

# THE MONOGRAPH

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VOICE OF THE PHARMACY STUDENT



**MISSION ACCOMPLISHED**

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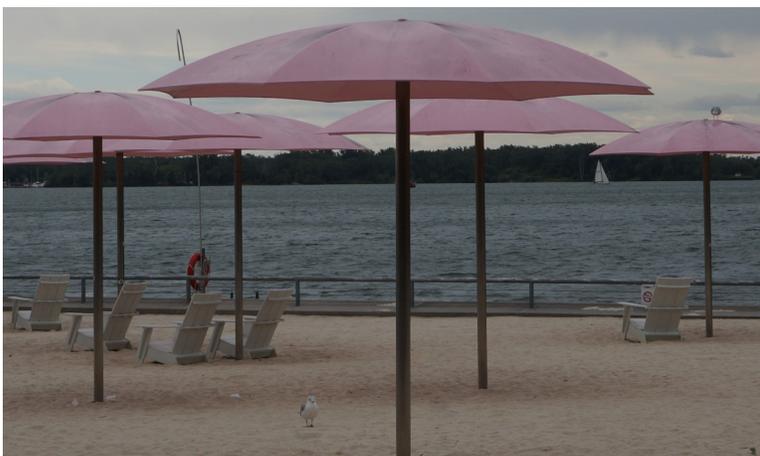
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By Jennifer Wang, 1T7

## The problem with excess mucus

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- Breathlessness
- Chronic cough
- Recurring lung infections

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## UPS Corner

Hello Pharmacy,

With exams approaching, it's time for all of us to hunker down and focus on finishing the year in good standing. When it comes to your participation the last little while throughout PAM, you all scored really high grades, and deserve some time to focus on yourselves.

Speaking of scores, 5-0 shutout sounds like a pretty good result, enough said Waterloo. Great job team! We look forward to seeing you defend your title next year. Our U of T Superfans, yours truly, also has plans to take things to another level too.

Thanks to your outpour of support, we ran one of the best Mr. Pharmacy contests in recent years, an amazing Cancer Awareness Week, several high quality community outreach booths, guest speakers, competitions, fairs, and more. To all of you who participated and helped organize, thank you for making this possible and boosting the image of the profession, the faculty, and the UPS—we are especially grateful.

Congratulations to House Hindmarsh on winning the House Trophy. Looking back, this year the UPS has raised the bar on enhancing the student experience, and this could not have been possible without the hard work and dedication of the student leaders in the UPS, Class Council, and Clubs. All of you have a

bright future ahead and we wish you success in all your future endeavours. To the incoming council, we wish you nothing but the best and we challenge you to take the UPS to a higher level.

It has been a wonderful year here at the Leslie Dan Faculty of Pharmacy, and it has been our pleasure to serve the student body as your UPS President and Vice-President. Thank you for giving us the opportunity to lead you. We hope you thoroughly enjoyed the year. Good luck with exams and enjoy your summer. MoJo JoJo, out!

Joseph Samuel and Mohamed El-Salfiti  
UPS President and Vice-President. 2014-2015





## CAPSI CORNER

Hello Pharmacy!

At the beginning of the semester, we ran our very first Social Media Challenge. On day 2 of the challenge, we posed the following question: What are some new creative and innovative ways that patient safety can be further improved in the pharmacy and healthcare field? We got some great responses that we wanted to share in this final edition of the Monograph!

“There are many facets of improving patient safety, but the problem with implementation of most of them is time-constraint. One could easily say that electronic prescriptions will dramatically lower the error rate of dispensing wrong medications (since there will be no handwriting interpretation), but this solution is far into the future. Another solution facing the same problem is creating an effective workflow from intake to counseling, but this would require an overhaul of the layout of some pharmacies and would eat up both time and money.

A quick solution I propose that would lower error rates is the addition of an “indication” field when punching in a prescription on the computer. If the software does not allow for additional notes to be taken, simply write the indication on a sticky note and stick it to the prescription for the pharmacist to check. It forces the pharmacist or technician to ask the patient what the medication is for on the spot, and can be the differentiating factor between two medications of similar names. While understandable that a technician may not be expected to know therapeutics, a tech can quickly look up the medication online or ask the pharmacist.” – Joseph Samuel, 1T6

“One simple question asked by the doctor instead of us: “Do you have insurance that will cover drug payments?” I find that

many patients deny drug therapy because they cannot afford the medication. This simple question will allow the doctor to prescribe based on the patient's ability to afford the medication while staying within therapeutic guidelines. If we continue to have a system that provides universal health care but not universal drug coverage, then we need to change our therapeutics based on affordability and not just effectiveness.” – Christina Ma, 1T7

“We should have the patient's photo on file so that we know it is them picking up the medication and if authorization is given to a family member, then we can actually see a photo of that family member to ensure the medication is being given to the appropriate person. The use of Tylenol 1, etc. should be recorded officially to ensure people aren't unnecessarily using it. Somehow there should be a way pharmacies in the area can also see this information to ensure the same person isn't going around to different pharmacies and getting it OR it should only be given to a patient if they are a patient in the pharmacy to avoid abuse of the drug.” – Jasneet Dulani, 1T8

We also wanted to thank all the classes for their enthusiasm and participation in all our CAPSI events this past year. We hope you enjoyed all the competitions, lunch-and-learns and challenges as much as we did! Best of luck to the Class of 1T5 as they leave school and enter the workforce! To the rest of the classes, good luck on exams and have a great summer!

Your CAPSI Representatives,

Aarti Patel & Areeba Zaheer  
UofT Senior & Junior Representatives

# PHARMACY ATHLETICS

This month's female athlete of the month is Caroline Colozza. She is an active participant in intramurals, playing on teams such as women's soccer, women's flag football, coed flag football, coed volleyball and co-ed softball. She is also the current 1T7 female athletic representative. Next year, she'll be taking on the challenge of captaining the women's soccer team. Congrats Caroline!

The male athlete of the month is Dennis Tran. Dennis is a great competitor, and a pleasure to have on every team he plays for. He has been a critical member of both the men's and the co-ed basketball teams since his first year, where he has picked up some championships along the way. Dennis was also involved in flag football and co-ed volleyball during the year. Dennis will also be captaining the co-ed basketball team in the upcoming year. Congrats Dennis!

Female athletics update: Although our women's soccer and volleyball teams went to the playoffs, we were unable to win the championship this year. Good luck next year ladies! Also a huge congratulations to Elise De Francesco who will be stepping in as next year's female athletics director, best wishes for next year Elise!

Coed athletics update: With two teams left competing in the playoffs, our coed ultimate frisbee and innertube water polo teams were pharmacy's last hope in winning a championship in coed sports. Unfortunately, both teams fell just short. The water polo team had a heart-breaking defeat, losing only by a single point that was scored in the last minute of play by Rotman Commerce. The ultimate frisbee team lost in the quarter-finals against St. Michael's College. A huge congratulations to all of our athletes this year, you guys represented

Pharmacy extremely well. Also, a big congratulation goes out to Jonathan Mak, as he will be the new coed athletics director for the upcoming year! Best of luck, you'll do a great job.

Male athletic update: A number of the men's playoff teams this semester performed spectacularly, but were not able to secure the elusive title. Men's basketball and volleyball teams lost in the finals in a heartbreaking fashion but they hope to bounce back next year. Both the hockey team and the soccer team lost in the quarter finals in closely contested matchups. Congratulations to everybody who participated in intramurals this year, and we hope you will continue your involvement with pharmacy athletics during your time at the faculty. Also, a big congratulations to Phillip Kim, the incoming male athletics director! We know you will go above and beyond what is expected of you to ensure a great year for the student body.



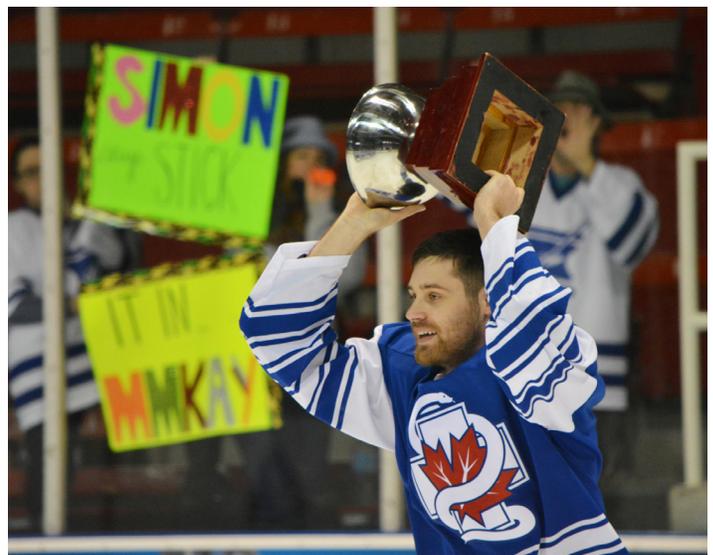
## Toronto Scores at the OPA Cup

By: Jessica Sawyer, 1T6

The OPA Cup is sponsored annually by the Ontario Pharmacists Association, giving the two pharmacy schools in Ontario a chance for their hockey teams to face off against each other on the ice. On March 14<sup>th</sup>, the annual OPA Cup was hosted by U of T at the Athletic Centre, where Toronto won against Waterloo Pharmacy 5-0. This day couldn't have been possible without Teegan Ignacy, the Student Representative for the OPA Board of Directors, who organized the OPA Cup and worked alongside David White and the Faculty of Pharmacy to host the first ever tailgate prep rally in the PB atrium. Around 150 students attended and received free food and drinks as they got their U of T Pharmacy spirit on through face-painting and poster making.

Furthermore, as part of the House Program, Moataz Daoud and I hosted a cheer and slogan contest asking for entries from the student body with the chance to win prizes. The winner of the cheer contest was Anish Krishnan with the cheer: "Down, down, Waterloo; U of T will slaughter you," that was picked up quickly at the OPA Cup with lots of enthusiasm from Toronto students. The winning slogan, "Waterloo, Ontario's Plan B" was created by Sandra Wood and was also well received by the student body. Not only were there cheers and poster making to

pump up school spirit, there was also a 50/50 draw supporting the Trillium Gift of Life. Caitlin McIntyre was the winner of the 50/50 draw, taking home \$179.50 with the remaining half being donated to the Trillium Gift of Life.





## EVOLVE Editorial: Are pharmacy-based minor ailment schemes a substitute for other service providers?

By: David Liu and Priya Patel, EVOLVE Newsletter Committee

There are a variety of conditions which can be managed without intervention from a physician, and these are often referred to as minor ailments. Although minor ailments do not require medical intervention, many of these cases take up a lot of healthcare resources. It was found in the UK that nearly 20% of general practice physician visits and 8% of ER consultations relate to minor ailments. As pharmacists, we can play a big role in helping patients treat these conditions and reduce the burden on the healthcare system. In the UK, there exists several pharmacy based minor ailments schemes (PMAS) which involve pharmacists providing care for minor ailments. These provide public access to NHS treatment and/or pharmacist advice, and encourages patients with minor ailments to go to pharmacists as the first line of professional support.

The main purpose of this British systematic review was to determine if there are positive health outcomes and cost benefits associated with this pharmacist intervention<sup>1</sup>. Schemes which took place in a community setting and included 2 or more minor ailments were considered. The outcomes of interest were symptom resolution, quality of life, reconsultation with other health care providers, referrals, and cost of PMAS<sup>1</sup>.

The results indicated that the majority of patients (ranging from 68-94%) reported complete resolution of symptoms after a PMAS consultation. Only a small fraction of patients (ranging from 2.4-23.4%) consulted with GPs after that initial consultation. Some of the common minor ailments included head lice, diarrhea, constipation, and sore throat. Several of the studies re-

ported that in areas where PMAS were implemented, the number of GP consultations for minor ailments were significantly lower compared to baseline. In patient surveys afterwards, most (>90%) patients expressed satisfaction with the PMAS consultation, as well as the expertise and advice of pharmacy staff involved with regards to minor ailments. Also, GP attitude was encouraging towards greater pharmacist participation in the management of minor ailments<sup>1</sup>.

With respect to the cost related outcomes, it was found that in most schemes, pharmacies were reimbursed on a fee per consultation basis. When the total cost of schemes was analyzed, cost savings were expected if all minor ailment cases were seen in pharmacies. It was determined that it was less costly to treat minor ailments in a pharmacy than other healthcare settings, yet both led to similar health outcomes<sup>1</sup>.

The findings of this systematic review suggest that minor ailment schemes have a positive impact on health outcomes and cost reduction for the healthcare system. Ontario could consider adopting a variation of the PMAS currently used in the UK. Minor ailments consultation can be a valuable expanded scope service to patients in a community pharmacy setting<sup>1</sup>.

### References:

1. Paudya V, Watson MC, Sach T, Porteous T, Bond CM, Wright DJ, Cleland J, Barton G, Holland R. Are pharmacy-based minor ailment schemes a substitute for other service providers? British Journal of General Practice 2013; July:e472-e481.

## Why You Should Go to the Canadian Pharmacists Conference!

By: Thomas Huang, 1T6

Tl;dr: Because we should represent UofT and show the other schools WHAT'S UP!

Over the summer, I had a chat with Jim Snowdon, the independent pharmacy owner of Snowdon Pharmacy near St. George station. We were having small talk as I told him how awesome his pharmacy looked (check it out, it really is) and that I am a third year pharmacy student at UofT. He made a remark about how there was little UofT representation at the 2014 OPA Conference, and that Waterloo students were more active. I was taken back. I did not know what to say so I switched topic. After the interaction, I continued on with my day but I began to wonder how we were underrepresented. We are supposed to be the best pharmacy school and yet we are underrepresented. How we could improve our student presence?

Well the answer is simple, really. Let's swamp this CPhA/OPA Conference and network our butt off! Let's beat Waterloo again, just like how we beat them at the OPA Cup 5-0!

P.S. There are also topics in therapeutics, business and research that may interest you. You can also potentially grow your network and what not!



1. A recent survey conducted by CPhA reveals that Canadians trust pharmacists providing advice on vaccinations and medications, and that pharmacists are in a good position to improve adherence and confidence in vaccinations and medications to contribute to a healthier country.

2. Mylan Pharmaceuticals is voluntarily recalling one lot of Methotrexate Injection USP 50mg/2ml due to potential presence of foreign particulate matter. Risks associated with this include local reaction at the injection site, swelling, allergic reaction and/or infection.

3. So far this year, Ontario pharmacists have administered nearly 90,000 flu shots and Ontario's health minister, Eric Hoskins, has considered the possibility of expanding the Ontario pharmacists' scope of immunization to include more than just administering the influenza vaccination.

4. Makers of Cold-FX are facing class action lawsuits alleging that they fraudulently advertised their product to provide immediate relief of cold symptoms. This is contrary to their studies, as they showed that Cold-FX may help slightly reduce the frequency or severity of viruses when taken daily for 2-6 months. This emphasizes the importance of evidence-based medicine!

5. ADHD drugs will have new warnings for risk of suicidal thoughts and behaviours. Strattera (atomoxetine), an ADHD drug, comes with a suicide risk warning since 2005—since then, new information has emerged that other ADHD drugs may contribute to the risk of suicidal thoughts and behaviours.

Carol Nguyen  
SOAPE Co-President 2014-2015

## Twass the Night Before MMIs

By: Nick Broad, 1T7

In just under 12 hours from the time that I am writing this article, the cream of the crop are about to undertake their MMIs, all vying for a chance to enter this faculty. So many want to be exactly where I am...so why would I wish that I were anywhere else?

“The grass is always greener” is one mentality I can never seem to escape. My friends outside of school (bless them) have never once prevented me from venting about how badly I wish I had decided to go to grad school, or become a professional Starcraft 2 player, or anything else besides attend pharmacy school while I'm studying for a midterm or pretending that I know anything about CAP 10 minutes before I have to go counsel on Avelox.

Likewise, few people I know haven't wanted to trade places with me. I'd imagine they see it as prestigious compared to retail or worse yet, corporate IT. Simple logic dictates that being IN pharm school and being OUT of pharm school can't both be better than each other (even though paradoxically, the literature states every antidepressant drug seems to be better than every other one, further lending proof to my theory that what we're doing is less science and more deep and forbidden magic), so why do we always insist that the other person's situation must be better than ours?

Perhaps it's due to the fact that most of what others see is the glitz and glamour on the other side, or we believe that the problems we face in our situations can't possibly be mirrored in that of our friends (spoiler alert: they honestly have SOAP notes in IT as well). Maybe the magic for us has been lost and we're yearning for a new experience or maybe we're just sick of reading over TC. However, I feel that if we stop and look from the outside in, we just might see why the other person thinks we have it made. Right now, as I write this and prepare to finish studying and head to bed, I know that hundreds of people are nervous wrecks for their MMIs, and soon I'll be meeting a few

of them as I fulfill my volunteer commitment. Not a single one of them wouldn't kill to be in my shoes. I realized as I stopped to think about this that maybe my grass really was just as green.

This belief that “I would've been better off” is just rooted in our mind's ability to take an unknown and build it up to be the biggest thing in the world, and yet, still miss what's right in front of us. I can't predict if I would've been happier or more successful as a pro gamer, nor can I predict if those future 1T9s are going to like it here, or have the same doubts we all face from time to time. What I can say is that if we get hung up on these might-have-beens, we'll never see what wonders we're surrounded by. I might whine to my mom about how dare they come out with a new DPP-4 inhibitor when I had just learned all of them, but I knew there was nowhere else I'd rather be when a patient first grasped my hand and thanked me for making their life better. We might all commiserate at O'Grady's about how unfair the C role was this week, but I'd wager that the companionship that we all share even as we vent pays that back a hundredfold. We can talk and wonder about what else we could've done instead of pharmacy, but if we do that, we just might miss out on everything it has to offer.

So I say, just once as this semester wraps up, really look around PB, really think about just how far we've come, and what awaits us in just 2 more years. Don't worry about what you should've done, could've done, if you would've been better off and so on, for that way lies madness and uncertainty. I'd say that one look at the hope scrawled across that little 1T9-hopeful's face says that just maybe, we don't have to worry so much about what state our collective lawn is in.

To my classmates, well done on another successful year. To the candidates should any read this: The very best of luck. Don't forget the enjoy the ride on the way, study hard, make friends, and whatever you do, don't EVER say no when someone invites you to Nando's.

## Letter from PSFCA

Hello Pharmacy!

It is bittersweet that this year is coming to an end because it has been a very exciting and busy year for Pharmacy Students for Cancer Awareness (PSFCA). PSFCA's mission is to increase cancer awareness within the faculty, and to promote awareness of the pivotal role of pharmacists in cancer research and in cancer care in both community and hospital pharmacies. Our main event of the year, Cancer Awareness Week, has recently come to an end and the PSFCA Executive team is proud of what has been accomplished.

In the end, Cancer Awareness Week raised a grand total of \$1519.35—over \$300 raised during the raffle sale, over \$330 raised during the samosa sale, and \$850 raised by the participants of the Hair Phair! All of the funds raised throughout the week will be donated in equal amounts to the Terry Fox Foundation and Camp Trillium. The Terry Fox Foundation supports discovery based cancer research in Canada, while continuing to share the story of Terry Fox. Camp Trillium offers year-round recreational experiences to bring children with cancer and their families together, helping them in the healing process, and enhancing their quality of life. Thanks to all of your generosity, the funds donated to these organizations will have a significant impact on both cancer research and the well-being of children living with cancer.

On behalf of PSFCA Executive team, we would like to say a huge thank you to:

- The Enhancing the Student Experience fund and the UPS Student Initiatives Fund for funding the week's events.
- Shoppers Drug Mart, Canadian Association of Pharmacy in Oncology (CAPHO), and O'Grady's for donating the raffle prizes.
- Pharmakon for being there each day to capture the great moments.
- The amazing participants in the Hair Phair who raised a total of \$850 in pledges! Eight of these students donated



over 8 inches of hair to make wigs for cancer patients, one student shaved his head entirely, and five brave souls endured some pain and waxed either their legs or underarms to raise cancer awareness! Kudos to you all!

- All of the students who attended the events, wore their ribbons, and showed their tremendous generosity by donating money throughout the week. We couldn't have done it without you!

Congratulations to the raffle prize winners, and to the winner of the \$20 Tim Horton's gift card, Caitlin McIntyre, who wore her ribbon and posted a picture to the Facebook event page on each of the five days of the week!

In case you missed out, our events throughout Cancer Awareness Week included ribbon days, raffle sales, poster-making day, Trivia Night at O'Grady's, samosa sale, Hair Phair, and the Lunch & Learn. Check out pictures of the events, taken by the talented Pharmakon, on Flickr! We hope that through these events, we were able to raise cancer awareness and inform students about the various career opportunities available for pharmacists in cancer care. Hopefully next year will be even bigger and better, so be sure to check out PSFCA's events in the 2015-2016 school year!

Thanks again, and Happy Summer!

Sincerely,

The PSFCA Executive Team



## A Quick Reminder

We work quickly and efficiently at all tasks at hand,  
We remember all dates, meetings, when our flights are to land;  
We run to catch the bus for we mustn't ever be late,  
But perhaps walking to our destination would be a better fate;  
Life becomes so busy at times, that we forget the smaller things,  
Ask yourself, when you were outside today, did you listen to the birds sing?  
Now count the number of breaths you've had today, impossible to keep track I know,  
But I'm sure you focused on at least one of those breaths as you were on the go;  
We are surrounded by a world of concrete and pollutants that are beginning to saturate the air,  
Sometimes we all wish to get away, perhaps dwell in a forest without a care;  
Soak in the vibrant colours of nature, without a distraction in our hand,  
Choosing to relax instead of worry, choosing to lie down instead of stand;

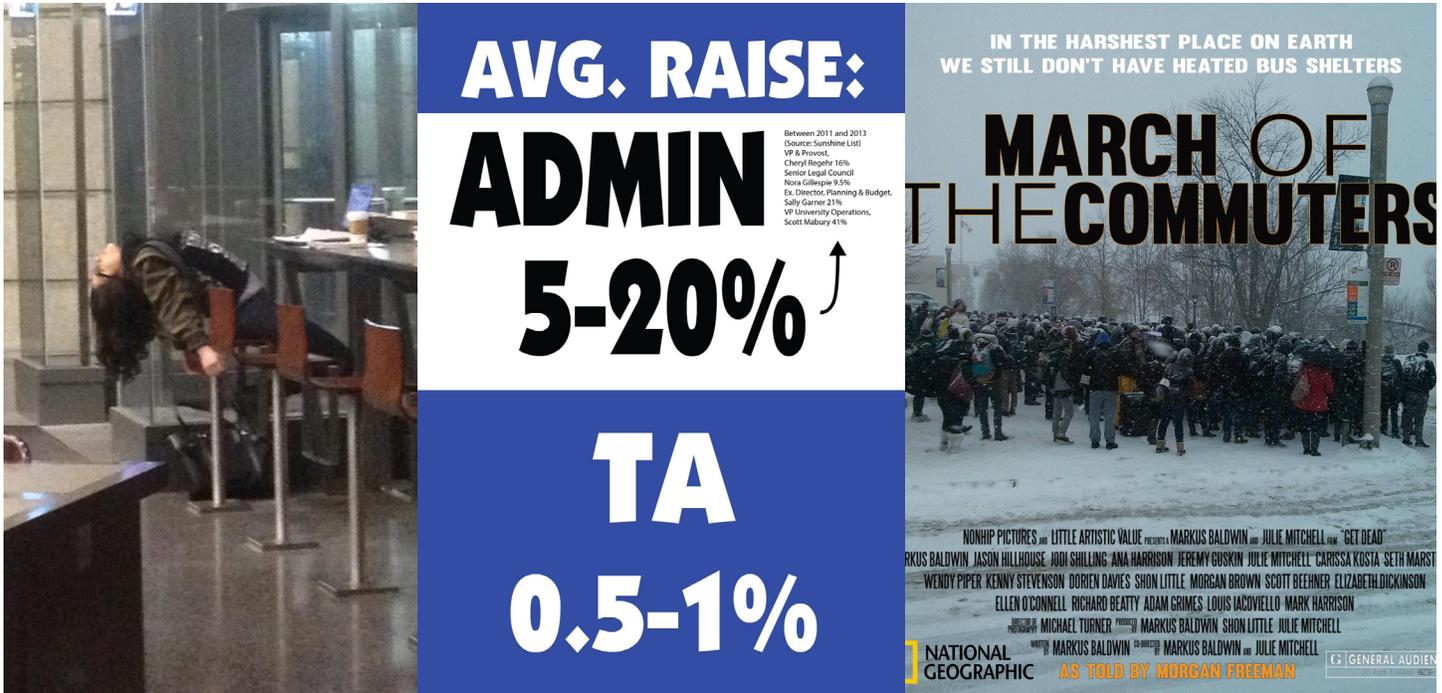
We live in a wonderful world of chances, experiences and options galore,  
However choosing only one spectrum of these opportunities can bring life to a bore;  
The universe is orchestrated using balance and that's what we need today,  
We must remind ourselves that life's riches can come in forms other than pay;  
Excitement of exercise, fun with friends, taste of teas and the beauty of breath,  
Remember to live life to its fullest and to experience every moment in depth;  
This includes doing your work and assignments, fulfilling duties with pride and grace,  
A life lived using the beauty balance will surely help you win every race;  
So (as needed), run. Run away and immerse yourself in the energy of the air,  
Dance like no one is watching; perhaps change your schedule if you dare!

Now you may be telling yourself, that you've heard all of this many times before,  
This so called "art of balance" you thought you had mastered it for sure;  
But in these busy days of life, you realize that this art of balance is missing,  
Perhaps forgotten at a party, a gym, a diner or the last time you went fishing;  
The motivation you need is within you, I promise you won't find it in Google finder,  
I ask that you put "the beauty of balance" in your phone and use it as a quick reminder.

Natasha D

## What's the point?

By: Aleksa Stankic, 1T8



From left to right: The flashiest pass-out ever done in Robarts, a sample TA strike sign, and “March of the Penguins”.

Are we content with sitting idly and allowing things to happen without our say? Is cynical apathy all that's left of the 1T8s?

Yes, we've been hammered. Yes, some choices the Faculty made with regards to our curriculum were poorly executed. Yes, certain longstanding issues still plague us as they did previous years. Yes, many initiatives meant to bring us closer feel contrived, like something out of “Camaraderie for dummies”. Yes, it may seem like no matter what we say or do, the cogs still turn and nothing changes.

Is that really the case though? Keep in mind, the curriculum is still young, and still subject to change. The faculty is working on finding a mix of academic rigor and mental respite that will allow for our education to be more than behavioral hoop-jumping. Proof of these efforts lies in the evolution of the curriculum. Sure, the changes may not be the greatest in application, but at least there is *change*, small as it may be.

We might ask ourselves: why are they so poorly implemented then? Is it because the faculty is trying to just satisfy our complaints and don't *really* care? Probably not.

It's due in large part because we, the students, feel like there's no point. An unfortunate cycle we've been introduced to since the very early days of our undergrad programs. Those were times when “What's the point?” “Nothing's going to change.” were our favorite sayings.

However, an important distinction that needs to be made is that in undergrad, the various faculties, boards and committees all need to compromise and consider dozens if not hundreds of student bodies. It comes as no surprise then that

you felt your voice meant little, when drowned out by thousands of others.

At the Leslie Dan Faculty of Pharmacy, on the other hand, things are different. From a logistical point of view, there are simply less of us. Each voice, therefore, can be heard with greater clarity. Not only that, but we're in a professional program, which requires a degree of respect and partnership that undergraduate programs don't necessarily demand.

Considering these factors, should we really be so ready to dismiss the possibility of change? Complaining will simply not do. We can't merely express our dissatisfaction with something and expect others to solve it.

It is for that reason that I beseech you to think long and hard about what changes you would suggest in light of the flaws still found in the program. We must, ironically, inform the faculty about the changes that actually matter and not those that only *seem* to fix a problem. After all, we are the ones most in tune with the program. E-mails may feel insufficient, so ask for appointments and take time out to let the faculty know exactly what it is that irks us.

It is only through bilateral discussion that any changes can truly be made, both to the program and to our experiences within it.

Aleksa Stankic

P.S. What would the faculty have to do, for you to start thinking that your voice matters?

Answers are welcome at [aleksa.stankic@mail.utoronto.ca](mailto:aleksa.stankic@mail.utoronto.ca)

# An Open Letter to the Class of 1T6

By: Joseph Samuel, 1T6

Let me start by saying: the Monograph is awesome.

So why do I bring this up? Unfortunately, our class did not have a Monograph representative this year.

That being said, next year we will have a Monograph rep, Anja Kovacevic, and our class can finally return to widescale publishing glory.

The Monograph is the prime location to let your abstract thoughts be

written on paper. It's the one time you put a pen to paper and not have the acronym DTP on it. It's the one time you can tread the line between humour and vulgarity. Want to be a writer, but are not capable of writing a Harry Potter type novel? No problem! The Monograph is the perfect open forum for you to give fresh perspectives on anything, both pharmacy and non-pharmacy related.

So guys, going into APPE and deal-

ing with the scenarios that lie ahead, don't hesitate to take a breather from reading TC, open up notepad (or grab a real notepad) and start jotting down what comes to mind. How else do you think incredible publications come to light?

And hell, you even get a UPS point for each issue you submit an article to. This is a no-brainer. So with that, I encourage you all to make the 1T6 presence felt in the Monograph next year.



## World of Opportunities for PharmD Students

By: Elsa Purivatra (1T8), Outgoing CSHP Student Committee Communications Representative

Did you know that Toronto hospitals are actively involved in the education and training of Doctor of Pharmacy students through their close affiliation with the Leslie Dan Faculty of Pharmacy? They offer afternoon placements, summer employment for students, first and second year EPE programs, structured practical experience programs for final year students, one year residency for graduates, as well as clinical training and clinical research project assistant opportunities.

There is a world of opportunities out there for PharmD students. We all need to find out about them on time, and be prepared for them when they arise. From my personal experience, I can attest that becoming involved with the Canadian Society of Hospital Pharmacists (CSHP) will help you do just that.

All of us in the PharmD program are looking to find work in the pharmacy field in order to satisfy curriculum requirements, and more importantly, to learn about our future profession and obtain practical experience. Those of us who have just started out may also want to become familiar with the various fields of pharmacy in order to de-

termine which direction to orient ourselves in. The best way to grasp which field is most suitable for your future career is to enter environments where you can meet pharmacy practitioners and become involved in the versatile activities that are available. Associations like OPA and CSHP organize events that provide insights that are essential in navigating to a specific pharmacy work setting where we can gain as much exposure to what our profession entails before we graduate.

I personally find that becoming a CSHP Student Supporter has broadened my horizons about the pharmacy profession and prepared me to successfully land my first hospital EPE. While I am determined to one day become a hospital pharmacist, I am sure that regardless of your future practice setting, you will benefit from your involvement with CSHP.

Your membership in CSHP provides you with the learning tools to be ready for opportunities when they present themselves. For example, this year's Professional Practice Conference (PPC) had two events tailored specifically to PharmD students. At the

Canadian Pharmacy Residency Board (CPRB) event, pharmacy students and residents had the chance to meet and interact with representatives from all the Ontario hospital-based pharmacy residency programs. Afterwards, the Career Opportunities Event allowed pharmacy students to talk to pharmacy practitioners from hospitals and university faculties about a range of career options. CSHP encourages networking and continues to find ways to join hospital pharmacists throughout the country. Aside from the Professional Practice Conference, CSHP organizes Summer Educational Sessions (SES), and provides a means of cooperation with other pharmacists virtually through CSHP Pharmacy Specialty Networks (PSNs).

There is a world of opportunities out there. As pharmacy students, we need to take initiative to find out about these prospects and become engaged in them as early as possible. The Student Supporter role with CSHP will help you do exactly that! You can find more information about becoming a CSHP Student Supporter at [www.chsp.ca](http://www.chsp.ca) so that you can start optimizing your membership today!



## An open letter: Whatever happened to Legitimizing the Sick Role?

By: Natalie Ternamian, 1T8

Any student who has been sick during the semester knows that missing a class, lab or exam is often necessary to improve their health and if possible, to make a full recovery. A handful of students I have spoken to over the past year have had the unfortunate circumstance of having to pay a \$70 fee for missing an assessment, all in the name of health. I write this article to examine the absurdity of having a fee to cover a sick day. If you agree with the letter thus far, please follow me as I discuss the irony of the situation.

But I must stop you here to tell you that I am in no way pointing blame to the Faculty for enforcing this rule, because I know these rules tend to come from various sources on campus, for a number of reasons. One reason that these fees are in place may be to deter healthy students from abusing the privilege of staying home and feigning illness to miss an assessment. However for the students who truly need it, I believe it is absolutely ridiculous. I know many faculty members who genuinely want the best for students. I also know the wonderful and extremely patient faculty on the 4<sup>th</sup> floor always go above and beyond managing all our problems, because I have experienced it firsthand: and for that, I am truly grateful.

However one Wednesday in March I woke up excessively ill. Because I had to be at school in a workshop where I was to be evaluated, I unwillingly pushed myself to go. When I got home, I found that I had a fever among other flu-like symptoms. Throughout the rest of the evening and into the night, my fever did not subside, and so I decided to put my health first. I prepared to miss class the next day by reading the course syllabus for the class that I would be missing.

Thursdays this semester brings 1T8's MTM labs. Upon reading the MTM syllabus, I learned that to miss a lab would require me to submit a note (understandably so) and to pay a "Special Examination Fee" of \$70 which, only after the petition was accepted, would allow me to participate in a make-up lab. Shocked and disheartened, I refused to have to go through the process out of principle that it made no sense to punish a student who was missing school for a legitimate reason. So I made up my mind. Still feverish, I planned my day accordingly: I would go to the lab, counsel as fast as possible and leave, possibly spreading the virus along the way. But I didn't care: someone, somewhere, was making me come to school.

Needless to say, the mind is willing, but the body is weak: I didn't make it to school the next day, even after all the

furious planning. That morning I woke to find my body had the strength of a blade of grass that could easily bend in a spring morning's breeze. Except this time, I was unwillingly bending at the hand of the system.

But I'm sure you could understand my consternation when I had read the rules in the syllabus! A student who is in no fit state to attend lab or class should not be penalized for missing a lab to feel better. After speaking to a variety of students coming from different undergraduate degree programs and universities, I did not find any students that had ever been met with this dilemma.

But then I was reminded of the irony of it all. Only a few days before the incident, the 1T8's Social and Behavioural Health (Module 2) class had the pleasure of listening to one of Professor Zubin Austin's entertaining and instructive lectures on Behaviouralism. In class, we were taught- more so it was brought to our attention- that society now punishes the good and rewards the bad. In this situation, the good act of staying home and recovering has been replaced with demands to arrive promptly, to perform without regard to the individual's health and well-being, or to take into account the possible harm that the ill student might be inflicting on others. They are rewarding the bad behaviour by encouraging the student to go to school when they are truly unwell because or else they will be penalized with a payment.

The irony of it is that only a few months ago, in Module 1 of the Social and Behavioural Health class, we were taught that society has legitimized the "sick role", a sociological term used to describe the roles of an individual when they are ill. The sick individual has an obligation to seek help for their condition, to try and get well, and to cooperate with their healthcare providers in order to improve their condition. The individual also has right to be exempt from their normal social roles, and is not responsible for their condition. How can a student try and get well by coming to school, or with the added pressures of forms and fees? Ironically, this is the very same institution that teaches budding healthcare professionals to encourage their patients to embrace the "sick role" because society has legitimized it. In closing, I hope that you see that the sick role has not been legitimized: students are being forced to pay a fee for something that they have no control over.

Stay healthy,  
Natalie Ternamian



### Inspiration at PMP Career Night!

The Pharmacy Mentorship Program (PMP) had a great night with some of our profession's most enthusiastic and successful mentors! We heard some entertaining horror stories marked by unwelcome bodily fluids, and even more inspiring tales in renal, oncology, and pediatric hospital pharmacy. A refreshingly frank, realistic, and humorous account of independent retail pharmacy followed. We also had the pleasure of welcoming 3 pharmacists paving their own way through non-traditional careers in marketing at Allergan, business development at Remedy's Rx, and research at Ontario Drug Policy Research. The PMP Team was so pleased to see all our mentees swarm the speakers with thoughtful questions, sparking engaging discussions and forging new professional relationships. The pharmacist mentors also greatly appreciated all of the student enthusiasm and thoughtful insight:

"Even though I have been practicing for almost 30 years, it was incredibly interesting to hear the various stories - great variety of backgrounds, delivered with passion and clarity. It

was also nice to experience the interest that some students had in making the effort to gather more information during the informal session."

-Mentor

"I must commend the PMP for such an excellent program in place."

-Mentor

We would like to thank David White and the Enhancing the Student Experience Fund for assisting the PMP Executive Team in executing this event. We hope all our mentees enjoyed Career Night! For those who couldn't attend, keep an eye out PMP Events and Mentee Registration for the 2015-2016 new year!

Kat Chan

PMP Internal Relations Executive Officer

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## The Pharmacists Conference

By Seiwon Park, 1T7

This year, the Canadian Pharmacists Association (CPhA) and the Ontario Pharmacists Association (OPA) have partnered up for the first time to hold The Pharmacists Conference, a national pharmacist conference that will be held in Ottawa, May 28<sup>th</sup> – May 31<sup>st</sup>. Every year, more than 800 pharmacists, pharmacy professionals and stakeholders, technicians, and students join together to attend the conference, which involves a number of unique presentations, keynote speakers, and social and networking events. The topics of the presentations are interesting and diverse, and are categorized under Therapeutics, Pharmacy Practice, Business, and Research and Knowledge Sharing. There will also be daily Breakfast/Lunch and Learns, which are interactive opportunities to learn more about innovative undertakings in health care. Furthermore, the conference will have distinguished keynote speakers such as Senator Kelvin K. Ogilvie, the inventor of Ganciclovir and Chair of the Senate Standing Committee on Social Affairs, Science and Technology.

The conference is welcoming to students as well, as they will hold a student-only reception to foster networking opportunities between pharmacy students from across the country. Additionally, SOAPE (Students for Advocating and Optimizing Pharmacy Endeavours) will also be presenting their annual

project during the poster presentation; titled "Student Focus Groups on Expanded Scope of Practice", it is a research study delving into the Medical and Pharmacy students' views on the pharmacists' expanded scope of practice and how it impacts interprofessional collaboration and patient outcomes.

Above all, the Conference will provide a valuable educational experience, offering diverse presentations by expert speakers on current and relevant topics in health care and pharmacy. Moreover, the conference will also include social events, such as tours of the Ottawa Valley countryside and the Gala Awards reception and banquet, as well as countless opportunities to network with professionals and students from across the country. This is a highly recommended event if you have ever wanted to experience a pharmacy conference, gain a national network of pharmacy professionals and students, or explore the many applications of pharmacy and opportunities for pharmacists!

If you'd like more information or you'd like to register for the upcoming Conference, visit the Canadian Pharmacists Conference 2015 website.

# A Day in the Life of a Hospital EPE-1 Student

By: Tiana Tilli, 1T7



Last summer I had the privilege of completing my EPE-1 placement at St. Michael's Hospital in the Orthopedic Surgery Department. St. Michael's is a busy tertiary care center, which has 467 inpatient beds. It serves a diverse patient population, with a focus on inner city health. St. Michael's was filled with eager to teach, friendly, and approachable pharmacists. I had a wonderful and enriching experience there. For those about to start hospital placements, and who are wondering what to expect, I've put together an overview of a typical day during my placement.

**8:00am:** Arrive on the orthopedic surgery floor. Patients on this floor are generally in for hip and knee replacements. Most are scheduled, but some are a result of falls and accidents. The first thing I do is review the new patient charts. This allows me to learn their medical and surgical histories and see why they're in the hospital today.

**9:00am:** I review the recent lab values and nurses' notes for each patient on the floor. I focus on serum creatinine, electrolytes, blood glucose, bowel movements, and pain level. Serum creatinine levels are important as a low creatinine clearance may mean renal dose adjustments are required. Bowel movements are important as the patients are on opioids after surgery, which often cause constipation and may require a laxative. Pain level is important as a high value may indicate that an opioid dose is too low or additional therapy is required. Lastly, I check that the medication orders seem indicated. For example, Indomethacin is given to patients that undergo total hip arthroplasty to prevent heterotropic ossification. As Indomethacin can cause stomach bleeds, patients are also given Misoprostol. One day while checking a patient's medication list, I noticed that the patient was on Misoprostol without Indomethacin. It turns out that the Indomethacin had been discontinued but the Misoprostol had been accidentally left on without an indication.

**10:00am:** After reviewing my findings from earlier with my preceptor, I start prepping the BPMHs for the new patients. Often patients on our floor are in for scheduled procedures so the BPMHs have been performed by a nurse during pre-admission appointments. If a patient comes in for an unscheduled surgery, I perform their BPMH. Before talking to the patient I gather information from the ODB drug profile viewer, the patient's community pharmacy, or the patient's

nursing home.

**11:00am:** Once I have compiled a list of the patient's medications, I visit them to perform the BPMH. Sometimes this can be hard due to language barriers or patients being tired or in pain. It can lead to important discoveries though. For example, due to a miscommunication on admission, a patient was placed on Citalopram rather than Escitalopram. Although the medications are similar, it's best not to change a patient's depression medications when they are stable on said medication and there's no indication for the change.

**12:00pm:** Lunch time! I ate lunch in the student lounge on the 6<sup>th</sup> floor. The student lounge was home to pharmacy, PT/OT, medicine, and social work students. Though people generally sat with their own profession, overhearing stories from each profession's point of view was interesting.

**1:00pm:** After lunch there's generally a learning session going on that I try to attend. They can be medical grand rounds on NOACs or how drugs make it onto the hospital formulary. They can be pharmacy residency projects on dementia in the elderly or the best medication combination post lung transplant. Or they can even be case presentations on particularly interesting patients.

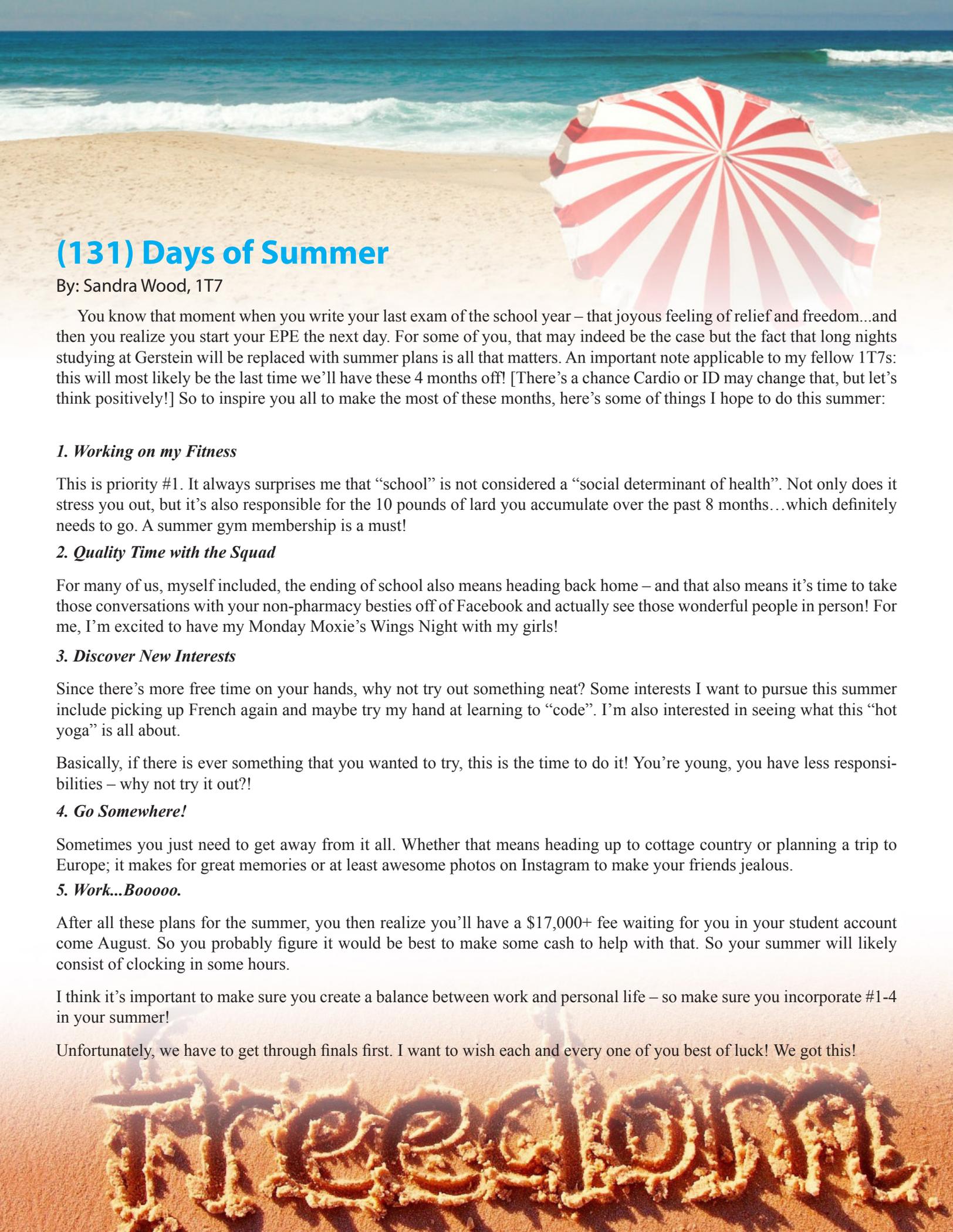
**2:00pm:** I return to the orthopedic surgery floor and perform discharge counseling on patients moving home or to rehab facilities. Post hip or knee replacement, the patients were discharged on either Rivaroxaban or Dalteparin for DVT/PE prophylaxis, opioids for pain, and Colace to manage the constipation from the opioids. My counseling focused on the symptoms of DVT/PE and of major bleeds, and reviewing which symptoms would merit a trip to the ER. Once counseling was complete, I would add a SOAP note to the patient's electronic chart.

**3:00pm:** The day is coming to a close and I meet with preceptor. We discuss the day, progress made so far in my placement, and areas for improvement.

**4:00pm:** The day is over! I go home and complete some readings on the CHEST guidelines for VTE prophylaxis. I also reflect on my most memorable placement moments at St. Michael's Hospital.

## Top 5 Most Memorable Moments

- 1) Standing on the helicopter pad
- 2) Shadowing a FHT pharmacist
- 3) Writing "Crack Cocaine" on a BPMH
- 4) My first discharge prescription counseling
- 5) Presenting my research findings at CSHP 2015



# (131) Days of Summer

By: Sandra Wood, 1T7

You know that moment when you write your last exam of the school year – that joyous feeling of relief and freedom...and then you realize you start your EPE the next day. For some of you, that may indeed be the case but the fact that long nights studying at Gerstein will be replaced with summer plans is all that matters. An important note applicable to my fellow 1T7s: this will most likely be the last time we'll have these 4 months off! [There's a chance Cardio or ID may change that, but let's think positively!] So to inspire you all to make the most of these months, here's some of things I hope to do this summer:

## ***1. Working on my Fitness***

This is priority #1. It always surprises me that “school” is not considered a “social determinant of health”. Not only does it stress you out, but it's also responsible for the 10 pounds of lard you accumulate over the past 8 months...which definitely needs to go. A summer gym membership is a must!

## ***2. Quality Time with the Squad***

For many of us, myself included, the ending of school also means heading back home – and that also means it's time to take those conversations with your non-pharmacy besties off of Facebook and actually see those wonderful people in person! For me, I'm excited to have my Monday Moxie's Wings Night with my girls!

## ***3. Discover New Interests***

Since there's more free time on your hands, why not try out something neat? Some interests I want to pursue this summer include picking up French again and maybe try my hand at learning to “code”. I'm also interested in seeing what this “hot yoga” is all about.

Basically, if there is ever something that you wanted to try, this is the time to do it! You're young, you have less responsibilities – why not try it out?!

## ***4. Go Somewhere!***

Sometimes you just need to get away from it all. Whether that means heading up to cottage country or planning a trip to Europe; it makes for great memories or at least awesome photos on Instagram to make your friends jealous.

## ***5. Work...Booooo.***

After all these plans for the summer, you then realize you'll have a \$17,000+ fee waiting for you in your student account come August. So you probably figure it would be best to make some cash to help with that. So your summer will likely consist of clocking in some hours.

I think it's important to make sure you create a balance between work and personal life – so make sure you incorporate #1-4 in your summer!

Unfortunately, we have to get through finals first. I want to wish each and every one of you best of luck! We got this!

## Dear Grandpa

By: Abdullah A.

In the spirit of Cancer Awareness Week last month, I thought I'd share a poem I wrote about my beloved grandfather who passed away of lymphoma in 2012:

Dear Grandpa,

As your grandchild I was never the best

Opportunities galore; I still failed the test

I would say next time, for chances not taken

Until that last time, I had your soul forsaken

I pray I'm forgiven for my ignorance and disregard

But even after repentance it still hits me hard

Because all I can remember is that time I yelled at you

I never said sorry; an apology still overdue

Sometimes I wonder if my tears were true  
Or if it was Grandma's tears that drew mine too

I wish I had her purity, watching her cry

What she would've done just to say goodbye

If we meet again, God willing, I swear

To make it up to you; not a minute I'll spare

Because I truly miss you, and I'm filled with shame

That it took your parting to remember your name

I guess that's the past now, not much more to say

I'll take care of Grandma, my shortcomings repay

And until I meet you, may you rest your soul

Sincerely your grandson, till death takes its toll

## Taking Stock, Taking Flight

Bonnie Nghiem, 1T5

The countdown has begun.

As our class enters the very last block of APPE rotations and looks forward to what lies beyond the whirlwind, many of us are already taking stock. A year of rotations - a year of experience and growth - of overcoming setbacks and pushing boundaries.

Of course, I can only speak from my own experience. During institutional rotations, the daily scramble to arrive at early morning rounds, navigating the finer points of INR monitoring, and preparing for care team consultations and teaching have spurred me to improve in applying critical weight to the therapeutic approach. It has been inspiring to participate in the contributions that can be pivotal to patient care outcomes through evidence-based, team-oriented, and patient-centred decision-making (along with some judicious use of hyphenated terms...).

In the community, I've had the eye-opening opportunity to work with a patient population that relies heavily on social assistance, challenging me to

consider how to address concerns about their care when socio-economic and language differences become significant barriers. And when home visits serve as a sobering reminder of the impact that pharmacists can have on the quality of patient care. Across the different settings, the commonalities remain: finding ways to work with patients towards their best available care, within context and with compassion.

As a counterpoint, non-direct care placements have offered insight into the breadth of alternative options, such as health services policy management at the governmental level, or qualitative research through patient interviews about pharmacists' integral contributions that continue to evolve.

For there's no doubt that it's a time of change and uncertainty in the profession. Pharmacy has encountered challenges in both private and public arenas, including one very recent and notable example. But we've made it through uncertainty before. A year ago, the prospect of entering the uncharted territory of APPEs

was both exciting and unsettling. Think of "*Here Be Dragons*" inscribed by those eloquent mapmakers in the Middle Ages. And though you can't tame all the dragons, neither do you find that there as many as appeared to be at first.

It'll be up to us to set the tone and direction of our individual practices and our collective profession. When we take stock of the tools and perspective gained, hopefully we will be equipped to face the challenges to come and what's more, capitalize on the continued development of pharmacy practice (At least, it's what I try to convince myself of when I am lying there too wakefully at 3 in the morning.)

Put it another way - it isn't just that the clock is winding down on the known and the familiar. It's time to wind it back up as we prepare to launch into the next phase of our lives. Time to take flight.

As the writer E.B. White put it so memorably:

*Hang on to your hat. Hang on to your hope. And wind the clock, for tomorrow is another day.*

# Yo' Momma's Kitchen

By: Kyle Acton, 1T7

This issue, we will be delving into the magical world of a no-bake, turtle upside-down cake.

## Ingredients

### ***Nut Layer***

1 Cup Pecans  
2/3 Cup Almonds  
2/3 Cup Walnuts  
1/4 Cup Semi Sweet Chocolate Chips

### ***Chocolate Ganache***

2 Cups Semi-Sweet Chocolate Chips  
1/2 Cup Heavy Cream

### ***Salted Caramel***

3/4 Cup Heavy Cream, at room temperature  
2/3 Cup Granulated Sugar  
2/3 Cup Brown Sugar, packed  
1/2 Cup Butter, at room temperature  
3 Tablespoons Water  
1 Teaspoon Salt

## *How to:*

### ***Step 1: Make Chocolate ganache***

Start by heating up the cream just to a light boil. Pour it gently over the chocolate chips in a nice large bowl. Stir until you no longer see any lumps and bumps. Cool the ganache for two hours, then whisk with an electric mixer for a minute or two.

### ***Step 2: Make caramel*** (Do this while the chocolate ganache is cooling)

Take that white sugar and dump it into a saucepan with water. Bring it to a boil over medium-low heat. Stir every 4 minutes until the mixture turns light caramel. Now, take the pan off the stovetop and quickly stir in the cream, butter, and brown sugar. If you see clumping of the sugar, keep stirring and put it back on heat if you must. Once mixture is smooth, place it back on the stovetop at low heat and stir every two minutes for at least 15 minutes until it thickens. Add salt, quick stir and let cool to room temperature.

### ***Step 3: Combine***

Line the inside of an 8 or 9 inch cake pan with plastic wrap. Don't hold back on the wrap! Spread those nuts and chocolate chips at the bottom. Take that beautiful caramel that you just made and spread it over top of those nuts and chips. Grab the fluffy chocolate ganache and smooth that out over top of that caramel layer. Don't flip it over just yet! Leave it in the fridge, uncovered, for 4 hours or even overnight.

### ***Step 4: Flip!***

Pull that beauty out of the fridge (you can thank me now for that plastic wrap). Gently flip the cake over and peel off the plastic wrap. Let sit for 20 minutes at room temperature, and serve.



By Kyle Acton in association with Culinary Awareness in Pharmacy

# Mr. Pharmacy – An Insight into the Winning Steak

By: Mohamed El-Salfti, 1T6



Hey everyone. Thanks for coming out to Mr. Pharmacy and showing your support to all the contestants. I think we raised the bar quite high and delivered an excellent show. I look forward to seeing what next year's competitors will come up with. In the meantime, I need to start working on my act for PDW and I think I will have something nice lined up.

As I mentioned on stage, I'm not as talented as the rest since I can't sing, play instruments, break wooden boards, you get my point... but my strong suit is that I can cook. Those of you who have been invited over for secret dinners can attest to this. Although I didn't get to say much about what or how I made my dish – and instead put in a lot of entertaining meat jokes – I'm going to take this time to fill in these gaps by going into the complexity behind the preparation and reveal the winning steak recipe to dazzle your next date with.

Now, to all the chemists out there, along with those of you who were forced to take chemistry as a requirement for Pharmacy, you will appreciate my approach in this “communication” as cooking is very much a science as it is art. So here I go:

The dish I prepared was meant to be a unique adventure for the palate. I wanted to present the entrée like a North American steak dinner, but have it actually taste totally foreign. The dish is inspired by a Vietnamese dipping sauce, Nuoc cham, which consists of a medley of sweet (brown sugar), sour (lime zest and juice), and salty (fish sauce) flavours mixed together to bring a multitude of tastes together. Used as a marinade for steak, it will produce a pleasant aromatic green herb like flavour as opposed to the intense smokey/peppery taste that most here are used to. For the salad, I've paired the steak with seaweed salad (in place of coleslaw or mash) to add a refreshing green taste and stick to the theme. The dipping sauce used was a fusion of Dijon mustard mixed with garlic, soy sauce and pepper to allow one to introduce some western flavours back to the palate – even though the steak's flavour stands on its own without any aid – with the sauce intended only as garnish.

The method of preparation employed was a modern cooking technique called ‘sous vide’, French for under vacuum, where food is cooked in vacuum packaged bags submersed into a tightly temperature controlled water bath (see supporting info for more details). The setup is composed of a circuit

controller to modulate the temperature to  $\pm 1^\circ\text{C}$  by adjusting current to the connected coffee cup heaters (heat source) and an aquarium bubbler (heat circulation) via a negative feedback loop as dictated by a temperature probe. In building this myself, I'm spared from paying \$300-500 for a commercial unit, and paid \$150 instead, which includes the cooler (insulator).

The principle in using controlled temperature cooking is to allow raw food to arrive at the cooked state by equilibration at its final temperature. This is possible by virtue of one known physical chemistry principle in that state functions, enthalpy of cooking, does not depend on the path taken to reach its final value; meaning, I can avoid exposing my precious steak to high temperatures – and prevent overcooking – no matter how long it's left in the bath at constant temperature, say like  $56^\circ\text{C}$ , which is just enough to kill pathogens and cook the meat. This method is especially great for taking cheap cuts of meat, and getting it cooked evenly and perfectly every time: medium-rare – because anything more than that is a crime! (paraphrase of Prof. Jack Utrecht – Science of Pharmacotherapy).

All this was done behind the scenes before I seared the steak on stage to brown the surface and give it that characteristic roast flavour (look up the Maillard reaction for more detail on the chemistry), as I'm sure you remember smelling firsthand. So with all that being said, I finally present to you, the steak recipe:

*500 g of raw marinating beef steak was inserted into a polyethylene freezer plastic bag (Ziploc). To it was added a mixture of 1/4 cup (31.25 mL) fish sauce, 1/2 tbsp. (7.5 mL) lime zest, 1/6 cup (41.7 mL) lime juice, 1/2 tbsp (7.5 g, 0.022 mol) light brown sugar; 1/3 tbsp (5 mL) garlic puree, 1/2 a small jalapeno (6-7 slices), and 1 scallion (chopped). The air in the bag was evacuated and sealed to allow the marinade to cover the meat, and the bag was then agitated to distribute the ingredients. The charged reaction vessel was submersed into an in-house ‘sous vide’ water bath under isothermal conditions at  $56^\circ\text{C}$  for 90 minutes. Upon completion, the cooked steak was removed from the bag and seared on a cast iron skillet heated by a portable induction cooktop at 1800 W for 30-60 seconds on each side. The finished product was then left to rest for 60 seconds and then cut, plated then immediately served.*

*Yield: A 100% awesome serving for 1 person. Will scale up to feed two if on a date. Call or text in your request to 647 270-9480. Ladies, I'm single! Mr. Pharmacy, out!*

Supporting information can be requested in person or by e-mail at: [mohamed.elsalfti@mail.utoronto.ca](mailto:mohamed.elsalfti@mail.utoronto.ca)



## Pharmacy Students for Women's Health

Introducing “Pharmacy Students for Women’s Health”! We are a new student group at the Faculty that aims to advance and promote women’s health through advocacy and education within the profession of pharmacy as well as in the community.

*Women face a variety of unique health issues throughout their lives, and an informed and educated health professional can make a significant positive impact.*

Although all pharmacists receive some education regarding women’s health in school, there are many complex issues relating to women’s health that we are not exposed to as students. PSWH will provide students with opportunities for extracurricular education, community involvement and advocacy relating to women’s health in order to help better prepare tomorrow’s pharmacists.

*What we’ve done so far...*

This year, we’ve had the opportunity to promote International Women’s Day at the faculty by asking students “What does women’s health mean to you?” We’d like to thank all students who participated in our social media challenge and those of you who were at our booth in the Atrium. This year’s International Women’s Day was themed “Make it Happen” – which motivates us to address some of the biggest issues for women including women’s health.

In recognition of International Women’s Day on March 8th, the World Health Organization recently released a list of the top ten issues affecting women’s health:

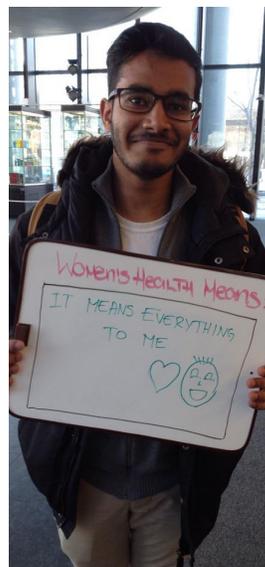
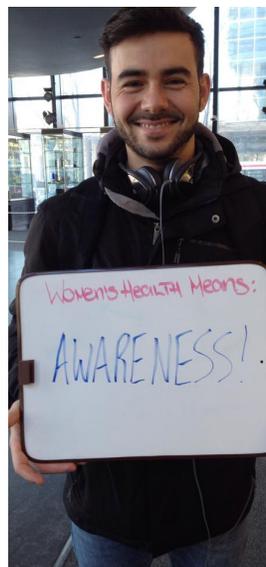
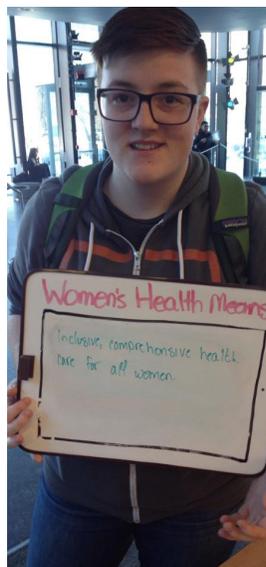
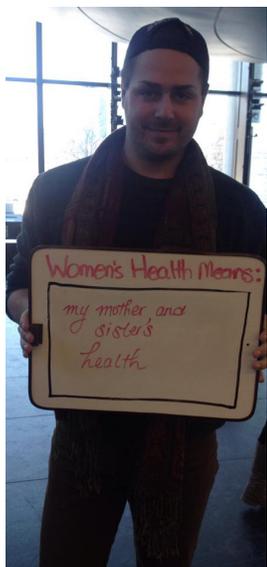
1. Cancer
2. Reproductive health
3. Maternal health
4. HIV
5. Sexually transmitted infections
6. Violence against women
7. Mental health
8. Noncommunicable diseases
9. Being young (adolescent health)
10. Getting older (the social implications of aging on health)

### Upcoming Events

Our next event will involve a workshop on contraception with **Professors Tom Brown & Marko Tomas**, who coordinate the 3<sup>rd</sup> year elective in Women’s Health. This workshop will address some of the most common issues we will see in practice as pharmacists and as pharmacy students on rotation. You won’t want to miss it! Look for more details of the event soon.

### Contact Us

Like our Facebook page to receive updates about current issues in women’s health!  
[www.facebook.com/PSWHToronto](http://www.facebook.com/PSWHToronto)  
[pswh.toronto@gmail.com](mailto:pswh.toronto@gmail.com)





# Liturgy Herald in Transcendental Black Metal on **The Art Work:**

An Album Review by Stefan Saragosa, 1T8

**Rating:** 8.5/10

**Essential Tracks:**

Kel Valhaal  
Quetzalcoatl  
Reign Array

Brooklyn-based experimental band Liturgy self-describe themselves as transcendental black metal. Sound pretentious? Black metal purists think so, and traditional media spared no criticism when Liturgy first appropriated the term for their 2011 breakout release,

*Aesthetica*. With the return of drummer Greg Fox in time for their third and latest album, *The Art Work* (2015), the group has confidently carved out their claim, incorporating elements of metal and electronic into their sound.

The album begins with celebratory horns on the track “Fanfare,” a short primer before the sermon. These horns give way to chimes on the second track, “Follow,” where background cries emulate a fanatical mob proclaiming their faith. Fans of Liturgy’s previous work will find that the demonic yell borrowed by frontman and vocalist Hunter Hunt-Hendrix is no longer employed. In its place, a pos-

sessed Hunt-Hendrix, raps his otherworldly philosophy.

Gloomy organs and sullen strings have prominent roles in establishing the quieter melodious sections of this album and in staging the orchestrated clashing. Fox’s MIDI drums at burst beat pacing herald in the grimey, distorted “Quetzalcoatl.” The low, heavy bass and rapid tremolo picking create a harsh, troubling soundscape over proclamations that Quetzalcoatl, a mayan deity, provides accession to eternal principles through stunning visuals and is celebrated through bloody rituals.

*The Art Work* is in large part the grandiose rêverie of Hunt-Hendrix. This vision is delivered through an ecclesiastical universe, where chimes, electronic horns, and synthetic drums starkly contrast the heavy guitars and the burst beat drums. The aspirations are lofty, and they aren’t solely musical, but *The Art Work* succeeds in housing Liturgy’s ideology within a ripe heretic framework. Undoubtedly, Liturgy have crafted a unique patchworked genre that both tears at the seams of metal and electronics and quilts the unkin.

## Motivation

By: Ayaz Ahmed, 1T7

We are almost done  
We will climb over this peak  
Just one more month left



# How to make the most of rotations

By: Amy Lau, 1T5

This is the time of year we all dread: exam time. While first and second year students are cramming, the third years are slowly getting accustomed to the fact that this is their last exam season at the Leslie Dan Faculty of Pharmacy. For those of us in fourth year, PEBCs are creeping ever closer and more of us are starting to mentally freak out.

However, for the first, second, and third years, this also marks the fast-approaching clinical rotations. Whether you are about to start Early Practice Experience (aka EPE) 1, EPE 2, or Advanced Pharmacy Practice Experience (aka APPE) rotations, here are a few tips on how to make the most of it and leave feeling accomplished and ever closer to becoming a full fledged pharmacist.

## 1. Do not be afraid to ask questions

I know it sounds cliché, but in all seriousness, this is the time to do it. You will never know what you do not know and you will never know if you do not ask. This is particularly true for those of you starting EPE rotations. Your preceptors know you are students, and asking questions is your way of showing them you are passionate about moving forward and learning more. Do not be shy about it and ask away.



## 2. Do not let opportunities slip by

It is always a good idea to get a feel for what opportunities there are. Make sure you get a chance to try out every possible task the placement has for you, because sometimes, the pharmacist has to do it all. Also, do not be shy about offering an idea for a clinic day, or asking to tackle a project for your preceptor. Not only will you learn something new, the preceptor will really appreciate your initiative. This might be harder for some of you who feel ill-prepared or unfamiliar with topics, but this can serve as extra motivation to get the job done, and you will always have the support of your preceptor. To reiterate the first point, do not be afraid to ask.



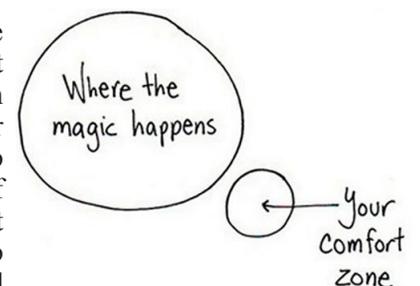
## 3. Make your mistakes, but learn from them too

First things first, remember that you are a student and that you are there to learn. This is your one chance to have someone catch your mistakes before it reaches a patient. Use this chance to try new things and to learn so these mistakes do not happen after you start practicing. Just remember that your preceptors expect you to learn, and as you progress from EPE-1 to EPE-2, and finally to APPEs, the preceptors will be expecting fewer and fewer mistakes. The pharmacist is often the last line of defence for patients, so while it is ok to make mistakes now, you have to learn to make sure they never happen in the future.



## 4. Step outside your comfort zone

The tip is pretty straight forward, but I want to emphasize this with regards to the presentations that many of you will need to do during your rotations. Tackle a topic that you aren't familiar with, step outside the idea of a simple case presentation or common conditions. By choosing a topic you have not learned about yet, you will expand your own knowledge and will likely give a more engaging talk. Also, do not be afraid to step outside the box. One of my most successful presentations involved a taste test of common oral liquids, including acetaminophen solution, ranitidine solution, senokot liquid, and ferrous gluconate suspension. By straying from the usual topics, I was able to not only broaden my knowledge of ways to overcome poor palatability, but also helped the pharmacists better understand what some of their patients are experiencing.



## The Pharmacist Files

By: Amy Lau, 1T5



**Who?** Karen Lam

**What?** Staff Pharmacist (BScPhm, CGP)

**Where?** Sunnybrook Ambulatory Patient Pharmacy

*Please describe how you got to where you are today since the start of your pharmacy career.*

Every journey has a beginning, but I was told not to start right at the very beginning...

A successful pharmacy career wouldn't be possible without a successful four years in pharmacy school. Prior to graduation, I attained experience as a registered pharmacy student at Shoppers Drug Mart by working nights and weekends. The pharmacists I worked with were amazing, often allowing me to flex my pharmacy muscles through counselling and OTC recommendations (all under the supervision of the pharmacist, of course!). This gave me more confidence, and also to apply the knowledge that I crammed into my brain during the school hours (and often late into the night).

At the completion of my University of Toronto education, and passing my PEBCs, I started my internship with Shoppers Drug Mart in London, Ontario. Internship was inspiring as I got to work with a very passionate preceptor. During this time, my appreciation of pharmacy technicians (assistants at the time) grew very rapidly. I quickly learned that the pharmacy doesn't run on pharmacists alone, but also on the hard work of the whole team. I have brought this throughout my career, and it has served me well!

Internship went by like a breeze (the speed of it, not necessarily the work involved!). My one-year contract with Shoppers was going to start, and I was assigned to float between three stores: two were in St. Thomas, Ontario, and the other in Aylmer, Ontario. The differences between the stores' patients were so vast that it was difficult to accommodate at first. With time, and a lot of help, I was able to integrate into each practice site, and became a member of a tightly-knit family.

After a year and a couple months with Shoppers, I decided

that it was time to go back to Toronto. The decision was mostly a personal one, but I would need to find a job before I left St. Thomas. My friend referred me to where he was working, and as he was leaving for another job, it would have been perfect to have me fill in the gap. The interview went well, and thus I started my four and a half years in an independent IDA in Toronto.

Working in an independent pharmacy differs greatly from working in a chain store. It gives you a bit more flexibility to cater to the needs of your patient, as well as the ability to carve out programs that you may feel would benefit the community. During my time at the independent pharmacy, I learned to speak Mandarin, helped to organize the pharmacy, and continue to apply patient-centered care to the patients of the pharmacy. This is the place where I learned to develop rapport with patients, and to have that unique relationship with each and every person that comes through the door.

During my time at the independent pharmacy, I also attained a job at a compounding pharmacy (also through connections, so remember not to burn any bridges!). I worked here for six months, gathering experience and feeding my passion of compounding. Under the wing of a well-trained technician, as well as a pharmacist, I was able to learn a lot about compounding. I continue to do so now, so just because a job stops, it doesn't mean that the learning does as well!

That leads me to where I currently work. Opportunities present themselves throughout your lifetime, and sometimes you just have to be ready to take them. I wanted to try something new, and so I started applying for different positions, no matter if I thought I was qualified or not. I remember fixing my CV and writing a handful of cover letters to see if I could at least get an interview. I submitted my CV to the United Nations, to Medisystems, and even to Telus Health Solutions (of which I got a lot of "What? You're applying to sell phones??").

After going through the interview process with a couple of the companies, my friend told me about an opening at Sunnybrook, and perhaps I should apply.

I was hesitant because it was a hospital, and I never envisioned myself as a hospital pharmacist (never mind that I was very much out of practice with a lot of hospital-related things!). I looked at the posting and it turned out to be in an outpatient pharmacy, which gave me a bit more confidence to apply. I fixed my CV as before, attached it to the application, and hoped for the best.

Not too long after, I received a call from my current manager, asking me to go in for an interview. I was excited beyond belief, and rearranged my work schedule to go for the interview. It was a bit of a wait, but I finally got the call that I was offered a job at the pharmacy! Exhilarating news at 8pm while cleaning up the rest of the work after closing time!

I've been at this position for two and a half years now, and although the initial learning curve was steep as can be, I feel like I've made a home here. I continue to learn on a regular basis, and hope to continue to teach future students about the importance of perseverance, but also the how pharmaceutical care can play such an important part in the lives of our patients.

#### ***What is a "typical" day for you?***

I don't know if there is such thing as a typical day working in APP! Every day brings a new challenge and a chance to learn something new.

Most days are filled with checking scripts and counselling patients on both prescription and non-prescription medications. Throughout the year, APP takes on students and therefore we do spend a portion of our time teaching as well.

I find that the days that you feel are going to be typical usually turn out with something that surprises you, so it's always good to keep an eye out for opportunities to learn, observe, and absorb knowledge from all around you.

#### ***What is the most important thing to you in your practice?***

Making a difference. At the pharmacy, we often are the last people that patients see before leaving the hospital. It's the last chance to make a good impression, so to speak. Every patient requires something, and hence why they often find themselves in the pharmacy in the first place. Whether you make a difference in that patient's day, and sometimes even their life, depends on what happens between when they step into the pharmacy to the time that they leave. As pharmacists (and technicians too!), the empathy and care that you give to the patient does make a difference. You may think that the patient walked away grumpy, but I've had patients come back and thank me for my advice, even though it wasn't something that they wanted to hear.

#### ***What is a CGP and how does one get certified?***

CGP stands for Certified Geriatric Pharmacist. It's a US-based organization that provides certification for pharmacists who want to or are working with a geriatric population. Being certified means that you have taken the exam provided by the

CCGP, and it lasts for five years. Having the credential gives you a bit of an edge in terms of addressing concerns in the geriatric population that often times we do not look at when using evidence-based medicine since a lot of studies exclude the very frail and the very elderly. This is also important for those thinking about going into long-term care, whether in nursing homes, retirement homes, or other forms of group homes for the elderly.

OPA offers a course to prepare for the CGP exam. ASCP also offers courses and notes on their website. The exam runs four times a year, and the CCGP website also offers a study package for you if you are interested in taking the exam.

#### ***What advice would you like to give to current pharmacy students?***

Don't take your education lightly, and continue to apply what you learn in school, especially in practice. Practical experience is a must, and if you don't know something when you've been put on the spot, it's better to say "I don't know, but I'll look that up" than to guess (because guessing can be dangerous!). Value the people that you work with, especially those who take the time to be your preceptor. Take whatever you can from what they teach you, because you never know when you'll need that knowledge again. Study hard, but make sure you have fun too - you want to know what's going on in the world, not just what's going on in your pharmacy textbooks!



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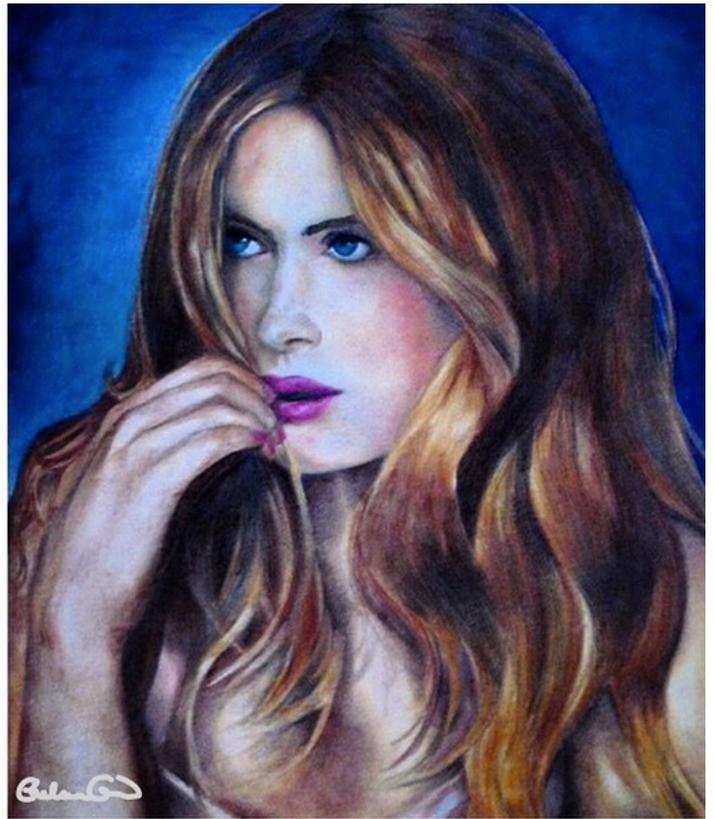
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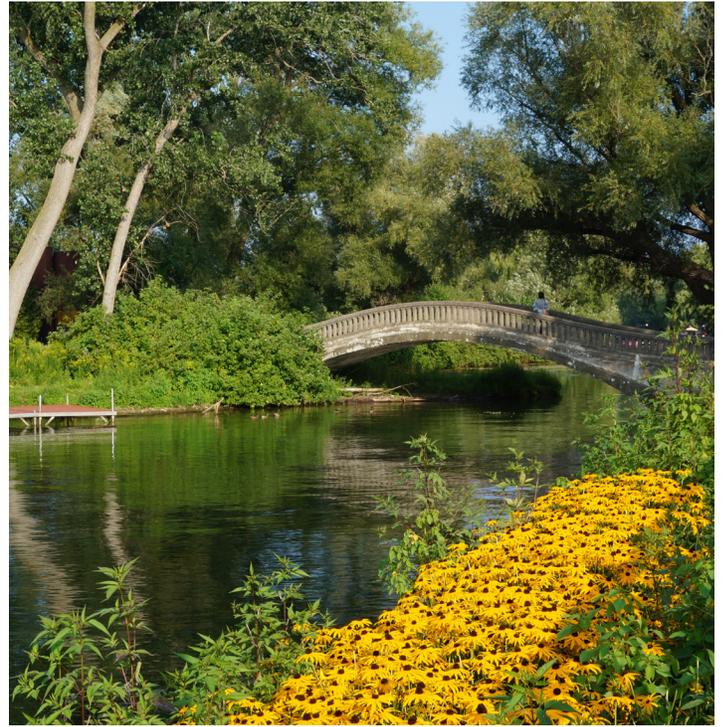
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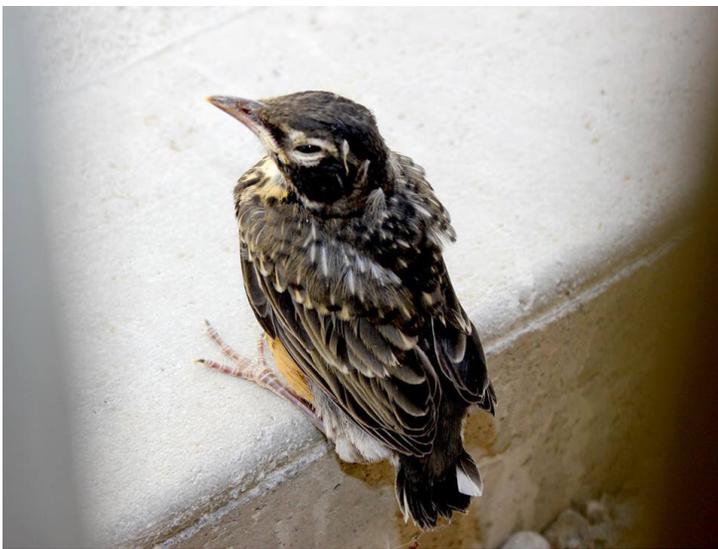
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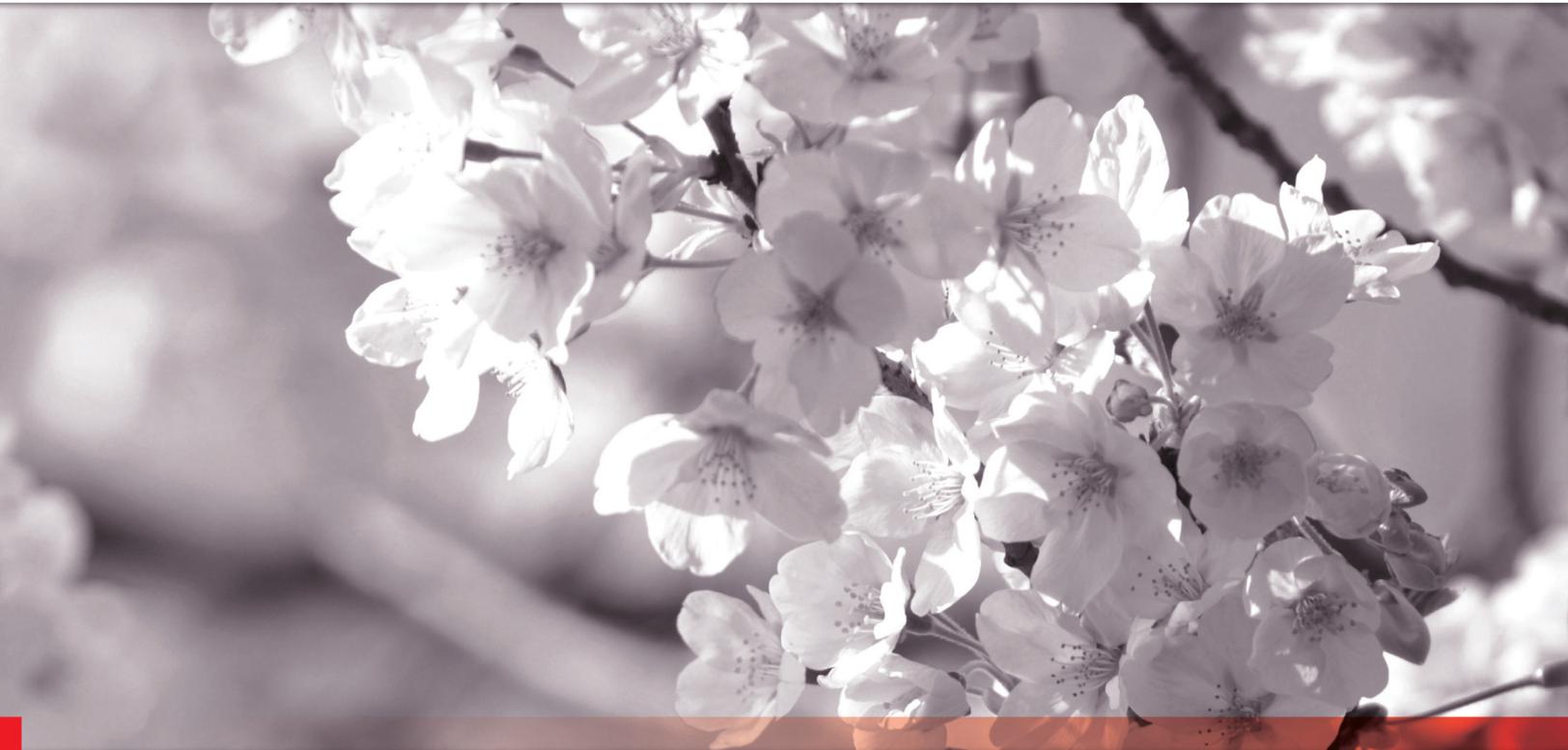


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