

The Monograph Team

EDITOR'S ADDRESS













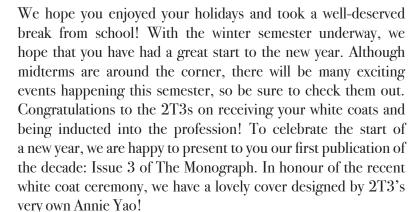
Happy New Year!





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Kalvin Kim, 2T2 Stephen Fong, 2T2 Within the pages of this issue, we feature our club's corner with articles written by COMPPS and EVOLVE, and an interview with Cheyenne Matinnia who is a hospital pharmacist at Sick-Kids. Read about the PDW conference that recently happened in Montreal, the white coat ceremony, and first impressions of classes. We also feature international themed articles, including an IPSF reflection and information on the American licensing process. And of course, we are thrilled to include artwork and photography in this issue!

As always, thank you to all our student contributors for

helping make The Monograph possible! If you would like

to submit work to be featured, you can always contact us at

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Good luck with this semester!

Monograph is impossible without writers like you!

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UPS ADDRESS

Hey Pharmacy!

First of all, congratulations to the Class of 2T3! You are now officially part of the pharmacy profession and have joined an even bigger phamily. As we watched you guys read those last few lines of the oath together, our hearts was were filled with warmth and we couldn't help but feel proud. To the rest of us, there's one less semester standing between us and our PharmD Degrees! Sometimes we just can't wait to be done, but be sure to treasure the moments we share together. These 4 years are arguably the best 4 years of our lives.

As you are reading this, there are probably a few midterms, assignments, and labs coming up, but fear not! This semester is filled with fun events and great opportunities that will balance out the stressful school work.

Join an intramural! Attend the Lunch & Learns! Look forward to events such as the OPA Hockey Cup against Waterloo, the Annual Semi-Formal, OPSIS (a conference between UofT and Waterloo Pharmacy Students), the UPS Awards Night, and much more!

In March, it is also time to elect your next generation of student council. UPS general council election will occur first, followed by class council. Getting involved is a great way to challenge yourself and grow.

If you have any questions regarding anything - professional or personal - always feel free to contact us! This semester is going to be great!



JP and Gigi UPS President and Vice-President ups@uoftpharmacy.com

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White Coat Artwork by Annie Yao, 2T3

CLUB'S CORNER: CAPSI





Professional Development Week (PDW) is the largest student-run pharmacy conference in Canada. This year PDW 2020 was hosted from January 8th - 11th by the University of Montréal in Montréal, Québec! We sent 100 students representing all years from UofT. The theme of this year's conference was "Innovating Through Time" which allowed delegates to further explore the rapidly changing profession of pharmacy. Some of the highlights included a motivational speech by two-time olympic gold medalist, Alexandre Bilodeau, a Women in Pharmacy Leadership panel by CPhA, and a 1920's Speakeasy closing gala.

During this time. CAPSI Representatives our Elaine Nguyen (Senior) and Kristina Miclat (Junior) attended four full days of CAPSI National Council meetings. They represented the interests of UofT pharmacy students during this time and discussed strategies for the semester ahead. These meetings bring all pharmacy schools together to create the national voice for over 3700 pharmacy students across Canada. A compelling point of discussion was the evaluation of CAPSI's student wellness initiatives, and the identification of areas for improvement to further meet the needs of Canadian pharmacy students.

Our students were able to show off both their academic and creative talents through the CAPSI National competitions. The amazing achievements of our students sparked a sense of UofT pride among our delegates, unifying them in support of one another.

We would like to extend our sincerest congratulations to the following students:

- Malak Al-Ali (2T2): 1st place in the Student Literary Challenge
- Chris Tse (2T0), Jacob Poirier (2T1), Elizabeth Lau (2T2), Brandon Handfield (2T3): 1st place in the Pharmafacts Bowl
- Nick Chiang (2T0): 3rd place in the Patient Interview Competition (PIC)
- Keerthana Rajkumar (2T0): 4th place in the Over-the-Counter (OTC) Competition
- Elaine Nguyen (2T1): UofT's winner of the Guy Genest Passion for Pharmacy Award
- Juliana Lee (2T0), Helen Liu (2T1), Jenna Melanson (2T2): 1st place IPSF Health Campaign Award
- UofT received the 1st place Award of Professionalism for our 2019 Pharmacist Awareness Month campaign [Rachel Anisman (2T0), Elaine Nguyen (2T1), Kristina Miclat (2T2)]

Overall, PDW was a great way for UofT pharmacy their dedication students demonstrate academics, excellence, professionalism, and the profession of pharmacy. In addition, it facilitated the opportunity to create friendships with students from the other 9 Canadian faculties of pharmacy, and extend friendships to our UofT peers as well. The countdown to PDW 2021 in Saskatoon has officially begun!

Follow @pdw2021 on Instagram and "like" PDW 2021 on Facebook to learn more!

♥ Your CAPSI Team

PDW 2020 - The Highlight Reel



Brandon Handfield, 2T3

PDW passed by in an instant, like a tremendous firework that stays etched in your mind and heart for years to come. That is not to say that my experience did not come with its ups and downs. Whether you're trying to relive the glory days or get a small taste of what you missed, here is the PDW TLDR from BHandfield's perspective.

Wednesday's wakeup call hit hard. But at least I caught the 8:35AM train departure (which could not be said for Obinna and a few others, including Junhee, who organized the whole train ride only to miss it himself!). Nevertheless, the UofT delegate gang showed up in full force when nighttime came for the conference's opening gala. Arnold's circus outfit was the most phabulous, sporting a red beret and neck handkerchief. The bottomless wine policy was definitely amazing, and overall everyone had a great time. The entertainment was top-notch, featuring a circus pole dancer with big-time charisma. The long night of celebration ended with the 2T3s at Joe's Panini, a local Montreal gem, with Obinna sheltering a stranger's miniature poodle from the cold in his jacket. Dog lover confirmed.

Thursday: it was time to attend some conference sessions. Swab 4 Life was my personal highlight of the day. It featured Mai Duong, a leukemia survivor of Vietnamese descent, who was able to raise awareness for cultural diversity in stem-cell screening and donation. After attending five talks, I decided to head home to the suburbs for a quick family visit. My mom was thrilled to see me, but after a nice home-cooked meal, my head hit the pillow for a quick nap, and it was GAME OVER. The story goes that UofT secured themselves a private loft complete with bottle-service galore later that evening. A night for the history books.

I was probably the only one well-rested on Friday morning, but the FOMO was real. Moving on, 2T2's very own Andrew won CAPSIL Editor from his speech that morning! Health Fair rolled around a few hours later and I got to enjoy a few booth holders struggling to chat up the 2T3s with broken English before I stepped in to translate. The smiles of relief on their faces were priceless. Bless them for trying very hard for us. You really do miss the French in Toronto, but I digress. Canada's Next Top Pharmacist was that night, and boy did 2T1's Eisha bring the heat. From belly dancing to a coordinated performance from the entire U of A delegate squad, truly some headliner performances.

Saturday, and it was game time! That's right, you guessed it: PHARMAFACTS. To be honest, I barely slept the night before. I was tired, we all were, but that didn't matter. You should have seen Chris, Dan and Junhee aggressively cheer every time we posted the right answer; all hell broke loose and Fabian's vuvuzela punctuated their battle cries. We were honestly a little obnoxious, and totally unapologetic about it. In the end, the truly blessed minds of Dragonboat queen Liz Lau, Off The Script podcast guru Chris Tse and our very own UPS President Jacob Poirier carried UofT to glorious victory. I did what I could to help as a humble little first year, i.e. mostly smiling and waving for the crowd. UofT rode that wave of victory long into the night, which was punctuated by the closing ceremony, bottomless wine part 2, and emotional speeches. I think I even saw Perry shed a tear. Montreal, you were a beauty. UdeM, hats off for being amazing hosts and a job well done. And to all the new friends made across the country, I hope to see some of your familiar faces come PDW 2022 in TO. Pharmacy truly is a wonderful world.

CSHP Corner: Interview with Cheyenne Matinnia



ML: You're currently completing a residency at SickKids, could you briefly summarize how you found yourself here?

CM: I started my undergrad at U of T St. George in 2011, where I completed studies in immunology and ecology/evolutionary biology. Through the program I had the opportunity to do immunology research at Sunnybrook, and through one of my summer projects, I became interested in medications and mechanisms from a research perspective. That led me to want to do my PharmD at UofT, and I was lucky to be accepted to start after my undergrad. I had the opportunity to work at different hospitals during my PharmD, which gave me exposure to hospital pharmacy practice. Through these opportunities, I found myself looking for an experience after graduation that involved additional clinical experience, as well as teaching/education and research. After learning more about hospital pharmacy residency, I saw the residency experience as a great combination of those 3 elements, and after speaking to past residents, that really led me to want to do a residency, and is what brought me here today.

ML: In your opinion, what would you say is the major benefit of completing a hospital residency?

CM: I see a hospital residency as a personalized learning experience, because whether you're the only resident or you have (a) co-resident(s), the year is focused on making you a competent clinician in the hospital. It really is a dedicated learning experience. More is expected of you as a resident, which is a natural transition from an EPE and APPE student. You also have feedback that is tailored to you and your overall progression as a resident. The feedback helps guide you towards where you need to improve and making you the best – I think that's a big benefit.

ML: What is the general structure of the residency program at SickKids specifically?

CM: I think the SickKids residency structure follows most of the other residency programs, where you have clinical rotations, some



I recently sat down with Cheyenne Matinnia, a 1T9 who is currently completing her residency at The Hospital for Sick Children. Whether you know Cheyenne from intramurals or her "introduction to residency" talks, you'll know that she definitely brings a lot of energy to whatever she does. I was fortunate enough to ask her some questions about her background, hospital residency programs and general advice for students looking to apply for a residency.

of which are required and some are elective. That is the structure for most of your year. In addition to clinical rotations, there are research and education requirements. For research, everyone needs to complete a research project to receive a residency designation (ACPR - Accredited Canadian Pharmacy Residency). You'll have project time scattered throughout the year, and at the end of your residency you will complete both a poster and final write up of your research project. For education, this experience will vary depending on the program, and it will provide opportunities for you to learn in an education/teaching role. You'll have different opportunities on the unit, in your department, or at the faculty to gain your education/teaching experience.

ML: Could you briefly describe the residency application process?

CM: One thing I would like to say is that it's never too early to think about residency. Don't be discouraged from looking in to and exploring all opportunities, including hospital residency (there are many opportunities at the faculty). I think it never hurts to explore your possibilities to find the best fit for you, or an experience that sparks your interest. For me, that was completing a residency. The official timeline for applying to residency is pretty consistent (although it may change slightly from year to year) - you'll start thinking about institutions you want to apply to during the summer after third year a.k.a. the summer you start APPEs. Applications officially open around August, and there's a few components. The first component is an online application, where you submit the equivalent of your CV and resume. You fill in transcript information and experiences you've had, along with information on what you have done over the past couple years. The second component is references. Three references are usually required, where they will be sent a reference form to complete and submit just ahead of the application deadline (in early October). The third component is the residency essay and cover letters. This can sometimes be confusing because they sound very similar. The residency essay guided by 3 or 4 questions, asking you to, in about 600 words, describe why

you want to do a residency in general (not institution specific!). The residency essay will be submitted with your general application, and will go to all hospitals you apply to. The essay is your opportunity to explain why you want to do a residency overall. In contrast, the cover letters will be written for each institution you apply to, and is your opportunity to convey why you want to complete a residency at that institution. Different institutions have different requirements for their cover letter, so look for this when you start applying! Finally, there are residency open houses hosted by each institution (usually in September/October), which give you the opportunity to visit and learn more about the different residency programs!

ML: Regarding hospital residency programs, what are some of the misconceptions associated with the application process?

CM: Every institution is looking for something different in their candidates! Don't worry about having to fit into 'box' or 'mold'; just be yourself. One misconception is that you have to have had certain experiences to be a good residency candidate. For example, "you must have been on council" or "you must have worked at this hospital to do a residency there" or "you must have had X number of hospital placements to be a good candidate". I think, at the end of the day, it's important to spend your time in things you're passionate about, and do your best to present the best version of yourself. I think that sometimes not having certain experiences/ placements can be a barrier to people applying, so I would say to not let that hold you back!

ML: Pharmacy school can be incredibly stressful and time consuming, how did you find yourself destressing during exams/busy times? How about during your residency?

CM: I'm glad that you asked this question! I think stress is something we should openly discuss more often. I think it's important to say that many people go through various struggles to get where they are, especially during pharmacy school. Everybody struggles, which can be hard, especially because it's easy to feel like you're the only one who doesn't know what's going on. We can all take steps to make the conversation of stress and struggle more approachable, and help each other through it! In pharmacy school, the expectations were raised each semester, and sometimes it was hard to manage and keep up! Sometimes you slip and some marks don't come out how you expect, or one subject is giving you more trouble than you anticipated. This is okay!

Some things that helped me de-stress were intramurals – whether I was good at the sport or not, I found it helpful to talk to my classmates outside of the classroom and have some fun! Sleep was/is also really helpful when possible. At the end of the day, just know that sometimes it's ok to feel overwhelmed, it's even normal. Something that also really helped me was having mini venting sessions with pharmacy friends (let's call it debriefing), whether it was on second floor or the fishbowl. It lets you know that other people are going through the same thing as you, which really helps!

ML: What influenced you to choose SickKids?

CM: SickKids has been a long-term dream of mine. My younger sister was a SickKids baby and was saved by SickKids, so the hospital has always held a special place in my family. In undergrad, I started as a child-life volunteer at SickKids. Child life involves helping children cope with the emotional impact of being in the hospital. I found that being able to volunteer here, whether it was giving a parent a break in the emergency department, or playing with children on the unit, gave me that patient perspective on the health care experience. It gave me empathy and a different perspective to consider. When I was doing my PharmD, I started doing a research project at SickKids (through PHM389) with Winnie Seto and Charisse De Castro, and I found the environment in the pharmacy department incredible – supportive, encouraging, challenging – and what I had felt would be a supportive learning environment for me as a resident.

ML: What are some of the major challenges you have faced so far during your residency?

CM: You may sometimes feel like you don't know enough and or that you're having a tough time, which is expected. As students, I think we are pretty used to this, since we are growing into our roles as pharmacists and learning each day! The expectations of you as a resident, versus as an APPE or EPE student, are understandably different. You will be challenged and pushed outside of your comfort zone, and in a way that is supported by your residency program! I think what's important is how you look at feedback, and how you move forward with it. Try to find ways to move forward when you're having a tough time, because those pressure moments are when you do the most learning/growing, and you will make it through! It's really rewarding when you learn/do something you didn't think you could do before.

ML: Any general advice for students interested in pursuing a residency?

CM: I think number one is to not be discouraged from applying. Sometimes, the process can be intimidating and sometimes it can seem unattainable. Stepping out of your comfort zone can help you meet others who will make you excited about residency or answer questions, so don't be shy to ask people about their experience. I think the main advice I would give would be to explore areas that give you passion. If you want to work in a hospital residency, talk to current clinicians, ask them what they do in a day, what makes them excited to go to work, and then see if those same things are exciting to you. I would encourage everyone to explore all areas of pharmacy, including hospital, community, industry or another area because, at the end of the day, you need to do what's best for you and follow your passion. Don't be afraid to explore to try new things and see where that leads you.

UPS ATHLETICS

Matthew Lau, 2T1 - Senior Atheletic Director Jonathan Ko - Junior Atheltic Director

Hey Pharmacy!

We hope everyone had a great and restful holiday! I'm sure at least a few of you enjoyed a healthy amount of home cooked food and holiday desserts. For those of you looking to work off any of the food from over the break, take a look at this semester's intramural sports! While there may not be any flag football this semester, we're happy to announce that two more sports have been added to the list: Coed inner tube water polo is a great way to relieve some stress while also working on your hand eye coordination! For those of you who have played actual water polo before, this is nowhere near as demanding physically as everyone plays while sitting in an inflatable tube! Don't believe us? Join the team and come out for an evening playing one of the more unique intramural sports the faculty has to offer! Women's field hockey is the second team that has been added this semester and is a great way of staying fit. First time playing? Worried you won't know what to do? Don't know the rules? Not to worry because Teagan, the team captain, will make sure everyone learns the basics and has a good time! Be sure to sign up for each team you're interested in on IMleagues! If you're having trouble or want to ask any questions, don't hesitate to email athletics@ uoftpharmacy.com or message either of us on FB!





MEN	WOMEN	COED
Hockey DIV 2	Soccer Div 2	HOCKEY DIV 1
VOLLEYBALL DIV 2	VOLLEYBALL DIV 2	SOCCER DIV 2
BASKETBALL DIV 2	BASKETBALL DIV 1	ULTIMATE DIV 3
	FIELD HOCKEY DIV 1	Volleyball Div 2
		BASKETBALL DIV 1
		DODGEBALL DIV 2
		INNER TUBE WATER
		POLO DIV 1
		BADMINTON DIV 2

First Impression of classes

Amar Deondandan - 2T3

Happy New Year everyone!

I hope everyone had a great holiday spending time with family, enjoying the Boxing Day rush and completing the Language of Practice/Juris-prudence/Pharmaceutical Care modules. I'm very thankful for those modules as they kept me from blowing my wallet shopping for Boxing Day deals. With a new year comes a new semester: which means a new (and less optimistic) article from myself on my impressions of our new classes.

PHM114 - Social and behavioura health

One class I find very enjoyable is PHM114 and I think this is one class we'll find really beneficial. We took an oath to abide by OCP's Code of Ethics and to maintain professionalism. This is the class where we'll really look into what professionalism means and I'm looking forward to making the best out of this class.

PHM141 - Pharmaceutics

I can't really comment much on PHM141 since the lectures have been mostly a review of pharmacokinetics, but I think we can all appreciate the great job all our PHM144 lecturers did at delivering pharmacokinetics thoroughly.

PHM101 - Pharmacotherapy

Two classes I'm really looking forward to are PHM101 and PHM105. From the introductory 101 lecture, it didn't sound too promising hearing that workups will be especially challenging. However, the idea of being able to manage a set of patient medications to identify potential drug therapy problems does sound like an amazing skill if I could develop it well here in 101.

PHM105 - Medication therapy management

PHM105 is one class I've been looking forward to since I volunteered in a pharmacy back in undergrad. From our introductory lab, I really enjoyed learning how to perform data entry into Kroll as well as checking prescriptions. I feel like we may have high expectations to meet here and to be honest, it is a bit nerve-racking knowing it's pretty easy to fail a module component if you're not careful.

PHM140 - Molecular pharmacology

And the dreaded PHM140. I can already see why a lot of people don't like this class. It's an intense, fast-paced class which by the looks of it, has heavy emphasis on mathematical derivations. And I'm not going to lie, I'm feeling pretty scared about it. This is one class you'll really want to take your time and try to understand what each equation really means.

Even after the first two weeks, it's pretty obvious that this semester will be a lot harder, but I'm pretty sure it will be even more rewarding. While horror stories from upper years have me feeling a bit uneasy about how well this semester will go, I can already see how many of these courses will tie into practice and help us with our first EPE. Like last semester, we will have our really stressful times.

PHM143 - Pathobiology and pathology

PHM143 so far feels a lot like anatomy, which will be an interesting course considering my study record from last semester. Jokes aside, my instincts tell me this class will be pretty easy to score well in, and we'll need it knowing what's about to come.

However, we've already shown how well we can support each other and as long as we do, I think we'll do just phine!

THE RETURN OF ORDINARY COMMERCIAL TERMS (OCTS)

Míchael Vu, U of T'OPA Student Chapter, 2T1 Rep

Disclaimer: The opinions expressed in this article represent the views of the author only.

On the 16th of December 2019, after extensive consultation with the Ontario Pharmacists Association (OPA), the Ontario government announced changes to regulations surrounding the DIDFA (Drug Interchangeability and Dispensing Fee Act) and the ODBA (Ontario Drug Benefit Act). Specifically, the government will be removing the financial cap on Ordinary Commercial Terms (OCTs) which they originally established in 2010.

When I read this notice, I was a bit confused. What are Ordinary Commercial Terms? I decided to do some research and find out as best as I could the context and potential impact of these recent changes.

Some history: In 2010, regulations enacted by the Ontario government dramatically reshaped the community pharmacy business model. Motivated by what they perceived as high generic drug prices, the government identified "rebate" payments occurring between pharmacies and drug manufacturers or wholesalers as one factor driving up prices. At the time, the government's priority was to implement a suite of changes to reduce generic prices to 25% or less of brand name drugs.

The Ontario government moved to reduce the influence of rebates by restricting "prohibited payments" including a phase out of professional allowances (PA) by 2013, with an exception provided to permit ordinary commercial terms (OCT) under strict limitations (not to exceed 10% of the value of interchangeable drugs dispensed). These changes had a negative impact on the pharmacy business model. Combined with other factors such as increased supply of pharmacists in the workforce and increased consolidation of the industry into large chains, the last 10 years have seen multiple threats to the financial sustainability of pharmacies and pharmacists.

In changing their regulations last month, the Ontario government has recognized that promoting the sustainability of the pharmacy sector is important to the healthcare system. These changes would not be possible without sustained stakeholder feedback by pharmacists and advocacy groups over the past decade. These new OCT changes came into effect on the 1st of January 2020. Many will welcome these new changes as a return of an important revenue stream for pharmacies.

What are ordinary commercial terms (OCT)?

Ordinary commercial terms are benefits negotiated in written agreements between pharmacies and drug manufacturers or wholesalers. Drug manufacturers are incentivized to provide these benefits in order to ensure long term supplier contracts and to increase their market share relative to their competitors. Ever wonder why your pharmacy has switched from one generic brand to another interchangeable brand? It is likely that an OCT benefit was negotiated. For example, OCTs may consist of volume discounts provided to pharmacies for bulk purchases, or discounts provided to pharmacies for prompt payment of invoices.

Are OCTs illegal? Do they raise drug prices?

Are "ordinary commercial terms" just a fancy way of saying "kickbacks"? Firstly, as they are explicitly permitted within the regulations (even in the period from 2010-2019), having ordinary commercial terms are not illegal. Forms of collusion between suppliers and service providers are found within many industries. For example, preferred provider agreements can be made between insurance companies and healthcare providers. In exchange for sending them patients, healthcare providers reduce the fees they charge to patients.

A more useful question would be whether patients are being adversely affected or if they are gaining from commercial agreements like OCTs. The main rationale



behind restrictions on OCTs was their perceived role in inflating generic drug prices. Companies who had to pay rebates to pharmacies had a higher cost of doing business and could pass on these costs to patients in the form of higher prices. This placed pressure on the provincial drug budget.

However, 10 years later the pendulum has swung in the other direction. Restrictions on commercial terms have threatened the health of the pharmacy sector as a whole, which risks decreased patient access to essential healthcare. A healthy and sustainable pharmacy sector is needed for the continuum of care, and the Ontario government has committed to improving the business environment by reducing regulations and removing red tape.

To avoid potential abuses in OCTs, requirements for transparency in OCTs that were implemented in 2010 will remain in place, so that the true price of drugs can be known.

What might the impact of these changes be?

Perhaps you have heard about the pre-2010 pharmacy sector in Ontario, when pharmacist wages were higher, and the business model was under less stress. Are we going back to the "good old days" now that OCTs are back? Will wages increase in response?

It is hard to say as many factors influence wages such as supply in the job market. It is anticipated that smaller independent pharmacies will be more affected by these changes to the OCT regulations. We will have to keep an eye out in the coming months to see.



References

- 1) Notice: Amendments to Ontario Regulation 201/96 made under the Ontario Drug Benefit Act and Regulation 935 made under the Drug Interchangeability and Dispensing Fee Act to reduce restrictions on Private Label Products and Ordinary Commercial Term benefits. Ontario Ministry of Health, Drugs and Devices Division- December 16, 2019.
- URL: <u>www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/exec_office_20191216_3.pdf</u>
- 2) Canada: 2010 Ontario Drug System Reforms. Borden Ladner Gervais LLP June 25, 2010. By Graham JS, Freedman B, Andrews S. URL: http://www.mondaq.com/can-ada/x/103668/Healthcare/2010+Ontario+Drug+System+Reforms
- 3) BBS Notice No. 11054 Drug System Reform Questions and Answers Ontario Pharmacists' Association June 24, 2010 URL: https://www.opatoday.com/Media/Default/PDF%20Publications/Policy%20Statements/2010-06-24%20OPDP%20Notice%20 No.%2010054%20posted%20June%2024,%202010 FAQs%20 on%20DSR%20Changes.pdf

White Coat Ceremony

Henry Cheung, 2T3

The annual induction ceremony for the new round of pharmacy students happened on January 14th, 2020. This is not just a tradition, but a time for students to reflect and express their commitment to the profession before being officially welcomed into the PharmD community. Through continuous efforts of students and staff, the ceremony was conducted in the Isabel Bader Theatre for the first time, allowing friends and family of students to celebrate this major milestone together. The night began with students picking up their white coats in excitement and anticipation. After finding their seats, they were honored to be joined by Leslie Dan himself, faculty members, and guest speakers to share words of support and empowerment. The ceremony commenced with Jamie Kellar (Acting Director of the PharmD program), Lisa Dolovich (Professor and Interim Dean of the Faculty of Pharmacy), Danette Beechinor (Director of Pharmacy, Sunnybrook Health Sciences Center), Justin Bates (Chief Executive Officer, Ontario Pharmacists Association), Sean Simpson (Board Member, Canadian Pharmacists

Association), Samantha Yau (Ontario Branch President, Canadian Society of Hospital Pharmacists), Jacob Poirier (President, Undergraduate Pharmacy Society), Nancy Lum-Wilson (Registrar and CEO, Ontario College of Pharmacists), and Graciela Fonseca (Trudell Medical International). Our guests shared thoughtful advice, words of encouragement and reminders of the great responsibility pharmacists hold as a profession. Following the inspiring messages, the 2T3's proudly donned their white coats and recited the Pledge of Professionalism in unison marking the end of the induction ceremony. Afterwards, students gathered for the reception to sign the pledge and take photos with the guests to commemorate the occasion. A big thanks to all our guest speakers and faculty for the warm welcome into the profession.

There is a bright future for us in pharmacy, so put on your hero coats. Congratulations 2T3s!









Classroom Story

Student in the Back Won't Stop Participating

by: anonymous

The students in Dr. Alfred Tace's PHM101 "Gerbil Pharmacology" class were startled when in the back of the lecture hall, 3rd year student Benjamin Adryl raised his hand to interrupt the professor's ramblings with his thoughtless and irrelevant question. However, surprise turned to aggravation when Ben, not satisfied with his disruption, went on to ask 6 more questions throughout the one hour class.

Despite the dirty looks and muttered insults, Ben was confident in his decision to continue to distract the class with his questions from the back. "I don't see the big deal. I just want to let the prof know that I'm paying attention by turning what he just said into a question." When asked why not move to the front of the class so that he doesn't have to shout, he replied "I don't want to be seen as a keener. I don't belong with those students at the front. I feel at home here".

Many students in the class do not share Ben's enthusiasm. Tyler Nole complains that his non-stop typing doesn't allow him to sleep and dream of finally talking to the girl he has had a crush on since orientation. His crush, Yasmin

Provéra, felt "uncomfortable" with someone attempting to learn while she scrolls through Thirsty Thursday pictures when her roommates went out without inviting her. Dozens of other back-sitters went on to state that Ben was detrimental to the enjoyment of their "The Office" episode by bringing unwanted attention to the hopeless area they occupy.

Front-sitter and the teacher's non-gerbil pet Addison Erall was also concerned and commented, "Dr. Tace writes only three recommendation letters a year. If this scrub starts to try and get himself involved, I will make sure he knows who he is dealing with. I didn't attend every single office hour for this guy to start becoming buddy-buddy with my ticket to med school."

The middle-sitters although irritated showed only mild interest in this situation as they do with all aspects of their lives.

Dr. Tace plans to re-establish social order in his class by now ignoring all students until they give up sharing any input they have on the lesson.

CLUBS CORNER: COMPDS

HISTORY OF COMPOUNDING

Nick Li, 2T2

Although compounding has become less common nowadays due to mass drug manufacturing, it is still one of the most common ways to make personalized medicine. Compounding has a long history, dating back to the prehistoric period and has transformed throughout time to become a modern-day practice among pharmacists.

Prehistoric medicines most commonly involve various plants, but also include earth and clays for healing wounds, and even fungi as laxatives. Different tools were used to mix plant extracts, and containers were used to preserve herbal mixtures for various purposes, including treating the sick and preparing the dead for burial. Over time, ancient civilizations discovered effects of different plants from trial and error, and ways to produce not only medicine but also oil, poisons and antidotes. In many cultures, witchdoctors and shamans

were in charge of diagnosing and preparing medicines for tribes, as well as spiritual practices, such as exorcism, during which different drug mixtures made from natural substances were often used.



As human society developed and cultures interacted as a result of trades and diplomacy, ancient botanists and chemists gained more knowledge of using different natural substances for different diagnoses, and producing compounds like perfumes, dyes and preservatives. There have been records of Medieval Islamic physicians prescribing poppy and hemp extract for relieving fever, inducing sleep and relieving pain from gallbladder stone, toothache and headache. In ancient China, therapeutic herbal compounds are often extracted with water to make a decoction before serving. Since the duration and temperature of decoction vary depending on different compositions of formulae, botanists and physicians

over time had been investigating and recording therapeutic effects of different extraction techniques.

During the 16th-17th century, the prevalence of alchemy drove the development of modern-day chemistry and the principles of pharmacy compounding, as the alchemists introduced a variety of laboratory distillation, extraction and refining techniques.

In the 17-18th century, as pharmacists gained more knowledge in chemistry, they began to specialize in preparing and compounding crude drugs extracted from natural sources, using water and alcohol to form concoctions (mixtures of various ingredients) and decoctions (boil to release chemical materials). The active ingredients within these crude drug extracts were then isolated using recrystallization, such as morphine being isolated from opium. With the birth of pharmaceutical companies, pharmacists would then be trained to only compound the preparations made by the pharmaceutical industries, but only limited in small scales.

In the 20th century, with greater demands of medicines synthesized from more complex medical ingredients, the drug manufacturing industry gradually replaced compounding as the mainstream of drug production. Although there are fewer pharmacists specialized in compounding nowadays, compounding still remains as an important and growing area due to the high demand of personalized medicine.



CLUBS CORNER: EVOLVE

MANDATORY CANNABIS EDUCATION FOR PHARMACISTS IN ONTARIO

Sarah Oh, 2T2

The Ontario College of Pharmacists has made it mandatory for pharmacists to complete a course on cannabis. Pharmacists in Ontario must complete the course by March 27, 2020 in order to continue regular practice. The Cannabis Act was implemented on October 17, 2018 and since then, Ontario is the first and only province that requires pharmacists to take a mandatory course on cannabis.

So, why do pharmacists have to complete a course on cannabis? Although pharmacists will have no role in dispensing cannabis, we are the most easily accessible healthcare professional, and with the legalization of cannabis, more patients will come into the pharmacy to ask questions involving its use. As medication experts, pharmacists should be able to answer all questions involving the use of cannabis in order to provide optimal quality of patient care.

Ontario College of Pharmacists has developed a Cannabis Strategy that outlines the four major goals for pharmacists in order to respond to changes in the pharmacy environment regarding the use of medical and recreational cannabis. First, pharmacists should be thoroughly educated on cannabis; the risks, the benefits, common side effects, dosage forms, how it interacts with other medications and the difference between recreational and medical cannabis. Second, pharmacists should be able to use that knowledge to provide optimal care and advice to patients that are curious or new to cannabis. Third, pharmacists should document cannabis use as part of the patient's profile. Research involving use of cannabis is currently lacking and clinical documentations will help build a better understanding on long term use and its impact on a patient's health. Lastly, pharmacists should collaborate with other health care professionals to integrate harm prevention strategies to reduce long term adverse effects.

What courses are there that are approved by the College? Ontario College of Pharmacists collaborated with the Canadian Council on Continuing Education in Pharmacy (CCCEP) to accredit cannabis programs for pharmacists to take that meet their requirements. These courses address the legal, ethical and professional responsibilities of the pharmacist regarding cannabis, the pharmacology of cannabis, and applying that knowledge into future practice. There are now many different courses available such as the Essential Cannabis Knowledge for Pharmacists Certificate Program delivered by the Ontario College of Pharmacists, or Cannabis Education Program delivered by McKesson Canada.



The legalization of cannabis makes a huge impact on the health care system and its use will continue to evolve over time. Being easily accessible medication experts, pharmacists should be constantly updated and able to adapt to these changes. Although Ontario is the only province that currently has this mandatory requirement, hopefully other provinces will start to adapt these changes as well.



After completing my EPE2 rotations in the summer of 2019, I went to Malaysia and Singapore in Southeast Asia. There are many similarities between these countries. Firstly, both countries are multiethnic. Secondly, both cuisines are diverse, and have a distinct culture of dining, where food centres, known as Hawker Centres, are intricately woven into the fabric of daily life in those countries. 123 The food component has been the subject of intense rivalry between these two countries.3 However, ever since the independence of Singapore after it was expelled from Malaysia [note: August 9, 1965] due to social and political tensions, the fate of these countries have diverged.4 Many visitors have made comparisons between these 2 countries. It begs the oft-cited question: Malaysia or Singapore? This article reviews the two countries.

Malaysia

We stayed in Malaysia for 4 days, touring the seat of government (Putrajaya), Kuala Lumpur, and heading up to the mountains in Genting Highlands before stopping at the historical city of Malacca (Melaka). From the international airport, we toured Putrajaya, where we had the privilege to enter the Putra mosque, which overlooks a manmade lake. Putrajaya, being the location of most government offices is very clean and modern. We spent the majority of our time touring Kuala Lumpur, including the famed Petronas Towers and Batu Caves and exploring some of its magnificent architecture, which is a wonderful blend of British Colonial, Islamic, and Moorish, best exemplified by the Sultan Abdul Samad Building. Lastly, we visited the National Monument that commemorates fallen soldiers in World War I (WWI).

It was a quiet and solemn experience, but I learned of the impact WWI had on Malaysia. Kuala Lumpur lives up to its motto as a city of contrasts. It blends a mix of old and new buildings, concrete jungle and greenery, suburbs characteristic of Canada and shophouses characteristic of southeast Asia in each neighbourhood. After this, we spent a day in Genting Highlands, which was good for those who enjoy casinos, indoor amusement parks and shopping. It was there that I noticed everything in Malaysia is incredibly cheap. A full restaurant meal, which may cost around \$13-\$18 in Toronto, is only around \$2.50-\$5.00 in Malaysia, about a fourth of the price.

Driving further south, we arrived at Malacca (Melaka), a city with a storied history. It was the ancient capital of the Malacca Sultanate, a powerful kingdom that was responsible for bringing much of the Malay traditions and setting the foundation for modern Malaysia.⁵ Nowadays, Malacca has a laid-back, colonial feeling (Portuguese, British, and Dutch) mixed in with Chinese/ Malay/Indian influences.⁶ We first stopped at the Cheng Hoon Teng Temple, Malaysia's oldest Buddhist temple on Jalan Tokong (a street known for having a Buddhist temple, A mosque and a Hindu temple coexisting side by side). The historic centre is compact and brings you back to the colonial times when shophouses were the norm, rather than the large skyscrapers present. In the centre is a square called Dutch Square (picture below). Characterized by its colourful buildings, a fountain, a town hall, and colourful vehicles called trishaws (threewheeled bicycles) playing traditional music in the background, it is a great place to rest from the hot afternoon.

 $^{1.\} https://www.sciencedirect.com/science/article/pii/S2352618117301737$

^{2.} https://www.scmp.com/lifestyle/food-drink/article/3020764/singapores-best-hawker-food-stalls-serving-laksa-char-kway

 $^{4\ \}text{http://eresources.nlb.gov.sg/history/events/dc1efe7a-8159-40b2-9244-cdb078755013}$

⁵ https://www.tandfonline.com/doi/full/10.1080/01495933.2017.1419726

⁶ https://www.nytimes.com/2012/03/25/travel/malacca-malaysias-oldest-city-thrives-with-history.html



I really liked the old colonial charm of the city; a fun way to learn history. Despite the limited opportunities with the local food, it is undoubtedly one of the best and underrated cuisines in Asia, ranging from warm and soothing Bak Kut Teh (a pork bone based soup) to Teh Tarik (sweet tea made by pouring the contents from one bucket to another, the national drink of Malaysia).

Singapore

From Malacca (Melaka) we crossed across the border into Singapore and stayed there for 2 days. The border between Singapore and Malaysia is one of the busiest land crossings in the world and the wait was excruciating painful; it took us a couple of hours to cross the border, despite arriving early in the morning. The border has two checkpoints; one to leave Malaysia and one to enter Singapore Upon entering Singapore, I realized that it is an island of wealth in a sea of poverty. My first impression of Singapore was that it was very different from Toronto: it is fairly unchaotic, multiethnic with a large ex-patriate population, and public transit was comprehensive. Its MRT, which is the metro (subway) system operating in Singapore, connects to most parts of the city where each station has its own shops, restaurants, and Hawker Centres. In contrast to Malaysia where goods are cheap, Singa-

pore is an expensive city. The cost of food is slightly cheaper than in Toronto but relatively more expensive than in Malaysia. Neighbourhoods in Singapore have kept a lot of the colonial architecture, especially outside of the immediate area of downtown as exemplified on Arab Street where rows of colourful, pastel coloured houses provide cool colours and brief respite from the hot afternoon sun. The downtown section did not stand out to me: I found the buildings quite similar to one another and very office-like, with few tourist sites: the only time we passed through downtown Singapore was to head to Sentosa Island. During our 2 day stay in Singapore, we visited Gardens by the Bay, known for its artificial trees that glow in the dark; visited the Marina Bay reservoir; and went to Sentosa Island. The tour attractions were great, although more time could have been devoted to exploring these places. Nonetheless, unlike Malaysia, once you visit the major attractions in Singapore, repeat visits are not worth it given that they will remain the same in 5 or 10 years; therefore a few days' stay is enough. The food is quite similar to that of Malaysia and has its own Hawker centres, which are very active at night. Like Malaysia, the food is great, but if I had more time, I would have liked to try the world's cheapest Michelin star restaurant, which is a Hawker stall with

a 40-minute wait time. One major thing I liked about Singapore is the Singapore Changi International Airport. The airport has an indoor park, theatre, a waterfall, and even a mirror maze. Overall, Singapore is another great place to visit, having many different types of attractions for the city, although I personally think they are great only for the first time. However, the major advantage of Singapore over Malaysia is definitely the cleanliness. Another major advantage is that English is the official language, meaning the language barrier is not an issue. These 2 factors make it welcoming to visitors from countries like Canada and I would recommend exploring it, even if it is a stopover. Nonetheless, I think because of Singapore's smaller size and diverse attractions, Malaysia wins in this aspect.

The verdict:

Both countries have their pros and cons, and the judgement call of which country is better largely depends on one's own preferences and experiences. People in both countries are nice, welcoming, and willing to help and offer us hints, tips, and interesting facts. My best advice is to visit both of them.

The Business Plan Competition:

Expanding the Limits of Pharmacy

Olexandra Storozhko - 2T1

Pharmacists are unquestionably associated with the word "business" — yet, that association usually arises from us being seen as components of the retail pharmacy business, rather than inventors, innovators, or CEOs in the business world. With, arguably, little exposure to pharmacist business leaders during school, students are faced with a lack of role models, which yet again reinforces the idea of only three potential post-PharmD paths: community, hospital, or industry.

All these limits — in career path choices, creativity outputs, and the ability to assert my presence in the pharmacy profession right now — ultimately evoked a sense of hopelessness. However, all that changed (cliche intended) with the business plan competition. Imagine having the opportunity to be surrounded by unconventional thinkers and pharmacists who hold executive positions in fields you've never even heard of, all the while creating your own, potentially remunerative and realizable, business idea. Needless to say, the Business Plan Competition was an incredible experience — especially



thanks to my amazing team — and inspired a sense of confidence and empowerment not just in myself, but I am sure in all the other finalists as well.

A very valuable advisor shared an observation that pharmacy students (and pharmacists) have been taught to think in a certain way for so long, that risk-taking and thinking outside the pharmacy box has become a challenge, almost a rarity. I believe projects like the Business Plan Competition are chances for us to start "breaking the mould", seize those leadership positions, and show the world what PharmDs are truly capable of.



IPSF Exchange to France:

How to fall in love with crêpes in 10 days (or 30)

Erin He - 2T1

This past summer was super (pronounced "supair"). I had applied to go on an exchange with IPSF in France with beginner French skills powered by Duolingo and bref, and got placed in Nantes, a city I've never heard of and could not figure out for the longest time how to pronounce. Little did I know that when I was feeling sweaty-palmed and weary-eyed on the train from Paris to Nantes that I was going to fall in love with the city in just 30 days. This is a guide on how to experience Nantes in the summer while on a pharmacy "business trip".

1. Eat the crêpes

They are not just any ordinary crepes, but thin crispy buck-wheat-flour galettes with all sorts of toppings, from the OG ham + egg to regional specialty pig intestine + Guemené cheese. If you'd like, pair it with a cup of home-made fruit cider, and while we still have the menu, why not get a dessert crepe with



salted butter and caramel to finish the salt and sugar yin-yang. Ah, already feeling smitten.

In Nantes, you can find more than 10 creperies along a narrow street in the city centre area and none of them will disappoint, c'est vrai.

2. Go to the Cartle of Duker

It is one of the jewels that embodies the rich history of the French Loire region. It was the residence of the



former Dukes of Brittany, a unique region in West of France where people speak a different language that is closer to Norwegian than to French. The castle is great for even just staring at.

3. Have a barbeque by the loire river with pharm amigos

Nantes had great tourism events throughout the summer, which included a bring-your-



own-meat barbeque party on Tuesdays on an island by the city. You can watch the sun set and feel the breeze turning from warm to cool, while sharing some sausages and stories from work with a group of friends.

P. S. there were other exchange students and local pharmacy students. The lovely LEO hunted down many activities for us to do after work and on the weekends: the French National day celebrations, the Day of Music, various art festivals, beach outings.... something to Instagram about Q.D.

4. Take the tram to work in the morning and stroll around the city centre after work

Transportation was easy to navigate, as the city relies mainly on streetcar/tram. It takes you right to the train station, and for me, from my student apartment to the community pharmacy that I worked at. After work, I would take a different route everyday through the many stylish streets in the city centre back to home. I loved being a wanderer and being greeted serendipitously with beautiful boutiques and cafés. (my wallet probably didn't).

5. Work in a pharmacie

Although the exchange was more of a cultural experience for me, I gained interesting insights about how a pharmacy works in France (no filling step, technicians can counsel), what the healthcare system is like (national pharmacare with an electronic health record), and how pharmacy as a profession is regarded (quite respected, many students prefer pharm over med). Work included: shadowing, receiving orders, managing front store stock, and preparing blister packs for retirement homes.

FEATURE After School

AMERICAN LICENSING FOR UNIVERSITY OF TORONTO GRADUATES

Joseph Correia, 2T0



I must admit, this article is a little selfish of me to write as it is my only motivation to actually research American licensing requirements, but I hope it benefits all pharmacy students who are looking to further their employment options. I am from Windsor ("The W"), which is across from one of the most beautiful and safest cities in the United States of America – Detroit. In all seriousness, Detroit is actually an excellent option for pharmacists because it is home to Henry Ford Hospital, which is a teaching hospital ranked as one of the top 50 hospitals in the United States according to the U.S News and World Report in the areas of neurology and ENT. The pharmacy market is also not as saturated in many areas of the United States allowing for a median salary of \$126,120 USD with a starting salary of around \$88,000 USD. As the market currently stands, 1 USD is equivalent to 1.31 Canadian dollars, so if you are living in Canada and convert your earnings, you can be starting at a salary of \$115,280 Canadian dollars per year.

Similar to Canada, the scope of practice varies depending on the state, but most states give pharmacists the ability to administer many vaccines, renew/adapt prescriptions, initiate smoking cessation and perform standard dispensing services. I can only speak to the quality of the profession based on the anecdotes from some pharmacists with whom I've had the opportunity to work with. The general consensus for people that have worked in both Canada and the United States (mostly Michigan) is that hospital pharmacy typically allows for more collaboration and inclusion of pharmacists in the decision-making process with respect to patient care. However, I have generally

heard negative comments regarding community pharmacy as it appears that there is a lot of corporate pressure to meet quotas for most of the big chains and insurance plans are even more abundant and difficult to deal with.

So, if you do decide to trade in your Timmies for a Dunkin' Donuts, where do you begin? I will be discussing the licensure for the state of Michigan, but aside from some subtle changes in the application process, the general procedure and requirements are generally the same for most neighboring states. Also, this is not the process for eligibility to complete a residency position in the U.S, but to simply practice as a pharmacist.



1) FPGEC

(approximately \$1200 USD for application and test)

The first thing you need is a Foreign Pharmacy Graduate Examination Committee (FPEG) certification. As a University of Toronto student, you are not exempt from this process since the Accreditation Council for Pharmacy Education (ACPE) does not accredit U of T. It is similar to the evaluation exam that IPG students complete and consists of basic biomedical sciences (10%), pharmaceutical sciences (33%), social/behavioural/administrative pharmaceutical sciences (22%) and clinical sciences (35%). The application is currently closed, but it will open in March; the exam is offered twice per year.

Additional information: https://nabp.pharmacy/wp-content/uploads/2019/02/FPGEC-ApplicationBulletin-2019.pdf.

FEATURE After School



2) NAPLEX

(approximately \$575 USD for application and test)

Pending the results of the previous exam, you can then qualify to write the North American Pharmacist Licensure Examination (NAPLEX). This exam is basically the U.S equivalent of the PEBC. There is no OSCE equivalent to become an American Pharmacist. There are a wide variety of topics covered on this exam that includes therapeutics, dispensing, compounding and patient care. Unlike the PEBC, this exam is offered several times throughout the year.

Additional information: https://nabp.pharmacy/wp-content/uploads/2019/03/NAPLEX-MPJE-Bulletin-October-2019.pdf

3) MPJE

(approximately \$250 USD for application and test)

Either before or after the NAPLEX, you must also pass a law exam pertaining to federal and state-specific rules and regulations of pharmacy practice. The one for Michigan is the MPJE (Multistate Pharmacy Jurisprudence Exam). This will include laws surrounding dispensing, scope of practice, and regulation of controlled substances. This exam is offered year-round.

Additional information: https://nabp.pharmacy/wp-content/uploads/2019/03/NAPLEX-MPJE-Bulletin-October-2019.pdf

4) Internship Hours

Internship may not be necessary. The OCP would have to submit proof of licensure and your employer must submit information regarding your employment hours, which may satisfy the internship requirement. A minimum of 1600 hours of internship are required. Your APPEs may count toward this depending on the types of rotations you have completed. If you want to pursue this requirement in the state you wish to practice in, you may get paid for this as there is no requirement to have completed an unpaid internship.

Additional information: https://www.michigan.gov/documents/lara/Internship_hours_for_all_Pharmacists_457125_7.pdf

5) Apply for Licensure

(\$173 USD + additional fees)

Once these applications/requirements are completed, you must apply for your license through the Licensing and Regulatory Affairs (LARA). This will also require a criminal background check.

Additional information: https://www.michigan.gov/documents/lara/Pharmacist_Final_4-25-19_654141_7.pdf

Total: \$2198 USD + additional fees

NEW YEAR.

Cindy Tran, 2T3



So, the new year has bestowed upon us and ultimately, a new decade. Who would've thought that we would be where we are right now (I know I didn't). But seriously, for most of us, we probably all had different goals and aspirations in life. Yet, here we all are on our way to becoming health care professionals as future pharmacists.

In just four short months, my life had changed drastically. I had very mixed feelings about coming into this program and living in the 6ix. For starters, I wanted to be at the University of Waterloo; I thought for so long that it was where I was meant to be. The idea of living in Toronto doesn't scare me as someone who grew up in the suburbs, but that doesn't mean it was where I saw myself being situated. After all, I enjoyed my small town vibes and cottage country scenery after 6 years of living in Peterborough, ON (seriously, just google Trent University and you'll see why).

When I first got to the city, a small part of me felt so out of place. I was coming off of working consistent 50-60 hour work weeks as a bartender right up until the last moment, then packed up all my things, moved to Toronto and dived right into Phrosh week. Of course all of that was followed by the gruesome marathon of midterms we endured, then the assignments and of course, exams. Sure, the first semester is supposed to be the easiest of the program, but that doesn't take away from the massive changes all of us go through once we start. Whether it was being out of school for some time, adjusting to the city or commuting life, putting ourselves out there more, or taking in the fact that we are now attending the #1 university in Canada. During this time, I realized that I never really gave myself a break to prepare for what the next few months (or years) were going to entail. I'm so used to keeping myself busy that I didn't give myself a chance to even settle in or settle down. I found myself fighting the urge to hibernate during Phrosh week despite knowing that this was an important time to meet all the exciting new people in pharmacy.

I never worried about making friends and having connections, but I started to reach a point early on where all the confidence

SAME DREAM,

I ever had before entering this program had been completely shattered. I was surrounded by so many intelligent humans that I didn't think I deserved my spot here; there must've been some weird fluke... a glitch in the program if you will, that let me slip right through the rankings and gain my spot. It just must have not been that competitive if I got in right?

I'm not as smart as the rest of these students. I didn't think I could do it. I felt so alone. I'm not productive when I study with most people, but I couldn't bear to study by myself for all of eternity, so what were my options? Two years out of school...was this a mistake? Was I in way over my head?

For quite some time, I thought that this was it. I was convinced that this was going to be how the next four years of my life was going to go. Being surrounded by so many people I felt inferior to and fighting to stay afloat. If it's this hard for me now, how the hell am I going to make it to the end? Am I even going to make it to the end of this semester? I had made so many lifelong friendships in my undergrad that it seemed almost impossible to connect with anyone here the way I've already connected with people back home. You hear all these little voices in

your head, and the little comments people make start to get to you and they build up, then suddenly you find yourself back into this little black hole that you never thought you'd face again. You battle all these emotions that people wouldn't even suspect such a bubbly person like you would even possess, but they're there, and they take up space in your head and they keep on living there, ent-free.

But then time goes on, and you form I these little connections, happy coincidences if you will. You ask someone about their proposed presidential platform campaign, offer to go to check out the snazzy NBA championship trophy, coincidentally sit with someone different in class, and suddenly things start to change. Suddenly, life seems a little better; you're unsure of how, but you have this feeling that it just might turn out alright, and then it does.

Cliché as it might be, I'm a true believer in 'everything happens for a reason'. I've known that I wanted to pursue pharmacy for a long time, but that was all that I knew. This program has brought so much light into my life and hope for the future. Throughout each experience I've gained, I've come to realize how much support is offered, how kind and compassionate people are and most importantly, how it really is one big happy family ('with a ph').

FOOD Recommendations THE BEST BAGELS IN TORONTO

David Czosniak, 2T2

In my life I have probably eaten a bagel on more days than days I have not. Growing up as a bit of a picky eater I would have a poppy seed bagel with cream cheese every day for lunch in elementary school. I still frequently eat that same meal for breakfast and if I'm feeling fancy, I might add some smoked salmon and onions to enhance my bagel experience. I'm also not the only one in my family with the love of bagels. My mother, the saint that she is, used to pick up bagels from three different bakeries in my neighbourhood due to the preferences my father (Montreal bagels), my sisters (chewier bagels), and I (lots of poppy seeds) all had.

Obviously I care about bagels, but why should you? To you it might just be something you grab on the go from Tim Hortons. Now, those bagels are passable when you are in a rush and just need some sort of sustenance, but if you actually want to enjoy the food you're eating I have a list of places you must go to for that next level bagel. Before I get to the list however, there are a few rules to maximize your bagel enjoyment. Firstly, the best bagel must be fresh one. While the inside of a bagel is not likely to suffer greatly from being eaten the next day, the crust of the bagel definitely does, losing any crispiness it had subsequently losing that textural contrast. This brings us to the second rule; a bagel doesn't need to be toasted if it's fresh. While a toasted bagel brings back the crisp that is lost in a day-old bagel, it spreads that crisp throughout it, again losing the contrast between that crustiness of exterior and the chew of the inside. Now to the list:

1) What a Bagel, 130 Spadina Ave.:

While this bagel may be my least favourite on the list, I seem to be in the minority in this view. What a Bagel bagels are here for when you want the maximum amount of chew in your bagel as they can be somewhat doughy with a minimal outer shell. The seeding of the bagels is also somewhat minimal compared to others which is an issue for someone who almost likes more poppy seed than bagel in his meal. However, one thing that separates What a Bagel from its competitors is its variety of bagels, including poppy, sesame, plain, whole wheat, pumpernickel, as well as the famous rainbow bagel. Additionally, this location has a sit-down area where one can order from their extensive menu making it an excellent spot for weekend brunch!



Kivais

2) Kiva's Bagel Bar, 133 Richmond St. West:

Kiva's provides a bit of a different bagel experience compared to What a Bagel. It has that crispier outer exterior providing that contrast to the chewy interior. Kiva's normal bagels are however also lacking in the amount of toppings on the bagel, having even less seeds than What a Bagel. What sets Kiva's bagels apart is their twister bagel. This bagel is not only larger, but also fully poppy seeded for maximum texture and a better overall experience. Additionally, there are many other bakery options from Kiva's including their gingerbread cookies, stuffed short bread cookies and brownies!

FOOD. Recommendations

3) Nu Bagel, 240 Augusta Ave.:

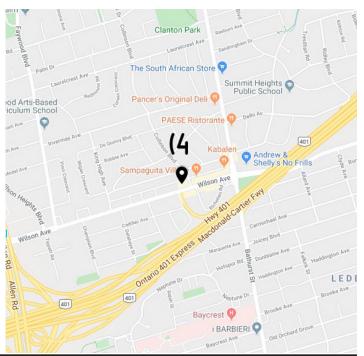
Nu Bagel presents an entirely different kind of bagel compared to the others listed here with its Montreal bagels. These bagels are traditionally smaller, sweeter, and denser than the more commonly found bagels in Toronto. The differences come from the manufacturing process where these bagels are made by poaching them in honey water and then baking them in a wood fire oven. Of all the bagels here, Montreal bagels are the best on the list for snacking. They are best eaten hot, straight from the oven if possible, even though you might burn the roof of your mouth! When eaten hot and fresh they have a nice bit of crunch in their exterior while having a chewy, yet smooth centre. These are the types of bagels that you pick up when you have people coming over but end up eating one or two on your way back home. The bagels at Nu Bagel also come in a bunch of different varieties. There is the classic sesame seed, but also poppy, everything and others as well.



4) Bagel World, 336 Wilson Ave.:

While these bagels are pretty out of the way for most of us at the university, making the trek up to North York is worthwhile just for these bagels. These bagels are the biggest of the bunch meaning they pack for a bigger meal. Additionally, they provide the best contrast between the crunch of the exterior, while still having a chewy centre. They are also very well seeded, providing additional texture for a satisfying meal. While these are my favourite bagels, if you are looking for a special meal, or are starving, they also have a twister bagel which is huge and can probably be split for two normal sized meals. The bagels from Bagel World are most commonly poppy, though they do have others including sesame, pumpernickel, rainbow as well as many others.





WHITE COAT SCRAMBLE

Chloe Chau. 2T2

It's January, meaning its time for the White Coat Ceremony! But what's an event without a little bit of chaos? It's 2 AM, you're the organizer for the ceremony and your notes have somehow gotten all scrambled. Can you match each student with their last name, their white coat sizes, and which part of the pledge they're reciting?

	Baker	Gonzalez	Ng	Peterson	Wilson	SX	S	Σ	7	XL	1st Part	2 nd Part	3 rd Part	4 th Part	5 th Part
Poppy Henry Amelia Reggie Margo															
1st Part 2nd Part 3rd Part 4th Part 5th Part															
XS S M L											•				

Answers

First Name	Last Name	Coat Size	Pledge
Рорру			
Henry			
Amelia			
Reggie			
Margo			

CLUES

- 1. The student Baker wears a bigger white coat than Poppy and is not reciting the 3rd part of the pledge.
- 2. Amelia Wilson wears either the smallest or largest coat and is reciting either the first or last pledge part.
- 3. Ms. Ng wears a size small and her first name is not Poppy.
- 4. Of Henry and Margo, one is reciting the 2nd part of the pledge and the other's last name is Peterson; and medium-sized coats are too big for both of them.
- 5. Poppy does not have the smallest or largest white coat, but she is concluding the pledge.

Jessica Attalla, 2T2

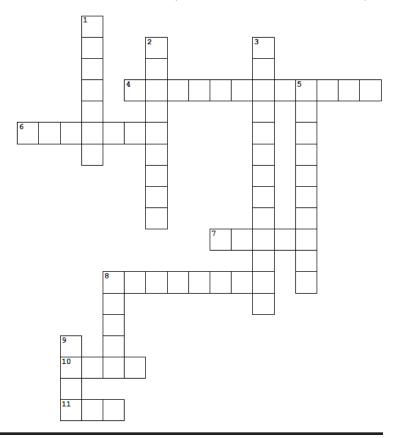
Across

- 4. i can truly be myself around you :')
- 6. feeling fly like a G6...PD
- 7. stay hydrated. metabolic syndrome is bad. don't drink alcohol...6 times a day. stay in school!
- 8. you're a model! <3 but you're not one of the models
- 10. i got one hour...should i prep for the dyslipidemia workshop or do this puzzle? ya, definitely puzzle
- we're sOARing, flyinggggg, there's not a Star in heaveennnn that we can't reach

Down

- 1. Christopher robin
- 2. two is better than one. truly
- 3. having a heart attack and been waiting in emerge for, like, 2 hours! clearly some HCP skipped class
- 5. crossing my fingers we make it out of 2020 with 2020 vision...or any vision at all really
- 8. TMI...just...TMI
- 9. i'm just not going to say anything. seems best...

Name That Course (hint: remember, I'm a 2t2)





Shradha Madur, 2T1



Stephanie Lau, 2T2



Ya Ping Guo, 2T3



Ya Ping Guo, 2T3



Ben D'Mello, 2T2

a RT 1 ST

SPOTL

GH

