow pharmies,

There are two things coming our way when the coffee shops start to promote their warm, sweet teas, coffees and holiday drinks: final exams and holidays.

As another semester here at the faculty comes to an end, the dreadful final exam period awaits. However, just think of what you will be doing after exams end! It will be something to look forward to while you are trying to memorize another paragraph, figure out how to draw those complex biochemical pathways or understand “dihydroxychickenwire” as Professor Wilson would say.

For the 1T2's who will be going on their grad trip, have fun in the warm, sunny Mexico while the rest of us freeze in the much appreciated winter wonderland, Canada. For those in the combined program, good luck on your clinical rotations and make us proud to be U of T pharmacy students.

This semester, UPS has organized events such as: UPS BBQ, Phollies, intramural sports, and Semi-formal. There will be more events and activities coming your way in the new 2012 year — so, stay tuned and check your emails! Stay safe and healthy during the holidays and we will see you in January.

Happy holidays and enjoy your break!,

Sincerely,

Angela Cho
President, UPS 2011-2012

Jamie Zao
Vice-President, UPS 2011-2012



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 Phriends,

Looking forward to the winter break? We sure are! Finally, we'll be able to catch up with family and friends we lost touch with while studying for things that we don't remember anymore.

Even though we're really excited about the end of first semester, we regrettably have to bid farewell to the 1T2s. Class of 1T2, a warm congratulations on making it through everything! We hope that looking back on the four years, it seems like it was just yesterday that you were first reading your 'welcome to the pharmacy family' in the Monograph. You will be missed and best of luck on your final finals! :D We've made this issue of the Monograph extra special just

for you guys! To the 1T3s, 1T4s and 1T5s, let's do our best to hold down the fort while the 1T2s are making UoFT proud on their SPEP rotations.

So what new things do we have in store for you guys? Well, be sure to check out the 'Pharmacy Chronicles' on Page 9 to get a taste of the non-academic side of pharmacy -- we're sure you'll find it entertaining *wink wink*. Sad that you missed the 1T2 grad song at Phollies? Have no fear, the lyrics are here!! (Page 7) Also, the 1T5s are once again showing off their artistic talents through photography and still life art on Page 17.

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

Take care and good luck with finals! See you all in the new year! :D

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

October Issue's Winner: Rob Zed (1T5)

In October's issue, Rob Zed gave some color to the Monograph by submitting several photos displayed on the '1T5 Photography' page. If you didn't catch them last time, be sure to check out Page 11 of last month's issue! If you'd like to see Rob's photos in full Color, check out the Monograph online! (www.uoftpharmacy.com/students/monograph).

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

Rob said...
"I'll most likely end up buying some more of their coarse grind coffee. The Med Sci bldg cafe serves up TH coffee but they don't accept Tim's cards, and the one across the street from our building always seems to have a massive lineup in it. 2nd Cup if you're in a pinch -- TH at home :)

Thanks Rob for your submission!



FEMALE ATHLETICS

Our intramural season is at its end. Women's div 2 volleyball had a record of 2W-3L, placing 4th in their division. The women's med/pharm hockey team will be wrapping up their season at the end of November, but are currently in 4th place with a record of 1W-2L. Our women's div 2 soccer team placed 4th overall and have advanced to playoffs! Congrats to our soccer players and be sure to go get em ladies. =)

A BIG thank you goes out to all the female athletes who took the time out their busy schedules to come out and represent pharmacy. A very special mention goes out to the 1T2 players: Lisa Levangie, Sophie Adam, Brittney Goodman, Sandra Wong, Michelle Hoang, Kaitlin Green, Jody Morris, and Evelyn Lau. We will miss you on and off the court. Best of luck in your future endeavors!

Our female athlete of the month is **Jacquie Borho (1T5)**. She scored all 3 goals against UC, securing the women's soccer semi-final spot against St. Hilda's. Cheers to you!!!

Faye Peralta, UPS Female Athletics Rep



MALE ATHLETICS



efforts.

This "athlete of the month award" goes to **Dan Trat (1T2)**. Dan has been a productive contributor to volleyball, flag football, hockey and softball teams throughout his years at the faculty of pharmacy. Congrats Dan!!

Davin Shikaze, UPS Male Athletics Rep

The month of October saw great success for some of our men's teams. Division 2 men's basketball had an undefeated season! Their 4th win came from clutch free throws made by Duke Boampong (1T5) to secure the win against Chestnut. For the last game of the season, they finished strong with an impressive victory over Innis (44-19). They will be starting playoffs soon and are looking to become champions!!

On October 24th a team from pharmacy participated in the CN Tower Climb for United Way. This year we had close to 30 participants who raised close to \$900 for United Way. Climbers woke up bright and early and climbed up 140 flights of stairs to the top of the CN Tower. Some speedy sub-16 minute climbers include Dominic Tsang (1T3), Andrew Wong (1T3) and Suming Feng (1T5). Special commendations go out to Nicholas Tsang (1T2) and Phil Yang (1T5) for going the extra mile with their fundraising

CO-ED ATHLETICS



A BIG congratulations to all athletes in our fall co-ed sports this semester-- we were definitely more successful in making playoffs this year than we were last year. To start things off: the flag football team, ultimate frisbee team and div 3 volleyball team all made playoffs and are now guaranteed a team in the winter league (exceptions to flag football it's a fall sport only). Louis Nguyen (1T4), captain and quarterback of the div 2 flag football team, lost in the quarterfinals after playing phys-ed. It was an especially tough match that was caught in between the schedules of phollies rehearsal and Loblaw's recruitment dinner, they did the best they could! Dominic Tsang (1T3) captain of the ultimate frisbee team, had just wrapped up their season in the quarterfinals against Law A after a bittersweet loss in an 8-9 tiebreaker. It was probably the best match they've ever played, plus the weather was fantastic for throwing a disc! Bryan Falconi (1T2) managed

to lead his team one step closer to the championship title in co-ed div 3 volleyball. They face a tough match in their upcoming quarterfinal game against UTCCF. The div 1 basketball led by captain Andrew Wong (1T3) had some tough defeats in their regular season games and fell short of making the playoffs, better luck next semester! Also short of making playoffs was our div 1 volleyball team, the team's default wins and default losses were not enough to carry the team over into playoffs, back to balloting for that team again (I hope we get lucky!) Look out for our sign up sheets intramural teams in the winter term located in the student lounge coming soon...

On a final note, thank you to all the captains and to all the 1T2s who came out for intramurals this semester, you will be greatly missed!!

Irene Lee, Your UPS Athletics Director



2011 World AIDS Day Lecture, part of the Tackling Wicked Problems Speaker Series @ Rotman

5:00 sharp to 6:15 pm lecture and Q&A

LECTURER: Dr. Peter Singer, CEO, Grand Challenges Canada; Director, McLaughlin-Rotman Centre for Global Health, University Health Network and University of Toronto; Co-Author, *The Grandest*

CHALLENGE: *Taking Life-Saving Science from Lab to Village* (Doubleday, September 2011)

TOPIC: *Taking Life-Saving Science from Lab to Village*

PLACE: Fleck Atrium (ground floor), Rotman School of Management, U of Toronto, 105 St George Street, Toronto

FEE: \$32.95 per person --> Free for Pharmacy Students!

BOOKSALE: additional copies of *The Grandest Challenge* will be available for sale at the session

TO REGISTER: <https://secure.e-registernow.com/cgi-bin/mkpayment.cgi?state=1349>

QUESTIONS: events@rotman.utoronto.ca or call 416-978-4193

We hope to see you there!



CLASS OF 1T2!



Thank you to Dane Bergstrom, Kenny Ma, Salini Ram, Justin Chow of 1T2 for combining their creative geniuses and writing the 1T2 Grad Song. As we go on we remember all the times we've had together...as our lives change from whatever, we will still be friends forever!

Sitting in my PPL
And I'm thinking what the hell
Got the patient in the room
Feeling some impending doom
GPA is in the crapper
Why was I a lazy slacker?
Hope that Debra lets me pass

Or I'll flunk another class
Four whole years of this
Tested with no rest
And sleep?
(psh) Yeah right
Counting down the weeks
But I'm pretty sure no jobs
Damn =\

Class of 1T2!
First year seems so long ago
Meeting people, lots to know
Our friendships started to grow

Class of 1T2!
We got screwed by EPE
Working everyday for free
Wasted summer, no money

Class of 1T2!
Therapeutics was insane
Drug charts jumbled in my brain
Case studies caused lots of pain

Class of 1T2!
Lost some people to PharmD
Now it's time to go party
Out, on the beach

Class of 1T2!
Do it all again?
Four years of this
Do it all again? – NO!

School is over, almost there
No more worries, no more cares
Gonna miss all of you guys

Hope it doesn't make me cry
I can't wait to graduate
Gonna get out of this place
Gonna work and make some dough
Thank Deb Matthews, not no mo'

Pictures from pubcrawl
On my Facebook wall
Oh god!
Un-tag!
Lost my keys and phone
But my friends still got me home
Thanks guys!

Class of 1T2!
Secret studied on the pod
Med chem lectures – oh my god!
So of course we all forgot

Class of 1T2!
St. John's, Saskatoon, T.O.
PDW what a show
This year, really wanna go

Class of 1T2!
Scott Walker is so badass
Never skip on Zubin's class
Rocchi has a nice... smile

Class of 1T2!
Dubins tried to make it fun
Deb Sib warned us of the sun
Now- almost done!

Class of 1T2!
Do it all again
Four years of this
Do it all again – NO!

Class of 1T2!
1T2 Rocks
1T2 Rules
1T2 Hot?
1T2 Yes!
1T2 What?

1T2 Best! Wooooo!

All our SPEP sites
Showing up online
Moose Jaw?
Where's that?
Cold and dark up there
Gonna get eaten by a bear
Brrr

Class of 1T2!
Now it's time to graduate
Doing interviews, I hate
What the hell is PharmaSave?
Class of 1T2!
Now we're 50K in debt
Mom and Dad are so upset
But it's still not over yet

Class of 1T2!
Gotta write PEBCs
Costs a lot, 2 or 3 G's if
I'm not sure, I'll just pick "B"

Class of 1T2!
To every girl and every guy
Soon we'll leave and say goodbye,
I'll miss- you and I

Class of 1T2!
Do it all again?

It's in you to give

By: Tara Farquharson, IT3 Monograph Rep

Canadian blood services (CBS) is a not-for-profit organization which has been providing blood products to Canadian (minus Quebec, of course) patients in need since 1998. The organization accepts blood donations from everyday Canadians like you and me in order to save the lives of patients across the country. Some of the products extracted from blood donations include plasma (used to improve clotting in Haemophilia (a deficiency in clotting factors found in plasma), platelets (used to improve clotting in patients who have impaired platelet function or thrombocytopenia), as well as 'whole blood' which contains red and white blood cells along with platelets and plasma (raw blood sample). Whole blood donations may be separated into platelets and plasma, or given to patient who have lost significant amount of blood through surgical procedures or trauma.

CBS is constantly looking for donations, and are particularly in need around the December holiday season. I urge you to keep this in mind, and if you haven't given blood before you may choose to try it! Donors must be at least 17 years of age, in good health and feeling well the day of donation, and weight at least 110lbs (check, check, and check). There is also a hemoglobin test, where a nurse will use a lancing device (similar to those used in blood glucose monitoring kits) to draw a small amount of blood from your finger, and test it for appropriate iron levels (so make sure to eat your green leafy vegetables and oatmeal beforehand!).

CBS has also taken on the "Unrelated bone marrow Donor Registry (UBMDR) and formed "OneMatch". OneMatch is a similar organization dedicated to stem cell donations. The stem cells of interest are hematopoietic cells, capable of developing into red and white blood cells as well as platelets and other blood components. Patients with life threatening conditions (such as leukemia, lymphoma, myeloma) have a decreased or ablated ability to produce these cells. However, a stem cell transplant is not the only solution for individuals with these conditions. Treatments such as chemotherapy, radiotherapy and specialized medications are tried first to attempt to stop the disease. Unfortunately, in some cases, these treatments are not effective and the only alternative is to replace their stem cells with those from a person in good health. Therefore, those individuals in need of stem cell transplants are in dire need, and very ill.

To prepare for a transplant, the recipient is usually given high doses of radiation, chemotherapy, or both, to destroy the diseased marrow. Patients who receive a stem cell transplant must remain isolated in a sterile room until the transplant has been successful and their new bone marrow has produced sufficient white blood cells to protect their system against surrounding bacteria.

Not all donations from OneMatch are bone marrow donations, as there are some other options for particular groups of patients. These include stem cell donations from peripheral blood samples. For many though, bone marrow transplants are the only option, otherwise their lives will be cut short.

Obviously, a bone marrow donation can be a lot more taxing than a simple blood donation. It involves a day-procedure under general anesthesia, and bone marrow is taken from the iliac crest (the back of the pelvic bone). Donors are told they can expect to feel some soreness in their lower back after the procedure for a few days, but the donated stem cells will regenerate within six weeks of the procedure. This may seem like a scary process, and you might be thinking, "But, I need my bone marrow!" While this is true, many other are also in need of bone marrow, and their lives depend on it!

The sad truth for many patients requiring stem cell donation is that finding a match is so precise that fewer than 30% of those who require transplants are able to receive them from family. For this reason, OneMatch Stem Cell and Marrow Network includes Canadians who are ready to donate to any patient in need. That's why it's so important to spread the word about this organization, in hopes that some individuals will be inspired enough to join the registry. I am especially hopeful that individuals of non-caucasian background will consider donating, as these populations are least represented in the registry, and therefore non-caucasian patients in need of a transplant are less likely to find a donor. OneMatch has made tremendous advances in their goal of increasing the amount of non-caucasian registrants over the past year, but there is still a discrepancy, and more ethnic donors are required.

Joining the registry is a simple process requiring a few clicks on their website, and filling in some information about yourself to ensure that you qualify as a potential donor. A few weeks later an envelope containing some cheek swabs to be sent to you, which you use and send back to the organization by mail. Once completed, your name and MHC complex are added to the registry, and you may have the chance to save a life, if you so choose.

If you have any further questions about the process, and registering, please visit the Canadian blood services or OneMatch websites, or flag me down and ask me since I registered this summer!

www.bloodservices.ca
www.onematch.ca

PHARMACY CHRONICLES

By: *Chocolate Bear*

So there are a bunch of TV shows out there that show the dramatic sides of some jobs. These shows portray some amazing sides of the human psyche, but they need “tv-appropriate” jobs: lawyers, doctors, nurses, firefighters, cops, and even writers (really? Castle? Come on!). And they have to have really interesting jobs – so that the characters can be equally as interesting. You can have the super-genius, the smart-mouth, the lovable-law-breaker, the drug-addict, and all of that is in just one episode of House.

But I ask you: “Why aren’t there any of these shows based on pharmacists?” Is it that we’re too awesome and ridiculously good-looking? Yes. Yes it is. So to make up for this horrible misrepresentation, I thought I would write a couple of episodes for a show that follows pharmacists. Of course, I had to cut out a lot of the crazy amounts of sex, drugs and violence that usually fills our lives – you know, so that it can be appropriate for basic cable. Also, I have a very short attention span, so the order and number of episodes may be off by a little bit.

Episode #7: Double “O” Pharmacist

She lay there, her breathing was slowed. Her head was resting on **Andre’s** James’ lap. Her dark hair lay flat on his lap, with her breathing seeming to caress his very soul. He stroked her hair back slowly, and thought to himself: “How did we get here?”

It was his first year of Pharmacy School, and all of this was new to him. The drugs, the women, the fame, it was all... overwhelming. He barely even had enough time to get ready for his labs. And then he snapped back; that’s where he was. He was in his first year lab. He was supposed to be demonstrating how to properly use ear-drops to one of the TA’s so that she could mark him. They were talking and somehow he had convinced her to lay her head down on his lap; so he can show her the proper way of instilling ear drops (for adults, tug on the ear up and back). But they had gotten lost in the heat of the moment, and for minutes she had been lying down with her head on his lap as they just talked. Well, she talked, and he listened. And then there was silence. It wasn’t a strange awkward “first-date” silence, but it was relaxing. She trusted him. But his conscience got the best of him – he would not make another woman fall for his ridiculous good-looks and charm. Not now... not again. Especially not after what had happened the last time.

He grabbed her ear and tugged up and back. His motions were harsher than he expected, and it snapped both of them back to reality. Suddenly the affection that was crawling its way between them was stopped dead in its tracks – tugged back into the dark abyss that it had managed to escape.

“So you have to warm the bottle first.” James spoke matter-of-factly. “You wouldn’t want to feel any awkwardness.” The word stung. He knew he brought on the full meaning of the word “awkward” as soon as he decided to stop the affection that was so ripe between them. He knew that if they let their feelings get the best of them that they would regret it. He touched her dark black hair. Her hair was dyed, but somehow the colour suited her. It was hard for him to resist... maybe they could try to once again...

KICK The door opened forcefully as a man entered (Samuel L. Jackson???) He would be awesome for this role. Ohhhh, let’s give him an eye-patch, like Colonel Fury)

“James Fond!” He yelled – because Samuel L. Jackson always yells. “I’ve been looking everywhere for you. Do you know how long--- Professor S? What are you doing on this student’s lap?”

She got up quickly from James’ lap. Embarrassed, she adjusted herself and left the room without saying a word. Before she left she couldn’t help but stare back at James. She didn’t need to say anything; that final look was all he needed. She left and closed the door behind her.

“What in the name of Leslie Dan is going on in this place? I leave for 10 min and you already--- I mean come on!” Colonel Jackson was furious (see what I did there?).

“I’m sorry, but who are you?” James wasn’t really sorry. It was just a figure of speech. If anything Samuel should have been apologizing for interrupting a very important learning experience. How was James Fond ever going to learn about the proper way to use eardrops now?

“The name is Colonel Jackson – and your country needs you. More importantly, your profession needs you.”

NEXT TIME ON PHARMACY CHRONICLES:

“We don’t have much time”

“But the children, we can’t leave the children”
“FORGET THE CHILDREN”

“We all know what happens if we don’t succeed”

“Ya, the factory blows up and dangerous Narcotics rain over three different orphanages.”

“My question is this: who built all those orphanages within such close distance to a pharmaceutical company, and an explosives factory?”

“What do you suggest we do?”

“It’s simple: we kill the Batman”

ticktickticktick

“Cut the red wire! CUT THE RED WIRE!”

“You idiot, they’re all red wires!”

BOOOOM

Explosion, fireworks, etc

Tune in next time on Pharmacy Chronicles

1 Minute Read: 5 Things You Need To Know



A recent Statistics Canada report reveals that in 2008 cancer was the leading cause of death in every province and territory.

November 1, 2011 saw the implementation of a new Narcotics Safety and Awareness Act to prevent abuse and/or misuse of prescription narcotics.



Energy drinks will be regulated as foods instead of natural health products (new labels with warning and nutrition information and other regulations)

Not related to Ontario but still interesting:
Rite Aid Pharmacy, a drugstore chain in the United States, is implementing a 15 minute prescription guarantee. How does this affect patient care?

15 MINUTES, OR YOU GET A \$5 GIFT CARD. [LEARN MORE](#)



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has everything you need to help your profession evolve

References supplied upon request
Kenny Chan
Students for Optimizing and Advocating Pharmacy Endeavours

1J4 Poll Question

By Henry Leung, 1J4 Monograph Representative

What did you do after med chem (PHM 222) to "celebrate"?

- I cried myself to sleep...
- After med chem, I celebrated by skipping all my classes that day!
- Went out drinking with friends.
- I celebrated by going to visit my senior for Senior's Outreach because *someone* kept bugging me to...
- My girl friends and I went out for delicious dinner (after class because I never ever skip)!
- Played jitz.
- Burger's Priest. Deep-fried Portobello mushroom. That is all.
- I started studying for fall exams. Just kidding! I went shopping after classes.

SUNDAY NIGHT

By: Sidika Dhalla, 1T2 Monograph Rep

Forget Friday, someone needs to write a song about Sunday. Not only is there a giant mystery surrounding its existence as the first day of the week or the last, there is also an intense doom and gloom feeling that always accompanies Sunday. Everyone already knows that Mondays suck, now it's time for Sunday to get a little negative press.

If you're in 4th year you know that for six Sundays in a row, we've been studying for exams on Mondays. On Sunday you sit and think about the impending doom that the week ahead is to bring, for example, four hours of class on Monday, research methods presentation on Tuesday, health systems quiz on Wednesday, PPL exam on Thursday, throw in some random SPEP things and the other 40 hours of studying you have to find time to get in, and you've got yourself the typical Sunday night blues of fourth year pharmacy.

People born on Sundays must naturally develop an ambivalent-resistant attachment to life in general because it's just limbo between the end of a good thing and the beginning of a bad thing. You're absolutely torn between not wanting the weekend to end and wanting Sunday to be over to put an end to the Sunday night panic mode.

I am now forced to comply by scientific standards and assess alternatives. Is it possible that Sunday night could be a good thing? There's some solid TV on Sunday Nights. But I think that's just for the people who have the ability to push things off to Monday mornings. May as well just make Monday more miserable and enjoy Sunday while it lasts right? WRONG! It's all a scam.

As the majority of the 4th year class says goodbye to student life and mentally prepares for real life, I would like to take some time to say some words to my class, on this lovely Sunday night. I want to thank 1T2 for being so awesome. I truly feel that we have grown to be a family over the last 3.5 years as we exchanged notes and perplexed glances. We've jumped through hoops hand in hand, some flaming, some flaming with daggers protruding from them, but we have made it this far. We're still standing. I want to congratulate everyone for that. Whenever you feel like you can't handle what's ahead, think about what you've already gone through. Hang in there guys, we'll be on a plane to Mexico in no time!!

On a side note – wouldn't it be nice if we could finish school off smiling with our heads held high instead of cachexic, raccoon eyed zombies? Blame it on the gut wrenching weekly realization of just how much you've left to Sunday night.

Confession – I wrote this in Sunday night panic mode.

Movember Madness

By: Brendan Yeats and Davin Shikaze, 1T4

This article prepared for the November 2011 edition of the Monograph was written on Movember 15th. At the halfway point of Movember the team has already raised over \$750, and we feel that it is necessary to forward our thanks to those who have donated thus far and those who will do so in a future in which the temperature has plummeted as much as your GPA following the med chem mid-term, albeit a future in which upper lips are kept toasty warm by their fledgling hair sweaters.

For those that are unaware, Movember is a month dedicated to men's health awareness in which men across Canada and the world sport mustaches in order to raise money for prostate cancer education and research. Last year we raised \$250. This year's projected total of over \$1000 will go towards projects such as the Canadian Prostate Cancer Genome Project, a project involved in mapping out the genes that lead to prostate cancer, as well as those involved in the particularly aggressive form of the disease, research carried out just across the street at the Ontario Cancer Institute at Princess Margaret Hospital.

Thanks again to all those who donated, and to the fine gentlemen of pharmacy who decided raising money for a good cause was worth looking like a highway patrol cop from the deep American south for a month. For those of you who decide not to make them a permanent facial fixture, I hope to see your mustaches again next Movember.



Egypt: Sunrises and Sunsets

By: Nicholas Tsang, IT3

Breathtaking, amazing, shocking, hot, thirsty – these are all words I would use to describe the once-in-a-lifetime experience I've had in Egypt and I wouldn't trade this experience for anything in the world.

Breathtaking – The sights and sounds of Egypt are completely different from our North American lifestyle. You will sleep and wake up to the honking of cars, the hot Egyptian sun, and monuments dedicated to various rulers of Egypt's complicated and colourful past. When you step into the streets of the different cities that I visited, Alexandria, Cairo, Siwa, Sharm el-Sheikh, Dahab, Luxor, Aswan, Abu Simbel, you are stepping into over 5000 years of history in the making. Temples and ancient artifacts are scattered all over the country mixed in with the harsh, remote regions of the Eastern and Western deserts. My favourite experiences include swimming in Siwa oasis lake in the middle of the desert, taking a mini-quad to see the sunrise in Sinai, climbing up Mt. Sinai with no light but the moon and the stars, sleeping in the middle of the desert, the plethora of sun and beach time, and last but definitely the best - becoming friends with over 20 other students in medicine and pharmacy. We watched many beautiful sunrises and sunsets together. Sleep is for the weak!

Amazing – The social experience of this exchange was the highlight. In addition to the trips themselves, the opportunity to network and become close friends with other exchange students was a unique and life changing experience. It was very eye-opening to see how different cultures viewed different socio-political issues and how we communicated. For example, some cultures put more emphasis on hierarchy than others. The academic aspect of my time in Egypt, the pharmaceutical industry training at European Egyptian Pharmaceutical Industries was also very informative. I was given tours of each department and the opportunity to see a pharmaceutical company on the micro and macro scales. This approach gave me an understanding of the entire process from research all the way to marketing and distribution. The things learned in pharmaceuticals are applied in real life here. My favourite was the creation of soft-gelatin capsules and the variety of processes needed to make the gelatin mixture, fill it with drug, and dry it for human use. I also was able to observe the work of different departments and how chemists and pharmacists would solve problems that arise during the many different processes. We underappreciate the complexity of drug manufacturing and that any 1 of a hundred steps in the process can go awry and cause faulty drug production. EEPI adheres to the international standards of ISO9001 and ISO14001 so expect very clean facilities. It is possibly one of the cleanest places in Egypt.

Shocking – the culture shock took me almost a month to get used to. First of all, throw out all previous connotations you have about Egypt. There are such a wide range of people here, from very religious to very liberal; very politically oriented to not at all, just like anywhere else in the world. Egyptians in general are not shy about approaching you and talking to you even though you don't speak a word of Arabic. There is something strange yet warming about how Egyptians can talk to each other like they've been friends for 10 years even if it's their first meeting. They are very welcoming to tourists and will arrange for cops and other types of security to protect you if they feel it is necessary but if you enter a bazaar, they will use many tactics to try and drag you into their shops. How aggressive they can become varies from city to city with Alexandria being one of the least pushy.

Hot – Alexandria especially at night-time is amazing. Juice and shisha by the seaside simply cannot be beat. Otherwise, if you're in Luxor, the temperatures are usually 40-50°C, enough said. Hide your kids, hide your wife, because even the shade won't protect you.

Thirsty – Ramadan is a beautiful time of year for those of the Muslim faith. It is a time to become closer to Allah through fasting, charitable work, and bonding with your loved ones. People were very surprised that I decided to also fast a few days during Ramadan. It may not have the same religious significance for me but it was a great experience to be apart of a community on the same eating schedule and to enjoy a massive iftar at sundown and suhoor in the wee hours of the morning.

P.S. Yala Bina means let's go, but that also means there may be a +2 hours wait before anyone actually starts moving; the same as when someone in Egypt gives you a time, just add 2 hours to it and that's when it will actually occur



IT3 CLASS POLL

By: Tara Farquharson, IT3 Monograph Rep

If you could be any drug, which would you be, and why?



Viagra because I'm always up for something.

Finasteride - because you've got a fine ass to ride



Digoxin because it makes your heart go crazy

Procainamide because I'd make your heart skip a beat
(only if you're lucky)



Epinephrine because I can make your heart beat

Senna because I'm full of S***



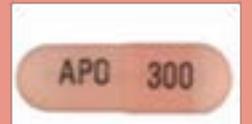
Caffeine because i'd be irresistible

Disulfiram because I puke when I drink



Spirolactone because I'm minty and I always have to pee

Lithium because I like to make people happy



Apo-pentoxifylline 400mg because it's bright neon pink



By: Rob Zed, IT5

The Bus

By: Maliha Hossain (1T5)

Sometimes, you're almost at a bus stop, and then you see the bus zoom by you. Then you swear to yourself saying, SHOOT, I should've been there a bit earlier. Could've caught that bus. That's how it is in life as well. You miss a few opportunities just like that. Just passing by you. If you noticed the opportunity a little earlier, or prepared for it a little earlier, you could've snatched it at that moment.

Then, you end up waiting for the next bus, hoping it'll come fast so that you can get to your destination in no time. That's how it is in life as well. We get upset at first for missing the opportunity but then we end up waiting for the next one to come by. We're patient at first to get to where we wanna go.

Then as time passes by, we start to get impatient and wonder if the bloody bus will come anytime soon. That's how it is in life as well. We get really worked up when something doesn't seem to work out for us.

But sometimes, we get the idea that we've waited long enough at this stupid bus stop. We decide to try another route, another bus stop. So we walk there, leaving the previous bus stop behind. That's how it is in life as well. When things don't look too bright, we think to ourselves that maybe this isn't where we're supposed to be, maybe another route, another path of life is better for me than this. So we walk away from that dream and try another.

What sucks the most when that happens, is that we might even see the bus come and you realize, maybe if you were a little more patient, you could've been on that bus. That's

how it is in life as well. Sometimes, we don't realize that maybe if we waited just a little bit longer, it would've been enough.



Okay, back to waiting at the bus stop. Imagine you never left the bus stop. You're still standing there, ever so tolerant of the amount of time the bus is taking to reach your stop. Then, you start thinking, man, why is it taking so long?! You start getting furious and agitated. And then ... the bus comes. You smile like no tomorrow. You think, man, it's about time. That's how it is in life as well. There comes a time when you just feel like giving up but something inside you tells you to stay put. And when your dream comes true, life is bliss. It's like everything was meant to fall into place like this.

While you're on the bus, the ride can get a little rough with a few bumps, a few red lights, traffic jams and even bus problems. Through those times, you feel like cursing yourself, thinking, maybe I should've just gotten on another bus. Why the hell did I wait for this bus? Then you realize, okay, fine, I'll just sit on this bus and withstand it. Hold it all in. Then you start praying to god for the bus to start moving soon. You need to get to your destination. That's how it is in life as well. Once things have started rolling, it seems like nothing can stop you from achieving your dream and then .. you hit an obstacle. You don't know what to do but somehow you pull through. You go through it. You withstand it all.

and the best part is?

When you finally get to your destination. You get off the bus as if nothing ever stopped you in the first place.

Clearly. Congratulations to all of us for getting into pharmacy!



Architectural fail: this glass slab across the street at the entrance of queens park subway station has been broken probably 20 times this semester.

By: Zenah Surani, 1T2

"DO YOU HAVE OCD OR SOMETHING?! ... YOU SHOULD BE A PHARMACIST."

By: Eric Paw Cho Sing, IT5 Monograph Rep

As future pharmacists, we take the responsibility of being the last line of defense between the patient and a potentially toxic substance. The career we have chosen for ourselves involves ensuring that our patients see the optimal benefits of their medication. There is no doubt that we must keep track of many things when it comes to processing a patient's prescription. Does the prescribed drug interact with their current medications? Did you check the patient's drug history? Did you check it twice? So wouldn't it be fair to say that the OCD pharmacists bring to the workplace should start as early as pharmacy school? For those of you who aren't aware, OCD, or Obsessive-Compulsive Disorder, is a disorder characterized by intrusive thoughts, causing someone to feel obligated to carry out an action to ward off feelings of uneasiness. Now I'm not saying that all pharmacists are as invested in their nitpickiness as the red-headed school counselor from the TV series, "Glee." But, I'm sure some are. It varies from person to person and it isn't always serious.

I've been somewhat of an obsessive-compulsive person myself, especially when it came to writing exams. First off, the bubbles on scantron sheets have inked delineations for a reason. Proper scantron etiquette prevents you from looking like a trigger-happy 5-year-old with a crayon in their fist, who just doesn't care if they colour outside the lines of all the pictures in their colouring book. In fact, I'd spend a period near the end of the exam, erasing slightly oval shaped markings to sculpt the perfect circle. As foolish as it sounds, it calms my nerves. And it seems as if the darker I colour in the bubble, the more correct my answer will become. On top of that, my tendency to toggle with the "on" and "off" button on my calculator several times before the start of an exam may seem silly. But this stems from the fear that the calculator would die in the middle of the test and I'd find myself reliving the memories of long division and multiplication. If you ask me, I used to be a lot worse, like writing out all nine decimal places when showing my calculations. However, I'm convinced that it was my obsessive-compulsiveness that brought me here to pharmacy school and as a pharmacist, it doesn't hurt to be a little neurotic.

I didn't spend my entire childhood dreaming to become a pharmacist. Let's be honest, where's the glamour in standing behind a counter and counting pills for the old lady who lives across the street

from you? If you ask me, I didn't even know they existed until I hit puberty and had to pick up acne medication

per request of my concerned mother. But I digress, my ninth grade science teacher told me these wise words: "Do you have OCD or something?! ... You should be a pharmacist." Not the greatest compliment, but it was the first time somebody had suggested pharmacy as a possible career choice. Apparently, I had bugged her too many times about my mark for the class and she was getting fed up. In retrospective, her implication that pharmacists have obsessive-compulsive disorder does hold some water.

Back to my first week at a local community pharmacy, the owner, Michael, gave me some pretty familiar advice. As he was teaching me how to count tablets and decorate the vials with "take with food" and "may cause drowsiness" stickers, he said, "if you want to learn the in's and out's of pharmacy, here it is: it doesn't hurt to be a little OCD." I could hear the distant chuckles from the other pharmacists as he continued, "...because when you take the time to triple--quadruple check a prescription, you have the satisfaction of knowing your patient isn't harmed by a mistake you could've prevented." He was right. And I soon picked up after his finicky, yet extremely careful approach to working in the pharmacy. The more I understood and learned about the profession, the more I realized that this was for me.

Being aware of the integral role pharmacists play in the healthcare of a patient has brought me to realize that having a little OCD is a good thing. As the last line of defense, our profession was built on being perfectionists (on top of many other things). We must catch the silly little errors physicians make on a prescription that would otherwise pose as serious threats to patient health. Although this doesn't imply that having to check behind the shower curtains every time you use the toilet will directly affect your duty in patient care. Rather, a simple double or triple check on a prescription can be the difference between life and death. So if I have anyone to thank for this incredible lesson, it would be Michael...and to a lesser extent, Mrs. S, who I've managed to irritate to the point of telling me to go become a pharmacist.



business20

A LIVE CE EVENT OCTOBER 23, 2011

Ontario Pharmacists' Association

By: Zenah Surani, 1T2, OPA Student Rep

On October 23, the OPA, in partnership with Drugstore Canada, held a live Continuing Education Event at the Velma Rogers Theatre here in downtown Toronto, entitled "Business 2.0". The event was aimed at community pharmacists and featured speakers who helped us to understand the new and evolving landscape of pharmacy practice in Canada and how to prepare for the unknown.

The first speaker was Dr. Roderick Slavcey, the director of the UW School of Pharmacy's Business curriculum (which is integrated into their pharmacy program from first year and incorporates entrepreneurship and business plan competitions). His talk mainly focused on the changes in the pharmacy environment as we've known it for so long. In the past, pharmacy was based on selling commodities, so stores competed based on price alone, so naturally, the stores with the highest volumes were the ones who'd end up on top, as they could afford to lower their costs the most. Now, however, we are seeing a move towards more cognitive services and differentiated offerings—owners are changing the old rules of the game and no longer have to compete based on price—they are offering something completely different (not just the same product), so that's their competitive edge. He also offered a sober thought: if you think that the Ontario pharmacy cuts of 2010 are the worst that it's going to get for us, think again. Costs are outpacing tax revenues and there are only going to be more cuts in the future. The only way we can survive is to stay relevant to our patients.

The next speaker was Liz Tiefenthaler, CEO of PharmFresh Media in the US. Her company provides marketing services for independent pharmacies. She offered information about different market segments we might encounter, and also gave suggestions on how to entice certain segments into our stores. For instance, she said that the "Ted" generation, representing men over 50 years old, value privacy and convenience, so she said that offering a drive through pick up service and greeting these customers by name would be good strategies to attract these customers and hold on to them.

The third speaker was Dr. Shakeel Bhatti (Pharm D) of Langley, BC. Shakeel is the owner of 3 innovative independent pharmacies. He basically slammed certain pharmacies for waiving the co-pay, saying that "If you give something away for free, no one values it." In his belief, those stores are simply de-valuing the profession as a whole. He talked about the importance of creating partnerships with other health care professionals—his networking with physicians allowed him to drum up his flu shot business! (In BC, pharmacists can deliver flu shots). Finally, he talked about the importance of keeping current with therapeutic knowledge and even revealed that he reads Di Piro like a novel!

The final speaker was Jeannie Collins Beaudin, a consultant pharmacist from New Brunswick. Jeannie always had a vision of providing individualized consultations for patients, but in the beginning it wasn't so lucrative. Then, as her business flourished, she was able to charge more and even saw demand for her services increase. She marketed herself by giving talks at local libraries and community centres about topics such as menopause and hormone replacement therapy. At these talks, she would highlight a specific service she offered at her store that was unique among the town's pharmacies, making sure to hand out business cards to all attendees. Jeannie revealed that the most she's charged for a patient consultation was \$250!

All in all, the CE was very inspirational (not to mention affordable, with the great OPA student discount, it was only \$30). The OPA and Drugstore Canada will be holding another live business-focussed CE event in January, featuring Canadian pharmacists who have developed their own successful consulting-based pharmacy practices. Stay tuned for a listserv about it and hope to see you there!!

1T5 Photography

Compiled by Edric Paw Cho Sing, 1T5 Monograph Rep



Rick Fong, 1T5



Rick Fong, 1T5



Rick Fong, 1T5

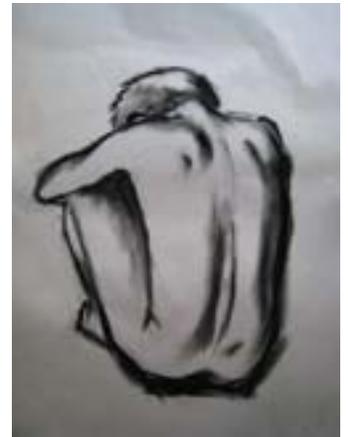
*Gloria Cheng,
1T5*



*Rick Fong,
1T5*

Still Life Artwork

By: Jenn Jin, 1T5



Getting to know: Victoria Hsu, Sunnybrook Health Sciences Centre

By Henry Leung, 1T4 Monograph Rep

This may be shocking news, but I consider geriatrics and senior adults very much an area of interest to me, both academically and as a personal hobby (shameless plug for Senior's Outreach!). So it should come as no surprise that I found myself quite happy when I was assigned Victoria Hsu as my pharmacy preceptor this past summer. As you'll read on to find out, Victoria Hsu works at the Veterans Centre at Sunnybrook Health Sciences Centre and practices a career that is knee-deep in geriatric pharmacy. Without further ado, here's what she has to say about geriatrics, geriatric pharmacy and, more importantly, her stories of her experiences:

Please provide a brief introduction about who you are and what you do.

I'm a hospital pharmacist working in the long term care setting of the Veterans Centre at Sunnybrook Health Sciences Centre.

Briefly describe your education and your progression towards becoming a pharmacist at Sunnybrook.

I completed a Bachelor of Science at the University of Alberta before entering Pharmacy school, also at the University of Alberta. I've worked in both community and hospital pharmacy before coming to Sunnybrook.

Why did you decide to involve yourself in geriatric pharmacy?

In one of the community pharmacies I worked at, we provided dosette/blister packs and clinical services to many seniors' residences and nursing homes, and developed good working relationships with the physicians who served the residents there. I enjoyed getting to know our patients better, having the continuing care of them, and working collaboratively with other health care professionals to better serve their medical needs. I also saw the need of such involved care with a potentially vulnerable group of the population, and the value it could bring to their overall health and quality of life.

Can you describe a pharmacist's role in geriatric pharmacy?

Being able to see the whole picture of each patient (rather than just a problem list and med profile, and potential DRP's), including their social history, and working collaboratively with the entire health care team to provide not only comprehensive pharmaceutical care to our patients, but knowing enough of other team members' roles and areas of expertise to know when to ask for their input and consultations.

What is it about the elderly adults that motivates you to go into work every day?

How the complexity of multiple co-morbidities built up over a lifetime makes their need for good, timely pharmaceutical care all the greater, and lack of the same could mean graver consequences to them.

Describe one interesting story/recollection with regards to interacting with a patient at work.

There was one gentleman who had had an alcohol addiction issue for many years previous to arriving at our facility, and did not have much outside support in the form of family or friends. However, with the care provided by the health care team, he was able to kick his alcohol addiction and stay sober, form new friendships with his floormates and staff, become very involved with creative arts and recreational therapy, and make a new, fulfilling, and happy life for himself. He learned how to paint, and became quite good at it despite never having painted before. A number of his works adorn our facility to this day. I'm only sorry that I didn't get to know him better as he passed away not long after I started serving his unit.

Do you think pharmacy education provides sufficient education towards geriatrics? If so, what is it that they do well? If not, do you think they ought to look into it?

I think that in the past, geriatrics was an area that tended to be overlooked or covered only in a more perfunctory manner in undergraduate pharmacy education. However, I think there also has been a recent trend to try and change that somewhat. For example, age-related dementias seems to be covered better now in the curriculum. I definitely think that this is moving in the right direction and more is needed still, as with the aging baby-boomer population seniors will continue to be a growing part of our patient population, and we need to be well-equipped to deal with the issues unique to them. Geriatrics is as much a specialty as paediatrics, and there are numerous important considerations that must be taken in formulating geriatric care plans, beyond that for a younger adult population. This is something that has also been increasingly recognized and addressed in clinical drug trials, where previous test populations have tended towards young, white, otherwise healthy adult males, but now the need for a more heterogeneous test population that more accurately reflects the patient population is appreciated and sought after.

Similarly, what is one skill you learned through your pharmacy education that prepared you for your work at Sunnybrook?

I was fortunate enough to be in an interdisciplinary course and (pilot) interdisciplinary practical rotation in pharmacy school, which really helped me learn more about our fellow health professions, gain familiarity with their areas of expertise, and appreciate all they contribute to patient care. This experience was invaluable in helping me function more fully as part of a truly integrated inter-professional health care team. And of course, the pathophysiology, therapeutics, and pharmaco-dynamics and -kinetics we learn in pharmacy school is an essential cornerstone to what we as pharmacists bring to the team.

What is one skill you developed on the job that was not taught in school (that is vital to geriatric pharmacy)?

Learning to be a good problem-solver with critical thinking skills. The fundamentals of this was taught in pharmacy school, mainly in the numerous different pharmacy reference books there are and what kind of information each provides (and the process of doing as many pharmaceutical care plans as possible), but to expand this beyond pharmacy texts is essential in dealing efficiently and effectively with all the possible DI or pharmaceutical care questions that can come up. This includes the kind of cognitive skills that a journal club requires, knowing what resources and people both at your workplace and in the community you can contact, communication and interpersonal skills with patients' families and caregivers, and even familiarity with using the internet. In some ways, sometimes you can almost feel like an investigator on a crime show in the amount of different leg-work you have to do! □

What have you learned over the years you've worked with the elderly?

The amount of ageism there is in society (and that even we may harbour ourselves without realizing it), and how because of this we may need to advocate and work for our patients all the more. And that in the end, it doesn't matter how much money you make, what titles you have, how many awards you've won, what you own, or how 'successful' or 'cool' society or others view you to be; it's the relationships you form and maintain throughout your life that are the most important, because that's all that will really be left to you in your final years, and what will really differentiate your quality of life.

If there is one thing you could say to each and every pharmacy student, what would it be?

Do this and stay in this (our profession) only if you truly find something in it that you're passionate about. If you're doing it only for a decent paycheque, perceived job security, or to please someone(s), life is too short to spend being miserable (or perhaps worse, apathetic) for any of those things. Not to mention, you'd be doing yourself--and your patients--a real disservice.

If there is one thing you could say to each pharmacy student to encourage them to look into geriatric pharmacy, what would it be?

Geriatric pharmacy is about providing comprehensive and wholistic care to complex, unique individuals with a lifetime of medical and other history, and helping them through the rest of their life journey. If this interests you, consider finding out more about geriatric pharmacy. □ (It is not [just] about rheumatism, compliance packaging, and bowel routines!)

Now for some less academic questions!

What are some hobbies you do for leisure?

I enjoy reading, movies, music, and paper and mixed media crafting. I also enjoy the occasional computer game, travel, and I'm a wannabe foodie.

Which people are most important to you?

The same as for everyone else—family and close friends. And people, both historical and contemporary, who inspire me.

If you were not a pharmacist, what would you be instead?

Hmmm, this is a tough one. A physician or a veterinarian? But that's too similar... I'd love to be able to be a good enough writer to make a decent living at it. There are also numerous jobs that sound cool at least in concept/on tv, but I'm sure are not nearly as exciting, glamorous, or cool in real life. A dream job would be a movie and/or restaurant critic—imagine being paid to watch movies and eat out! It would definitely be super-awesome to work with an organization like MSF or WHO and make a real, lasting positive difference in the world.

Name two things that you need after a tough day at work.

A nice meal, and a comfortable chair with a good tv show in front of it. If it's been a real tough day, an alcoholic beverage wouldn't hurt either. ;)

A huge thank you to Victoria Hsu for being an awesome preceptor and providing us with this wonderful interview! For more information on how awesome senior adults are, feel free to think of your grandparents, or in 20 years or so, your own parents (not meant to be a burn)!

TIS THE SEASON TO BE JOLLY

Chocolate Lava Cake

By: Christopher Siu, IT5

3 ounces pure bittersweet chocolate
5 tablespoon sweet butter
2 tablespoon corn syrup
1 tablespoon 35% whipping cream

Melt chocolate and butter in a double boiler. Reserve 3 tablespoons in a separate bowl to combine with corn syrup and whipping cream. Place chocolate and syrup mixture in fridge to let harden until a paste like consistency. Roughly 7 minutes in the freezer.

Wet Ingredients

3 Extra Large eggs OR 6 Egg Yolks
2 tablespoon chocolate or nut flavoured liquor (Optional)
1/3 cup of white sugar
1/2 teaspoon pure vanilla extract

Let all ingredients come to room temperature and cream in a bowl until a thick consistency and pale yellow colour is reached. The mixture will fall from the whisk in a ribbon, if too thick add another tablespoon of liquor.

Dry Ingredients

25 grams all purpose flour
20 grams cocoa powder
1/2 teaspoon baking powder
pinch of salt



Mix and sift ingredients together in separate bowl. Preheat oven to 375 Fahrenheit. Fold remaining chocolate and butter mixture with 1/3 of the wet ingredients and 1/2 the dry ingredients. Repeat with 1/3 wet ingredients and remaining dry ingredients. Add remaining wet ingredients and fold lightly. Mixture should be light and airy.

Fill buttered ramekins half way with the mixture and place in fridge for 10 minutes to allow the mixture to harden slightly. Take reserved chocolate mixture from earlier and drop 1/3 into each ramekin. The chocolate mixture should be solid enough so that it does not spread out when dropped in to the center of the ramekin. Add the remaining cake mixture on top to cover the mound of reserved chocolate mixture. Place in fridge again for a minimum of half an hour. Bake for 25-30 minutes and allow to cool slightly before serving.

Delicious Chocolate Banana Bread

By: Scott Leistner, IT4

What you'll need (These are all approximate amounts):

- 1¾ cups flour (I used whole wheat flour)
- ¾ cup white sugar
- 1tsp vanilla extract
- 1tsp baking powder
- 1/2tsp baking soda
- 1/2cup Nutella (or any "no name" chocolate hazelnut spread)
- 3-4 large ripe bananas
- 2/3 cup chocolate chips
- 1/2 cup butter
- 2 large eggs
- One 8" x 8" baking dish (for one batch)

Steps:

- 1) Preheat oven to 350 degrees.
- 2) In one bowl combine dry ingredients (flour, sugar, baking powder and baking soda).
- 3) In a larger bowl combine vanilla, eggs (beaten), butter (melted), nutella, and the bananas. Mash the entire bowl of ingredients until a consistent brown colour throughout with a few small banana chunks left.
- 4) Add chocolate chips to the "wet" ingredients bowl and then add the dry ingredients as well. Mix until no powder is present.
- 5) Spread evenly in baking dish and bake for 50-60min.

Allow it to cool a few minutes if you'd like to eat it warm but allowing it to cool completely gives it better integrity.

Most importantly, Enjoy!

Orange White Chocolate Truffles

By: Albert Woo, IT5

The holidays are coming up and it's always a tough to pick out gifts to buy. Chocolates are always popular as gifts this time of year, and what's a more unique gift than homemade truffles. Truffles are very dense and heavy as the ganache center is a mixture of heavy cream and chocolate so the citrus makes it lighter in taste.

Ingredients:

200g white chocolate (I recommend Ghirardelli)
½ cup heavy (35%) cream
zest of 1 orange
extra chocolate to coat the ganache if desired
other finishing touches include: icing sugar, sprinkles, toasted coconut ... the possibilities are endless!

Directions:

In a double boiler heat the heavy cream with the orange zest. Turn off the heat after 10 mins and let stand for another 20 mins to let the flavours infuse. Strain the orange zest from the cream into a separate bowl. Heat the infused cream in a double boiler again and add the chocolate. Stir until melted and remove from heat. Refrigerate the ganache overnight or for a minimum of 4 hours if you are in a rush. Scoop the hardened ganache with a melon baller or a spoon to make round balls. Roll with your hands if necessary. If using icing sugar, sprinkles etc. as a finishing touch, coat it after forming the balls. If coating with chocolate, chill the balls until hardened and coat with melted chocolate.



1T5 Missed Connections

By: *Edric Paw Cho Sing, 1T5 Monograph Rep*

"To that cute guitar player at Phollies, is this love?"

"To the guy playing OMGPOP (draw my thing) during class, you call that 'sore throat'?!"

"To all the people in PB after midnight, go home!"

"To the girl handing out candy down the row, may I have some?"

"To the filipino guy with glasses, so... I heard you're mormon."

"To the guy with the mustache up in front. I hear you're related to henderson from henderson-hasselbalch. Tell me more about it over tea?"

"My eyes met yours over the overhead. I asked, 'How's it going?' You asked, 'Did you read my latest paper in the BMJ?'"

"To the person in Robarts whose phone keeps ringing, I don't need to hear your Wonder Girls ring tone, put your phone on silent!"

"To everyone on 9gag during class, multitasking...you're doing it right"

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PHARMALIFE: FEATURING WENDY YAN

Compiled by: Dipti Tankala, Senior External Affairs Director, 1T2



Demographic Info:

Name: Wendy Yan

Year of Graduation: 2004

Which pharmacy school did you graduate from? University of Toronto

Have you completed any advanced training or certification? Industrial Pharmacy Residency Program, OPA Psychiatric Patient Care

Job Description:

Are you a part A or B pharmacist? A

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

Senior Medical Information Associate at Eli Lilly Canada and part-time at Shoppers Drug Mart.

Describe your typical work day?

There is no typical day at Lilly. One day, I can receive several medical information requests that require providing high quality, accurate and timely answers to our customers. Other days, I can be reviewing marketing materials. And then, there can be days when I'm attending sales meetings or conferences. Another aspect of my job is training. I assist in training sales representatives for our customer response centre and, I mentor students and residents as well. The important thing to emphasize is that my job involves a lot of different projects with different timelines.

What do you like most about your job?

What I like most about my job is the diversity. I handle a variety of medical information requests and a wide range of projects. Most importantly, my work provides me the opportunity to work with a diverse group of people. The medical information associates are all therapeutically aligned so that each person is a specialist in an area. I have had the privilege over the last 4 years to move from neuroscience to women's health and now to men's health and oncology, allowing me the opportunity to contribute to different brand teams and provide information to different customer/patient groups.

What is the most challenging aspect of your job?

The most challenging aspect of my job is to become the specialist in the therapeutic area but also be able to backup other associates when they are unavailable.

Job History

How did you get to where you are today?

During the last year of pharmacy school, when most of my classmates either signed a contract with a retail chain or went into hospital residency, I was the ONLY one in the class who decided to apply for the industrial pharmacy residency program. I learned a lot as a resident in the Eli Lilly Government and Economics affairs program. After that one year, I decided to stay with Eli Lilly, but in the Patient Safety department and then eventually moved into Medical Information.

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

As there are many opportunities within a company, the challenge was to determine which department would be the best fit for me. However, because of the experience that I've gained through the residency program, I was able to find my passion in medical information.

Advice Questions

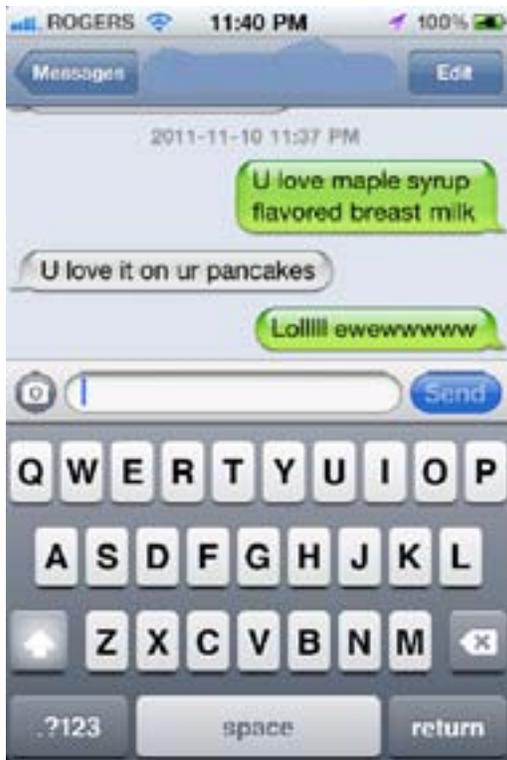
If you did your pharmacy degree all over again, what would you do differently?

If I were to do it again, I would probably explore my options a little earlier (i.e. volunteer at a hospital or look into the Rx&D program etc.)

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

My advice would be to keep an open mind, talk to people and explore as many career options as you can prior to settling on one path.

What kind of skills/qualities should students focus on refining while still in school that will make them successful in practice? I think the most important skill to develop would be communication skills. This is particularly important in the industry as pharmacists interact a lot with both internal and external customers through both verbal and written means.



Pharm You Autocorrect!

Compiled by Sidika Dhalla, 1T2 Monograph Rep



Hamlet's Third Soliloquy – Primary Literature Mad Libs Style

To be, or not to _____, -- that is the _____;
 Whether 'tis nobler in the _____ to _____
 The slings and _____ of _____ fortune,
 Or to take _____ against a sea of _____,
 And by _____ end them. To die, -- to _____, --
 No more; and by a _____ to say we end
 The _____ and the _____ natural shocks
 That flesh is _____ to,-- 'tis a _____
 _____ to be wish'd. To die, --- to _____,--
 To _____! perchance to _____! ay, there's the _____,
 For in that _____ of _____ what _____ may come
 When we have _____ off this mortal _____,
 Must give us _____...

Here are your options...

ACCORD ADVANCE
 PROACTIVE
 AVOID CALM IMPROVE
 CARDS POPADAD
 PROVE IT TNT JUPITER
 TRITONPLATO CAPRIE
 CHARISMA CURE COMMIT
 HOT LIFE HOPE INVEST
 ONTARGET ACCOMPLISH
 POET INSPIRE TORCH
 UPLIFT OPTIMAL
 CLOT PREVENT ELATE
 RECOVER EINSTEIN

SUDOKU

Shout Outs!

Dear Sidonkulous, Beaner, Hban, Ya-ya,
 Lucifer, Hanyu, Joey, and DUB:
 Hang in there! We're almost at the end!! Not
 sure what I would have done the past 4 years
 without you guys...so many good times, and
 more to come!
 hugs (not drugs),
 Zenah "Suranizer" Surani
 PS. Keep it marginal
 PPS. I won the bet....!!

To Parveen and Aimee,
 Can you guys keep sending updates once we
 graduate?? You two are lifesavers...this goes
 for all the IT2 Fac Reps over the years.
 -Z

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