

# THE MONOGRAPH

VOLUME 13 ISSUE VI

VOICE OF THE PHARMACY STUDENT



## OPA CUP 2012

# UPS CORNER

Dear Pharmies,

The end of school year is near and this means two things: our exams and a sunny summer break awaits! The month of April can be cruel with exams coupled with many sleepless nights while trying to study one more chapter or concept BUT remember to breathe and de-stress once in a while to maintain your health and sanity. Congratulations to all the award winners at awards night this year! Many deserving students and classes were recipients of many awards and it's a great joy to be able to acknowledge all of your hard work and contributions. Also, we hope all of the OPSIS delegates enjoyed their weekend at Niagara Falls with UW students. We'll be looking forward to expanding this conference to be able to include more delegates in the future! With UPS elections in March, the new UPS council will assume their role starting September 2012. It has been a great honour and pleasure to serve the student body on UPS. In our last Monograph corner together, we just have one more thing to say: Wherever you go, whether you are working at a pharmacy or travelling and cruising around the globe, stay safe and healthy. Make sure to cover up your skin with sunscreen and enjoy your break!

Good luck,  
Angela Yeseul Cho and Jamie Zao  
President and Vice-President  
Undergraduate Pharmacy Society  
(UPS)

# EDITOR'S NOTE

OMGG THIS SEMESTER IS ALMOST DONE! And that means this is our last Monograph issue of the year! Soon we will be frolicking through parks and bathing in sunshine in our flip flops and shades lol. But seriously, we had such a blast being your Editors and we will really miss this next year.

We'd like to introduce your incoming Monograph Co-Editors, Amy Lau and Jennifer Jin (1T5)! We're confident that they'll do a great job at keeping your voice alive next year! Next we would like to thank the following:

1. Our Monograph Reps, Tara Farquharson, Henry Leung and Edric Paw Cho Sing, for doing an excellent job this year. You guys kept the Monograph alive!
2. Mikey Ferrer and Fernand Loung for coming up with the new design for the Monograph and helping design the January and February issue.
3. All of you who contributed to the Monograph. You all are so talented and we're glad we were able to help you showcase it!
4. The handy UPS trolley without which we would have to carry the giant boxes filled with monographs
5. Our readers who picked up a copy every month! We hope you had fun reading it!

This issue has some great things to look out for. Chocolate Bear is back with a sequel - we're sure you guys will love reading what he has to say! Also, if you missed the OPA cup, then you can read the highlights from the cup right here. Our team displayed some serious teamwork skills!

Keep the voice alive!



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# THE SENIORS' OUTREACH EXPERIENCE

## GERIATRIC HEALTHCARE

Throughout the past 2 school years, pharmacy students have participated in Senior's Outreach, a community outreach program dedicated to serving home-bound seniors located in downtown GTA. As our population ages, understanding the complex issues facing the elderly will become essential knowledge for any healthcare student. Providing meaningful and compassionate service to the aging members of our communities is one of the joys of working in healthcare. Seniors face a wide range of medical, emotional, spiritual, and physical issues that require a sensitive, knowledgeable, and compassionate healthcare provider. Seniors' Outreach is an opportunity to bring comfort to a senior citizen living in downtown while developing a set of skills and knowledge that will be of great use to you in your future practice. Through home visits with seniors, participants in the program will be exposed to some of the aspects of care for the elderly. Groups of two students will be paired with an

isolated senior in the community through "Central Neighbourhood Housing" and will embark on biweekly visitations. These home visits will allow you and your partner to build a compassionate bond with your senior, share stories, create art projects, play board games, help with activities like letter writing, and provide therapeutic listening.

Although Senior's Outreach 2012 is coming to a close for this school year, keep an eye out for the program in the next school year! I hope that participants this year enjoyed the program as much as I'd hope. This was the second year Senior's Outreach was made available to pharmacy and the first year it's been coordinated from the Faculty of Pharmacy. As with any endeavour, there is much room for improvement, but we are always looking for dedicated volunteers for next year!

In closing, previous volunteers have found this to be an extremely meaningful and valuable



experience which developed stronger communication skills and allowed them to reflect more insightfully onto their own lives. They also enjoyed bringing happiness and comfort to an old friend in the neighbourhood!

From the Senior's Outreach 2012 Team. (Thank you to all the volunteers this past school year!)

Seniors' Outreach is a program offered by the University of Toronto Faculty of Medicine and the Faculty of Pharmacy.



# 4TH YEAR ANTICALNDAR

## BY SIDIKA DHALA, 1T2 MONOGRAPH REP

As you finish off third year and are pretending that you care about what electives you want to take for next year, take a moment to file this copy of The Monograph safely away for future reference. Refer back in the summer when you can no longer pretend. I would like to congratulate you for getting to this point in third year. When I wrote the third year anticalendar for you guys last year, I called it a special year, and I'm sure you all feel that way at the moment. I have no doubt that you all feel smarter, older and wiser at this point. Most importantly, I hope you are starting to realize that the therapeutics you learn at the faculty is only half of what is out there. But you have the rest of your life to learn the rest of it, and no one is going to test you on it...unless you're in PharmD.

### PHM421 – Therapeutics

This is the same idea as third year therapeutics – 2-3 cases per week, worked up in the same groups you had in third year. Cardiology and psychology are the subjects of focus, with a case or two thrown in about renal and hepatic failure. Please do get angry and make noise about the fact that renal and hepatic failure are thrown in haphazardly at the end when you can't pay attention in class because you're studying for finals. When you start SPEP or rotations, you will quickly realize that these should be among the first few therapeutic topics we learn in the program. Some advice for life - throughout the course, try to pay attention to lab parameters given in the cases. Labs are often put on the backburner because they are never directly tested, but the art of monitoring lab parameters will be very useful to you when you're on your hospital rotations. If you're in the combined program, learn cardiology very well, and keep your notes organized.

### PHM425 – Research

This course consists of a midterm – study for it. The bulk of your marks will come from a research protocol you have to write. You have to come up with a research question and design a study to answer that question. It works out to approximately 10 pages of writing – follow the instructions. Unfortunately I do not have enough information to make a comment on the value of the lectures.

### PHM427 – Health Systems in society

Somehow, health systems is the scariest course in 4th year. This course forces you to do things that are preposterous in pharmacy school such as writing short essay style assignments. The assignments must have absurd marking schemes which you will never understand. All I can say is that either the TA will like your writing style or they won't. The course is divided into two sections; health systems and pharmacoeconomics. The health systems portion of the course is the hardest – it consists of the assignment mentioned above and a midterm which is also just as subjective and mysterious. The pharmacoeconomics portion consists of two quizzes – which you should definitely get 100% on and the final exam. For the final, you are given an article a week before the exam that you have to analyze according to the steps of pharmacoeconomic evaluation lectures – do this in a group. This course has left a big question mark in my mind.

### PHM428 – Pharmacy Practice 4

As per usual Zubin Austin standards, this course is fantastic. One and a half hours of a break from the craziness that is fourth year. It consists of two

exams. Don't worry, be happy.

### PHM429 – PPL

Another year of PPLs. Sometimes I felt like the PPL cases were designed for students to fail. That actually might be the truth. The cases are challenging but the best thing you can do is be confident. If there is any literature that Professor Moy asks you to review in preparation, make sure you know it, some cases will be structured around this. Some more advice for life – reading clinical trials and doing literature searches are a huge part of being a pharmacist. That is how you will learn the rest of the therapeutics that's out there. This is the only course in 4th year where you actually get to read some cool studies so do it!! And acquire the skill of reading these studies efficiently and be able to figure out how to differentiate between reliable information and recyclable information (ie. trash, in the era of global warming).

### Selective Courses (Choose 1 out of the following)

#### PHM454 - Selected Topics in Pharmaceutical Industry (Contributed by William Khong)

"This course is excellent for those who want to pursue a career in industry or wants an economic perspective on pharmacy. A background in economics is not required, but will help you appreciate the things discussed in this course. The professor is very engaging and will ask for your thoughts, questions or comments throughout the lecture. If he finds that the energy and participation is low, he will call you on to speak your mind. The course load is closer to the lighter side.

Your final mark is roughly based on a 30% midterm, 10% class participation, 20% research paper and a 40% open book final. That's right, open book. The first half of the course focuses on concepts from the pharmaceutical industry, and he talks about the internal and external factors that companies need to consider before pursuing drug discovery. He also talks about the drug patents, how to extent exclusivity over a drug and the drug discovery cycle. Canada's position on the global stage in the pharmaceutical aspect is also discussed. The second half of the course is on special topics and are given by guest lecturers. Topics include, sales, marketing, vaccines, patent law, generic drugs, innovation, etc. The research project is a bit of a pain, but its fair, because he gives you the assignment 1.5 months in advance. But of course most of us do it the week of. Since you get two electives, I would only recommend this course to you if you have a sincere interest in industrial pharmacy. The professor also tries to connect you with the guest lecturers so you have somewhere to start in terms of networking. Make sure you apply to this course on the day of! Or else, it gets full after an hour or two after course selection starts!"

### PHM489 - Institutional Pharmacy Practice Management (Contributed by Diane Lai)

This class is not only for students hoping to work in hospital pharmacy, but is great for anyone that enjoys a good story. Typical of B. Wilson's style of teaching, he spends more time talking about his experience at Mt. Sinai than the actual details of the material in the lecture notes. One VERY fairly marked writing assignment and no midterm makes this class highly attractive. You know exactly what to expect going into the final exam as B. Wilson will list all the lectures that you need to study - and make sure to study them well (ie. memorize every possible list that there is). B. Wilson is kind, approachable and a great resource, so take advantage of his offer to read over your resume or take the opportunity to get future career advice!

### PHM458 - Pharmacy Practice Management in the Community (Contributed by Kenny Ma)

Not going to lie, the course requires more work than you think. From what I hear about Institutional management (Hospital) that is the much easier course, and Professor Wilson always has some good stories to tell. Additionally, and to everyone's disdain, the final exam is cumulative. That was the bad news. Community Management may start off a little slow, but is definitely relevant in teaching you a brief overview of the challenges you will face as a manager in a community pharmacy. There are plenty of guest speakers, lots of insightful readings written by top business executives, and Professor Lavack is passionate about what she teaches. If you do your readings ahead of time and participate in class, you can gain some good foundation knowledge to utilize once you become the manager of a pharmacy. If you are new to accounting and the financial aspects of running a business, a brief overview of that is included as well. Additionally, the final portion of the class is dedicated to emotional intelligence, and learning which areas you excel and/or lack in when dealing with others. It can really get you thinking about what characteristics truly make a good pharmacist, and which of those you have or need to work on. Ultimately, like any course, you'll get as much out of it as you put in.

### Elective Courses (Choose 1 out of the following)

Other electives that are available that are not included in the anticalendar are Aboriginal Issues in Health and Healing, Radiopharmaceuticals in Diagnosis and Therapy, Selected Topics in Nuclear Pharmacy, Natural Health Products , Pharmaceutical Marketing, Self-Directed Online Problem Based Learning Elective in Self-Medication and Research Project courses.

### PHM463 - Pharmacotherapy in Obstetrics and Gynecology (Contributed by Salini Ram)

This is one elective that should actually be a mandatory course in the standard curriculum. Tom Brown provides you with the necessary information all pharmacists should have when a patient asks you what to do if they miss a pill in their birth control or what they can try to relieve their hot flashes. This course goes through the various topics of hormonal contraception, dysmenorrhea, menopause, infertility, pregnancy, post-menopausal osteoporosis, urinary incontinence and HPV! If that doesn't spark your interest, I don't know what will. Tom Brown sure knows how to entertain a class through his freestyle lecturing, however, his lack of powerpoint slides makes this one class you don't want to skip. Also, beware of his tests. His questioning style leaves much to the imagination. By that, I mean he doesn't provide much information in his test questions, leaving one to infer the rest of the scenario which can lead you to over thinking the question or not thinking about it enough. Overall, the material in this course is definitely interesting but don't count on it to boost your grade point average.

### PHM456 - Introduction to Paediatric Pharmacy Practice (contributed by Diane Lai)

Don't be too intimidated to take this elective - it's worth a try. Each class is two hours long and usually broken up into two separate lectures. One hour lectures on each topic is just long enough for you to learn something useful but also keep you from getting bored and falling asleep. The midterm, assignment and exam are fair so you can expect to get a decent grade if you learn the general concepts of the material. The best part is that the lecturers are used to dealing with the paediatric population so they are always smiling and in a happy mood. If you are lucky, they will sometimes bring you candy!

## PHM462 - Substance Use Disorders (Contributed by Sam “Danger” Hsieh)

If you're considering community practice (and even institutional practice) this is a fundamentally critical course to take. Like a chocolate torte, there are many layers in this course. From deciphering signs and symptoms of addiction versus physical dependence, to motivational interviewing, there are always useful tidbits of info you can use in your professional (and recreational) lives. Beth's passion for the course is evident, and she is a wealth of knowledge on the various topics. Guest lecturers frequent the class to discuss about their areas of expertise, and you occasionally have a patient come in to share their stories. It's a fairly intimate class, so be prepared for discussion. Evaluations consists of a 25% 2-paged assignment (plus a presentation that isn't for marks), a 30% midterm, and a 45% (non-cumulative) final. The format is short-answers and multiple-choice, with a slight emphasis on the former. The material is fairly intuitive (no tricks), but you may or may not have to write a lot on the exam (expect questions like: "Write out what you would say to your patient about this concept."). This course is definitely one of the most enjoyable things to take (a close second may be lysergic acid diethylamide)!

## Combined BScPhm/PharmD Courses)

The remainder of this anticalendar will consist of the courses in the Combined BScPhM/PharmD program that approximately 40 of you will undertake!! My experience as being one of the guinea pig generation was a whirlwind. If pharmacy is your favourite thing in the world and you can survive off 4-6 hours of sleep a night for 4 months, you'll find this program a challenge. If you're wanting to pick up a D after your name, bragging rights and a degree on sale, you'll find this program a colossally beastly snowball – nay an avalanche descending from the top of Mount Everest right into your face. Just kidding. (Note: this is an example of how you should NOT write for your phm427 assignments.) Be prepared for 4 solid months of hard work and little sleep. Try not to let anything else

happen in your life in first semester. And 70 is the new 60.

## PHM601 - Foundations of Advanced Practice - Tom Brown and Natalie Crown

I hope you kept your green books because you will sit around and discuss how you feel about it in this course. It is a mixed bag of practical skills you will definitely need for your rotations. This course teaches you the basics of evidence based medicine and critical appraisal, documentation and patient case presentation.

## PHM605 - Critical Appraisal - Suzanne Cadarette

You'll kick yourself for not learning statistics better in first year – but you'll be ok. Professor Cadarette is a good teacher and goes out of her way to make things clear for students. She is very receptive to feedback and immediate changes in her course so talk to her! This course will teach you how to critically analyze literature when you need to make decisions for your patients. You will learn the types of information that you can trust and red flags that should make you disregard certain conclusions. Most importantly, you'll learn to make your own conclusions about clinical trials.

## PHM612: Advanced Therapeutics - General Medicine I - Philip Lui and Natalie Crown PHM611: Advanced Therapeutics 454 - Cardiology - Heather Kertland and Natalie Crown

The advanced therapeutics courses are the most difficult I have ever taken in my life – which makes sense. They take what you know (or what you don't know) from undergraduate therapeutics and give it depth like you would never believe. These courses put a big focus on critically appraising the primary literature that drives therapeutic recommendations. You will become

familiar with clinical practise guidelines. You will also become familiar with the evidence behind what is in those guidelines and critically think about whether you agree with guideline recommendations or not. That is what advanced practice is all about – not following the recommendations as law, but looking at where these recommendations came from and being able to make decisions for individual patients, considering their risk factors, clinical presentation, etc. General medicine comes first which looks at diabetes, COPD, pain and venous thromboembolism as topics. Cardiology covers dyslipidemia, hypertension, acute coronary syndromes, heart failure, atrial fibrillation and stroke – all of which you would have just covered in fourth year therapeutics – so pay attention there! Classes are run in discussion format and require hours of preparation each week. The material is taught via learning objectives. The learning objectives are divided amongst groups of 5 in the class and each group is responsible for creating the material to teach the rest of the class that learning objective. It is very challenging to adapt to this very new style of small group learning. You will have to learn to rely on your classmates more than the facilitators – most of the time. The exams contain a mix of multiple choice, short answer and long answer questions. Although they are difficult courses, the amount that you learn will amaze you.

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# When Life Gave Me Lemons ... My Friends Made Me Lemonade

Let me tell you a personal story of what happened on Sunday, January 8, 2012—when life gave me lemons to make lemonade. That particular Sunday morning, I felt like sleeping in as usual but my parents promised to give me home-made food at church. So I got in the car with my friend to go to church from our downtown condo. It was not the first time that we were driving through Avenue and Daveport Road and making a left turn at this intersection has been a routine for us on our usual ride to church.

Things became different on January 8th however because I ended up in a car accident. The traffic light was green and when the vehicle I was in was making a left turn, I saw an oncoming traffic that has just entered the intersection. When I noticed how fast this other car was coming towards us from the corner of my eyes, I wanted to let my friend know that she better turn faster or we'll crash. As I turned my head to speak to her, it was already too late. This all happened in a microsecond and while the car was spinning, I felt the crash's full force resonating throughout the vehicle. My seat belt jerked up tightly against my body, fixing my body into the seat while my knees banged against the dash board. Words cannot completely describe how the impact of this collision felt and I hope none of you get into a crash like this. When the car stopped, I opened my eyes and there was a cloud of dust and something irritating in the air, and the airbags were already deflating. It was difficult to comprehend what just happened to me and the only thing on my mind was to get out but I couldn't open the door. I kept on yelling "open the door, open the door, I can't breathe, open the door." So when a bystander came to open the door, I managed to step out of the car and was shocked by the damage that has been done—the front hood, bumpers, head lights, and license plate was ripped off and the remains of it were spread out across the intersection. Eventually ambulances, police cruisers, and fire truck arrived and I was taken to ER because of severe chest pain and difficulty breathing.

After spending about 4 to 5 hours at Mt. Sinai ER, waiting for doctors and

x-ray tests, I was cleared to go home and rest. The doctors told me that I will be experiencing pain and discomfort due to whiplash. The ER attending physician of asked if I wanted strong painkillers and I politely refused because I thought ibuprofen 800mg given to me earlier would do the job. After all with my busy schedule, I could not afford to be sick and falling behind in my responsibilities at school because 3rd year is a tough year in pharmacy. I thought I would be okay to carry out my academics, UPS duties, and part-time work at a pharmacy after few days of rest.

Boy, I was dead wrong. As the ibuprofen's effect was wearing out, I began to have trouble lifting and carrying simple things such as a mug cup, plates, utensils, and bags. On the morning after the accident, I could not get out of bed easily and this was only the beginning of what I had to deal with in the next 4 to 6 weeks. The usual time it takes to walk from my downtown place to PB is 10 to 15 minutes but it turned into a 20 to 30 minute walk and it became a physically challenging journey. I had to ask people to carry my backpacks in PB and walk me home back and forth. I could not sit down too long without experiencing discomfort and pain. Due to many tests and assessments, UPS meetings, physiotherapy treatments, doctor's appointments, and insurance-related paperwork, I had high doubts of how I will survive rest of the term.

I don't know how many of you watched the movie 'Crash' directed by Paul Haggis from 2004. If you have seen the movie, you will notice that Haggis uses accidents as an opportunity to bring and weave personal stories of people from different walks of life. How does this relate to my accident? Before the accident, I isolated myself and rarely spent time with others because I was so wrapped up about saving time for studying in an effort to balance academics and UPS duties. When classes were finished, I quickly rushed back home to study without talking to anyone. However due to my accident, I had no choice but to ask for help from friends and at the end of the day, I always had a company walking me home. During

this walk, I was able to get a glimpse of how much my friends cared and loved for me. I also had opportunities to chat with friends that I rarely had chance to see and talk about what has been happening in our busy lives. It is my strong belief that this accident is the same kind of opportunity that Haggis used in his movie to bring people together and show that humans are meant to live with one another.

Fortunately, my mobility has improved recently and I no longer have to depend on someone to walk me home. I have regained my normal daily routine but one thing that has changed is that I now try my best to spend more time with other pharmies. I try to get to know my friends and family better despite how busy I can be. Life is too short and accidents like mine can happen to anyone at any time. I was fortunate enough to be alive and share this story with you today while others have not lived to do so. It is not worthwhile to build your name, accomplish great things, and add another line to your resume unless you have the people that you love by your side to share the highs and lows of life. My car accident has been a good lesson for me to appreciate the people in my life. I am writing this story in the hopes that you too will reflect and try to take time to appreciate and love your friends and family without experiencing what I went through to learn this lesson. As my UPS president term and 3rd year of pharmacy are drawing to an end, I would like to thank those of you who have supported me through my hardships and I love you all.

Much loves,

**Angela YeSeul Cho**

President 2011-2012

Undergraduate Pharmacy Society (UPS)



## HOW TO BREW CHAI FOR TWO!

By: Dipti Tankala, 1T2

This Indian chai recipe is easy to make and really lifts up your spirits!

### INGREDIENTS

- 2 bags of black tea (I use Red Rose)
- 1 teacupful of water
- 1 teacupful of milk (I prefer 2%)
- 2 Cardamom pods (lightly crushed between fingers)
- Cinnamon sticks (2-3 one-inch sticks, should do the trick)
- 3 whole cloves
- Brown sugar (or honey)

Note: you can play around with the amount of spices that you use

### METHOD

1. Bring water to boil on high
2. Bring to low/medium heat and stir in the herbs and tea bags
3. Simmer for 3 minutes
4. Add milk (stir occasionally) and simmer for 2 minutes
5. Turn off heat and strain the concoction
6. Pour into teacups and stir sugar as per your preference
7. Enjoy!

\* Preparation Time is approximately 7 minutes.

## 1 MINUTE READ: 5 THINGS YOU NEED TO KNOW

As always, www.SOAPE.ca has our publications ahead of time!

1. It is very likely that pharmacists will be able to administer injections (e.g. immunizations such as the flu shot) by this Fall 2012.
2. A recent survey indicates that almost two-thirds of Ontarians said they would go to their pharmacist for administration of medication by injection or inhalation.
3. The same survey also indicates that almost 9 in 10 Ontarians would go to their pharmacist for medication or advice for minor ailments (e.g. cold sores, dermatitis, athlete's foot).
4. "Physicians should not perform tasks that could be done more efficiently and at a lower cost by physician assistants, registered nurses, nurse practitioners or pharmacists." - Don Drummond Report for the Government of Ontario, one of his many recommendations re: pharmacists.
5. March 5 - 9th was Pharmacy Awareness Week. Student-led booths at University Health Network's sites saw over 800 members of the public receive information on: Safe Medication Disposal, MedsCheck, Sun Skin Protection and Pharmacy Myths and Truths. Thank you to the 49 students who helped and great job!

Kenny Chan  
President of SOAPE

## 1T3 POLL:

What was your most and and least favourite thing about 3rd year?  
(Therapeutics style, in a very organized chart design)

Most Favourite	Least Favourite
<ul style="list-style-type: none"> <li>- Bill Wilson = #1!!!!</li> <li>- Making a giant suppository (for phollies). Highlight of my life</li> <li>- Starcraft 2</li> <li>- Dinner with Bill Wilson at Canoe Restaurant</li> <li>- Drugs</li> <li>- Class council</li> <li>- Feeling like I was in pharmacy school for the first time. Also, intramurals.</li> <li>- Apart from PDW which is an automatic favourite, the first ever Mr. Pharmacy pageant</li> </ul>	<ul style="list-style-type: none"> <li>- PSORIASIS (what is this doing in self-care?)</li> <li>- Going to class</li> <li>- Broken microwaves</li> <li>- When i run out of food in the fridge</li> <li>- Drugs</li> <li>- Pharmacokinetics over christmas</li> <li>- How much work it takes to become ¾ of a pharmacist in the span of a year.</li> <li>- Tie between Leslie Dan Diet and waiting 17, 000 years for marks to come out</li> </ul>

# THE BIGGER PICTURE

By Tara Farquharson, 1T3 Monograph Representative

Here I sit with books asunder  
And hope my brain won't knuckle under  
Indications, side effects and cost  
But for which drug? My mind has lost  
I'll try again to find a clue  
Before my consciousness says adieu  
Time for another coffee please  
It brings clarity to some of these  
Drugs which I cannot pronounce  
At least I know the volume of an ounce.

There's something about the way this study  
reads  
That makes me think the authors deeds  
May have been contrary to their claims  
As professional practice provides me frames  
To look critically at this stuff  
So that one day I'll be a buff  
In any subject of my choosing  
So that patient care is never losing

Tomorrow I have CSS  
I'll deliver my knowledge with finesse  
Or I might stumble or say something dumb  
Then sit there for a while feeling numb  
But it's not all bad, I have discerned  
Because of all that I have learned  
We've made progress in leaps and bounds  
And focused less on powder and compounds  
I finally feel I know valuable things  
It's made me confident for what my future  
brings  
And as we progress to 4th year and beyond  
I'll try to look back on this as though I were  
fond  
Even though our learning could've been  
better sorted  
I do not feel that I have been thwarted  
Since our profession is based on our  
dedication  
For which we've been given a foundation  
If you asked me what I think  
I'd tell you this before you blink  
You can't rely on an economy to keep you  
sane  
It's just like school, you cannot wane  
For if you do, you'll not be happy  
I know right now I'm getting sappy  
But happiness is what you put in  
Be proud of yourself and you will win  
If you try to make things better  
For your patients, be a trend setter  
It may do more than you expect  
It's an effective means for gaining respect  
And so I say to my fellow pharm pupils  
Pave the way with unchallengeable scruples!

# The PFEC Account: Why the Canadian Economy Needs to Diversify

By: Anthony Han, 1T5 Pharmacy Financial Education Club, 1st Year Representative

The economy of Canada has chiefly been dependent upon natural resources and trade with the United States. With the recent development of the Alberta oil sands, it is likely that this strategy will continue for some time. This model worked well until the Great Recession of 2008, when the flailing American economy dragged down Canada and rest of the world. There are many in Canada who suggests that a pipeline be built to British Columbia to satisfy Asian oil markets and establish greater trade relations with Europe and Asian partners. However, this is a small solution to a much larger problem and will not guarantee the future prosperity of this nation.

Canada lags behind the United States in many of the productivity rankings; in terms of GDP per capita, it is ranked 23rd (US: 11th); and in terms of innovation, it is ranked 10th (US: 1st). This disparity is primarily due to Canada's heavy reliance on the export of its natural resources and because the United States has a diversified economy that emphasizes export of finished goods. The problem is, the margins on natural resources are paper thin, and prices are purely determined by competition. For example, you do not buy cabbage in a supermarket wondering if there is better cabbage in another supermarket; you prefer to buy cabbage in a place that gives you the cheapest price possible, and do not really consider your decision based on quality. As such, cabbage prices (or any natural goods) go down based on competition and there are marginal returns for the producers (Oil prices are set by a cartel of nations, but Canada is not part of that cartel and does not benefit from such prices). For manufactured goods, it is a different game plan. The manufacturer can set the price based on value, and at significant mark-up. In industries such as electronics, certain brands can charge higher prices on their products if they believe the customer is willing to overlook the price based on quality. Hence, manufacturers can receive greater returns on their investments, and thus, experience greater productivity.

If future prosperity of Canada is

to be guaranteed, there needs to be policies that emphasize growth in industries and innovation. With rapid development of Asia, the economy of Canada must be differentiated with educated working class and a highly productive and diversified economy. Without it, this country will continuously experience a brain drain towards our more innovative neighbour. The Canadian media tends to focus on issues such as the oil sands and arctic sovereignty, thinking that oil and energy will dominate of our future. We cannot nurture the status quo and a very one-dimensional future this country is headed towards. To be productive is not simply working harder or longer; it requires smarts to know that there is a more efficient way of doing business and to maximize one's profits.

Canada cannot and should not be happy with 'good enough'; there has to be more urgency towards development of indigenous industries. We can no longer rely on American companies to set up shop to take advantage of the weak Canadian dollar. It is one thing to have an educated populous, the more important factor is finding them good, skilled labour to keep them around. Although Canadian unemployment rate has went down to pre-recession levels, many of the good jobs have been replaced with minimum-wage, low-skilled jobs. It is frustrating to see the lack of debate regarding this issue; politicians' agendas are full of empty rhetoric that only scratches with the surface of the problem, and the public interest seems virtually non-existent. Much like a company, a nation must diversify its portfolio to guard against future uncertainties. Without a strong economy, Canada's global role will wane as countries like Brazil, China, and India emerge as major players. Adapt or Die.

Editor's Note: The Pharmacy Financial Education Club will like to thank the faculty and the students for their support throughout the school year of 2011-2012. We hope to have a greater role and a more ambitious agenda for the next school year. Please be on the lookout for some of our exciting events for the upcoming year.

## MALE ATHLETICS

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Special rhyming  
edition: FINAL!

By: Davin Shikaze, UPS Male  
Athletics Representative

The season of intramurals came and  
went, and we all had lots of fun!

The Mens Div 2 volleyball team even  
ended up number one!

With some solid plays from the vets,  
the opposition knew it was on,  
Couldn't handle the 15-foot  
powerspike, from 1T5-v-ball  
sensation: Seann.

The soccer guys got past the first  
round, and made all the ladies  
scream. (well... Raminder and Mary  
anyway:p)

Unfortunately lost a close one in round  
2, but otherwise a great season! Good  
job team!!

Cricket had its moments, and next year  
I'd like to think: "Yes, we can!"

So long as we recruit some interested  
bowlers, and of course team captain:  
Susanta Dan!

Men's Div. 2 B-ball FINAL is next  
week so I can't report the result, which  
is too bad.

Let's hope Wong-sanity is still  
happening, another championship  
would be rad!

So this is the last male athletics article  
I'll be writing, and from my left eye:  
a tear,

Wishing you all the best on your  
studies and hope to see you at some  
events next year!

## BROOMBALL TOURNAMENT

---

THE LAST TOURNAMENT OF THE YEAR



The broomball tournament took place Saturday March 17th 2012 at Varsity Centre. With half of the team entries coming from Victoria College, Pharmacy managed to steal its way into the finals with some help from Innis College to form the ultimate team "Pharm-IN". Our team received help from the dedicated UPS male athletic rep Davin Shikaze (1T4), UPS co-ed athletic rep Irene Lee (1T3), Dane-Champion t-shirt driven- Bergström (1T2), special presidential help from Calvin Ng (1T3) AND.... Recruited for some unfinished business Kaspar Ng (0T8). Missing in action: 1T5s

## ROBAX PLATINUM CHALLENGE

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### DODGEBALL



The annual dodgeball tournament took place on March 14, 2012 after election speeches at Hart House. With a turn-out largely made up of 1T5s, well I guess you can figure what happened.. THEY WERE DEMOLISHED!! I kid, I kid... they beat the 1T2s, the 1T3s, and the 1T4s combined!! Congrats 1T5s!



# OPA CUP 2012

## BY IRENE LEE, UPS CO-ED ATHLETICS REPRESENTATIVE

On March 10, 2012, over one hundred students, alumni and Faculty members chanted their way into Waterloo territory to cheer on U of T Pharmacy's hockey team at the 4th annual OPA cup. With immense support for our athletes, we hoped to claim the cup this year after last year's disappointing loss. The afternoon started off with a pep rally in the Jack Kay room where students had the opportunity to channel their creativity in the form of new chants and cheers and face-painting in U of T colours --blue and white.

The opening ceremonies began with a puck toss between Dean Mann and Dean Edwards of Waterloo and from then on it was all hockey action! With pompoms in each hand, hot chocolate to

keep warm and riveting voices that shook the Waterloo Students from beneath their seats. All in all, the U of T students have truly outshone the Waterlosers in terms of team spirit. Our hockey team worked well under tough situations to push forward and get some more goals in after trailing 4-1. Toronto did their best but couldn't hold it off for a win this time around. After the match students, players, alumni and Faculty headed over to the social where drinks and food were served – and that's when the real party began!

At the end of the night, we couldn't have been more proud of our hockey team especially with all the hard work and practice they've put in all year for this special occasion. All in all, the OPA Cup was the highlight of our biggest athletic event of the

year, and if you've missed it this year, lookout for next year's OPA Cup held in Toronto! We'll be sure to get Waterloo back next year on home ice!

Special shout out to the players on the hockey team (in no particular order): Melissa Dipetta, Henry Tempelman, Ray Landry, Geordie Wright, Richard Procnier, Joel Varsava, Bryan Falcioni, Mark Tarver, Simon McKay, Tyler Robinson, Chukwu Ume, Kent Guidon, Julia Cahill, Mike Yake, Stephane Angers, Blake Ziegler, Kyle Ridolfo, Marko Tomas, Mario DaDalt, Erik Orava, Katrina Grub, Kaitlin Green, Justin Saraceno, Emmanuel Pitre.



# A CARE PLAN IS LIKE A STUDY SCHEDULE – BUT IT’S TO SOLVE ACADEMIC PROBLEMS

By Maliha Hossain, 1T5

**Academic Therapy Problem:** A.B.C, a 20 year old is suffering from below average marks, resulting in continued stress, an increase in headaches, due to a lack of a study schedule for her finals.

**Goals of Therapy:**

1. To pass Year 1
2. To relieve her symptoms
3. To prevent re-occurrence

**End point 1):** To achieve a 60%+ in all her courses with minimal work and stress by April 26.

**End point 2):** To reduce the frequency of headache by 25% by April 26.

Method	Onset	Efficacy	Safety	Interactions With Life	Cost (Time)	Convenience	MOA
Study the day before	24 hours before the exam	Not very effective in the long run	May result in raccoon eyes, no sleep, overdose on caffeine	Cannot process anything after finals and most likely will crash at home. Try not to talk to these patients about the final exam once it is over.	Most minimal amount of time	Have many days to take it easy and relax	Study all lectures 24 hours before exam. Continue studying so that all info is retained for short term memory and forgotten thereafter.
Do all past exams	1 week before the exam	Effective - since some questions on the exam may come from here	May be dangerous such that it may cause nervousness and panic	Goodbye social life	Very time consuming to go through exams and answer them	Gives patient a gist of questions that may be asked, making it easier to write the exam	Do one exam at a time, check answers if solutions are available, if not, ask for help for questions you cannot answer.
Write summaries for each lecture	3 weeks before exam	Very effective, since information may be retained, especially after reviewing summaries	Safe since this can be administered slowly alongside lectures	Goodbye social life	Requires most amount of time, very time consuming	You can understand material very easily. Information will be retained for a longer period of time.	For each lecture, summarize your notes. If question arise, wiki it or google it, then review a week before exam.
Get someone else’s notes	1 week before exam	Maybe effective since you’re probably asking someone who takes good notes	Potentially dangerous if your assumption of good notes turn out to be wrong	May ask too many questions to note-giver since you may not understand some aspects of their notes	Time is adequate	Very convenient since you didn’t have to write any notes down, but just memorize	Ask a good friend for all their notes by using your charm, then studying them as hard as you can, and asking your friend many questions (since they’ve already done one favour for you)

**Academic Plan:** Recommend doing summaries for each lecture for two weeks and past exams the week after. Follow up in two weeks. If that does not work, recommend getting someone else’s notes. Follow up in 5 days. If that does not work, recommend studying 24 hours before.

# WHAT'S THE MOST MEMORABLE QUOTE YOU'VE HEARD SOMEONE SAY AT SCHOOL THIS YEAR? BY THE CLASS OF 1T4

(Thank you kindly to everyone who participated! Sorry for the censoring)

- What the heck does this SOAPE thing stand for?
- A wise asian told me one time - "Get your hands off my butt!"
- "To pass MedChem, they cannot fail more than half the class. We are solidly at least average in most things, so we should be safe!!" - Dee
- Talking about a pharmacy logo: "You know the one with a big 'V'. Not my big V" \*giggle\*\*Class starts laughing\*"Oh God, what have I done?" - Vinita Arora
- "Prostaglandins in semen induce labour...so if a woman is ready to give birth...that's a 'home remedy,' I suppose." - Mary Erclik, PhD
- "So, this is the result the researchers came up with. It's quite a cute protein." - Wells
- "First Semester: Get all A's! Rest of the year: Just don't freakin fail!" - Anonymous
- I'm gonna study like a Chinese person from now on - Anonymous
- "There comes a day when you realize that turning the page is the best feeling in the world." - PhilosophicalPharmy
- "Oh, I love kidnappings!" - Anonymous
- "Can I go for a ride? Pretty please?" - Anonymous
- "I love free rides!" - Anonymous
- While studying for the 220 midterm...Roshan: "Can someone please explain the difference between Scale and Crust? Thanks!" Brett: "A scale is on the outside of a fish, crust is on the outside of a slice of bread."
- "It's professional judgement, not breaking the law." - Vinita Aurora
- "They say 50% of the people fail Medchem. That's not true! Let me show you!....Only 12% of the people fail..." Anonymous
- "I'm going to be asexual"
- During Mr Pharmacy, Professor Rocchi calls Mike De Guzman "cute" and Leban yells out "FRIENDZONED!!!!".
- "Sorry a-sis (psoriasis)" - O'Brien. (Submitted by Jeff)
- "You are all dirty dirty people!" - Prof McGregor on sterilization
- "I'm cool." - Matthew Chow.

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# PHARMACY CHRONICLES BY CHOCOLATE BEAR

In most of our experiences as pharmacy students we realize that we are quite misrepresented in the world around us. Not many people know what we're all about. Why is that? The answer is clear... it's because we don't have our own TV show. So in order for society to know what we are all about, I decided to take time out of my busy schedule to write about some of the more awesome parts of pharmacy – the parts that most people don't hear about. The drugs, the danger, the excitement – it's all in a day's work for us. I will try to keep at below an "R" rating, but I make no promises.

Since things like "character development" and "plot" are boring, I decided to jump past the first couple of episodes (I started at episode 7 in a previous issue). The episodes are in no particular order, but I hope that eventually the story will start to make sense. Or not. Either way, enjoy the adventure.

## PREVIOUSLY ON PHARMACY CHRONICLES

.....  
"Hello Neo."

"My name isn't Neo"

"Do you wish to take the blue pill, or the red pill?"

"That depends... are you licensed to dispense?"  
.....

"Where am I?"

"Isn't it obvious?"

"Is this the Matrix?"

"No, it's Physio class. Now shut up so I can listen."  
.....

"But I love you."

"And I love U2. They are a great band."  
.....

## EPISODE #8 – WELCOME TO THE PHARM

"Keep up boy." There was a stable fury in Colonel Jackson's words. Not an outburst of anger, just a firm confidence in what was right and what was wrong.

"I said MOVE IT!" This time it was an outburst of anger. James quickened his pace. It was hard to keep up with Colonel Jackson, despite the fact that the Colonel was dressed in what seemed to be a very uncomfortable leather outfit. It was something similar to what Morpheus wore in the Matrix, which isn't really practical for crime fighting of any form. Actually, I don't think tight leather outfits are useful in any situation.

Colonel Jackson placed his hand on a scanner, and the door in front of him slid open. Behind it stood a stunning redhead with a folder in her hand. She too was dressed in a tight leather outfit, but this one seemed more... befitting. She handed Colonel Jackson the folder as we rushed in through the door. This place was strange, with different glass rooms on each side. In each room, a different group of people in lab coats seemed to be training. Some counting pills, others practicing martial arts. Some with gas masks, and others in more skin tight leather. What was with all this leather?

"How is the patient?" Jackson asked the lady.

"Stable, for now. If we keep this up, he may not make it to a court for a confession."

"I don't care about the courts! We need to know where those explosives have been hidden dammit! For now, get James here, up to speed on the mission."

"Hi, I'm James." James extended his hand. She didn't even

look at it, just took him to one of the glass rooms and left Colonel Jackson. In one of the rooms beside us there were people in full hazmat gear, dealing with what looked like very delicate equipment.

"What is this place?" James asked.

"This is called the PHARM. The Pharmacy Health Advisers Rescue Mission." She didn't even stare at him. In her hand was another folder she was flipping through. He could see his picture in it.

"You know, I was expecting the acronym to stand for something a little more intense."

"The point is that no one knows what we do, Mr. Fond. Now, it says here that you listed your current marital status as single, but your Facebook says you're engaged to a 'Barney Stinson'. So which is it?"

"Oh, the Barney thing. Ya, funny story – so a friend and I got really dru—"

"I don't care about your stories! Which is it?"

"Single. Definitely single." James was confused. Here he was, with a beautiful girl who was asking him if he was single, but his game had no effect on her. Maybe it was for the best. He shouldn't be trying to get in a relationship right now; especially after what happened last time.

"Well, it's a good thing you're single." Suddenly James thought a relationship right now wouldn't be such a bad idea. "As long as you're single, then you have nothing to lose – no weakness. Let's keep it that way." The words rang in his head. \*ring, ring, ring\* Just like an alarm. With each ring, his hopes of a relationship with this woman died. \*ring, ring, ring\* The ringing was actually getting annoying. Then he realized it was coming from the room next door.

Through the glass wall, James could see the two people in hazmat gear arguing. They were getting more scared as the machine continued to ring.

\*ring,ring,ring,ring,ring\*

The ringing changed suddenly to the ticking of a clock.

\*ticktickticktick\*

“Cut the red wire! CUT THE RED WIRE!”

“You idiot, they’re all red wires!”

\*BOOOOM\*

The explosion in the room next door filled the entire room with smoke. James couldn’t see inside. He was worried, and turned to see if the lady with the red hair would do anything. She sat there, flipping through his file as if nothing had happened.

“Aren’t you gonna do something?” James asked.

“Relax, it was just a test. They probably sustained a few injuries from the explosion, but nothing life threatening. Besides, if they are that incompetent, then we don’t need them on the team.” She got up and headed to the door. “Are you coming or what?”

“Yes ma’am.” James was in love. “I’m sorry, but what was your name again?”

“Again implies I gave it to you in the first place. My name is given only on a need to know basis.”

“How ‘bout your number?”

“How about I help you overdose on acetaminophen?”

“You can overdose on Tylenol?”

“Of course. What do they teach you at school, if not how to kill people in the most painful ways possible?”

“We mostly learn how to communicate with patients and show empathy.” James felt kind of embarrassed saying those words.

“Empathy? Communication? Who needs that?” She seemed disgusted at the thought.

“Well, most people enjoy communication. It’s why we give each other our names – so that it helps us communicate. Build bonds. Work together.”

“Fine. You can call me Scarlett.”

“There that wasn’t so hard, was it?” James was confident now.

“And your number is...?”

“I will rip out your liver.”

“I guess this whole communication thing takes getting used to.”

### NEXT TIME ON PHARMACY CHRONICLES

“So the mission is to stop the bomb?”

“Yes. And things of that nature.”

\*ring\*\*ring\*

“Professor, we need to talk.”

“I was wondering when you would make this call.”

“Where are you?”

“I’m sitting in my office.”

“I doubt that.”

“Why would you doubt that?”

“Cuz if you were sitting in your office, we’d be having this conversation face to face”

\*click\*

“Listen very carefully to what I’m about to tell you. I remember. I remember everything.”

“Who are you?”

“The name is Fond. James Fond.”

*Tune in next time on Pharmacy Chronicles :)*



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# ELECTIONS 2012:

## WHY BARACK OBAMA IS THE OVERWHELMING FAVOURITE

BY: ANTHONY HAN, 1T5

It is hard to believe that almost 4 years have gone by since Barack Obama's presidential inauguration. Then-Senator Obama was an enigma of a candidate with legitimate questions surrounding his credentials as US President. This time around, however, Mr. Obama has established himself as a political veteran with a padded-resume to match. With no viable Republican opponent and a divided conservative base, it seems almost certain that President Obama will be occupying the Oval Office this time next year.

Mr. Obama's first term in office has been far from perfect. Despite recently declining unemployment numbers, the American economy was painfully slow to climb out of the recession. The funding of

the recently bankrupt Solyndra solar panels company was an example of an ineffective and political use of stimulus money. There has been much fervour, especially from the conservative states, over his healthcare reform, which will likely head to the Supreme Court for debate. Very recently, Mr. Obama has upset Catholic leaders by proposing to make it mandatory for employers to cover birth control as a part of their employee's health insurance. As such, Mr. Obama's first half performance was given the vote of no confidence by the American public when they voted in a Republican House of Representatives during the midterm elections.

So why is this imperfect perfect president the overwhelming

favourite? For one reason, we've seen this before during Bill Clinton's first term in office. Mr. Clinton was also presiding over a divided congress and an anaemic economy. And like Mr. Clinton, President Obama lacks a charismatic Republican challenger to shake up the race for the White House. Lastly, Presidents Clinton and Obama improved America's likeability on the word stage amidst while pursuing an aggressive foreign policy. Although they are different persons presiding over a different America, there are many parallels to believe that Mr. Obama's imperfections will be outweighed by his strengths, much like Mr. Clinton.

There was only one credible candidate who could have exploited Mr. Obama's weaknesses;



and that is former Utah governor Jon Huntsman. Mr. Huntsman is a moderate conservative who had extensive experience in the private and public sector; and demonstrated rare bipartisanship when he accepted the post as Ambassador to China from President Obama (a democrat). Unlike the majority of Republicans, Mr. Huntsman does not instinctively shun mainstream science as a demonstration of religious zeal, and thus, accepts natural selection and global warming. On an on again, Mr. Huntsman seems to be open to meaningful discussions and honest debate over the issues that matter. As a former missionary that adopted two daughters from India and China (and raised them in their respective religions), Mr. Huntsman seems to possess the character and the personal likeability to divide the democratic vote and give Mr. Obama the run for his money.

Unfortunately, Mr. Huntsman will not be the Republican candidate. He failed to gain traction with the very polarized and a very right-wing conservative base. Here is a short analysis of the remaining candidates, with the emphasis on the favourite, Mitt Romney:

**Newt Gingrich:** Former House Speaker and a political stalwart. Mr. Gingrich suffers from a huge character problem that renders him unelectable by mainstream America. Already a well-known egotist, Mr. Gingrich routinely cheated on his wife while trying to impeach Bill Clinton for the Lewinsky Affair; and eventually married his mistress (his 3rd wife)

Mr. Gingrich has been chastised by members of both parties as an outspoken and undisciplined politician. Additionally, Mr. Gingrich accumulated much of his wealth by channelling his political influence through his lobbying firm (he calls it strategic consulting); despite calling for government transparency. He was also docked \$300k for improperly filing his tax returns. All in all, Mr.

Gingrich's trail of hypocrisy will be hard to overlook by the American public.

**Rick Santorum:** the former Pennsylvania senator has surprised everyone with his remarkable sure in polls. However, the social conservative is basically a one-trick pony with little support from the party establishment. His rise in polls is attributed to cementing himself as a more conservative alternative to Mitt Romney; but lacks original substance or depth in message. Mr. Santorum has been part of too many careless statements regarding social policies to be seen as a strong alternative to President Obama.

**Ron Paul:** The Texan congressman has been the long-time grassroots favourite and is the one candidate who has consistently held his message. Mr. Paul holds libertarian values such as reducing American military presence overseas, reducing the role of the welfare state, and eliminating the Federal Reserve as the US Central Bank. However, Mr. Paul's beliefs are deemed too unrealistic and unreasonable by both the left and right. America requires its expansive military to maintain its hegemonic might; and the idea of abolishing fiat system in favour of the gold standard would dangerously depress the world economy and sabotage the American monetary system.

**Mitt Romney:** The former Massachusetts governor is the darling of the Republican establishment and is widely expected to challenge Mr. Obama for the presidency. However, Mr. Romney does not have the trust of the conservative base after flip-flopping from his previous liberal policies. Mr. Santorum's rise demonstrated the fallibility in Mr. Romney's candidacy despite Mr. Romney's substantially larger campaign funds. Mr. Romney doesn't market as a genuine candidate after many gaffes as portrayed him as out of touch with the working class. He also had a poor showing in his birth-

state of Michigan after favouring the bankruptcy of Detroit's automakers. Mr. Romney is a well-educated individual and good family-man whose success should be envy of many. However, he just doesn't have the political suave and candour demonstrated by President Obama.

During his first term in office, Mr. Obama answered a lot of question marks regarding his foreign policy credentials. Despite his perceived weakness, President Obama ordered more drone attack in his first year of office than President Bush's combined 8 years in office. Mr. Obama presided over successful military operations in Libya and during the assassination of Osama bin Laden. Hence, there are no longer major question marks regarding his presidential credentials, despite certain flaws. Voters usually vote for the status quo, and the candidate they are familiar with. It is one of the reasons why Prime Minister Harper won his re-election despite political issues of his own. Push comes to shove; Mr. Obama's personal likeability will likely catapult him above the public's distrust of Mr. Romney. There is no shortage of predictions and pundits regarding the 2012 US elections; but this writer's two cents suggest that President Obama is the overwhelming favourite in the upcoming election cycle.

.....  
**Editor's Note:** This article represents the thoughts and ideas of the writer only, and does not represent the position of the Monograph or any other organizations.

# Appreciate.

By Edric Paw Cho Sing, 1T5 Monograph Representative

As 1T5's, it was almost a year ago that many of us received a most anticipated email from Brenda, inviting us to, what seemed like the interview of our lives. For older students, this was almost two years ago, or three years ago. We were all there, rehearsing pageant-queen lines and throwaway phrases in front of a mirror hoping that the interviewer saw us more than just grades and a padded resume. A few months later, the anticipation shifted to whether or not we would spend the next four years in a highly regarded professional program or end up trying to find a job that somehow made use of our degree or if all else fails, there was always graduate school. Personally, I remember the surge of adrenaline in my veins as I flinched in both fear and excitement when I got my email. My palms were sweaty and tightly gripping the mouse as I hovered the cursor towards my inbox. The only noise in the study hall where I spent my evenings was the sound of rustling papers and humming of background chatter, otherwise, I would've let out a big "yes!" that could've pierced the heavy silence. For all of us, a weight was lifted off our shoulders that day.

For some, it was a game changer to leave the familiarity of their hometowns and move to Toronto. The truth is, we all chose and hopefully wanted to be here and gave up something to be where we are now. So what has happened since then?

For some people, the high of being in pharmacy school has run its course. The excitement and once sought aspiration of being a pharmacy student has begun to fade. After only going through barely a year of the newly designed program, I've spoken to students who are starting to share this sentiment. What's wrong with

us? Some complain about mediocre teaching methods and inconsistent evaluations. Others complain about the relevance of certain courses to our future as pharmacists, especially as we evolve into a more patient-centred role from a compounding/dispensing-based one. There are those who are starting to buckle under the pressure of our workload: 6 courses, labs, case studies, online modules, and academic service learning. And then there are those who just find something to complain about for the sake of complaining. In a general sense, it's natural, and not to mention, easy for us to bicker and moan about the trivial things in our day-to-day lives. We tend to zero in on what bothers us, inflating it until it ruins our day, our week, or our semester. But from time to time, we're all guilty of this cycle of insatiation and contentness. The trend being a sensation of euphoria from reaching new heights, eventually to a nadir of wanting more and feeling dissatisfied, was touched upon in one of Zubin Austin's lectures on the culture shock model: "the higher your hopes are for something, the more quickly you are disturbed by the disconnect between dreams and reality."

Flashing back to a year earlier, all I could remember was how badly I wanted to be in pharmacy school. I was already three years into my undergrad, blindly taking courses that barely peaked my interests. I hated my degree. I had to study things like "the molecular processes on the sensitization and desensitization of microbial locomotion" or "the life cycle of baculoviruses," just to name a few. Fast forward to the first half of this semester, I started to have the same inklings of self-doubt which mirrored my discontent at UBC. I complained about how things were

too difficult, there was too much material to study, and realizing that my weekends were dedicated to catching up on school. Although I liked learning some of the material, there were a few courses that I just didn't care about. I started to re-evaluate my goal becoming a pharmacist, justifying my doubts in thinking that if I can't do well on my MTM's, how could I ever think about passing my OSCE's and becoming a pharmacist, let alone a good one.

Looking back on all my rampant thoughts and worries makes me feel silly. The truth is, and what we must always remind ourselves is that nothing is handed to us on a silver platter and that things will cease to change unless we change our own outlook. By taking the time to appreciate and prioritize the learning experience rather than the assessments, this is how we get the most out of our pharmacy education. Understanding that this is our platform to make mistakes and to learn from them is crucial. Aiming for that 4.0 GPA to polish our resumes and subscribe to previous conceptions of success will only get you so far. As long as we take what we learn and apply it to the way we think, this is how we should be evaluating our success as future pharmacists. This should be the endpoint of our education.

When it came time to choosing which pharmacy school I would be attending for the upcoming year, I had a tough decision to make: stay in my hometown and be with my friends at UBC, or leave everything behind to make a new life for myself in Toronto. It was the newly designed and revamped curriculum that prompted me to choose the Leslie Dan Faculty of Pharmacy. And although the beastly \$15,000 a year tuition was

a rude wake-up call, it helps to remind myself that I chose to fly the coop, as opposed to making it more convenient for myself. I chose to give up everything and leave everyone I knew for this unprecedented opportunity. And I chose to pay a hefty amount for this education, might as well get the most of what I paid for.

Maybe the next time you're feeling upset about school and feel the need to complain, remind yourself why you're here. We all have different and special reasons why we chose this pharmacy school over all the others. Think about where you are and where you were a year before. Think about the reasons that led us to the decision to apply to pharmacy school in the first place. The next time the faculty issues a mandatory tutorial or an extra professional lecture on top of our six courses, think about its relevance to our future practice. The faculty is doing their best to provide us with a top-tier education and preparing for us a curriculum that reflects the expertise of a modern-day pharmacist. This is the cornerstone in the evolution of pharmacy and a model of learning to be implemented across the country. Essentially, we are being spoiled with all these great opportunities and what a waste if we choose to disregard them. Appreciate what you get with your \$15,000 tuition because no one other than us is getting the same chances.

I'd like to end by reminding you that I have not mastered the art of appreciation no more than anybody else and am deplorable from time to time of not realizing what I have until it's gone. However, I take the time to convince myself that I am here, going through the hoops because I want to. And as cheesy as it sounds, your experience is what you make of it. So, create an oasis for yourself instead of waiting for it to come to you.

# A Typical Day in the Life of a Certain 1T5 Pharmacy Student - By Maliha Hossain

I open my eyes to the sound of my extremely necessary but annoying alarm clock ringing away. It's 7am in the morning. I smack the snooze button on my alarm clock and honestly speaking, I just want to go back to sleep and stay asleep forever and ever. Next thing I know, I wake up again. I look at the clock and realize that somehow, it's 8:25a.m. It's amazing how fast time passes by once your body turns off. But that's not the main point here. I freak out, finally absorbing the fact that I need to leave the house in five minutes or I'll be late for my beloved 9am pathology class (It takes me half an hour to get to school). I finally lift my lazy body off the bed, walk .. no, sprint towards the washroom. I brush my teeth vigorously. I jolt towards the kitchen and slap on some Philadelphia cream cheese on my nearly expired bagels, eating them like a carnivore that captured his prey. I run back to my room, take out some clothes from the closet, hoping that I still look somewhat decent to school and put them on. I look at the time again. Great, it's 8:35a.m. I'm JUST going to make it for class since class starts at 9:10a.m. I wear my tan 'eye-lash' scarf, put on my Danier hat, wear my coat, fill up my purple water bottle, wear my black boots and lock the door and check five times to make sure I locked the door. OCD much? I run to my TTC station, hop onto the subway train and arrive at Queens Park station right at 9:05a.m. Boo yeah. I skip steps on the stairs and run as fast as I can to the class so that hopefully I can find a seat in the dreaded B250 room, which holds JUST 240 students, the exact same number of students in 1T5. Lovely. I enter the class. Some guest professor has just started teaching. I scroll quickly to find a seat. I try not to linger around the aisle so that I don't look like a loser just standing there (clearly no one cares but it just seems that way). I finally find a seat and start focusing. Then after strenuous efforts of paying attention, it's

finally lunch time. I go to my favourite place, Est West, and buy myself a small salad (which really isn't a salad for those who haven't tried it yet). I hang out with people. I say hello to others. I smile at people I don't know but make eye contact with. I watch people play foosball. I clobber down my small salad. As usual, when you're having fun and relaxing, time likes to fly and lo and behold! It's time to attend our next class! Dragging myself towards the next class, I think to myself, damn my life, why is this day SO long? Someone please help me concentrate and pay attention! Once again, after strenuous efforts of paying attention, it's finally time to go home! Or at least do whatever I want to do. I head to the gym to relieve my stress and plus, to feel nostalgic about my middle school years of being fit. Then, I head home. I eat dinner. I try to study. I go on Facebook and comment on people's statuses and pictures and have 'msn' conversations on people's posts. I watch YouTube videos. Then I go to sleep at 2am, thinking, man, this day was boring. I wish this day was a little bit livelier, more fun, more enriching, and just more different than the days that I spend in pharmacy school. It's study. Hang out. Eat. Sleep. Sweet and simple. But just so normal.

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In my opinion, I tend to appreciate the days that are the happiest, such as maybe getting into pharmacy school, getting an EPE placement, winning a foosball game, finishing that last exam before summer holidays; but sometimes, I think the normal days are just what I should appreciate the most and take for granted, like the one mentioned above. Life is just that peaceful that one is able to even live a day without any worry about food, shelter, loneliness, threat of war, etc. Life is just that routine-like that nothing really changes for the worst. So appreciate the ordinary days, because it's better than not living at all.

# **THE MONOGRAPH**