

THE MONOGRAPH

VOLUME 14 ISSUE V

VOICE OF THE PHARMACY STUDENT



WORK HARD // PLAY HARDER

UPS CORNER



Hello all,

We hope that all of you are surviving midterm season and that you're all studying hard. Don't look now, but the end of the year is near! Before the year ends, UPS has lots planned for you to end the year off well.

First, our Events Coordinators Leia and Simona have been working hard to present you Pharmacist Awareness Week. This is a week in March dedicated to raising awareness of the integral role that pharmacists play in our com-

munities. Try to attend many events as possible; they are great experiences and there are prizes in store for those of you that go. Also, look out for our student advocacy group SOAPE that will be setting up booths at various locations in the surrounding area in order to educate the public on patient issues and our profession.

Beginning soon, we will also be opening elections for UPS positions for the 2013-14 school year. Being involved in UPS is a rewarding experience, and there is a position out there for every-

one. If interested, speak to the representatives currently holding the position that you're interested in and visit our UPS website www.uoftpharmacy.com for more information. Class council elections will be held soon after the UPS elections, so there is no excuse to not be involved next year!

Lastly, we plan to end the year off with a win against the University of Waterloo School of Pharmacy hockey team at the annual OPA Cup presented by OPA and UPS Athletics. This year, the game will be held in Toronto, so we hope to see all of you out there supporting our hockey team!

Hope to see all of you out at the upcoming events!

Kevin Chow & Lindsay Dryden
UPS President & Vice-President

EDITORS' NOTE

Hello Phamily!

Hopefully you all had a very relaxing Reading Week and most of you are finally back into the groove of school and the hectic midterm season. This issue of The Monograph brings together a plethora of works by your fellow pharmacy students that provide the perfect break from cramming and work.

Not only do we have many engaging pieces, but we would also like to announce that we are now **seeking applicants for next year's Monograph co-editors**. Potential candidates should apply in pairs and a short interview will be conducted before deciding who will receive the torch.

If you are interested in this position, please send an email to us at monograph@uoftpharmacy by **Friday, March 22nd** for more details regarding the application. This is a great way to get involved in UPS next year!

Jennifer Jin & Amy Lau
The Monograph Editors



P.S. Big shout out to our very hard working and loveable 1T6 Monograph Rep, Chi Zhang!

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The articles published in The Monograph are not reflective of the UPS, Leslie Dan Faculty of Pharmacy, or University of Toronto. They are strictly the opinions of their respective authors. If any of the articles are offensive, please contact the editors to discuss the matter.

1 MINUTE READ: 5 THINGS YOU NEED TO KNOW

"1 Minute Read" is a short list of recent things happening that have an impact on pharmacy. References supplied upon request. Check out all the previous "1 Minute Read" articles at www.soape.ca!

1. Researchers are urging the public to discontinue the use of the NSAID diclofenac, after their study concluded that it increased the risk of heart attack and stroke in patients with diabetes, high cholesterol, or other heart problems. Diclofenac is believed to be the most commonly prescribed NSAID worldwide.
2. There is an alarming increase in ADHD drug Adderall popping up on campuses across North America. American researchers estimate that up to 30% of students have previously or are currently using Adderall to get an edge in studying.
3. The Public Health Agency of Canada reports that each year, the flu results in 20 000 hospitalizations and between 2000-8000 deaths in Canada.
4. This year's flu vaccination is 56% effective in preventing patients from all age groups from having to visit their doctor. The vaccine was least effective in preventing seniors from becoming sick with this winter's main circulating strain, H3N2, and prevented only 9% of doctor visits.
5. Pharmacy Awareness Week 2013 is March 3-9, however this year CPhA is making the transition to Pharmacy Awareness Month and is encouraging provincial pharmacy associations to follow suit!

Seann Seto
Vice President
SOAPE

U.T.S.U. UPDATE

Hi Pharmacy! Hope you all enjoyed a much deserved Reading Week! I just wanted to give you a quick update on what your Union has been up to and fill you in on some upcoming events.

On Tuesday, February 5th, U.T.S.U. held their Special General Meeting. This annual meeting invites students from all across campus to voice their concerns and questions about pressing issues and these are addressed by representatives of the Union. One of the motions passed was to introduce a Clubs' Town Hall and Box Office for the coming year. The Union recognizes over 400 clubs across campus and the purpose of a Club's Town Hall and Box Office is to discuss ways to improve and develop new ideas for club services, as well as increase accessibility and the ability to promote club events. This will also act as an alternative to UofTix, the primary box office on campus, which charges high fees to promote club events. Stay tuned for more information!

The fourth annual U.T.S.U. Unity Ball was held on March 1st. It was an eventful night full of food, dance, performances, and awards. A special thanks to all that voted SOAPE as their favourite club of the year!

Also be sure to look out for the U.T.S.U. Spring Elections! A polling station will be set up in PB from Tuesday, March 12th to Thursday, March 14th from 8:30 am to 6:30 pm each day. The Spring Elections is your chance to vote for a representative for each of the 5 executive positions that represent the 45 000 students of UTSG and UTM. This is your one opportunity to vote for a candidate to represent Pharmacy on the Board of Directors.

You will vote for one (1) candidate for each of the following executive positions:

- President
- VP Internal and Services
- VP Equity
- VP External
- VP University Affairs

More importantly, you can also cast a vote for one (1) Pharmacy representative to sit on the U.T.S.U. Board of Directors.

That's it for now. Good luck preparing for upcoming exams!

Seann Seto
Pharmacy Director 2012-13
U.T.S.U.



PHARMACY ATHLETICS



MEN'S SPORTS

This issue wraps up the regular season for all of our men's teams. The men played hard this semester and they were all able to find themselves places in the playoffs, making this another successful semester in men's sports.

Our division 2 basketball team was able to come out in 4th place in pool play with a record 3-2-0. The men were able to win over Nursing/Music, Skule B, and Dentistry with large point margins. Their losses this season to SGS A and UTSC came at very close margins: 7 and 2 points respectively. They defeated Rotman in their quarter-finals game and advance to the next round!

Our men's volleyball team came out this season swinging after their fall championship win. They finish their season off 14-1, which places them first in their pool. They await their captains' meeting for playoff game dates. For any newcomers looking to play, the team is looking for some fresh blood for the upcoming year.

Men's indoor soccer also finished off their season strong. In gameplay action, our team was able to beat Rotman A with a score of 4-2, UTSC with a score of 1-0, and a tie with Trinity 1-1. With a record of 2-0-1, our undefeated team clinches first, in their bracket ensuring them a playoff spot.

Men's hockey came out strong this season finishing in third within their pool. In gameplay action, they were able to beat Victoria College with a score of 5-1 and the Faculty of Music was the next to go down with a score of 5-1. When meeting up with Medicine, the boys were able to walk away with a 1-1 tie. When going head to head against PT/OT, the boys fell short with a score of 5-2. This moves them on to the playoffs with a record of 2-1-1.

Thanks to her as well as a number of dedicated players, the women's team moved on to play in their quarter-final game against St. Hilda's.

The women's indoor soccer team is headed to their final regular season game with a record of 2 wins, 1 loss, and 1 tie. They will go against Architecture to fight to keep their spot in the playoffs, since they are currently seated third in their pool. Good luck ladies!

Last but not least, the combined Medicine/Pharmacy women's hockey team is currently seated second in the division, with 2 wins, 0 losses and 1 tie. With 2 regular season games left, playoff prospects are looking extremely promising. Keep up the good work ladies; we're rooting for you!

COED SPORTS

We've had a great season for the coed teams this winter with two of our teams finishing in first place in their pool!

The coed volleyball team had a slow start to the season with two default wins against Architecture and Rotman. Our undefeated team has advanced to the playoffs, coming in first in our pool and will advance to the quarter-finals.

In coed basketball, we finished first in division 2 with a record of 4-1. They advance to the semi-finals. Go for the gold!

Despite struggling to get players out to the games, the ultimate team had a strong showing against SGS last week, beating them 20-6. Solid catches by Andy "Lighting Bolt" Troung and savage play from Irene and Clara were a big part of the team effort. We have our final game at the end of the month and are in the hunt to make the playoffs. Everyone is welcome to come out, so don't be shy. Come and give it a try!

Pharmacy's inner tube water polo team made a big splash this year! Half of the group was brand new, but every-

one came together as a team (with the exception of capturing a complete team photo). Our last game was neck and neck, and tube to tube. Thanks for the great season, team!

Good luck to all of our players advancing to playoffs! We look forward to cheering you on in the finals!



WOMEN'S SPORTS

The women's volleyball team finished off the regular season with an important 3-0 win against Innis College, securing them a spot in playoffs. A huge thanks goes out to Pauline Ng of 1T3 who made a clutch appearance at the last minute.

ROBAX CUP

After a thrilling faceoff between the Class of 1T5 and 1T4 (ahem, where was 1T6?), the 1T5s once again displayed their superior dodging skills and came out as the last team standing in the annual dodgeball Robax Cup challenge.



ATHLETES OF THE MONTH

Finally, this month's awards go to Kevin Yang and our very own Jennifer Ma, both from 1T5. Along with his heavy participation in intramurals, Kevin is also the 1T5 male athletic rep and captain of the coed basketball team. Jennifer is long deserving of this award with her participation in volleyball and basketball as well as the work she does as our UPS Female Athletics Director. Thank you both for your contributions to Pharmacy Athletics and congrats on winning this month's athlete of the month awards!

Caren Chiu
Co-ed Athletics Director

Louis Nguyen
Male Athletics Director

Jennifer Ma
Female Athletics Director

athletics@uoftpharmacy.com





PHUN TIMES AT PHARMAFACTS

By KATHERINE KOROLUK, *IT5*; JOEL VARSAVA, *IT5*; LESLIE YOUNG, *IT4*; VEERAL GOHIL, *IT6*

THE PHARMAFACTS BOWL has become what is arguably the loudest, rowdiest, and most competitive event taking place at PDW every year, but it wasn't always so. Our predecessors from the University of Toronto are largely responsible for turning what used to be a serious competition between Canada's schools of pharmacy into an outlet for friendly rivalries. Even though the questions are no less academic than those from years past, the now boisterous atmosphere of the Pharmafacts Bowl makes the stakes even higher since each school's pride is also on the line.

As the first U of T Pharmafacts team that was selected before traveling to PDW, we were excited but anxious to compete. That feeling was compounded as we donned our provocative blue PDW T-shirts, since we were a little worried about attending an event at a professional conference with a phallic symbol prominently displayed across our chest. However, our hesitations faded since all of our fellow U of T classmates were proudly wearing our school colours as

well. U of T started off strong at the pre-event rally by creating friction between teams from other schools. The heated environment and cheers helped to calm the nerves of our team before we settled in for a few tough rounds of questions that tested our pharmacy knowledge.

The competition itself was as enjoyable as it was challenging. Each time we raised our brightly coloured letter showing our consensus response, we slyly looked to the other competing teams to gauge if we were in agreement with the majority. Each question answered correctly warranted an enormous cheer from our camp, and questions marked wrong were easily forgiven. It was amusing to hear the same bellowing voices yelling "SUCK OUR PODS!" sincerely provide shouts of encouragement.

No cheer was greater, however, than the one that ripped through the U of T section when it was announced that Waterloo had been eliminated in the first round. Although we did not finish the competition triumphant, this small

victory over Waterloo was a gratifying consolation prize. We were finally eliminated from the competition in the third round due to uncertainty over the appearance of Accupril 10 mg tablets. In order to spare you all from potentially experiencing this same tragedy in the future, NEVER forget: brown, triangular, imprinted "PD 530," reverse "10."

We all had a fantastic time taking part in this competition, with the team aspect of the game being most memorable overall. Discussing the possibilities and narrowing down the answers as a team (under intense pressure from our classmates) made the experience exciting, and we thank everyone that came out to cheer us on so enthusiastically. Arguably the best part was when the team beside us answered a question incorrectly, and we broke character just long enough to taunt them in a very unsportsmanlike fashion. Everyone had an incredible time even though we didn't end up victorious, and we would encourage everyone in future years to participate in the PDW Pharmafacts Bowl!

GOLD, GLORY, AND AN OLYMPIAN'S STORY

By ERIN READY, *IT4*

THE VANCOUVER 2010 Olympics marked the first time that the Olympic Games were hosted in Canada during my lifetime. Despite being across the country, at the time studying at Dalhousie University in Halifax, NS, I felt as though the Games were in my backyard. The whole country was hit with Olympic fever. Pride swept across the nation as the Olympic torch travelled from coast to coast. I was completely swept up in it; the excitement of the Games engulfed me like my red Olympic mittens engulfed my icy hands on a cold winter's day. I went out and cheered as Sidney Crosby ran the Olympic Torch through Halifax. A month later, I watched the CTV live feed with a tear in my eye and pride in my heart as my mom ran that same flame through Cobourg, Ontario. When the flame finally reached the west coast, I sat glued to the TV as some of my Canadian heroes completed the torch's journey and officially opened the Vancouver 2010 Olympic Winter Games.

Fast forward 3 years. I'm now a third year pharmacy student at the University of Toronto, taking a minute to forget about the flurry of exams and assignments and reflect back on the incredible time that I had in Montreal at PDW 2013. I've heard more or less the same thing from everyone else who attended: it was an amazing conference week. All of us Canadian pharmacy students were in one hotel, at one conference. It really did feel as though we were "a world brought together as one." To the PDW 2013 Organizing Committee, thanks for putting together a fantastic event!

While the theme nights and evening festivities were filled with laughter and fond memories made with new and old friends, I enjoyed the daytime conference events just as much. Hearing Diane Lamarre, current president of Pharmacists Without Borders-Canada speak about her experiences in Mali, Haiti, and Uganda was fascinating; it left me itching to further explore pharmacy opportunities abroad. I also very much enjoyed listening to the presentation given by a patient living with HIV; it is this perspective of the disease that can easily be forgotten about in the midst of

learning the ideal combinations and side effect profiles of antiretroviral agents. However, if asked to recall my most memorable moment of PDW 2013, a certain song comes creeping into my head. Along with the lyrics of "I Believe" come memories of watching freestyle skier Alexandre Bilodeau make history by winning the first gold medal on Canadian soil, memories of watching skeleton gold medalist Jon Montgomery celebrate his win by chugging a post-race victory beer in true Canadian fashion, memories of cheering as Sidney Crosby scored Canada's winning goal in the gold medal hockey game against the USA.

Yes, my most memorable moment of PDW 2013 has to do with meeting a Canadian who was among these sporting stars in Vancouver. It has to do with meeting an athlete who skated his way to Olympic victory in the long track speed skating team pursuit. It has to do with meeting a fellow pharmacy student whose gold medal performance helped put Canada in the record books as the nation with the most golds ever won by a host country at a Winter Olympics. My most memorable moment of PDW 2013 was meeting Mathieu Giroux.

As a varsity athlete, I can appreciate how tough it can be to balance the demands of pharmacy school with team practices, off-day workouts, and races. However, I can't even imagine how tough it must be to balance the demands of pharmacy school with life as an Olympic athlete. That he is able to do so at all, let alone achieve such excellence on the world stage, is phenomenal and it made me so happy to not only be able to attend his presentation at PDW, but to also get the opportunity to meet him afterwards.

Having already accomplished so much both on and off the ice, I think people would understand if he spoke with a bit of arrogance. However, this wasn't the case at all. Mathieu addressed the crowd with such a humble presence; it was as if he was speaking to friends, which made his presentation all the more enjoyable. It was great to hear him speak about how he manages the balance between his athletic and academic

worlds, and I also found it interesting to catch a glimpse of the sorts of training he does from the video he showed us. His messages were simple, yet they resonated with me: don't be afraid to take big risks, but at the same time, remember to be realistic. Set high, yet attainable goals. Work hard to achieve them.



The overall theme of Mathieu's presentation was that skills developed through sport are applicable to all aspects of life, including pharmacy. I really believe this to be true. The more one puts into sport, the more one will get out of it, just like in pharmacy. Excellence in sport, like excellence in pharmacy, cannot be achieved on one's own. An athlete needs to work together with teammates, therapists, and coaches, in order to achieve "a common goal." A pharmacist needs to collaborate with patients, other members of the health care team in order to reach "un but commun."

Mathieu stayed long after his presentation, snapping photos and chatting with PDW delegates. After seeing his crazy training and academic schedule, I'm sure he had another training session to squeeze in, readings to do, study notes to get back to. However, he stayed. He shared his medal with us. He shared a piece of Canadian history, pride, and glory with us. Thank you, Mathieu!

Fast forward 1 year. I'll be on rotation somewhere in Ontario, completing my 4th year experiential placement. I'll be in Canada, but my eyes will be on Sochi, Russia, taking in the magic, excitement, and glory of the 2014 Winter Olympic Games. If all goes according to plan, I'll be cheering on our colleague, Mathieu Giroux, as he takes to the ice to take on the world yet again. From the crowd at his presentation at PDW 2013, I know I won't be the only one.



A GLOBAL PHARMACY PERSPECTIVE

IT IS an exciting time to be in the field of pharmacy! If you have been following anything in the news, attending any of the speakers that the faculty and different clubs have brought in, or just listening to your professors telling you about this over and over, then you must be aware of the exciting changes. The expanding scope of practice, the prospect of aiding developing countries with medication accessibility and, of course, the approval of the entry-level PharmD program have all made pharmacy practice a point of discussion among health care providers and even the general public. That being said, with Pharmacy Awareness Week fast approaching, we have an even greater opportunity to reflect on pharmacy practice and how we might be able to make a difference by further enhancing pharmacist interventions within the health care system. This is where the Global Medicine Initiative (GMI) comes in. GMI is a club that has been working hard all year to address pharmacy issues that affect populations across the globe and close to home.

What sort of things has GMI been involved with so far this year?

One of GMI's goals this year was to increase awareness about medication issues across the globe by holding a speaker series. The first of these was held in November, when Dr. Jillian Kohler spoke about medication access in developing countries and current Canadian initiatives to help provide these countries with life saving medications. Recently, GMI brought in Dr. Doret Cheng to speak to students about her experiences with the organization Pharmacists Without Borders working in Northern Uganda.

For World AIDS day, GMI worked to raise money for CANFAR, the Canadian Foundation of Aids Research, by giving out condom-grams with HIV/AIDS facts to help increase awareness and debunk some HIV/AIDS myths.

What does GMI have planned for the future?

On March 8th, coinciding with Pharmacist Awareness Week, GMI will be holding an event to showcase some of the experiences of students who have done internships and travelled around the world to help promote medication safety and access. Sticking with the theme of promoting healthcare in developing countries, GMI is going to use all proceeds from this event to create a scholarship in order to support a student who will be doing an international internship in the summer. With the help of this scholarship, GMI hopes that students will have another resource to help them practice providing better healthcare.

If you are looking for a way to get more involved with pharmacy and learn about issues affecting us both globally and closer to home, check out GMI's Facebook page, The Global Medicine Initiative (U of T Chapter) for more information about the group.

PAIN KILLERS DRAGON BOAT TEAM

This year will be the inaugural season for the Leslie Dan Faculty of Pharmacy's very own dragon boat team, *Pain Killers*. For the past five months, a group of students underwent rigorous training to prepare for the upcoming rowing season, with the first regatta coming up in May 2013. Almost none of the rowers had any previous dragon boat experience, but everyone was motivated to learn and work hard at the gym. After all the hours spent together at the gym, doing circuit and weight training, and undergoing fitness assessments, the roster was selected and a team was formed this semester.

On behalf of the executive committee, I want to thank everyone for your enthusiastic involvement with the team. From the autumn outdoor practices to successful fundraising efforts to introductory paddling sessions, we greatly appreciate your contributions, continued interest, and support. I also want to congratulate all those that made it through the past five months of what seemed like endless grueling practices. You've all improved substantially since we first started running laps around back campus on chilly autumn days. We are excited for the upcoming season and to see how much we can accomplish as a team. I look forward to paddling alongside all of you very soon!

Winston Leong
 Captain
 Pain Killers Dragon Boat Team



BOOK RAFFLE: PILLS, THRILLS, AND METHADONE SPILLS

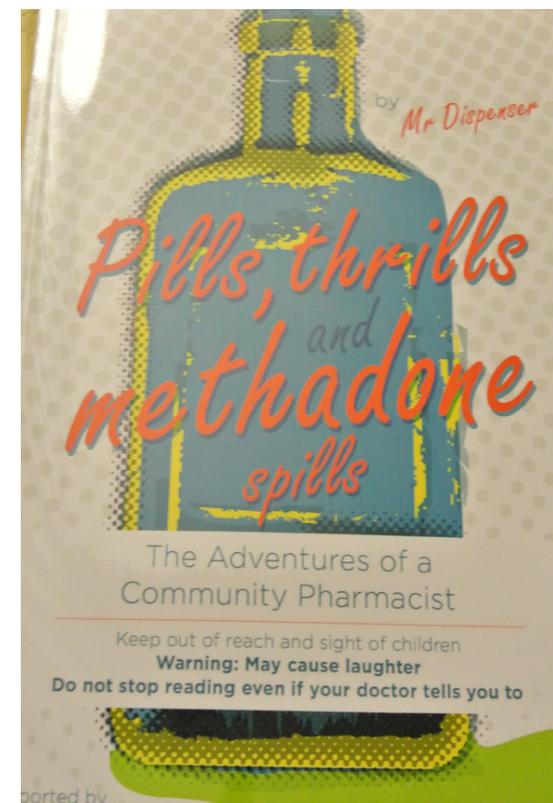
"Why do pharmacies keep back pain products on the bottom shelf?"

"Generally, I'm a 'tube' man, but if someone needs a label on a tube of toothpaste to tell them to brush twice daily, then there is a bigger problem to deal with."

"One of Team Menopause today said that they feel cold. Has hell frozen over?"

If you want to read more, you'll want to enter for a chance to win UK pharmacist blogger Mr. Dispenser's hilarious book, "Pills, Thrills, and Methadone Spills – The Adventures of a Community Pharmacist." We are raffling off a copy of the book in support of its publication, and it's even signed by Mr. Dispenser himself! Check your e-mail for the Google doc link to enter your name into the draw, which is completely FREE. We will randomly select a winner by the end of March so that one lucky student will have something to laugh about other than his/her mark on the last PCT test.

Amy Lau & Jennifer Jin
 The Monograph Editors





A NATIONAL PHARMACARE PROGRAM IN CANADA: THE FUTURE?

An invitation to join in the debate on a national pharmacare program on April 27th, 2013

If you came back to class after Reading Week, it's unlikely that you attended Pharmacare 2020: Envisioning Canada's Future held in Vancouver on February 26th and 27th, a thought-provoking conference that brought together health care providers, government officials, pharmaceutical industry representatives, insurance companies, researchers, and other stakeholders to discuss the future of Canada's public health care system. Topics discussed and debated included the pros and cons, sustainability, and options for a national drug insurance program.

There has been increasing interest in the future of a national pharmacare program. Arguments for a national program include containing costs with bulk purchasing, increasing accessibility for patients who are not covered by current provincial programs, and equality for everyone covered under the Canada Health Act. Reasons against the program include lack of sustainability and feasibility, which are crucial considerations in this age of austerity. However, these claims have also been countered extensively through different economic analyses.

If one supports the current publically funded healthcare system, it would be difficult to oppose, in principle, a national pharmacare program. Coverage changes from province to province in terms of the drugs that are listed on formularies. The amount of co-pays and premiums paid out of pocket by patients also varies. The same patient living in different provinces may pay exorbitant amounts for the same therapies offered elsewhere, which questions the portability of our health care system.

For many of us, patients' accessibility to medications is an important issue. Some of us may have had an experience in the community where a medication was too costly for a patient, or others may have realized while counseling a hospitalized patient at discharge that drug coverage is a problem. As pharmacists, our participation in this debate has to go beyond looking at how changes in legislation or coverage affect our profession and bottom lines. With a unique perspective in the health care system as "medication experts," how do we see a national pharmacare program increasing the equality, portability, and universality of our publically funded system?

As this issue gains momentum and as pharmacy professionals, present and future, we must ask ourselves: do we understand all the complexities of the system, are we actively participating in this debate, and most importantly, are we interested enough to learn more? On April 27th, Students for Medicare is holding a conference on the future of a national pharmacare program. The invited speakers are Drs. Danielle Martin and Sanjeev Goel of Canadian Doctors for Medicare and Dr. Marc-André Gagnon, Assistant Professor with the School of Public Policy and Administration at Carleton University and author of the Economic Case for Universal Pharmacare.

Join in the debate.

Respectfully submitted,

Jennifer Tung
PharmD student
Member of Students for Medicare

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WHO? Sandra Nelson



WHAT? Infectious Diseases Specialist, Clinical Practice Leader in pharmacy; Antimicrobial Stewardship Program pharmacist (since 2009)

WHERE? Mount Sinai Hospital

HOW?

- BSP, University of Saskatchewan
- Hospital residency, Surrey Memorial Hospital, Surrey, BC
- St. Paul's Hospital, Saskatoon
- PharmD, University of Toronto

THE PHARMACIST FILES is a revival of previous interview features on the many facets of a pharmacist's career.

This month, meet Dr. Sandra Nelson, a Clinical Practice Leader in the Pharmacy Department at Mount Sinai Hospital and guest lecturer at our Faculty - most recently on C. difficile infections for PHM203: Infectious Diseases.

A busy clinician and preceptor for pharmacy students on rotation, Sandra is also an integral member of the Mount Sinai Hospital - University Health Network Antimicrobial Stewardship Program (MSH-UHN ASP). This initiative began in 2009 as a "collaborative and evidence-based approach to improve the quality of antimicrobial use by getting patients the right antibiotics, when they need them." [http://www.antimicrobialstewardship.com/] The Program consists of 5 physicians, 4 pharmacists, and several operations and research team members.

What is a "typical" day for you?

It varies to a certain degree. Preparing for and doing Antimicrobial Stewardship rounds in our NICU, every morning, 5 days a week. That's one of the first things I do in the morning. And then depending on the day - Monday, Wednesday, Friday, I also spend the morning prepping for ICU Stewardship rounds, which usually takes around an hour to prepare. Then there's time spent actually doing the antimicrobial stewardship rounds.

After that it's kind of a mixture of meetings; for example, e-mails to people asking things, talking to colleagues about infectious diseases related things, looking up information on patients - that part of the day is not set. And then there's committee work and things like that.

What is involved in the work that you do before and after Antimicrobial Stewardship rounds?

For example, it may be a new ICU patient that I hadn't seen before but talked about on Stewardship rounds. For patients transferred from other hospitals, I often help to look up cultures for those patients: calling up microbiology labs from those other sites, ask them what cultures were done there, what's positive, what's negative. It also includes looking up drug information for ID questions - "what's the appropriate dose there? What's the usual duration here?"

To clarify, I'm not actually talking with patients during Stewardship rounds. I go and talk to the team about their patients. My prep work is all done at the computer - part of it is efficiency for our team members; we don't actually go from patient to patient charts on the wards and look at all of them. Our charts at Mount Sinai are mostly electronic. We look at all the values: lab work, radiology, micro, drugs, everything we need from the computer. When we talk to the team, we get that extra information about the history, what the diagnosis is.

About MSH-UHN ASP

- Separate program from MSH & UHN Infectious Disease Consults (for which Sandra also does rounds)
- Started 4 years ago in the MSH ICU, where 50% of antibiotics were being used in the hospital
- Dr. Andrew Morris presented the initiative's vision to build a collaborative relationship with physicians and hospital Infection Prevention and Control to promote awareness about factors underlying rising antimicrobial resistance and the need to optimize antimicrobial prescribing practices

The MSH-UHN ASP website, which includes guidelines and a forum, was launched last summer. What has the uptake been since then?

We actually just got some stats from our administrative assistant - depending on which country you're in, we're generally between the 7th and the 13th hit or rank when you Google "Antimicrobial Stewardship". The number of visits that we've had since [the website launch] is in the 2000's. So it's been a lot of people visiting the site and joining.

The website mentions that "up to half of antimicrobial prescriptions are unnecessary". Why is this still happening? We've known for a while now about [growing] resistance.

Well, "unnecessary" or maybe "not the most appropriate". They might need antibiotics, but they may be on much too broad[-spectrum antibiotic therapy] or for too long. But why is that still happening? That's a good question. You do need to treat infection, obviously, for the most part, although we do have some that we don't have treatments for. But our program is really helping physicians feel more comfortable with [prescribing antimicrobials] in a more appropriate manner. Say they start someone on piperacillin-tazobactam and [the patient] just has E. coli growing from their blood

that is sensitive to everything. So then our program helps with [this] - [the patient] may be really sick, but you could use ampicillin in this case. Although the teams themselves are often really good with that [specific kind of situation]. But it's all of that combined. We have resistance and we know there's less antimicrobials being developed, so have to keep the ones we do have around.

The other side of the coin is that we want to prevent adverse effects from receiving antibiotics - C. difficile infection is the big thing, along with all the other adverse effects that can happen from taking antimicrobials. So if they don't need it, we don't want to give it to them, or we try to use more appropriately by giving something more narrow[-spectrum]. But it's not always about cutting down; sometimes it is more appropriate to have something that's broader spectrum. People generally tend to think of us as trying to use very little, but if that's not appropriate for the patient, then we have to help make that decision.

Most often encountered in Sandra's practice (~50% of total):

- community-acquired pneumonia
- urinary tract infections
- skin and soft tissue infections
- frequency of infection categories also depends on the hospital floor

Do the pharmacists on the team mostly come from similar backgrounds (i.e. intent or path toward ID)?

Well, way back in undergrad, I really did not like Infectious Diseases! [laughs] It wasn't until my residency that I really started to like it a lot. And ever since then, I've been really interested in it.

ASP pharmacists' backgrounds include:

- ICU work (a lot of antibiotics)
- Stewardship role at another hospital before coming to MSH
- Extensive training and career background in ID (including fellowship)
- All have completed hospital pharmacy residencies and/or have a PharmD degree
- [Sandra herself has been in ID at MSH for 5 years]

How do you connect with the other members of your team from MSH-UHN ASP?

Our team has meetings every 2 weeks, often for various things. We also have other meetings at which we see each other. Some of them are in the same office area and they get to see each other more than I see them. [Sandra is the only pharmacist on the ASP team that is based out of Mount Sinai]

Sandra's Essential ID Resources

- Sanford Guide to Antimicrobial Therapy
- Mandell, Douglas, and Bennett: Principles and Practice of Infectious Diseases
- Bugs & Drugs
- Snippets for Snappy Antimicrobial Therapy
- IDSA Guidelines
- Literatures searches (PubMed, MEDLINE)

Aside from ICU, do you have other set areas that you go see as well?

We were [working with] Surgery but stopped because we wanted to re-evaluate since the way [we were doing it] wasn't the most optimal way for our surgeons. With GIM [General Internal Medicine], we've also paused to brainstorm and figure out our resources with just me [as the primary ASP pharmacist at Mount Sinai] here and Andrew [Morris]. NICU is new - we just started back in October. On the UHN side of things, we have both Toronto Western and Toronto General ICUs, and we also work in the Cardiovascular ICU and Princess Margaret Hospital's leukemia service.

A lot of your work specifically involves antibiotics. How often do the other antimicrobials come into play?

At Mount Sinai, the vast majority are antibacterials. Antiviral use is quite low - I'm going to say 10% or less of antimicrobials that we use are antivirals. [including HAART - anti-HIV drugs]. And there are all the others - the antifungals, antiparasitics, antituberculosis drugs. As far as ASP goes, our goal is not real-

ly to affect those kind of antimicrobials. We work more with antibacterials and antifungals. Where I tend to see antivirals and antifungals used at Mount Sinai is in our ICU as we have quite a few patients coming from Princess Margaret Hospital who are immunocompromised [including bone marrow transplants, chemotherapy, steroid therapy] and do tend to require these other antimicrobials as part of their treatment.

The Infectious Diseases Society of America has a "10 x '20" initiative (which aims to develop 10 viable antimicrobial drugs by 2020). Is there anything like that here in Canada?

No, there isn't. That is their national initiative and we don't have the same kind of ID society, although we do have AMMI here [the Association of Medical Microbiology and Infectious Disease Canada].

What is next for you in terms of professional development?

I am doing a master's in quality improvement and patient safety. That really ties into ASP, but also for our pharmacy department - those [topics] are part of a pharmacist's job. I'm also interested in and want to learn more about the principles of research, how to incorporate that into things that we're doing as part of our ASP. Right now, research [makes up] about 10-15% of my time. Some of it involves students; some of it is work that I do myself.

Speaking of students, do you have any wise words for remembering which bugs go with which drugs?

Well, I had such a hard time with it [in undergraduate pharmacy]! [laughs] So many antimicrobials, all these different bugs, all these different infections - how do you keep it straight? It depends on how each person learns best. Making tables can help, but it's really just practice by doing. I think if it interests you, you learn quickly... and you do have to look up things on your own time. Practice, practice!

GIMME SHELTER: THOUGHTS ON GUN CONTROL IN THE US

By ANTHONY HAN, *IT5 Monograph Representative*

ON DECEMBER 14, 2012, twenty children and six staff members of Sandy Hook Elementary school were brutally gunned down by 20-year-old Adam Lanza. This was the latest mass school shooting to occur, after Columbine High School in 1999 and Virginia Tech University in 2007, and had the most profound impact on the psyche of the American public. The predictable Canadian knee-jerk reaction to the shooting is stricter gun control. However, it is unlikely that any sort of meaningful gun reform will arise out of this tragedy. If anything, the threat of regulations after the shootings spiked the number of gun and ammo purchases. One must understand that the gun culture is embedded deep within American society. Even after Sandy Hook, there is a lack of public urgency to merit an overhaul of the legislative and judicial system that must precede gun control.

Guns have been part of American culture since the minutemen carried them during the American Revolution. Owning a gun has more to do with emotional appeal rather than any pragmatic appeal. After all, going to the range with your father is as American as apple pie. As such, the United States has 5% of the world's population but 50% of the world's guns. However, gun ownership steadily increased as the National Rifle Association (NRA) grew prominent and the Second Amendment was more freely interpreted. The Second Amendment to the United States constitution very vaguely states that, "A well regulated militia being necessary to the security of a free state, the rights of the people to keep and bear arms shall not be infringed." For two hundred years, the "militia" part of the text outweighed the "bear arms" clause. Hence, the Su-

preme Court and lower courts gave the right to bear arms to state militias, but did confer it to individuals. Until very recently, even the most conservative of the justices interpreted the amendment this way.

Until the 80s, the NRA was not a lobbyist group. Instead, they were mostly dedicated to gun safety and training. However, as gun enthusiast Republicans like Ronald Reagan and Orrin Hatch were elected to high office, the NRA pushed for the re-interpretation of the Second Amendment. Eventually, the individual right to carry arms has become a cornerstone principle of the Republican establishment. This eventually became law in a 2008 US Supreme Court Case, *D.C. v. Heller*, where Republican justices outvoted their Democrat counterparts 5-4 to embrace the individual rights portion of the Second Amendment. The Court stated that the militia (prefatory) clause does not limit the individual (operative) clause grammatically, but rather announces a purpose. In his brilliant maneuvering, Justice Antonin Scalia stated that because the Second Amendment was intended for self defense of the militias, the law cannot prohibit individual ownership of handguns, as handguns are the most popular weapons used for self defense in the home.

However, Justice Scalia's argument does not apply to non-handguns, and ownership of weapons like the assault rifles, shotguns, and sniper rifles are still up for future reform. To that end, Adam Lanza used an AR-15 military-grade assault rifle as his primary weapon. James Holmes also used an AR-15 as his primary weapon in the Aurora theatre shootings. Because of their capability

to inflict massive casualties in a short period of time, Democrats like Senator Dianne Feinstein have pushed to restrict individual ownership of military-grade weapons. The Republicans argue that the real issue here is mental health, and the focus should be to restrict access of weapons to mentally impaired individuals. However, without full congressional approval, no such reform is likely to take place, and it is unreasonable to believe Feinstein's proposals will become law.

In the United States, even the majority of the Democratic Party (Liberal) favours gun ownership. For a meaningful reform to pass, it has to pass through all three federal legislative, judicial, and executive branches. It is nearly impossible to envision a near future where all three branches will be overwhelmingly willing to pass strict gun laws. Even after Sandy Hook, America just is not ready for abrupt changes to the status quo and strict gun laws are unable to guarantee the absence of mass shootings. The most realistic reforms should target grey markets, where transactions like gun shows and garage sales allow individuals to skirt background checks. Restricting access to mentally impaired individuals is a nice proposal, but it will be hugely expensive and may expand unnecessary bureaucracy. Like the other ideas, it won't wholly prevent future shootings. It may be a cynical point of view, but because of the predominance of gun culture and wide availability of guns in the United States, there will be future mass shootings, and there is little that the government could do to stop it. Public demand must precede legislation, and the lack of urgency suggests that America is not prepared for major changes to the status quo. Guns are here to stay.



FACEBOOK NEWS

By MALIHA HOSSAIN, *IT5*

AS FUNNY AS this may sound, Facebook has officially become one of my best sources for news. People constantly update their Facebook statuses and they don't just broadcast when the season finale is airing for a favourite show. Status updates often include current events and give a glimpse of what has been going on in the world. In particular, I noticed one status about a Pakistani girl named Malala Yousafzai who is starting an education fund for girls. There was a video attached to the post and these were her words:

"Today, you can see that I'm alive. I can speak. I can see you. I can see everyone. And today I can speak. And I'm getting better day by day. It's just because of the prayers of people. Because all the people, men, women, children. All of

them - all of them have prayed for me. And because of these prayers, God has given me this new life. And this is a second life; this is a new life. And I want to serve. I want to serve the people. And I want every girl, every child, to be educated. And for that reason, we have organized Malala fund."

In the video, you can tell that the left side of her one of her eyes was slumped and I assumed that something unusual had happened to her to cause it. After doing some research, I found out that she was an anonymous BBC Urdu blogger who wrote about her experiences of living under Taliban rule when they banned private schools from providing education to girls. It dated back to 2009, but she became more active in raising awareness about her situation. Unfortu-

nately, she also caught the attention of the Taliban. One day, she was shot in the head, in the name of God. She was then treated in London, England and given a cochlear implant as well as a metal plate to make up for her broken cranial plate. Her left eye became partially visually impaired.

What shocked me the most was the fact that she was only fifteen years old and she was treading such tough waters. I remember when I was fifteen; I was too busy worrying about my "Romeo and Juliet" presentation and whether or not I aced the last mathematics test.

She may be younger than me by many years, but when I grow up, I want to be just like her with unwavering values and a strong drive.

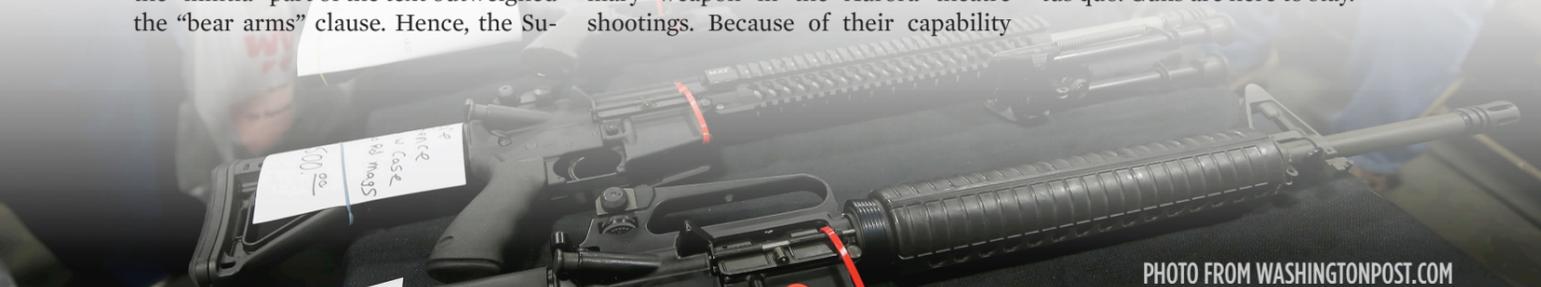


PHOTO FROM WASHINGTONPOST.COM

EXPLORING MUSICAL THEATRE

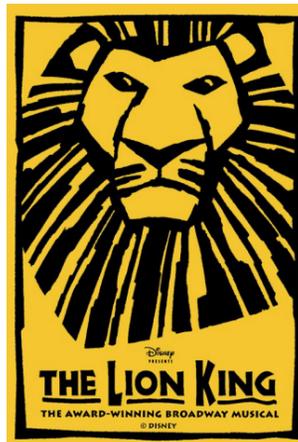
By CHI ZHANG, *IT6 Monograph Representative*

LES MISERABLES came to theatres back in December of last year and was nominated for Best Picture of the Year. It's certainly very different from your typical movie in that there was almost no spoken dialogue, which might be something that puts a few people off. However, most moviegoers enjoyed Les Mis and now a great wave of interest has grown for musical theatre. Here are a select few of my favourites that I would recommend to those of you who loved Les Mis and want to get more of a taste of what Broadway has to offer.

score. It deserves to be regarded as its own entity, one that refuses to stay in the shadows of The Wizard of Oz. There hasn't been a movie made yet, so you'll have to catch one of the ours when they come to Toronto or head down to New York if you want to see Wicked.

What I really want to see:

The Lion King

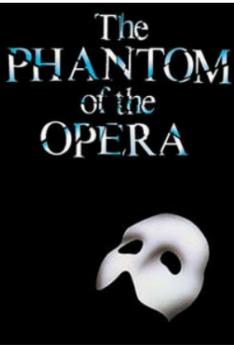


NAAAAAAAAAAAAAAAAAAAA ZEVEN-YAAAAAAAAAAAA BABAGEETEEBABA. Surprisingly, Disney's The Lion King ended up being adapted to the theatre and was a huge hit! Most of you have seen the original movie and it was definitely one of my favourites as a child. The musical builds off the original storyline, incorporates more songs, and features performers all dressed up as the animals that they are portraying. It's definitely something I want to watch, mostly because of how much I loved the movie as a kid.

And finally, my least favourite:

Rent

This is one that many people love. It just wasn't that good in my opinion, though I'm sure quite a few of you would disagree. The 2005 movie adaptation of Rent was fairly popular, but I didn't see anything special about it. It was a "rock musical" and I'm not a big fan of rock, so maybe that's the reason why I didn't enjoy it. "Seasons of Love" sounded really nice, but that's about the only song I enjoyed in the whole show.



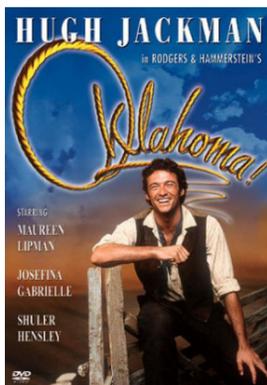
The Phantom of the Opera

It's probably the most popular Broadway musical around and also was made into a Hollywood film that some of you probably have seen. If you haven't watched

it, this would be the logical next step in your Broadway musical education. Phantom is the longest-running show on Broadway and there are still regular performances every week. It's a very safe choice if you're interested in watching something live on Broadway. However, note that I will be very angry at you for choosing Phantom over Wicked.

The Producers

This is another very popular Broadway musical and, like Phantom, has also been made into a Hollywood film. The Producers is absolutely hilarious, and it's not a typical musical because it's loaded with spoken dialogue. This makes it more tolerable for those of you who don't particularly like "all the pointless singing." The story itself is very interesting and quite different from the love story of Phantom which is a bit too cliché. There's no love triangle rubbish or anything of the like; it's just straight up comedy. Come to think of it, The Producers is sort of like Rush Hour 2. I like Rush Hour 2.



Oklahoma!

This is more for the fans of Hugh Jackman who just couldn't get enough of him. Fortunately, Hugh Jackman starred in a filmed stage performance of Oklahoma! before he became famous as Wolverine. Oklahoma! was one of the first Broadway musicals to ever become

widely successful. Keep in mind that it was composed over 50 years ago and nowadays it looks and sounds fairly dated. Personally, I'm not too big of a fan of Oklahoma!, but Hugh Jackman's performance is pretty darn good and definitely warrants a view on YouTube.



Wicked

This is the best thing that was ever created in the history of the universe. If you ever are offered a chance to watch it, YOU TAKE THAT CHANCE, GOT ME? There are few things that could single-handedly change your life; Wicked is one of them. Yes, it is based on The Wizard of

Oz, but don't let that deter you! Wicked is a completely different story, with completely different characters, and features a completely different musical

WINTER SHOWERS BRING MARCH FLOWERS?

By THAO HO, *IT6*

SINCE WHEN did Canadian winters become... not cold anymore? I guess I never realized how warm winters have been for the past ... decade I guess? I remember when I was young, there were always snow days, and snow would almost cover the car! Even when I was in high school (which was not THAT long ago... 5ish years), there were always snow storms causing the busses to be cancelled. I would also always have to clear the snow off my car at the end of the day. Nowadays, the snow comes, there's some sort of "storm", and then the next day it's raining and it's warm outside. Those poor polar bears!

But I guess I shouldn't complain since I don't actually like the snow anyways. But, I do like snow more than rain & slush. I guess the only thing I can do here is adjust. I've actually been wearing my rain boots to school lately. I have learnt that the more fashionable the boot, the more slippery it is when there's actual snow on the ground. Also, the melted salt/snow mixture will not ruin rain boots.

So for now I have packed away my leather boots for the season and am wearing my Michael by Michael Kors short rain boots, which look big and chunky but they actually aren't that bad. PLUS, it has a rubber sole which means no falling down and breaking my hips ... and dying within a year (learned that in Gen Med). I think my boyfriend bought me these for my birthday ... 2 years ago? Maybe last year? Doesn't matter, it's still in stores for sure. He bought it on sale at Lord and Taylors for 80USD I think, but it's over 100CAD at Browns or Townshoes.



Although I have a pair of rain boots already, I kind of want another pair. I kind of want a knee high Burberry pair to go with my trench coat when spring comes, and I kind of also want a pair of riding boot style rain boots too (I didn't even know they existed till this year!). I know I know, gluttony! But what can you expect from a girl who loves shoes?

I'm usually a girl who HATES having anything on my clothing or accessories, whether it's a logo or anything graphic, it doesn't matter. I try not to buy anything that has the brand written all over it (my boyfriend bought the boots so that doesn't count!). But the Burberry rain boots are so cute, and technically, technically, the brand isn't all over it. The boots are just easily recognizable... Burberry actually makes plain looking rain boots too, for those who aren't into plaid.

Burberry check panel boots - 310.00



Burberry smoked check boots - 235.00



Burberry studded buckle boots - \$\$\$



I first saw the riding boot style rain boots when my friend wore them to school back in October. And I must admit, at first I was shocked to hear she spent 300 dollars on a pair of rain boots. But, then I learnt that it was a pair of Hunter brand boots and that they were

actually pretty cute. I have seen these made by Burberry as well, but no cheaper brands have seem to pick up on this trend. Maybe it's out of style (apparently they were out in 2010?) or maybe it just never caught on. Whatever the reason, there should be a cheaper version of these!

Hunter riding boots - approx. 200.00



Burberry rubber riding boots - 310.00



Now some (guys) may call girls crazy for spending hundreds of dollars on some rain boots. So, here I have some cheaper alternatives:

Donia mid boots from Aldo - \$45.00



Black short boots from Target - \$24.99



As for the Burberry printed boots, you can find a knock off of those practically anywhere, really. Especially if you look on eBay, they're all super cheap (the knock off versions). Actually, I even saw some "authentic & brand new" Burberry boots for under \$100...

Maybe I'll invest in another pair of rain boots so that when spring time comes around, I'll have a variety to choose from. Or I could just save up and not drown in bills instead... Tough choice... tough choice.

THE “DOCTRINE OF PHARMACY” DEGREE

By NIKHIL GANDHI, 1T4

IT WAS Thursday, January 24th. Dean Mann had just sent out an email announcing the approval of the entry-level PharmD program. I was sitting on the third floor of the Pharmacy Building, next to a couple of students in the new program. I overheard the following conversation between them.

STUDENT 1: Yo, did you hear that PharmD got approved?
 STUDENT 2: Yeah.
 STUDENT 1: I'm gonna update my resume right now. *(opens resume on laptop)*
 STUDENT 2: Yeah, that's a good idea.
 STUDENT 1: Oh wait.
 STUDENT 2: What?
 STUDENT 1: What does “PharmD” stand for again?
 STUDENT 2: Uh... I think it's like “Doctrine of Pharmacy” or something.

I kid you not. He said “Doctrine of Pharmacy.”



KATE BECKINSALE PORTRAIT By SARAH CARR, 1T6



By YIN CHENG, 1T5



PHOTO By JANE LEE, 1T6

ITADAKIMASU

By PHOOD JUNKIES

KINTON RAMEN [www.kintonramen.com]

Opened by the owners of the infamous Guu Izakaya, this ramen shop does not disappoint. The Guu atmosphere has been seamlessly carried over, from the authentic décor to the always energetic and inviting staff. The open kitchen lets you witness the creation of the masterpiece that arrives at your table and chat with the kitchen staff. The line builds quickly, so plan ahead!

PORK: ★★★★★
 NOODLES: ★★★★★
 BROTH: ★★★★★
 SERVICE: ★★★★★
 ATMOSPHERE: ★★★★★
 OVERALL IMPRESSION: ★★★★★
 PRICE RANGE: \$\$ - \$\$\$

HOKKAIDO RAMEN SANTOUKA [www.santouka.co.jp/en/index.html]

This quaint 23-seat restaurant, with its modern décor and semi-open kitchen, is the newest addition to Toronto's ramen “boom.” Don't let the size of the bowl fool you though; each order is incredibly satisfying and filled with mouth-watering ingredients.

PORK: ★★★★★
 NOODLES: ★★★★★
 BROTH: ★★★★★
 SERVICE: ★★★★★
 ATMOSPHERE: ★★★★★
 OVERALL IMPRESSION: ★★★★★
 PRICE RANGE: \$\$\$ - \$\$\$\$

SANSOTEI [www.sansotei.com]

A newcomer located near the Eaton Centre is an ideal lunch option. The seating is limited, but the bowl of ramen that awaits you is worth any amount of time you have to spend in line.

PORK: ★★★
 NOODLES: ★★★
 BROTH: ★★★★★
 SERVICE: ★★★★★
 ATMOSPHERE: ★★★
 OVERALL IMPRESSION: ★★★
 PRICE RANGE: \$\$ - \$\$\$



Pharmacist Awareness Week 2013

Time	Monday, March 4	Tuesday, March 5	Wednesday, March 6		Thursday, March 7	Friday, March 8
11 AM	Bake Sale					
12 PM		GMI Lunch & Learn PB 255	Cup Cozy Hand-Out		Sun Smart Protection Kit Hand-Out	
1 PM						OPA Talk PB B250
2 PM						OPA Booth PB Atrium
3 PM						 Sponsored by OPA
4 PM						
5 PM		Speed-Meet-a-Pharmacist	Community Outreach	Case Competition	Community Outreach	
6 PM						
7 PM	Mr. Pharmacy Pageant	PPL Lab	Shoppers Drug Mart	PB 850	Shoppers Drug Mart	
8 PM	O'Gradys					
9 PM						

THE MONOGRAPH