

Volume 19, Issue 1 2017-2018

MONOGRAPH

The Voice of the Pharmacy Student



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EDITOR'S ADDRESS

Hey Pham!



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The Monograph would not be made possible without our dedicated team of writers and readers like you!



We are excited to bring you the first print copy of the Monograph! The Monograph representatives, writers, and photographers have been working hard to put this issue together. We would like to extend a warm welcome to our Layout Designer Jannie Co and 2T1 Representative Julian Wong.

This issue, we have a special contest presented by Edward Ho. Check out page 21 for the full details. Be sure to fill out the contest and place it in the Monograph Box on the Monograph stand for a chance to win tickets to Friday Night Live at the ROM! A huge thank you to Edward Ho for making the contest and giving the prizes. Also, this year we are tailoring the "Dear Druggist" responses to the questions asked. There will be a different pharmacist answering the questions in each issue depending on his/her expertise. Check out page 20 for this issue's "Dear Druggist" column!

We also want to acknowledge Tammy Nguyen, whose photo was featured on the Monograph Pre-issue cover. Her depiction of the Atrium won the 2T0 Monograph Photograph contest last year. Way to go Tammy!

Lastly, the Monograph website is revamped and running! Thank you to our 1T8 Monograph Representative Linda Yang for preparing this for us. Go ahead and like, comment, and share your favourite Monograph articles! As hard copies are limited, feel free to print the contest from our site and submit it.

Visit us at: monograph.uoftpharmacy.com, or use the QR code.

Enjoy reading, and we look forward to your submissions in the future!

Ersilia and Narthaanan
The Monograph Co-editors
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UPS ADDRESS

Hello Pharmacy Phamily

We cannot believe that it is already October!

This past month has been an incredible opportunity for all of us to rehash memories from the summer, reconnect with friends, and recharge socially before midterms get underway. With events such as the Boat Cruise, Soccer Cup (CONGRATS UofT!), and 2Tr Orientation Banquet all wrapped up, we look forward to our Fall line-up of events for you to recover from those midterm blues!

Have a look at our fall calendar of events below to schedule in some rest and relaxation! Most notably, we are bringing back the Halloween Social this year, where there will be a pumpkin carving and costume competition! Be creative, and dress to impress!

On November 3rd, join us at George Ignatieff Theater for our annual Phollies Talent Show to support your friends and classmates as they surprise us with hidden talents! In the midst of all of this, do not miss out on the opportunity to take part in various CAPSI competitions, like the PIC/OTC and Compounding Competitions in October. Winners of these competitions get a reserved seat to PDW 2018 in Edmonton, Alberta!

We look forward to seeing you at our events! As always, reach out to us regarding anything!

Good luck on your midterms!

Cheers!

Steven and Onella
UPS President and Vice-President
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CALENDAR OF EVENTS

OCTOBER

- 9th: Thanksgiving
- 10th: CAPSI PIC/OTC Competition
- 12th: IPSF Pharmacy Abroad (WB 116)
- 13th: CAPSI Compounding Competition (TBD)
- 15th: PDW Poster Presentation Deadline
- 15th: CAPSI SLC Submission Deadline
- 19th: OEE NDPC Spotlight Lunch and Learn (WB 116)
- 20th: CAPSI Guy Genest Deadline
- 25th: CAPSI PDW T-shirt Competition Deadline
- 26th: UPS Halloween Social (PB Atrium)

NOVEMBER

- 3rd: UPS Phollies Talent Show (George Ignatieff Theatre)
- 4th: UPS Curling Bonspiel
- 6th - 10th: Charity Week
- 9th: UTSU Lunch and Learn (WB 116)
- 13th: UPS Dean's Meeting
- 13th: Pharmakon LinkedIn Photoshoot (TBD)
- 16th: CAPSI Pharmafacts Pre-Bowl (WB 116)
- 23rd: La Roche Posay Lunch and Learn (WB 116)
- 24th: Career Fair (PB Atrium)
- 30th: UPS Holiday Party and Santa Photos (PB Atrium and PB 210)

Hello Athletes!

Intramurals have officially started! It isn't too late to join a team if you haven't yet. Check out the pharmacy teams on IM Leagues.

Athletics Recap for September

2017 Soccer Cup - Waterloo vs. U of T

Sponsored by Enhancing Student Experience Fund (ESEF)



For the 2nd year in a row, UofT defeated Waterloo in the annual OPA Soccer Cup, winning by a score of 4-1. Shout-out to captain Hassan for shedding blood (literally), sweat, and tears for the team



A special thanks to the **Enhancing Student Experience Fund (ESEF)** for funding this year's Soccer Cup

Start of Intramural Season

Men's Hockey opened the season with a 5-1 win.

Men's Flag Football opened the season with 13-0 win.

Co-ed Flag Football opened the season with 26-0 win against SMC and 31-0 win against Rotman

Co-ed Ultimate Frisbee opened the season with a 5-5 tie against Medicine A.



2017 Softball Tournament

The Pharmacy Softball Team set a new team best in the 2017 UofT Softball Tournament. They played a total of five games, made it into playoffs, won the semi-final match against KPE, and finished in second place behind PT/OT

Sylvia and Andrew
Sr. and Jr. Athletic Representatives
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CLUB'S CORNER • CAPSI

Welcome back to school Pharmacy!

We're extremely excited to be planning events for the 2017-2018 year! The Canadian Association of Pharmacy Students and Interns (CAPSI) is an organization that is aimed at promoting and advocating for the interests of pharmacy students. As a UofT student in the PharmD program, you are automatically a CAPSI member!

This past summer, your CAPSI Senior Representative (Nisha Gajaria) and CAPSI Junior Representative (Rachel Anisman) attended CAPSI National meetings at the CPhA Conference in Quebec, Quebec. At these meetings, we met with other CAPSI representatives from across Canada. Topics of discussion included mental health resources for pharmacy students as well as a resolution for the Quebec pharmacy student crisis. It was an excellent opportunity to find out what is going on at other pharmacy schools so we can bring some new ideas your way!

The school year has been off to an amazing start with the Summer Package Textbook Sale and Phrosh Ice Cream Social. We had a great time meeting the incoming class of 2T1 at the Ice Cream Social, and the upper years at Clubs Fair! September is quite a busy time for us as we have many activities going on for you to get involved in! Students have had the opportunity to sign up for their FREE CPhA benefits which include incredible discounts such as \$100 off the registration fee for the CPhA conference. Additionally, registrations for our signature CAPSI Competitions went live. Participating in these competitions not only provides you with the opportunity to show off your pharmaceutical skills, but it also allows you to win prize money to represent UofT at the national level at Professional Development Week (PDW).

PDW is the largest conference for pharmacy students, run by pharmacy students. This year, PDW is scheduled to take place in the beautiful city of Edmonton, Alberta from January 10-13, 2018. Over the course of four days, there are many exciting activities planned such as an opening and closing gala, talks, motivational speakers and more! PDW provides a unique opportunity to meet pharmacy students from all of the faculties of pharmacy across Canada. We can't wait for PDW – it's especially special this year since we'll be celebrating the 50th anniversary of CAPSI and the 30th anniversary of PDW!

As always, if you have any questions please feel free to contact Nisha (torontosr@capsi.ca) or Rachel (torontojr@capsi.ca).

We look forward to seeing you around PB!

Nisha and Rachel
Sr. and Jr. CAPSI Representatives



TOP 5 REASONS TO JOIN CSHP

Narthaanan Srimurugathasan, 2To

The Canadian Society of Hospital Pharmacists (CSHP) offers students the opportunity to show their support through student memberships. Many employers find CSHP membership desirable as it demonstrates a student's commitment to hospital pharmacy practice. Although the CSHP Membership Drive has finished as of last week, if you have an interest in hospital pharmacy practice, it is not too late to consider becoming a CSHP student supporter! A few of the many benefits of the membership are highlighted below:

★ 1 Professional Liability Insurance

OCP requires registered pharmacy students to have professional liability insurance. This protects pharmacists from allegations of dispensing the wrong dosage, wrong drug, and/or improper drug counselling. CSHP offers its student supporters liability insurance at a competitive rate, starting at \$50. Comparatively, the OPA offers professional liability insurance for only \$27.00, however, this is in addition to its membership fee of \$71.19. It is noteworthy that the CSHP professional liability insurance policy term is from July 1 to June 30 annually.

★ 2 Subscriptions to the Canadian Journal of Hospital Pharmacy (CJHP), e-Newsbrief, and eBulletin

CSHP makes it possible to stay informed of the rapid changes that occur in pharmacy with these free subscriptions. CJHP provides an overview of the research and innovation with a focus on hospital pharmacy. The CSHP e-Newsbrief is a weekly email which features the latest news in hospital pharmacy practice. The e-Bulletin advertises job openings for pharmacists. It is useful to show the varying jobs available for pharmacists in the community.

★ 3 Student Opportunities

CSHP student supporters have exclusive access to student postings. This includes summer jobs, volunteer positions, and possible EPE rotations. CSHP also provides an annual summer internship in Ottawa where a student gets the opportunity to support CSHP members and advocate for hospital pharmacy. This is a paid position that is only available to members. The deadline for this year is November 30, 2017.

★ 4 Preferred Rates for CSHP Meetings, Conferences, and Educational Events

CSHP student supporters get access to CSHP meetings, conferences, and educational events for discounted rates. These events are a great opportunity to learn about residency programs, learn about recent developments in pharmacy, and network with pharmacy professionals. The topics can range from clinical updates based on recent evidence to panel discussions about recent headline in healthcare. CSHP members also have access to online educational programs, such as webinars.

★ 5 Access to Pharmacy Specialty Networks (PSN)

PSNs connect pharmacy professionals from across the country and provide an opportunity to ask questions, share accounts, and engage in discussions. Groups include Global Health, Drug Information, and Infectious Diseases. They offer students a chance to network with pharmacists of particular expertises. These groups also serve as a resource to CSHP for input and feedback on professional issues or to assist in drafting publications pertaining to the specialty.



Like our Facebook page to receive updates about CSHP events and for more information about the practice of pharmacy in hospitals

<https://www.facebook.com/cshputoronto/>

ANTIBIOTICS AND PREGNANCY AN INCREASED RISK FOR EARLY MISCARRIAGE

Ersilia D'Andrea, ²To on behalf of Pharmacy Students for Women's Health (PSWH)

Despite being widely and effectively used to treat bacterial infections, the effects of antibiotics on pregnant women are not fully known. However, a recent study published in the Canadian Medical Association Journal has increased our knowledge of the risks certain antibiotics can pose for pregnant women. The study presents a list of antibiotic classes that are associated with spontaneous abortion when taken early on in pregnancies (within the first twenty weeks). These antibiotics are:

- Quinolones
- Tetracyclines
- Sulfonamides
- Macrolides

The women involved in the study were from the Quebec Pregnancy Cohort, who were studied for the fetal effects of various antibiotics beginning from the first day of gestation. The data was adjusted for other factors which may cause miscarriages, such as women taking teratogenic/fetotoxic medications or who had planned abortions. The women were ages 15-45 years old.

Different antibiotics may cause miscarriages via different mechanisms. For example, clarithromycin may alter cardiac rhythm in the developing fetus, while quinolone may interfere with the DNA replication process and inhibit mitosis. It is also known that tetracycline inhibits important enzymes required for tissue remodeling, while metronidazole may cause DNA damage by increasing the

production of reactive intermediates.

The results of this study pose a new challenge to prescribers, who must weigh the benefits versus risks of not taking antibiotics to treat bacterial infections, which can create a dangerous environment for a developing fetus. However, several antibiotics are still considered safe during pregnancy, including penicillin, erythromycin, nitrofurantoin, and cephalosporin. Luckily, these antibiotics are commonly prescribed for women to treat common issues such as urinary tract infections.

These findings are significant because they have the potential to cause guideline changes for the treatment of infections in pregnant women. This information also gives increased awareness to pharmacists who may now give a second thought to dispensing these antibiotics to pregnant women and consult with their prescriber first, and will likely change their medication counselling of these antibiotics when dispensing them to pregnant women.



Like our Facebook page to receive updates about PSWH events and current issues in women's health!

<https://www.facebook.com/PSWHToronto/>

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DOES PHONOPHORESIS IMPROVE EFFICACY OF TOPICALLY APPLIED DRUGS?

Farhat Hossain, 2T0

Improving drug delivery has been a topic of interest to pharmaceutical researchers in recent years. In particular, researchers are continually investigating methods to improve drug absorption for either localized or systemic effect on the body. While it is important to look for innovative methods to enhance drug penetration, it is imperative that current methodologies used in clinical practice for this same purpose are evaluated.

Phonophoresis refers to the use of ultrasound to introduce a certain drug into the tissue of interest. The



medication used as a topical agent can be applied prior to or after an ultrasound application. The procedure is commonly used with anti-

inflammatory medications such as dexamethasone and salicylates, as well as with anesthetics such as lidocaine. Physiotherapy clinics utilize this technique; however, it is not only exclusive to this field. The present question remains as to whether this technique is successful in enhancing drug absorption in the body.

One study compared the efficacy of phonophoresis with the nonsteroidal anti-inflammatory drug diclofenac, and conventional ultrasound therapy in primary knee osteoarthritis (OA). In this randomized controlled study, there were significant improvements in most of the clinical parameters (pain, stiffness, and physical functions).

Neither of the methodologies was found to out-perform the other except with respect to one parameter, which was the pain felt by patients while walking. Phonophoresis therapy was found to improve outcomes for patients regarding this parameter in comparison to ultrasound therapy alone. This study raises an interesting question: if phonophoresis with an anti-inflammatory drug and ultrasound therapy produced similar results in alleviating pain symptoms in OA, what is a common mechanism between these two modalities?

Phonophoresis is thought to increase skin permeability by two possible mechanisms: acoustic cavitation and thermal effects of ultrasound. Cavitation causes a rearrangement of the lipid bilayers, which leads to formation of aqueous channels in the skin through which drugs can penetrate into the targeted tissue. It has been demonstrated that the lower the ultrasound frequency, the faster and greater the heating regardless of the depth. Skin permeability is positively correlated with increasing heat, as every 10-degree Celsius increase in temperature leads to a doubling of skin permeability. Another similar study compared the effectiveness of ibuprofen phonophoresis versus ultrasound therapy in knee OA, but came to a similar conclusion that one modality was not superior to the other. Perhaps it is the thermal effects common to both ultrasound and phonophoresis that are largely responsible for increased drug penetration. However, these studies regarding phonophoresis remain inconclusive and require further research into the efficacy of this technique.

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HEADLINES IN HEALTHCARE

A ROBOT TO CLEAN YOUR ROOM? ST JOSEPH'S HEALTH CENTRE INTRODUCES NEW BACTERIA-KILLING ROBOT

Josephine Ho, 1T9

The next time you touch the door handle of PB, push the buttons of the microwave, or grab on to the hand grip on the subway, think about how many people have touched it before you. Imagine the number of unknown and invisible organisms that you just collected and will soon inoculate into your eyes or nose. That seems scary to me, urging me to scrub my hands for the 12th time today! But isn't the thought of staying in a hospital room where countless people have stayed for treatment of a plethora



of diseases even scarier? As a patient, you essentially live, sleep, and eat in this room, while sitting on the same bed for the entirety of your hospital stay.

You hope to recover while in the hospital and hopefully not be invaded with a bug that was lurking in your room from previous patients. For this reason, infection control and environmental services are so essential to both patient and staff safety.

The team at St. Joseph's Health Centre in Toronto has just introduced a new member to their team, a fully empathetic robot called the Tru-D SmartUVC (also known as "Trudi"). Trudi enters the room after her human team members have manually cleaned it using current best practices. The robot has sensors that analyze the size and objects in the room to determine how much time it will

take to thoroughly disinfect the space. After the analysis, everyone is to evacuate the room so that Trudi can use UVC light to disinfect. The dose of UVC light delivered kills bacteria and viruses, including culprits of common hospital-acquired infections such as influenza, norovirus, C. difficile, and MRSA. Trudi can deliver this UVC light to every inch of the room, including corners and underneath furniture and equipment. Currently at St. Joseph's, Trudi is used to clean patient rooms, mobile work stations, patient tools, and patient transport devices (such as wheelchairs and walkers). Trudi's work is intended to expand to the operating rooms too!

You may wonder how effective this recent technology is in reducing hospital-acquired infections. A study was done at nine hospitals in the southeastern United States by investigators at the Duke Infection Control Outreach Network earlier this year (the BETR-D study). They found that enhanced terminal disinfection using UVC, on top of traditional bleach-based cleaning, resulted in an over 30% reduction of infections from multi-drug resistant organisms compared to traditional cleaning alone. With this impressive efficacy, perhaps we can expect to see more action from Trudi in other hospitals too. I eagerly await more technological advances in infection control such as this one.

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Bacteria-killing robot joins St. Joe's cleaning team. (2017, September 22). Retrieved September 20, 2017, from <http://hospitalnews.com/bacteria-killing-robot-joins-st-joes-cleaning-team/>

Image: <https://stjoestoronto.ca/2017/08/bacteria-killing-robot-joins-st-joes-cleaning-team/>

FACULTY INTERVIEW WITH MARIA ZHANG

Grace Athanasiadis, 1T9

I was fortunate enough to sit down with Professor Maria Zhang, a clinician educator both at the Centre for Addiction and Mental Health (CAMH) and the Faculty of Pharmacy at the University of Toronto. At CAMH, she works as an advanced practice pharmacist, while overseeing the Education Program. At the University of Toronto, she is involved with several programs, including the Doctor of Pharmacy (PharmD) Program, the International Pharmacy Graduate (IPG) Program, and the PharmD for Pharmacists program. I asked her a few questions regarding her work at both CAMH and the faculty.

Grace Athanasiadis (GA): Tell us something interesting about yourself.

Professor Maria Zhang (PZ): The most recent interesting thing that I did, was during a trip to Peru. It was the second part of my honeymoon; the first part was Spain and Portugal. In Peru, we did a 4-day, 3-night hike to Machu Picchu. It was [...] definitely the most physically challenging thing I have ever done. It was a 70-km hike in 4 days, in high altitude. [...] I couldn't catch my breath, and it was really cold! On the first night, we camped in 5-degree Celsius weather. At that point, both my partner and I were wondering, "What did we just pay to do?" After the first day, though, it was all downhill (literally). Overall, it was a bit tortuous, but a lot of fun. It was very much a once in a lifetime experience in that you should definitely try, but I'm probably not going to repeat it anytime soon.

GA: What interested you to go into the field of pharmacy?

PZ: I applied after my first year of undergrad because I could, and I got in. [...] In terms of my current area of work, I think I was always interested in mental health, and in the "why" people are the way they are. Within the previous pharmacy curriculum, however, there really wasn't much exposure to mental health. I also remember at the time I was completing my combined BSc/PharmD, Dean Boon came to talk to our small class, and she was trying to spark our interest in research. This was because many pharmacists don't go into research, and this was especially true a few years ago. She explained that as pharmacists, we get so many drug information questions, lead-

ing us to look things up. She then posed this question of, "Why don't we, ourselves, generate the answers to these questions?" Her argument was that we get these questions, and therefore know what questions and gaps there are in the literature, so why don't we fill the gaps instead of using someone else's research? This was really transformative for me. So, my next step was doing my Masters. I did graduate work here at the faculty, and my supervisor was based at the Centre for Addiction and Mental Health (CAMH). My masters was a little different, in that it encompassed both teaching and clinical work. This led to my current work, which is exactly that—a blend of both teaching about addictions, and still working at CAMH.

GA: Describe a typical day of work for you

PZ: I think it would be easier to give you a snapshot of a week, because a day doesn't quite capture it. I'm essentially in a mix of meetings—whether that is at the faculty or at CAMH.

At UofT, depending on the time of year, I am teaching, though my time can also involve my own development, including becoming a better lecturer and professor. On the CAMH side, and that is where I am more frequently, it could relate to leadership, as I am a part of a leadership team, where we set and enact the strategic plan and vision for both our department and our organization. I also represent pharmacy on committees or initiatives. One that has been quite near and dear to me, is the opioid overdose. CAMH has been rolling out a very robust initiative to minimize the number of opioid overdoses in our clients. So, I am heavily involved in that. In addition, there is an important part of being a pharmacist that involves advocacy. As pharmacists, we are always trying to prove our worth. For example, when the opioid overdose initiative started, the first point of contact was, "Can you supply us with naloxone kits?" Certainly, we can supply people with naloxone kits, but the perception of us is still as a distributor, or product-based. Luckily, we were able to advocate for the allocation of resources to an opioid overdose prevention pharmacist. We therefore now have a pharmacist who is focused on doing medication reviews in order to streamline medications, and minimize the risk of overdose to begin with.

INTERVIEW • *Maria Zhang*

So, my work week is a bunch of meetings everywhere, commuting back and forth, and hopefully sitting down and doing some of the work that comes out of those meetings.

GA: What is the most rewarding aspect of your job?

PZ: For me, it is seeing the product of my efforts, whatever that may be. It could be a thank you card, or an e-mail from a client or student. So, whenever I can see a tangible result, positive or negative, then I think that at least there is recognition for the work I am doing. Feedback is usually explicit in that, for example, a client tells you, “I thought this naloxone training was going to be such a waste of time, but I have learned so much more.” I have also referred clients wanting to get more involved at CAMH, including sharing their voice and lived experience to our programs. Clients think they are just getting a naloxone kit, but they are also getting an opportunity at the same time. Whether you work in community or in an in-patient setting, you are a point of contact, and can refer clients to resources that benefit them. This is another rewarding aspect of the job, and these are all markers, I guess you could say, of success.

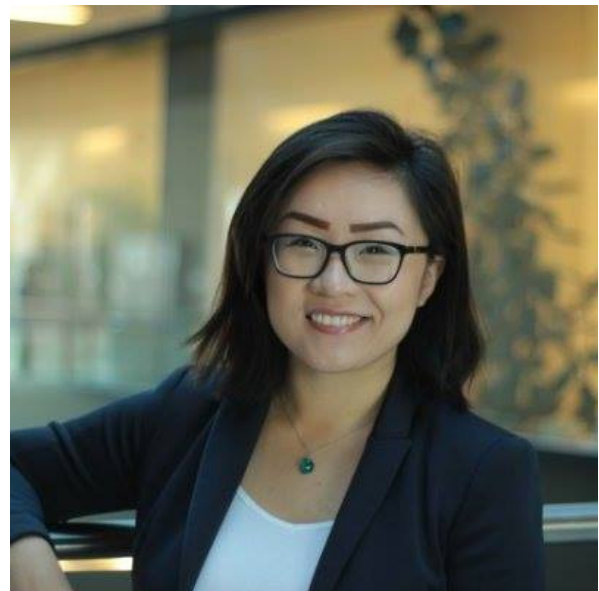
GA: Now, talking more about the other end, what are the most challenging and/or stressful aspects of your position?

PZ: I guess the best word for that is “politicking”. At CAMH, I am much more involved in the politics. This includes thinking about who to include in a particular e-mail thread, and how to craft your e-mails in a way that best achieves your desired outcomes. It is also asking, “Who do I bring to the table to make sure things change and move forward in a positive direction?” You must be intentional in who and what you are talking about. In addition, everyone is working under a constrained budget, whether that is within the faculty, hospital, province, or on a federal level. Once you begin to realize that, and buy into health systems, the less likely you are to have a rose-coloured, or tinted view of health care. Everything boils down to dollars and cents. So, there is a systemic view of why things are the way they are, and it is important to understand and see that. If you need resources for your initiative, then money and resources is the required common denominator when speaking to others. Politicking is

frustrating and challenging, but I am also not blind to the fact that it must be done.

G: Where do you see yourself in 10 years?

PZ: I am hopeful that in 10 years I will still be doing something I love doing—that it is not pulling teeth to go to work. Also, to know and remember how privileged I am, and to still have that place of gratitude, regardless of what I am doing. I think all of my different internships, and my current position, have sensitized me to the struggles of others, so hopefully I am still cognoscente of that 10 years from now, in whatever position I am doing. Although, I must say, because I have so much exposure from these 2 realms that I am in [both at the faculty and at CAMH], it is hard to imagine what else could be better. I am not wanting for so much more at this point. I am content, and I think I have no reason to complain. As students, and as people, however, you need to be open to opportunities, and I am not closing any doors. Government is really interesting, Public Health is really interesting, Global Health is interesting. I feel like pharmacists are everywhere, and they really can do anything.



A STEP FORWARD: THE HEALTH AND ECONOMIC BENEFITS OF THE IMPLEMENTATION OF OHIP+

Shelby Yiu, 2T1

Out of all the developed countries that offer universal health care, Canada is the only country that does not offer universal drug coverage. In April of 2017, Ontario's Finance Minister Charles Sousa released the 2017 Ontario Budget: A Stronger, Healthier Ontario. This budget outlined the province's drug benefit program, OHIP+, which will provide any Ontarian 24 years old or younger full coverage on prescription medications starting in January 2018. Ontario currently covers drug expenses for those on social assistance, those with disabilities, and residents who are older than 65 years old. OHIP+ would double the amount of people covered by the province. It would be a good investment towards improving the quality of life for Ontarians.

OHIP+ will improve the health of young Ontarians by decreasing access barriers to prescription drugs. Many Canadians have private coverage, but approximately 20% of Canadians are still uninsured or underinsured. Eliminating these costs can improve health outcomes for Canadians by improving adherence to prescriptions. Although some may see the target population as generally healthy, the implementation of OHIP+ will help young people and their families with costs and access to pharmaceuticals for many chronic conditions such as mental illness and cancer.

Mental illness is a major health problem globally, and in Canada. It is the second leading cause of death in youth. Approximately 29.1% of Canadian youth ages 13-19 years of age have mental health problems. OHIP+ can increase accessibility to important pharmaceutical therapies for mental illness, for those with and without private health insurance.

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Another example of how OHIP+ can improve the lives of Ontarians is how it may save families money. Trillium's catastrophic drug plan covers families and individuals who spend more than 4% of their gross income on pharmaceuticals. With OHIP+, families that depend on the Trillium drug plan can save thousands of dollars on the deductibles they would have paid.

Implementing a provincial program such as OHIP+ may save the government money. Pharmaceuticals in Ontario are currently covered through patchworks of uncoordinated plans and payers. The cost of essential and generic pharmaceuticals in Canada is 60% higher than in Sweden and 84% higher than in New Zealand, two countries that have universal drug coverage. The government can save money by shifting the population's reliance from private health insurance to a more comprehensive provincial plan. A more comprehensive provincial plan would allow the province to buy more pharmaceuticals in bulk, thus giving the province more negotiation leverage with pharmaceutical manufacturers.

Overall, OHIP+ will provide Ontarians with both health and economic benefits. OHIP+ will improve health outcomes for many young Ontarians by eliminating costs and providing better access for their needed pharmaceuticals. OHIP+ will also help the Ontario's economy by reducing the cost of private health insurance for Canadian companies, and by potentially saving the government money. Though full national and universal drug coverage is ideal, OHIP+ is a push towards the betterment of health care system.

UNIVERSAL PHARMACARE? WE'RE NOT READY.

Michael Vu, 2T1

According to a 2015 poll, 91% of Canadians responded when asked that they would like universal drug coverage which would be known as Pharmacare. Lower drug prices, improved adherence, better health outcomes, and lower hospital costs are some of the potential benefits. Although community pharmacists may face reduced dispensing fees (likely down to ODB levels) under pharmacare, they also have the opportunity to dispense the estimated 1 in 4 prescriptions that go unfilled because patients cannot afford them.

All of this sounds great, but implementing national universal Pharmacare is farther away than the opinion polls suggest. This is because as a society, we are not prepared to pay the cost of acting in the public good. Regarding the 2015 poll, it is clear that Canadians want Pharmacare, but would rather not pay for it themselves. When asked how Pharmacare should be funded, Canadians rejected most of the options presented, which include:

- Increased sales tax (70% opposed)
- Increased income tax (61% opposed)
- A new Pharmacare premium (54% opposed)

Tellingly, only an increase in corporate taxes (i.e. “not me”) was supported by a majority of respondents (62%). It is no wonder that the federal government is dragging its feet on this issue, preferring to focus on the opioid crisis, marijuana legalization, and the cost of brand-name drugs.

When the federal-provincial health accord negotiations concluded earlier this summer, during which Ontario agreed to a 10-year arrangement, there was no sign that national Pharmacare was on the table. Without federal leadership and support, less wealthy provinces are

unlikely to move towards Pharmacare.

The most progress towards universal Pharmacare has occurred at the provincial level, especially in the context of the upcoming 2018 provincial elections. However, the same fear of asking Ontarians to pay for new benefits has reduced the scale of the programs proposed:

- The Ontario NDP proposed universal drug coverage for 125 essential drugs, but were quick to say that no new taxes would be involved initially
- A few days later, the Ontario Liberals announced OHIP+, which extends coverage of the ODB formulary to those under 24 years of age (i.e. the group with the lowest drug costs).

These modest proposals have been costed at around 450 million dollars each (i.e. around 9% of the current ODB budget), which prompted UBC professor and Pharmacare advocate Steve Morgan to describe the Liberal plan as “symbolic” in the larger drive towards universal Pharmacare.

It is easy to place the lack of progress on Pharmacare at the feet of our politicians. However, their hesitation is only a response to our own. Until public sentiment moves beyond the concept of Pharmacare and towards accepting the responsibility of funding such a program (likely through taxes), we won't be ready to confront the insurance and pharmaceutical interests that can be a source of inertia on this issue.

It's a long road, and we're not there yet.

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HOW YOUR STUDENT ORGANIZATION CAN DREAM BIG

Edmond Chiu, 1T8

As the year begins anew, some of you may sympathize with this: transitioning the organizations you've been a part of to the new incoming executive team, or perhaps becoming the incoming executive member.

As someone who's been involved with student clubs and organizations since their undergraduate days, I recognize that the summer plays an increasingly important role in strategic planning. It's about the only time in the year where student leaders can spend some time thinking about long-term goals. In my experience, however, the time is usually spent on transitioning incoming executive members with aims of how to repeat the year or how to make events better, rather than aiming to adapt to changes the organization can expect in the future (which may include cancelling previous events).

I wanted to change that as I handed off my Process and Quality Improvement role at the IMAGINE Clinic.

The IMAGINE team is a relatively large one compared to most other undergraduate student organizations. You can figure that turning over such a large team is going to have its challenges. Previous executive transition meetings included a power-point presentation and some time to connect outgoing and incoming executive members. What I found lacking here is engagement of these executive members. I wanted to re-shape how transition meetings can be done and came upon Liberating Structures; a set of tools dedicated to fully involving your team to shape the future.

I had the opportunity to lead a few activities using Liberating Structures with the new IMAGINE team at their executive transition meeting, and here's what I learned:

1. Anyone can do it!

This was the first time I had led activities based around the use of Liberating Structures. I didn't quite follow the guides word-for-word. Instead, I adapted them to suit my needs for this transition meeting. I kept each activity's principles in mind as I planned each one. By the end of the meeting, I had observed every member of the executive team contributing to the conversation.

2. Connect different roles efficiently

When designing the activities, I intentionally paired up certain roles, so they got to know each other in the organization. It was my hope that these initial and brief interactions set the stage for future collaboration. One of the pieces of feedback demonstrated that the individual had a much better idea of how each role contributes to the success of IMAGINE through participation of these activities.

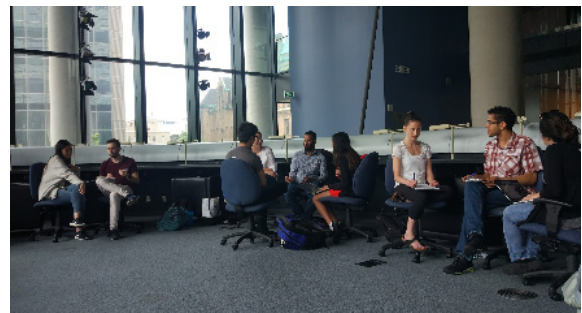
3. Time Flies

I think many, if not all, of us have been through an activity where the clock seems to tick and tick and the end seems to never be in sight. That wasn't the case during this meeting! The activities kept everyone on their feet, with ideas and thoughts being shared left and right and before I knew it, the meeting was at a close. My only regret was being unable to participate in the full experience as I spent most of it leading the activities.

By the end of the meeting, there were many ideas that executives wanted to act on. Most importantly though, there was a feeling that everyone wanted to do it together.

I hope you'll consider using Liberating Structures at one of your next meetings. It's a simple yet powerful way to connect within your team to figure out how far you can go!

Feel free to reach out to me if you'd like to talk about how to implement them! You can find me on Facebook (/edmondchiu92), Twitter (@edmondchiu_rph), or LinkedIn.

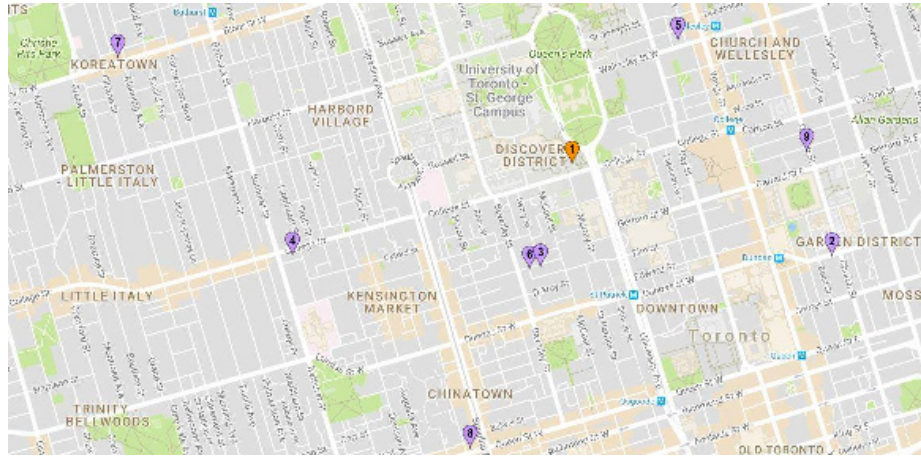


The IMAGINE team sharing through Liberating Structures!

LIFESTYLE • *Foodie Recommendations*

JAPANESE NOODLE SOUP FOR THE SOUL

Patrice Albarico, 2To



Midterm season is here! While ramen has a stereotype of being dormitory junk food, it is the perfect way to de-stress while studying for midterms, and cramming for MTM labs and care plans. Instead of buying ramen in grocery stores, why not visit one of these restaurants that specialize in serving Japanese noodles made in seafood or meat-based broth? They will definitely satisfy your cravings! Itadakimasu-!

1. Leslie Dan Pharmacy Building 144 College St.

Not a ramen place, but it is listed here as a reference point.

Price: \$\$\$\$\$\$\$\$\$ (\$20,000+)

2. Santouka Ramen 91 Dundas St. E.

Famous for their white tonkotsu (pork bone) broth, this restaurant started out in Hokkaido, Japan and has since opened locations worldwide. They make a superior combination of soup, noodles, and meat that just blend in and create a mild, gentle flavor in your mouth that is unmatched by other places. The line ups around lunch and dinner time can attest to that!

Price: \$-\$\$\$ (\$13-20/bowl)

3. Ryu's Noodle Bar 33 Baldwin St. // 786 Broadview Ave.

This place serves a variety of ramen with delicious broth for an affordable price. They make the best tsukemen* in 2 different flavours of angus beef curry and shio broth with pork and chicken. They have very friendly and quick service staff that really makes the heart and soul of this restaurant. Try and ramen you fancy and drink it with some cream soda or Sapporo beer and no doubt you will be filled to your heart's (or stomach's) content.

*Tsukemen = dip n' noodle ramen where noodles are dipped in a separate bowl of soup before eating.

Price: \$-\$\$ (\$11-18/bowl)

4. Ramen Isshin 421 College St.

Isshin has a good broth that has a stronger (and more flavourful!) taste than in most places. They have really quick staff and you can see them prepare the noodles in front of the store. Whenever you get a bowl in this place, order it with an extra shoyu marinated soft-boiled egg.

Price: \$-\$\$ (\$11-16/bowl)

5. Ramen Raijin 2 - 10 Phipps St.

The most convenient ramen restaurant since it is a 2 minute walk from Wellesley station, has a mini grocery store inside which also sells bento boxes (pre-made lunch boxes) that you can buy for lunch! They are usually open until midnight and is a perfect place to hang out with friends for those late nights.

Price: \$-\$\$ (\$11-15)

6,9. Kinton Ramen 51 Baldwin St. // 668 Bloor St. W. // 402 Queen St. W. // 396 Church St.

Kinton is the largest ramen chain in Toronto that has a create-your-own ramen menu where you choose your broth, meat, noodles, and toppings. This is a good introduction for ramen beginners if they would like to try it out as the flavor is more "western" than traditional ramen. Also, Kara-age (deep fried chicken) ramen on Mondays is a must try!

Price: \$-\$\$ (\$10-16)

THE DEFENDERS: A MOVIE REVIEW

Kyle Yuen, 2T1

A threat arises, greater than anyone can handle. The police are ineffectual and the only way to handle it is for various lone-wolf heroes to band together and combine their powers to fight the new evil. Yes, I'm talking about Earth's Mightiest Heroes, the Avengers! Wait, I mean the Defenders! ... What's the difference again?

This summer's end was accented by the release of Marvel's latest entry into its Netflix exclusives. The Defenders follows the adventures of the four heroes previously featured in the MCU (Marvel Cinematic Universe) on Netflix: Daredevil (Charlie Cox), the blind lawyer fighting crime on the streets and in the courts; Jessica Jones (Krysten Ritter), a booze-chugging, super strong private investigator with a very disturbed past; Luke Cage (Mike Coulter), the bulletproof ex-convict looking to lay low and keep to himself; and Iron Fist (Finn Jones), the heir to a billion dollar company and possessor of a very destructive right hook. These solo operatives soon find themselves needing to band together to battle an ancient force that threatens New York.

But while the skeleton premise is the same as the 2012 blockbuster *The Avengers*, the execution is anything but the same. The MCU's Netflix series eschews Michael Bay explosions and CGI magic for a more grounded and gritty style (and trust me, these shows are not meant for your young brothers and sisters to enjoy). The Defenders follows the exploits of each hero following their first adventures as they are all drawn by the same force to eventually battle it together.

The series takes a different direction from the four shows that came before it; the previous shows placed far more emphasis on the hero's conflict with the villains, whom are much more fleshed out. Conversely, *The Defenders* primarily looks at the dynamic between the reluctant heroes. While it certainly serves for some action-packed fun, *The Defenders* does somewhat lose what made the previous series stand out. Each of the previous shows (maybe with the exception of *Iron Fist*) had a

very layered and nuanced villain pulling the ropes.

They were all multi-dimensional characters that were carried by their actor's jobs in portraying their inner turmoils. None of them really fit the "stock villain" archetype that does evil so they can twirl their moustaches; rather they all have their own motivations to see themselves as the heroes of their own story, a common trait among many of the best villains in fiction. *The Defenders* has one of its own to a degree, an original villain known as Alexandra (Sigourney Weaver). I certainly enjoyed Sigourney's acting, though I felt as though her development suffered a bit as a result of the short length of the series and the staunch focus on our heroes' camaraderie (such as Jessica's roasting of Daredevil's gaudy red costume). Don't get me wrong, Alexandra was a good villain, but I just wish we would have had more time to see her story develop and clean up her motivations for the viewer to see. Ultimately, this is a compromise in favour of "more hero, less villain" in a similar direction as other movies Marvel has put forth (I'm looking at you, *Thor 2* and your dark elves; what even?).

Compromise, however allows us to see each of the heroes slowly come together and realize they need each other. Without spoiling too much, the moment all four end up at the same place at the same time is one of the most entertaining parts of the series altogether, and their reactions to each other's abilities is hilarious. (If you had a magic fist that could blow up walls, should you really be surprised that a guy can tank bullets like it's his job?) Any time Iron Fist and Luke Cage are on screen, it's great not only because their powers create a perfect offense/defense equilibrium, but Iron Fist's youthful energy and recklessness is tempered by Luke's pragmatism and wisdom. It's a really great pairing and I hope they interact more down the road (and team up to form Heroes for Hire like in the comics).

The actors carry themselves just as well in this series as their home series, especially Iron Fist who improves quite a bit. In particular, Charlie Cox and Mike



Colter are my favourites because they really allow for their characters' personalities to shine and they feel real. Admittedly, these opinions are slightly biased due to my love for their home series, but the Defenders gives each of these characters the opportunity to interact, and the actors play it off oh-so-MARVELously.

The same can't be said about the show's story as it does no real favours unfortunately. It somewhat builds off of some plot elements from previous shows, but there is enough context given so that new viewers aren't left completely out of the loop. The plot won't throw anyone who's genre-savvy, and most viewers could predict the ultimate outcome of the miniseries. The story isn't particularly striking or groundbreaking; in fact I found it to be quite predictable. I also found that the ways in which the solitary heroes were brought together to be a bit of a stretch, particularly Jessica's and Luke's involvement in the main conflict. (Why should a drunk PI and an ex-con fight an ancient evil? Because that's the story!) But altogether it's forgivable, given the rest of the "cool" sprinkled around elsewhere.

The Defenders is ultimately a series worth watching, despite lacking the story and nuanced villains of its predecessors. It more than makes up for it with great

fight scenes and refreshing conservatism with the special effects to give a grounded, martial arts-packed adventure that Bruce Lee would be proud of. I do, however, recommend watching the first two seasons of Daredevil before watching The Defenders, as the introduction of a certain character is a spoiler for Daredevil, and his story in particular is advanced greatly. Jessica Jones, Luke Cage and Iron Fist can be watched for more context and a bit of backstory but there's enough explained that they aren't must watches (though they are really good shows, so watch them anyways!).

Plus, there's music by Run the Jewels and the Wu-Tang Clan featured; how awesome is that?

Final Verdict: 8/10, would watch while eating rice

MY PICKS FOR THIS SUMMER'S FLICKS

Joseph Correia, 2T0



5) **Guardians of the Galaxy Vol. 2**

A superhero movie was destined to end up in my top five movies since I am a sucker for this genre. However, I tried to be as nonbiased as possible while constructing this list. Even with titles such as Spiderman, Wonder Woman, and Atomic Blonde released this summer, I think Guardians of the Galaxy Vol. 2 is the only one that deserves a spot on this list. Director James Gunn delivers another visually stunning and very funny addition to the Marvel Cinematic Universe. He wisely chooses not to focus too much attention on setting the audience up for the upcoming Avengers: Infinity War, but instead create a surprisingly heartfelt father-and-son story with all the fun of a comic book movie. Like many good sequels, it improves upon its predecessor by diving further into characters that were not fully developed in the first film. Both Yondu (Michael Rooker) and Nebula's (Karen Gillan) relationship with the title characters are explored in more detail this time around. In particular, Yondu's character arc is really the heart of the story. Overall, this is a very entertaining movie if you're a fan of the genre.

4) **The Big Sick**

This movie is an indie comedy starring the talented Kumail Nanjiani, who is also one of the writers for the film. Although this is a comedy and there are a couple of hilarious scenes, the comedy is subtle. The humor mainly lies in the awkward situations the characters are placed in and the quirkiness of the leads. This film is an interesting take on a romantic comedy because it primarily explores the relationship between Kumail (he is playing himself in the film) and Emily's (Zoe Kazan) parents when they are forced to stick together after Emily becomes terribly sick. In fact, Emily isn't in most of the film, but the chemistry between the romantic leads when they do share screen-time is strong enough for the audience to become invested in the fate of their relationship. The film explores the confusion of love, the consequences of breaking free from cultural expectations, and ultimately on how to cope with the unpredictability of life and how to cope with it. It does this all in a very light-hearted way ensuring that a laugh is never too far way from its tear-jerking moments.

ENTERTAINMENT • *Movie Review*

3) **Girls Trip**

I did not want to like this movie. I'm all for a good chick flick every now and then (I am a sucker for 10 Things I Hate About You and Love Actually), but the trailers for this movie looked awful and I can't say that I've ever liked a Queen Latifah movie. As much as I tried to hold back every grin, within about ten minutes of this movie I was dying. This is about the time that Tiffany Haddish enters the movie and she's hilarious. I've never heard of her before, but after this movie I will definitely be keeping an eye out for her future films. Her comedic timing is perfect in every line she delivers and she has a few really funny moments of physical comedy on display as well. This movie is raunchy, hilarious, and even kind of moving at times. Perfect for a night in with the girls or even a guilty pleasure for the boys too.

2) **War for the Planet of the Apes**

While I was a fan of the last two films, this movie surpasses them in every way. It is really something special. First of all, the effects on display in this film are unmatched. The motion capture is so perfect that if someone told me that they used real apes for the film I would have believed them. When these apes are interacting with their environment, each fiber of hair on their bodies seems to be moving in its own unique way. Their facial movements are so detailed that a broad spectrum of emotions can be seen and felt while watching these apes face dangerous situations, ethical dilemmas, and more intimate moments. Besides these masterful effects, the film also tells an engaging story. The story of Caesar is an interesting one because the problem he faces is not as simple as winning the war against humans. He continues to struggle internally about the right thing to do for his family, the apes, and even mankind as he begins to develop a close bond with a young daughter of the enemy race. While a lot of fantasy films (such as Lord of the Rings, Harry Potter, and Star Wars) have such a definitive good vs. evil type of battle, neither army in this film is depicted as simply good or evil. Each respective race is composed of characters that the audience must decide for themselves which side of good or evil they fall on based on their intentions. Even if the premise of fighting apes seems silly at first, (as it did to me), I suggest giving this movie a chance.

1) **Baby Driver**

This movie is awesome. This sentence can basically sum up my entire review, but I will elaborate. This film is directed by Edgar Wright, who is a really successful director with many well-received films in his catalogue. While I was not surprised that Baby Driver was receiving the same critical praise and success of his previous films (Shaun of the Dead, Hot Fuzz) I figured it probably wouldn't be my thing since I wasn't a fan of his previous work; I was wrong. I had so much fun with this film from start to finish. It's similar to a musical, (nobody sings don't worry), in that the heart of the movie really lies in its playlist. Each scene is choreographed so that it fits the theme, rhythm and beat of the music that is playing under it. For example, there is a scene where a shootout is taking place and each angle change, gunshot, and movement is in sync with the musical changes in the song. Besides this really cool stylistic choice of direction, the film has plenty more to offer. The characters are really over-the-top and interesting, the dialogue is quick and witty (similar to Tarantino's style), and the action is suspenseful and unpredictable. This is easily one of my favourite movies of the year so far.

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References:

Image from <https://www.comicbookmovie.com/comics/2017-summer-movie-season-recap-best-summer-for-movies-2153638>

PHARMACY SHOUTOUTS

- Dear Dr. Nakhla, thank you for your patience for answering my questions regarding the minor ailments course contents. I really enjoyed your course. Thank you once again.
- Quan Zheng
- Shout out to all students who run clubs/events/programs for the betterment of the Society.
- S/O to the beautiful mamacita in 2to. Hedy Romero, I have my eyes on you ;)
- S/O to my powerpuff girls + TT. You guys are the best <3
- To my Group 9: Cry Me a Rivastigmine babies for being the most awesome phrosbies anyone could have asked for. Love you all!
- Shout out to the best social rep Wendy for an awesome Rec Room event!
- Karen is the real MVP for giving me a bye for UI/ menopause #notfinished
- To Grace, Chantel, Erica, Peter, Alex, Rajivi, Anna, and Jakov. This summer was unforgettable!
- s/o to da numba 1 suPOOPsatory buddy in 241 KENNY.DEEEEEE!! LOVE U #DYNAMIC2UO
- Shout out to Kendra for saving as many seats before class as you can.
- Shout out to Sarah (a.k.a. Princess Lunchbox) for consistently coming to class on time and saving us seats! She's a great study buddy and SUPER helpful when getting assignments done. Sarah, you da best! Much love from #LVCR

ADVICE COLUMN

Dear Druggist,

What keeps you engaged/motivated through the monotonous routine of community practice?

Community pharmacy practice is not as monotonous as it may seem. I would say that it's all in the hands of the pharmacist. Although some pharmacists may still be checking and counselling on prescriptions, our profession has expanded and evolved to do much more than that

One thing I really enjoy doing is Medschecks. It's a great way to use your clinical skills and build a good relationship with your patients. Another possibility is to run clinics! Diabetes, smoking cessation, travel vaccinations... the possibilities are endless. I would highly recommend running a monthly "themed" clinic. Not only are these a great service to the community, pharmacies can benefit financially from the influx of patients. Getting students and volunteers involved can make the load and financial stress easier and serve as a valuable experience for all.

With the possibility of point of care testing coming very soon to Ontario, there's even more to look out for as a community pharmacist. Having said that, the biggest advice I can give is to take full advantage of expanded scope. I wish you all the best on your future endeavours!

SY is an enthusiastic community pharmacist working at a local grocery store pharmacy. She is a recent graduate and enjoys taking relief shifts at a variety of retail locations whenever she isn't working at her pharmacy.



STUDYBREAK • *Contest Time*

MY DEAR DISNEY

Edward Ho, 2T0

It's contest time!

And for once, it's not click-bait like a Logan Paul YouTube video!

As we start a new semester here at the Leslie Dan Faculty of Pharmacy, it's important to be able to establish a balance between sleep, study, and fun!



Beginning on September 29, 2017, Friday Night Live has returned to the Royal Ontario Museum. For nine consecutive Fridays, the museum transforms into a lively night club environment, with food and bar service, as well as live music (both instrumental and DJ's) on every floor of the museum! Who doesn't want to club with this Partysaurus?

There is a different theme each Friday. Doors open at 7 pm and ends roughly around 11 pm. Dress as casually as you'd like, or even come in a costume for the most popular event – Halloween!

Answer the questions below correctly for your chance to **score a pair of tickets to the Friday Night Live event on October 27, 2017.**

 Name: _____

Circle one - Year: 1T8 1T9 2T0 2T1 Staff

Email: _____

1. In the Disney Pixar classic, Toy Story, Buzz Lightyear faces an identity crisis when he realizes he is a toy and not an intergalactic space ranger. He is later seen wearing an apron and a hat, to which he is referred to as this name: _____.
2. Mulan saved China from the Hun army and was recognized as the first female heroine according to folklore. Her trusty sidekick, Mushu, is voiced by _____.
3. Meeko is the name of this species of mammal: _____, debuting in the Disney Classic, Pocahontas.
4. Cinderella has two stepsisters: Anastasia and Drizella. In the sequel, Cinderella II: Dreams Come True, Anastasia finds a love interest whose occupation is this: _____.
5. Winnie the Pooh loves honey but dislikes bees. He often has fearful nightmares of these two imaginary creatures: _____ and _____.
6. Hank is an octopus who debuted in Finding Dory. He had lost one of his arms, making him a _____-opus.
7. Remy the Rat debuts in Ratatouille in 2007. He follows Chef Gusteau's philosophy that "Anyone can _____."

SUDOKU!*Zahra Khan, 1T9*

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GET INVOLVED WITH THE MONOGRAPH!**Shoutouts:**

Do you want to acknowledge someone who has helped you in your classes? Someone who you admire? Perhaps a friend who came through during a time of need? Give them a shout-out on the Monograph using the QR code!

**Dear Druggist Questions:**

Do you have a question for a pharmacist? Are you unsure of who to ask? Do you not have the connections for the response you need? We've got you covered. Ask any question about pharmacy, healthcare, school, or even personal life and we'll have a pharmacist answer it for you. Use the QR code!

**APPE/EPE Anecdotes:**

Thank you to those of you who have submitted a response. We're looking for more submissions as we have something exciting planned for this column! Submit your funny, ridiculous, or even sad memories from your APPE or EPE rotations using the QR code!



Phrosh 2017 Recap



STUDYBREAK • *Behind the Lens*

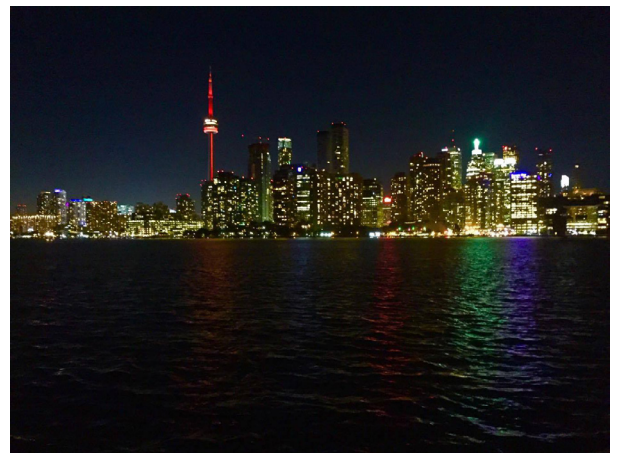


Exploring
- Tammy Nguyen, 2To

Sulpher Mountain
- Tammy Nguyen, 2To



The Path
- Bailey Hogben, 2To



Night Life
- Bailey Hogben, 2To
