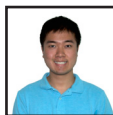


VOLUME 21 | ISSUE 4

THE MONOGRAPH



The Monograph Team



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Featured in this Issue

| | |
|-------------------------------|----------------------|
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| Borar Som, 2T1 | Naomi Lewin, 2T2 |
| Ben D'Mello, 2T2 | Stephanie Lau, 2T2 |
| Andrew Henry, 2T0 | Peter Zhang, 2T1 |
| Narthaanan Srimurugathan, 2T0 | Belle Li, 2T1 |

Monograph is impossible without writers like you!

Hey Phamilly!

We hope that you had a relaxing and enjoyable reading week and that classes and assessments have been going well this semester! As we approach the home stretch of this semester, we are excited to present yet another issue of The Monograph! In light of Pharmacist's Awareness Month (PAM), we have a review of Netflix's The Pharmacist by Chris (2T0). There are many exciting events happening for PAM organized by UPS and CAPSI so be sure to check them out!

In this issue, we feature an interview with Chris (2T0) and Faizan (1T9) who co-host the podcast series Off The Script, as well as a CSHP interview with Andrew (2T0) who provides us with insight with Hospital residency applications. Narth (2T0) makes a return in this issue with part 2 of his APPE chronicles. For the second years looking at electives for next year, check out Mishka's (2T1) review article on the global pharmaceutical policy course. Read up on the PharmacyU conference that took place in February written by David (2T2). In the food and entertainment category, we are happy to share reviews by Mike (2T1) and William (2T1). As usual, artwork, photography and puzzles are featured as well.

Midterms were hard, and exams will be another challenge we will overcome together. As a pharmacy student it is never easy, so we must understand the grind. When you or others doubt yourself, remember you belong here. Make them believe. Bet on yourself. Pharmacy school seems tough but in the end it is all worth it, and it is rewarding. Whatever happens in life, remember to be calm, humble and patient. Be involved, work for not yourself but others. As monograph editor, I am doing it for you. I don't do editing, I do art.

Lastly, we would like to thank all our student contributors and readers for helping make The Monograph possible! If you would like to submit work to be featured for our last upcoming issue of the year, you can contact us at monograph@uoftpharmacy.com.

Congratulations to our hockey and our soccer teams this year for bringing home these beautiful trophies.



Shelby and Andrew

The Monograph Co-Editors

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UPS ADDRESS

Hey Pharmacy!

We hope you all had a wonderful and restful Reading Week and hope all your midterms went well too! This March is packed with lots of exciting initiatives including the many great events planned for Pharmacist Awareness Month (PAM)! We hope you attend as many events as you can to advocate for our profession. We'd like to thank our title sponsor, Pharmasave, for supporting our PAM initiatives this year.

PAM Kick-off Event (PAMBurgers)

Date: March 6th, 2020

UPS and CAPSI hosted the PAMBurgers event again this year to kick off Pharmacist Awareness Month! Delicious homemade PAMBurgers were grilled up, and Dean Dolovich, along with members of the OPA and OCP, helped us kick off the month with the festive Ribbon Cutting Ceremony!

Semi-Formal: 007 Casino Royale

Date: March 6th, 2020

This year, UPS hosted our annual Pharmacy Semi-Formal at the Great Hall in Hart House to dance away the stress post-midterms! Thank you to our UPS Events Directors, Aline Huynh and Alena Tran, for planning an amazing night to remember! The evening featured a full course dinner with wine and dancing within the historic venue.

OPSIS 2020

Dates: March 20th - 22nd, 2020

The 9th Ontario Pharmacy Students Integrative Summit (OPSIS) will be held in Niagara Falls this year in collaboration with the School of Pharmacy at the University of Waterloo. The three-day conference will take place at Marriott on the Falls for a subsidized cost of \$125 (includes transportation, hotel, breakfasts, and dinners). Students from both universities will be able to collaborate in case competitions and debates, as well as listen to panelists and engaging talks from recent grads and speakers from different sectors of pharmacy!

Once again, we would like to thank CAPSI and all clubs for hosting events to make PAM a huge success!



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

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Artwork by Khoa Dang, 2T3

CLUB'S CORNER • CAPSI

CAPSI CORNER



CAPSI • ACEIP

Elaine Nguyen, 2T1 and Kristina Mielat, 2T2

Hey Pharmacy! As many of you are aware, CAPSI held its annual Social Media Challenge during February and it was a great success! We gave away Aerochamber backpacks, Starbucks gift cards, and TEVA prize packs (which included water bottles, school supplies, and miscellaneous goodies). We were impressed by students' creativity and enthusiasm throughout these challenges!

During our first challenge, students were asked what their favourite CAPSI event or competition was. It comes as no surprise to us that many students said that Professional Development Week (PDW) and the Compounding Competition were their favourite events! Students also seemed to be looking forward to seeing our faculty's talent being showcased at Toronto's Next Top Pharmacist (TNTP) this year. We are anticipating another sold out event!

On Day 2, students were asked to take a selfie with our CAPSI/IPSF reps and CAPSI National Executive members. Day 3 brought out our pharmacy brainiacs as we tested our students' knowledge using sample questions from Agro Health's iMCQ practice PEBC question bank. On the final day, students were asked to identify which of the 5 core values of CAPSI is most important to them and which values they felt their peers resonate with the most. It was interesting to see that the most popular answers were academics, excellence, and professionalism!

Perhaps, our most important challenge was the discussion we prompted on Day 4. Students were asked to share their thoughts on what improvements they believed could be made to the mental health services that are currently available to pharmacy students. Below is an example of one of many excellent suggestions that were made:

Simran Sharma (2T2): "I can recognize that mental health services require work on an institutional level here at the University (which is a slow and steady process) but I also recognize that we can improve the experience of mental health at the Faculty through our own culture. We can continue to work to actively reduce the stigma surrounding

mental illness in our academic and social spaces and equip ourselves (through training like SafeTALK or IAR etc.) to better help our colleagues when needed."

Additionally, we asked students to share tips on how they take care of their own mental health. Here are some responses from your fellow classmates:

Kyle Yuen (2T1): "I take care of my mental health with creative writing! Projecting any pent-up feelings onto paper is very therapeutic and gives me something to work on."

Wendy Chen (2T0): "I take care of my mental health by trusting myself for knowing when I need a time out. Take a break, listen to music, hang out with friends, watch some TV!"

Bobby Gill (2T2): "I take care of my mental health by using Fridays as a break day where no work is done."

Elaine Shang (2T3): "I take care of my mental health by tracking my daily activity and mood. Try to find a pattern in what makes me happy or sad, try to maximize my happiness by doing more of what makes me happy and avoid what could make me sad."

We congratulate all our prize winners and hope that CAPSI's Social Media Challenge has gotten you excited for what we have planned throughout Pharmacist Awareness Month (PAM)! More prizes and opportunities to get involved with CAPSI are headed your way during PAM – stay tuned!

Sincerely,
Elaine and Kristina



SCHOOL.COURSES

GLOBAL POLICY: CLASS REVIEW

Mishka Danchuk-Lauzon, 2T1

I want to start by stating an obvious bias that you will recognize through reading this article. I took the “global pharmaceutical policy” class as my elective in the first semester of my third year and absolutely loved it. It provided me with great insight into many topics that were of interest to me and allowed me to explore career options that I did not know were possible with a pharmacy degree. Therefore, this may simply sound like a positive course review to some, however I will try my best to convey what knowledge this class allowed me to gain and why I think more students should consider choosing this elective.



Overall, the course focuses on the intersection between pharmacy and global policy and everything related to this topic. Individual classes focus on topics such as corruption, access to medicines, influence of drug companies on doctors, trade agreements, intellectual property rights (which includes patent issues), key actors in the pharmaceutical sector, R&D, and the pharmacists’ role in low income countries. The last few classes of the semester are dedicated to student presentations and thus a very broad range of other topics is explored as well. Dr. Kohler is a knowledgeable professor who is also a great moderator for discussion. She is very approachable and is always available to answer any questions or simply have a conversation concerning course material or career questions. This is a participation based class and therefore there are many discussions happening during each class. It is very insightful

to hear the different point of view from various students in the class with different educational backgrounds. In our class, some students were pharmacists, some were graduate students, and of course there were also PharmD students. In addition to participation being evaluated, this class also includes a midterm, presentation and research paper. It does not have a final exam as the research paper is weighted as a final. Professor Kohler is very open to students tackling any topic they want for their research paper as long as it is somewhat related to global pharmaceutical policy. For example, for my research paper I decided to write about the HIV crisis that is currently affecting young women and adolescent girls living in sub-Saharan Africa and the barriers to resolving the crisis. My presentation was a variation of the same topic. Although settling on a topic was daunting at first, professor Kohler is good at giving feedback and guiding students in selecting an appropriate topic.

This course does not specifically focus on possible career opportunities in the “industry” side of pharmacy. However, many unconventional career paths can be extrapolated from the various lectures. There are many guest lecturers that come to present with very interesting career paths who are always open to discussing these with students. There are many opportunities to be involved in the global policy sector with a PharmD degree. Finally, I would also like to shed light on the fact that the “global pharmaceutical policy” elective (taught in the first semester of third year) and the “global health” elective (taught in the second semester of third year) are two mutually exclusive classes. Although they both have a focus on health at the global level they are very different.

Overall, this class allowed me to develop a new lens through which to view global policy decisions. Professor Kohler pushes you to think in a different way and will always challenge you to rethink the status quo. Hopefully through this short (but effective) article, I was able to convince some of you to take this elective in the future. I am always willing to discuss my experience with this class if anyone reading this has any questions.



INTERVIEW:

WITH CHRIS TSE & FAIZAN BAIG

Andrew Tu, 2T2

Off the Script is a pharmacy podcast series that focuses on educating pharmacy peers and the public on the world of pharmacy. Releasing weekly episodes, Off the Script discusses a variety of topics pertaining to pharmacy practice and the healthcare system. Off the Script was co-founded and is co-hosted by Faizan Baig, a 1T9 pharmacist, and Chris Tse, a 2T0 pharmacy student, and they will be sharing their experiences in the following interview.



Faizan Baig, Host/Founder



Christopher Tse, Host/Founder

AT: What inspired you to start the Off the Script series together?

FB: Honestly, we were talking about doing a podcast for about a year before we really decided to do it. We had the drive, motivation and equipment to start, I guess we were just waiting for the right moment and time to start. And just like that, Chris and I were sitting at the same table at PharmacyU and we decided to start doodling on some napkins with names for the podcast and the design, from there we soon launched the show.

CT: Faizan and I were throwing the idea around for a year before finally sitting down and starting the show. We both had the equipment (decent set of microphones), so the only thing holding us back was...procrastination. At the Pharmacy U conference, we jotted some ideas on a napkin and next week the show was released!

AT: How do you decide on which topics to discuss in each episode?

FB: Season 1 was way more on the go kind of thinking and just talking about whatever came to our heads. We

tried to get ahead of the release dates as much as possible, but we were attempting to stay relevant to whatever was going on currently in the pharmacy/healthcare world. Season 2, we really took a step back and wanted to work on a theme instead, so many of our episodes are pre-planned months in advance. Tom Fung and Steven Guan, our other team members, helped to create this theme and we just went along with it and started the brainstorming process. This season we're focusing on the identity of the profession and pharmacy.

CT: For the first season, we had a couple ideas in our head already, but we also looked at viewer feedback and explored hot topics in pharmacy. At the beginning of our second season, we had a brainstorming session with our other team members, Tom Fung and Steven Guan, and came up with a 'theme' for our second season – the identity of pharmacy. Once the theme is set, we start throwing ideas at the wall and whatever sticks we'll explore further.

AT: What is the process for making a new episode? How long does it usually take from start to finish?

FB: We have the exact answer to this on our new

website, in the FAQ section! Check out offthescriptshow.com. The quick answer is that we write an outline, have it checked over with our team, record for about an hour, edit for another hour and then released. It really depends on the topic and if we must re-record, which can set things back quite a bit.

CT: It starts with Faizan and I writing a mock outline, which is reviewed and finalized with the team. Recording is usually an hour or so, and then editing can take another hour if I'm really motivated. From start to finish depends on the episode, but I'd say anywhere from a couple days to a couple months. If you want more details on how we make the podcast, check out our website offthescriptshow.com!

AT: What are your goals with this project moving forward?

FB: We set out creating this project with the thought in mind that while pharmacy podcasts exist, we wanted to be the best one out there. We weren't happy with the quality of shows that currently exist, and the lack of Canadian experience of pharmacy, as most shows are American. We want to continue translating our knowledge and experience into a fun palatable show that helps to demonstrate the value of a pharmacist. Each season's theme will be different, but the goal is all the same.

CT: I want to show everyone the potential of pharmacists! For this season specifically, we wanted to explore the identity (or identities) of pharmacy because so many pharmacy students and even some practicing pharmacists have a hard time describing their role in health-care. I think our goals are shifting with every season but demonstrating the value of pharmacists is always key.

AT: How would you describe your pharmacy school experiences and what do you like the most about the pharmacy profession?

FB: My pharmacy school experience was very much '6-0 and go' and focusing more on taking advantage of the amazing resources at the faculty. I was a Monograph rep in my first year, dragonboat vice captain in my second year and then Class Representative in my third year. In between all that I got involved with advocacy work, networking a lot, SOAPE, and more. I could have put

more time and effort into studying, but I would highly suggest diversifying your interests and time into other things like what I mentioned previously. It makes your experience at the faculty more enjoyable and will really help out in your career when you graduate.

CT: Pharmacy school is great (join dragonboat)! I probably should have spent more time studying while I still had the chance, but we'll see if that bites me in the butt in a few months... And I love that the pharmacy degree is so flexible, but also provides you almost with guaranteed job safety (i.e. working as a relief pharmacist).

AT: Outside of pharmacy, what do you enjoy doing?

FB: I have tried to keep myself as active as possible now that I have graduated. With work, it's difficult to continue the same hobbies that I had before (mostly playing video games), but I try. Other than that, I go to the gym, work on Off the Script, and try to stay involved with advocacy as much as I can. Otherwise, I'm just relaxing at home with my wife and two kittens.

CT: Playing video games, weightlifting, and reading are the hobbies that occupy most of my free time. I'm trying to make the most of my free time before I become a pharmacist!



Check us out on Anchor, Spotify, and Apple Podcasts!

OFFTHESCRIPSHOW.COM 



CSHP Corner: Interview with Andrew Henry, 2T0

cshp  scph

Matthew Lau, 2T1

Hey Pharmacy! For this CSHP communications article, I interviewed Andrew Henry, a 2T0 who is currently finishing his APPE rotations and preparing for PEBCs. Andrew was recently accepted into the LHSC hospital residency program and kindly agreed to answer some questions relating to hospital residency applications. Andrew was involved in a number of extracurriculars at Leslie Dan including a 2 year position on the UPS council. He also has been a huge part of the pharmacy hockey team during his time here and helped lead us to victory at this year's OPA cup. If you're looking for advice from a fellow student on how to approach the hospital residency application, be sure to give this interview a read!

In what ways did you get involved with the faculty during your first 3 years of pharmacy school?

I was involved in UPS council in 2nd and 3rd years as Jr. Athletics Director and Sr. Athletics Director, respectively. I played on many intramural teams and captained several of them also.

Is there anything in particular that you did that you found helpful when it came to the residency application process?

I talked to upper years who interviewed at the hospital last year and picked their brain about the style of the interview and what types of questions to expect. All the interviews are different; Sunnybrook was an MMI fol-

lowed by a second round of select candidates for panel interview. LHSC was 3 separate interview stations with a 10-minute presentation on a topic given ahead of time. These are just 2 examples. I'd also recommend practicing with a friend.

What advice would you give to first year and third year students who are interested in a hospital residency?

1st years: Get involved within the faculty. Residency programs look for well-rounded individuals who will be able to handle the workload and time commitment of a residency program. Any leadership experience is good experience.

3rd years: I'd recommend attending residency information session night, it's a very nice overview of the residency process and getting introduced to the different programs. Talk to current residents and get their perspective on A) the program at their hospital and B) the residency year overall.

How did you find adjusting to a hospital setting during your APPE blocks (what hospital)?

My hospital rotations were at LHSC in NICU and ACE (Acute Care of Elderly) Medicine. My first rotation was in the NICU and was a bit of an adjustment because I didn't take the pediatrics elective and we didn't really touch on much pediatrics in the curriculum. Other than it being an unfamiliar unit, I thought the transition to the hospital setting was smooth. I liked how much

emphasis there was on continuing education through morning rounds, grand rounds, teaching sessions and journal club activities (both in the units I was on and also within the pharmacy department).

Can you describe your experience with the application process (timeline, materials submitted, references etc.)?

Open House Nights – These happened throughout September and start of October. The majority occurred on weeknights with start times ranging from 5-7pm. The exception was Ottawa and Kingston which had their open house on a Saturday. **Application** – The application opened on September 1st and was due October 15th. The due date occurred during block 5. I started working on it approximately 3 weeks before which I thought would be sufficient time, but it turned out to be more rushed than I anticipated with juggling my hospital rotation, readings, and presentation. One thing I didn't realize was how much time completing each hospital's additional requirements (ex. 1 page essay) would take on top of the application. **References** – I reached out to references also at this time. I'd recommend securing references as early as possible (at least 4 weeks out). One of my references was away on a vacation at the time and didn't receive my request until a week later. **Interviews** – The interviews were stretched over a wide range of dates with some that occurred at the start of November (2-3 weeks after applications were due) and the last ones were right before Christmas. All of mine occurred during block 6.

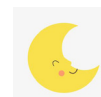
Was there anything that you found particularly challenging when applying for residency positions?

One challenge was attending weeknight open houses. I was 2+ hours away from downtown and couldn't make any of the open houses that were on weeknights during my rotation. I opted not to ask to leave my rotation and simply skipped the majority of open houses. Some places keep track of open house attendance and positively weigh those who attended in the application process. Another challenge was balancing my rotations with interviews. I was at a family health team at the time of interviews and was lucky that my preceptor was very supportive and flexible. I could imagine students in community rotations with interviews would've had a much tougher time asking preceptors for schedule adjustments or to miss time.



Trouble Sleeping?

Henry Cheung, 2T3



There are times when I have trouble sleeping, even when I'm already sleep deprived. It might be from stress or constant late-night study sessions but nevertheless, it can be annoying, especially with 9am classes all the time. It's a cycle of sleeping late, waking up early/tired, doing anything to stay awake for class, studying/working slower than normal, having trouble sleeping, and repeat. Here's a list of things that you can try based on my experience that might help if you have the same problems. (Or I guess you can just look at the insomnia PCT notes...)

1. **Nighttime caffeine:** This is probably considered a no-brainer but if you can, resist the urge for coffee or tea at night. This includes bubble tea, you addicts. During exam season there will always be those nights when you need the extra push to stay awake but if you don't need it, try to avoid it.
2. **Daytime naps:** Naps can decrease your sleep drive when the time comes. This one is especially difficult to resist if you are already lacking sleep from the night before. Try to take shorter naps or sleep earlier instead. This way, your body still feels the need to sleep.
3. **Exercise:** Honestly, I can't say I have tried this when I had trouble sleeping, but there are many studies that show a correlation between exercising in the day and better sleep quality. Give it a try if you aren't lazy like me.
4. **Blue light filters:** Blue light has been found to disrupt the circadian rhythm and reduce the release of melatonin. So, set a blue light timer on your laptop and phone to turn on in the evening. In general, avoid using your phone in bed before you sleep, this was something I found helpful.
5. **Earplugs:** Do you have a noisy roommate? Is there traffic noise from angry drivers and Toronto mans who remove their mufflers? Well sleeping with earplugs is effective, but make sure to keep your alarm clock close to you, so it can still wake you up in the morning.
6. **Pharmacologic:** Personally, the only pharmacological therapies I have tried using are OTC antihistamines, which did not work for me, but there are plenty of medications used for insomnia that might work for you (pull out your PCT drug chart). Who knows, they might even have a placebo effect but hey, if it works it works.

Sleep tight and don't let the bed bugs bite

The Chronicles of an APPE Student

Nārthaanan Srimurugathasan, 2ndo,

As a continuation of the previous edition, I present to you a review of my most recent APPE rotations. To the third years who have recently been matched, I hope this will provide you with some insight to your future rotations. To the first and second years, I hope this will allow you to gain a better understanding of what to expect during APPEs and the different rotations available. Ultimately, there will be both good and bad experiences during your APPEs. What is most important, however, is to adapt those good experiences and to learn to prevent those bad experiences in your future practices.

APPE-3 (Block 5) – Required Institutional (Cardio-vascular Intensive Care Unit)

Although the ICU may be a daunting rotation for many students, this was actually a rotation I was really looking forward to. I completed my EPE-2 rotation in a medical/surgical ICU and thoroughly enjoyed my experience. Pharmacists have a very well-established role in the ICU, which includes working up patients, rounding with physicians, and making interventions based on TDM or other PK considerations. This unit was essentially a stepdown unit post cardiac surgery. Most of the patients were post bypass or valvular repair/replacement surgery. These patients presented with a variety of issues, ranging from sepsis to organ failure. As things change rapidly in the ICU, I couldn't rely on the therapeutics learned in lectures or traditional dosing regimens. Rather, I had to tailor the pharmacotherapy for each patient. I definitely struggled during the rotation. However, upon reflection, I realize that I have grown immensely as a clinician as well. For example, my preceptor would often leave me in the unit by myself. With no pharmacist on site, the nurses and physicians would direct their pharmacy questions to me. Although I was initially frazzled, I was able to give thorough and accurate responses towards the end of the rotation by taking time to look things up and acknowledging where my gaps were. Being in the unit by myself allowed me to gain confidence in my professional skills as well.



APPE-4 (Block 6) – Selective (Cardiac Intensive Care Unit)

This was yet another rotation I was not expecting. I didn't intend to have back-to-back ICU rotations. Nevertheless, they were two very different experiences. The Cardiac ICU, also known as Coronary Care Unit in certain institutions, primarily deals with acute coronary syndromes. It was a great revision of post-MI care, but I also saw interesting cases of heart failure exacerbations, cardiac arrests, and even oncological emergencies. I expected this rotation to be particularly difficult because I knew my preceptor had high expectations. However, it was quite the opposite, especially because I had a co-student. Having two students per preceptor is a unique model of learning. Although one-on-one time was sparse, my preceptor made effort to cater to our individual learning objectives. Moreover, since we worked up patients individually but presented to our preceptor together, we were exposed to more cases. As I had to miss a number of days during this rotation, my preceptor assigned an extra project for me to work on to "make up the hours." Acknowledging my interest in drug policy and drug use evaluation, my preceptor assigned me a formulary review for a new drug. This was a unique learning experience since I hadn't done one before. Upon completion, my preceptor took time to go through my research and help formalize the report. I'm glad it turned out to be interesting for me and useful for the department.

Feel free to reach out with any questions you may have. Stay tuned for more details about my upcoming rotations!



Joe Correia, 2T0

The Oscars this year revealed very few surprises. The exception to this was divulged during perhaps the most prestigious award the Academy has to offer – best picture. For the first time in history, the winner of this category went to a foreign language film. *Parasite* received a ton of recognition from both the academy and mainstream audiences alike. So, what allowed this movie to flourish in our pop culture, which is not known for recognizing foreign language films as equals amongst its American competitors?

For one, *Parasite*, despite being a Korean film, has many themes pertinent to a North American audience; particularly the theme of economic and social class. It looked at how those on the lower spectrum of economic wealth viewed those on the polarizing end. More interestingly, it looked at how one's perspective changes as they diverge from their class. It did this in a very unique way and the title “parasite” reflects the parasitic nature of the way the lower class family integrated themselves into an upper class home. Typically, movies will portray the rich and wealthy as the antagonists, but in this film, everyone had moments of disgrace, sorrow and redemption. While I personally didn't feel like this was the best film in the category of best picture, it was certainly worthy of the nomination.

My biggest complaint with this movie is that it felt like everyone was overacting. I am not sure if this is common of Korean cinema as I am aware that acting, like all art, is very subjective. It just felt like when some one was angry, disheartened, or aroused, the actors

played up these emotions to their fullest extent. It was more reminiscent of a play, where actors must overcommit to their emotions in order for their performance to reach beyond those in close proximity to the stage. In a movie however, it comes across like the actors are trying too hard. Again, this could be the norm for Korean cinema, however it is an aspect of the film that I personally did not enjoy, because it caused abrupt shifts in tone. One can argue that these shifts in tone contributed to the film achieving an undeniable sense of uniqueness. In fact, that is one of the reasons I believe it received so much recognition. In a world of fairly generic action films and superhero movies (all of which I love by the way), a movie like *Parasite* is refreshing.

Overall, while I personally did not love this film, I think it is a film that is definitely worth watching. In a world where movies play it safe with reboots and sequels, it is time for our North American audience to experience films influenced by other cultures in order to get an appreciation for the diversity of film.

Score: 3.5/5



Pharmacy U: A Look into the Evolving Practice of Pharmacy

David Czosniak 2T2



On February 1st, the annual Pharmacy U conference was held to bring together practicing pharmacists from across the province (as well as some UofT and Waterloo students) to discuss new developments and standards in pharmacy practice and how to advance pharmacy business in the future. The day provided an abundance of lectures, product displays, networking opportunities, and a panel for a jam-packed event.

The day started off with the keynote speaker, Ron Tite, a bestselling author and award-winning advertiser, discussing how pharmacies can advance their businesses in a world where the field is changing constantly. He discussed how we need to be the ones at the forefront, making the disruptions, while also staying true to our goals and providing our services to succeed in the ever-changing environment.

The conference then broke out into group sessions where a plethora of different topics were discussed. Among the morning sessions were ones focused on profit building in the pharmacy, the importance of the flu shot (especially in older populations), as well as one about pain management. The last lecture was particularly intriguing, with its discussion of the opioid crisis and a move instead toward other analgesics, including ones available over the counter, as well as non-pharmacologic methods for the treatment of chronic pain. One of the more provocative lectures of the day discussed the remission of type two diabetes through

dietary adjustments like low carbohydrate, or ketogenic diets. The research showed great promise with the dramatic decrease in requirement for drug therapy for the treatment of diabetes. The presenter argued that we as pharmacists must be prepared for patients who are interested in, or who have already begun to undergo these special diets. Being on or starting these kinds of diets while on drug therapy to control the patient's diabetes can lead to severe hypoglycemic consequences. The talk presented some potentially paradigm shifting results, though the research is still ongoing.

Finally, the most intriguing part of the day was the panel discussion featuring our acting director of the PharmD program, Jamie Kellar. The panel discussion was focused on how we can do more to advocate on behalf of ourselves and the pharmacy profession to push it and our goals further. The panelists argued that we need to show off our wealth of knowledge and our abilities to try and push pharmacy forward and carve out our niche in the healthcare world as an indispensable part of it.

Overall this conference provided exposure to some of the real problems that we will face as practitioners and how we can navigate around them. This is an opportunity that we don't really get to see in class, and I would recommend attending this conference to all my fellow students.

Coronavirus Outbreak: What Can Pharmacy Students Do?

Jason Moh, 2T3

Since its outbreak, Coronavirus has been the highlight of the news and social media. So, what exactly is a Coronavirus? Like all viruses, it hijacks the host cell's machinery and replicates itself. Most of the time, the virus originates from a different species of animals such as cattle, bats, and camels, but cannot be transmitted and replicate in humans unless they have a rare mutation that allows them to do so. Once individuals unknowingly come in contact with an infected host through physical contact and/or consuming them, the virus begins to spread to the human host to cause fever and respiratory symptoms such as sore throat, cough, and shortness of breath.

While an unprecedented increase of infected patients in the Chinese province of Wuhan raises red flags for the public and the World Health Organization (WHO), this is not the first time a Coronavirus outbreak has occurred. Notable examples include Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) that claimed countless lives in 2003 and 2012, respectively. Since then, our attention to Coronaviruses has been minimal until the recent outbreak of a new strain termed "COVID-19". Through investigation, the Centers for Disease Control and Prevention (CDC) suspect that the virus has infected Wuhan's residents through seafood and animal markets. From there, the airborne virus has been able to jump from person to person.

Although local authorities and health organizations are taking all the precautions and preventive measures to limit the spread of the virus, it continues to spread among the world's population. Even in distant countries such as the United States and Australia, casualties have already been reported and the number of infected patients is steadily rising. In this sense, Canada is no exception. Despite having only a few confirmed cases in Toronto, fear, panic, and lack of antiviral therapeutics and vaccines have led to the sudden shortage of various face masks and hand sanitizers in health stores. To make matters worse, the public has developed a stigma towards the Chinese and in general, the East Asian commu-

nity. Therefore, it is critical for healthcare providers to arm themselves with appropriate and relevant knowledge to properly educate patients and the public to clear any misconceptions regarding the current Coronavirus outbreak.

As pharmacy students, we can take additional efforts to protect the public. If patients come to the pharmacy with concerns and questions about the Coronavirus, we can advise them to watch out for respiratory symptoms such as sore throat and cough, self-monitor the severity of these symptoms, and to visit nearby doctors if symptoms worsen. Providing reminders to wash hands often with soap and water and to frequently use an alcohol-based hand sanitizer are also helpful in mitigating the spread of viruses. Additionally, we can counsel on proper usage of face masks. Many individuals believe wearing a mask will be enough for protection. However, as many doctors agree, there is a false sense of security since the effectiveness of face masks plummets when individuals constantly put their hands under their mask and touch their faces in public. These behaviors increase the risk of infection to the individual. As for the stigmatization, informing the public of the relatively low mortality rates of new Coronavirus outbreaks and reducing their fear may be beneficial in eliminating bias towards the East Asian community. Lastly, being vigilant and staying updated with current Coronavirus outbreaks as pharmacy students will no doubt aid in the safety and well-being of patients.

No one knows how severe the new Coronavirus outbreak will be. CDC, WHO, and countries with individuals suspected with Coronavirus infection are directing much of their efforts in keeping Coronavirus under control. Although we, as pharmacy students, do not have access to vast resources, our small efforts towards friends, family members, and the general public from pharmacies and hospitals we work in have the potential to have a greater impact in reducing the number of possible transmissions of the deadly COVID-19.

COMPSS Corner Presents:

Geriatric and Pediatric Compounding

By Anna Shevchuk, 2T3



Compounding provides benefits for a multitude of populations, by providing customized medications best-suited for each individual patient.

The geriatric population specifically can benefit tremendously. Most often, the elderly have difficulty swallowing medications and thus, providing them with alternative delivery routes improves adherence and quality of life. For example, troches and sublingual tablets can be compounded to dissolve in the mouth. The medication might also be compounded into an oral suspension or solution that is easier to swallow and may even be easier on the stomach than the tablet/capsule. Another reason compounding is an asset to the geriatric population is due to the pharmacokinetic and pharmacodynamic changes that come naturally with aging. The elderly are more prone to experiencing side effects of medications, as well as being more susceptible to medication toxicity. When possible, topical transdermal creams and gels can be made to act locally to avoid metabolism in the GI tract and reduce unintended effects of the drug. For example, a topical NSAID cream can be compounded as an alternative to an oral NSAID which reduces the risk of GI side effects such as PUD. Physiological changes in geriatric patients can include the decline of kidney and liver function. Dose adjustments for renally excreted drugs are vital and the right dose may not be commercially available. Cutting a pill in half isn't always possible and does not ensure an accurate dose, so compounding provides geriatric populations with solutions.

The pediatric population also comes with its own challenges. Everyone knows how hard it can be to get a child to take their medication, and when it's a bitter tablet the child has to swallow, good luck. Thankfully, com-

pounding can transform numerous medications into something pleasantly tasting and visually appealing. There are countless flavor options available, including chocolate, watermelon, and tutti frutti. When re-flavouring antibiotics, careful consideration is given to the pH to maintain stability. Child friendly dosage forms that can be developed, if the formulation allows, include lollipops, gummy treats, and effervescent drinks. Some medications can even be administered via special pacifiers or bottles for infants. In contrast to how many medications have universal dosages for adults, many medications are dosed by weight or body surface area for children. If not commercially available, compounding can create an accurate, individualized dose for the patient. Some children may also have allergies and intolerances to nonmedicinal ingredients and require medications that are sugar-free, gluten-free, dye-free, or soy-free. Compounding solves this issue. One specific example of pediatric compounding is a dosage alternative for oral promethazine tablet (frequently used for nausea and vomiting) that can be made into a topical gel and rubbed into the wrists to relieve symptoms. Another example is tetracaine lollipops, which can be made to relieve a sore throat from tonsillitis, viral or streptococcal infection. Compounding can even make metronidazole taste enjoyable!

Compounding has a whole arsenal of tricks to improve a patient's experience of taking medication and their adherence, especially in pediatric and geriatric populations where one size doesn't fit all. This makes it a very exciting niche in pharmacy!

FreeStyle Libre and pharmacist intervention on glycemic control



By Belle Li, 2T1

With the increasing prevalence of diabetes among Canadians, it is important for pharmacists to not only educate their patients about their condition and medications, but to also encourage their patients to have an active role in their own glycemic management. Studies have demonstrated that active pharmacist interventions, including making insulin dose adjustments, have positive effects on lowering HbA1c and overall glycemic control (1). Many patients with diabetes require self-injected insulin to maintain their glycemic levels and the process of doing so is cumbersome with multiple painful finger-pricks a day for glucose monitoring. The introduction of Abbot's FreeStyle Libre to the Canadian market provides insulin users a more convenient and accessible way to monitor their glucose levels.

FreeStyle Libre is a Flash Glucose Monitoring system that provides continuous glucose monitoring. The sensor is embedded painlessly in the upper arm of the patient. The system is composed of a sensor that has a small filament attached which is inserted under the skin and measures interstitial fluid glucose, and a reader that is swiped across the sensor to obtain a glucose reading. The readers that can be used include the FreeStyle Libre reader or any compatible smartphone running Android or iOS through the FreeStyle LibreLink app. The system replaces the need for routine finger-pricking and allows ease of use for the patient. The sensor continuously records and stores information unlike traditional blood glucose monitors, allowing the patient to see their overall trend in glucose readings and not just snapshots. The

ability to use the patient's phone to produce a glucose reading provides increased ease of use while minimizing equipment load. With increased convenience, patients can frequently monitor their glucose levels to reduce the frequency of hypoglycemia, better control their HbA1c levels, decrease their worry, and increase their quality of life (2).

Information from the sensor can be uploaded to LibreView, an online cloud-based platform that allows patients and healthcare professionals to access the patient's glucose readings remotely. Through LibreView, over 90 days of information can be stored and an estimated HbA1c can be made. Pharmacists can access patient info through LibreView to better understand their glycemic control and make informed decisions. In addition to making therapeutic recommendations through accessing patient information, pharmacists can identify patients that would benefit from switching from the conventional blood glucose monitors to the FreeStyle Libre. With the introduction of FreeStyle Libre, it has become easier for pharmacists to intervene on a patient's glycemic control and is an opportunity to enhance patient experiences as well as an opportunity to promote pharmacists' impact to patient health.

FreeStyle Libre was approved for sale in Canada in 2017 but it wasn't until September of 2019 when its use became popularized in Ontario after the ministry had approved it for public funding under ODB. Each sensor must be replaced every 14 days which served as a financial set-back for many patients prior to the decision. With the Ministry's decision for ODB coverage, FreeStyle Libre has become accessible to a greater number of Canadians. In the future of pharmacy practice, an increasing amount of insulin-dependent patients with diabetes will seek information on or will be using the FreeStyle Libre. There is much room for pharmacists to intervene in a patient's glycemic control.

Resources:

1. Al Hamarneh YN et al. (2013) Pharmacist intervention for glycaemic control in the community (the RxING study). *BMJ Open*, 3:e003154. <https://bmjopen.bmj.com/content/3/9/e003154>
2. Al Hayek AA et al. (2017) Evaluation of FreeStyle Libre Flash Glucose Monitoring System on Glycemic Control, Health-Related Quality of Life, and Fear of Hypoglycemia in Patients with Type 1 Diabetes. *Clinical Medicine Insights: Endocrinology and Diabetes*, vol. 10. doi:10.1177/1179551417746957
3. <https://www.freestyle.abbott/ca/en/products/libre.html>

N SERIES **The Pharmacist**

From the Eyes of a Pharmacist

**THE BEST WAY TO TREAT AN OPIOID OVERDOSE IS A NALOXONE KIT.
READ BELOW ON HOW TO GET A KIT.**

Chris Tse 2T0, and Steven Guan 1T9

IF YOU ARE EXPECTING PILL-PUSHING, INSURANCE-WRESTLING, AND PHONE-SLAMMING ACTION, THEN THE PHARMACIST WILL SHOW YOU A WHOLE OTHER FACE OF PHARMACY.

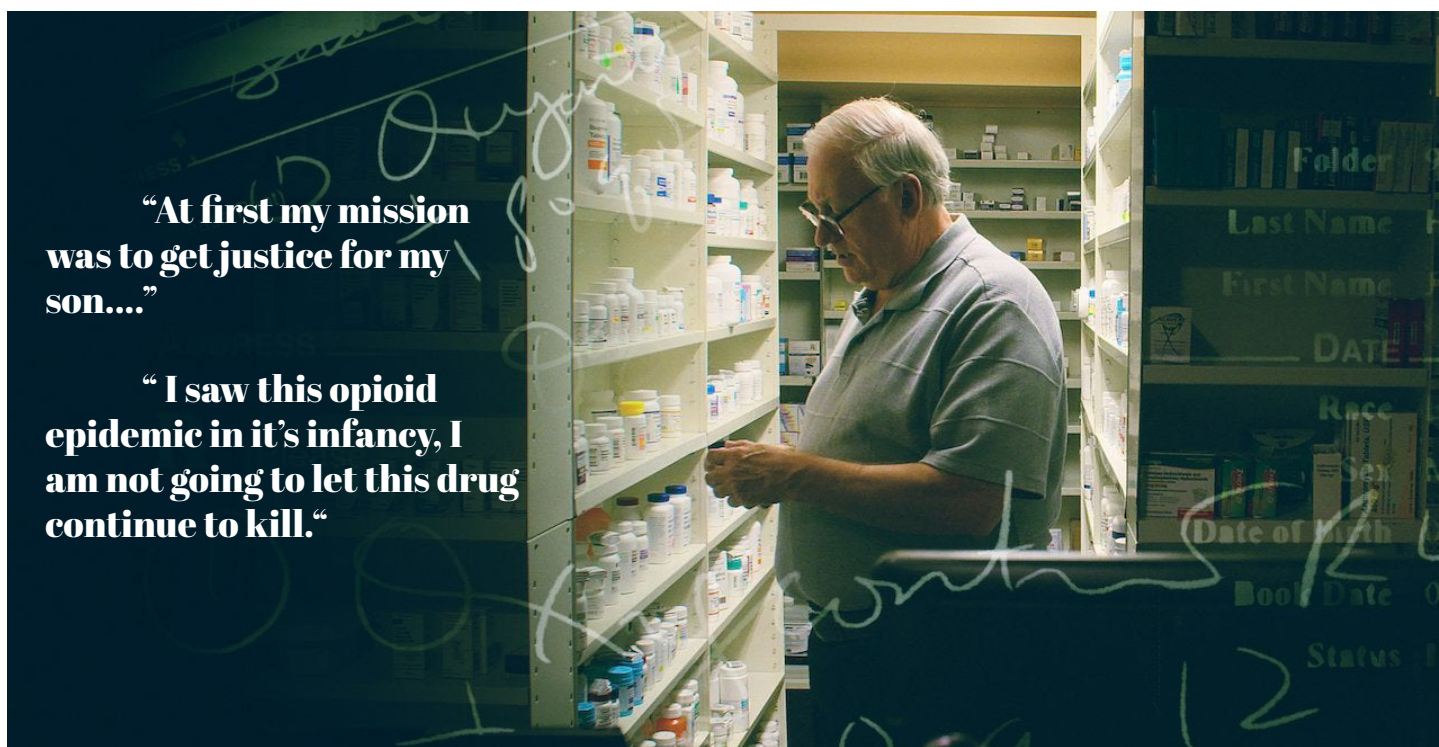
The Pharmacist is less about the job of a pharmacist, and more about a private investigator who happened to have a pharmacy license. The main protagonist, Dan Schneider, suffers the loss of his son in a drug-related crime. Fueled by vengeance against his son's killer and frustration against apathetic law enforcement, Dan accidentally discovers the infancy of the opioid epidemic. The latest docuseries from Netflix has hauntingly portrayed the systemic corruption which led to the opioid crisis we face today. Unfortunately, the abuse of prescription opioids is already a well-known story to pharmacists. The difference between the story we know, and the story that is told in The Pharmacist is the personal connection with Dan. As the story evolves from the murder of his son to the rampant overprescribing of OxyContin, you can't help but feel Dan's sadness, frustration, and hopelessness. Although I empathize with Dan, I applaud The

Pharmacist for their portrayal of victims. After the death of his son, Dan realized that anyone can become hooked on these powerful, addictive drugs and this was not limited to "junkies" or "drug users". Jeffrey is not portrayed as a "ruthless drug dealer"; he was born into a life of drug abuse, where dealing drugs was a way to survive.

The people who were addicted to OxyContin were given the drug to treat legitimate pain - at least when initially prescribed. The description of euphoria from opioids makes you realize anyone can become an addict:

"And once you get that feeling, that numbness.... You know, I wanted to feel like that every day"

The Pharmacist is an introduction to a nation-wide epidemic we still face today. As the credits roll, I feel a mix of pride, satisfaction, but also guilt. I am proud of Dan for advocating on behalf of the 400 000 dead Americans to get justice against Purdue. I am satisfied that Purdue was overrun with litigation. But I feel guilty because there's still so many people impacted and suffering from opioid misuse.



FROM THE EYES OF A PHARMACIST

It is rare to see a pharmacist in the spotlight. We are a profession plagued with inaction, and it stung a bit to see this inaction reflected by Dan's colleagues in the docuseries. Dan's actions were incredible, but was *The Pharmacist* an accurate representation of reality? The "pill-mill" doctors and lax pharmacists depicted in *The Pharmacist* did exist. Nowadays, there are systems in place to prevent excessive prescribing and abuse of opioids and other narcotic medications. One such example is Ontario's Narcotics Monitoring System (NMS), which flags patients trying to fill duplicate prescriptions or patients obtaining narcotics from multiple prescribers. Naloxone, a temporary antidote to opioid poisoning, is dispensed in pharmacies across Canada. In Ontario, naloxone is free of charge and doesn't require an ID or health card. Many pharmacies also offer opioid agonist therapy, which uses methadone or buprenorphine to satisfy opioid addictions. Opioid agonist therapy is the gold standard for treatment of opioid use disorder and it has saved many lives. One persistent problem that pharmacists have not yet solved, is disputing authority. Dan is an inspiration, but

he is not the norm. As demonstrated by Dan's meek pharmacy colleagues, pharmacists and confrontation mix like oil and water. If you are a practicing pharmacist reading this article, you likely know a prescriber who still overprescribes opioids. Between pressure from doctors, patients, upper management, and other pharmacies, it is very difficult to protest like our protagonist from *The Pharmacist*. Ultimately, the opioid crisis will not be solved by deciding to give out one prescription versus holding another. We need continued systematic improvements, like the introduction of NMS, increased public access to naloxone, and changes to government policy. As frontline healthcare professionals, we are always facing the opioid crisis. Decisions are not always as clear as the Netflix show depicts. The crisis is more convoluted in reality. Yet we always need to make complex decisions with incomplete info, under management pressure, with a line of customers waiting. That is the role of the pharmacist.

Find more articles from Chris and Steven at offthescriptshow.com

A TOUR OF EATALY : A REVIEW

William Nguyen



Italian/Food hall (55 Bloor St W, Toronto, ON, M4W 1A5)

Food: 3.5/5

Service: 4.5/5

Price: \$\$\$

Overall: 3.75/5

This food emporium covers 50,000 square feet, featuring a marketplace, 4 sit down restaurants, 2 coffee bars, and several foods ranging from pizza to gelato ice cream.

Does it live up to its hype?



LA PIZZA & LA PASTA

Inside Eataly on the main floor, IL Gran Caffè is a coffee stand with quick snacks. The espresso (~\$5 for 2 shots) is less sour than the coffee stand (Caffè Vergnano) on the second floor. If you take the escalator upstairs, you will be brought to the main part of Eataly, an upscale supermarket. My first stop was at the restaurant, “LaPizza & La Pasta”. As it had been 2 months since last eating pasta, I longed for a pasta dish.

I ordered the Tagliolini al Ragù Bianco (\$19), a pasta dish with white short rib braised Ragù. Watching the chefs prepare the various dishes was fun but reminiscent of the calm before the storm. After the waitress brought the dish to me, my predictions came true. The pasta had a firm and al dente tex-

ture, making it enjoyable to eat. On the other hand, the braised beef might as well change its name to mushed beef; calling it braised beef would be an insult here. The sauce was a little masked by the saltiness of the parmesan cheese, but the amount of saltiness was appropriate.

The texture of the pasta was perfect and provided a wonderful mouthfeel, while sauce had the right amount of salt. My only issue was the texture and consistency of the braised beef, or should I say “mushed beef”. Had the price of the dish been lower, or conversely, if the dish’s portion was larger, and if the braised beef had a softer texture, I would have more thoroughly enjoyed my meal.



PIZZA ALLA PALA



On my second visit, I decided to wait in the long line at the “Pizza Alla Pala” where you can see pizzaiolos prepare, and bake the pizza for sale. My mouth was watering over watching the pizza being freshly made so I gave into temptation and ordered not one slice, but two (Tricolore Pizza for \$7.95 and Funghi Pizza for \$6.95). The cheese was the best part, adding the correct amount of saltiness to the pizza, providing a flavour that complemented the salami. The basil gave the pizza a fresh and inviting flavour. The Tricolore pizza did appear however, to be less popular than the other pizza; it was

lukewarm when I received it. The funghi pizza was a strong concoction of different forms of cheeses and mushrooms. The end result was a strong cheese flavour, that although salty, complemented well with the flavours of the mushrooms. The texture from the oozing cheese and the savoury flavour of the mushrooms made it worthwhile to eat this slice of pizza slowly to truly appreciate it. Compared to the pasta dish I ate on my original visit to Eataly, this was not only a more reasonable price, but was also tastier. Both slices of pizza I ate were miles ahead of Pizza Pizza (the bare minimum for edible pizza).



LA PIAZZA

In my third visit, I tried La Piazza restaurant, arguably the busiest of all restaurants in Eataly. I met a really nice waiter who told me about the Quick Italian Lunch Menu (a pre-fixed 2 course menu where you can choose one antipasti and one entrée in addition to 3 slices of sourdough bread for \$22). I ordered the Suppli alla Gricia (the waiter was kind enough to help with my pronunciation) as the antipasti, and the Pizza Margherita al Padelino as the entrée.

The bread slices were enjoyable; not too hard or too soft. The Suppli alla Gricia was a bit salty from the parmesan cheese but the texture was soft on the inside, but not too chewy, complementing well the sourdough bread.

The Margherita pizza in terms of quality was excellent. It was not too greasy, and the cheese had a balance of saltiness and boldness. The sauce was not overpowering, with individual components that complemented each other to create a well-balanced dish.

For the price tag, La Piazza offered quite the value and was a filling lunch. An elderly man was even surprised by the amount I ate, to which I replied “I am just trying out everything” in a polite manner.”

In my opinion the pizza dishes are better than the pasta-based dishes in terms of price and quality. 4/5 for pizza-based dishes, 3/5 for pasta-based dishes. The service was one of the saving graces. The servers were gracious and patient despite how busy the restaurant was, and they were able to provide me with great recommendations. 4.5/5 for the service. The only major issue was the cost; the food is relatively expensive compared to many other casual dining establishments and budgeting is strongly advised if you are planning to eat at Eataly. Overall, a decent place but expensive (3.75/5).

A REVIEW OF 'JESUS IS KING' BY KANYE WEST

Michael Vu, 2T1

★★★★☆

3 out of 5 Stars - "Solid."

I was sitting on the 3rd floor pod, studying last minute for a midterm, when I learned that Kanye West's latest album had finally been released (after multiple delays). You could describe my mood at the time as slightly grumpy, as my coffee was not keeping me as sharp as I needed to be. Kanye has often described the goal of his music as being like coffee, a stimulant to get you amped up for a job interview or whatever trial in life you are facing. As a diehard Kanye fan who could not wait, I signed up for Spotify Premium on the spot (I will cancel the free trial later, don't worry) and loaded up "Jesus is King".

The album opens with the joyous bursts of the Sunday Service Choir and a hyper, stabbing piano telling us to "sing every hour, every minute, each and every millisecond". The song lasts less than 2 minutes, but by the end of it I was awake and my mood felt brighter.

Thank you, Kanye.

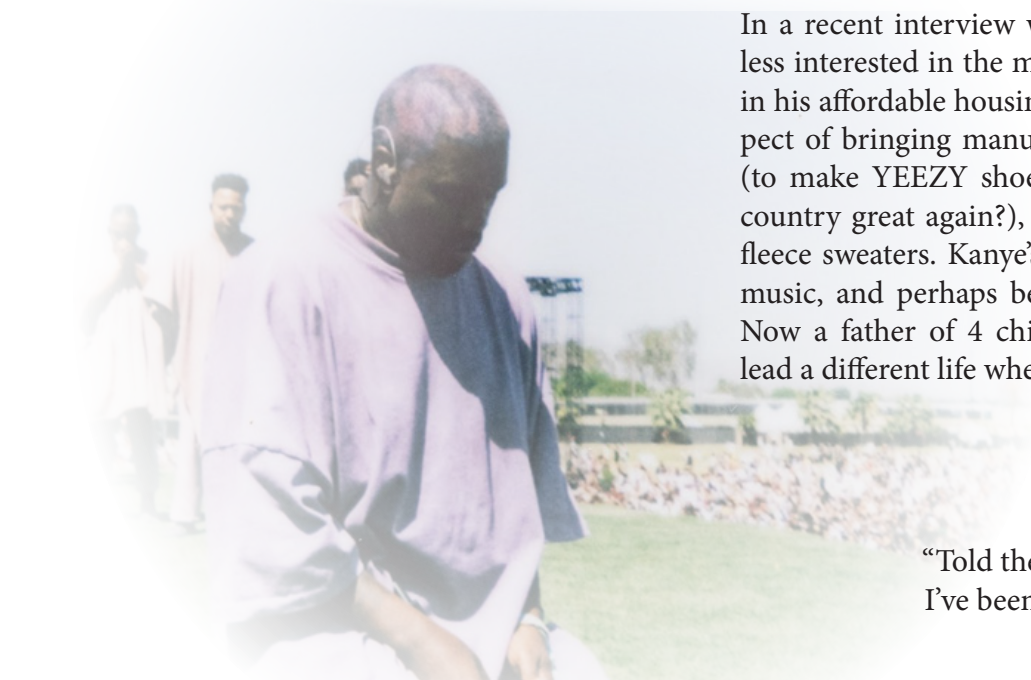
Kanye's Next Chapter

From D'Angelo to Daniel Caesar, many great pop singers honed their skills in the church. Only later would they bring their talents to the music industry, often with reservations about the message they were sending. Likewise, from Ma\$e to Bob Dylan to Justin Bieber, Kanye is not the first musician to turn towards religion after reaching the top of the music world. Actually, Kanye's faith has been a constant theme in his music ever since he said: "I want to talk to God but I'm afraid 'cause we ain't spoke in so long" on his very first album.

That being said, Kanye's mission as an artist has long outgrown the album format. The full scope of what he is doing is not really contained in this collection of songs. Maybe to fully appreciate the music, you would have to attend the gospel music services Kanye has been holding all over America with the Sunday Service Choir. Or maybe you need to watch the art film that accompanies the album. Who knows. It is increasingly hard to judge Kanye solely on the music coming out of the speakers.

In a recent interview with Zane Lowe, Kanye seemed less interested in the music, and much more interested in his affordable housing design project, or in the prospect of bringing manufacturing jobs back to America (to make YEEZY shoes, and perhaps make a certain country great again?), or in the sustainability of polar fleece sweaters. Kanye's next chapter is clearly beyond music, and perhaps beyond this fallen world as well. Now a father of 4 children, he seems determined to lead a different life when he says:

"Told the devil that I'm going on a strike, I've been working for you my whole life."





The Music

But is it gospel music?

There are several high points where Kanye delivers his take on gospel music (with modern production textures). On “God Is”, Kanye’s singing voice strains to hit the notes, but the feeling is communicated all the better for it. On “Water”, a choir and lulling beat crest and fall to great effect. That being said, Kanye’s lyrics here are too vague and among the least compelling of his career. While Kanye’s praise of God rings sincere, there isn’t really a sustained exploration of what it means to live a life of faith in our time, which is a missed opportunity.

But are there beats?

Elsewhere on the album, Kanye demonstrates that he can make an amazing beat out of an old sample whenever he feels like (see “Follow God”), he just doesn’t want to very often apparently. On “On God”, he enlists producer Pierre Bourne to lay down some bleep bleeps and otherworldly synths to create a shimmering beat that is my favourite off the album.

But is it any good?

At 27 minutes long, “Jesus is King” is a limited time commitment. This is largely good news, as the pace is quick and the ideas not over-thought. The Kanye of

recent years is no longer a perfectionist and leans heavily into spontaneity, favouring process and performance in his song-writing. The results are mixed, but exciting when the experiment works (see “Closed On Sunday”). You are going to like some songs more than others, depending on which era of Kanye West’s 15-year long body of work most appeals to you. Honestly, I prefer some of the live full choir versions Kanye has been playing outdoors compared to the album versions (for example, look for “Everything We Need” on YouTube).

Should you listen? Ask yourself:

- Are you looking for considered reflections on living a life of faith, and insight into your place in the universe? This is probably the wrong place to look.
- Did you like Kanye’s previous albums? If so, there is probably something here to make it worth your time.
- Are you in need of a boost of positive energy? Try putting “Jesus is King” in your life!

UPDATE

Check out “Jesus Is Born” which was recently released at the end of 2019, featuring gospel numbers and covers performed by the Sunday Service Choir. Suspicious lack of Kanye verses though. It’s great study music!

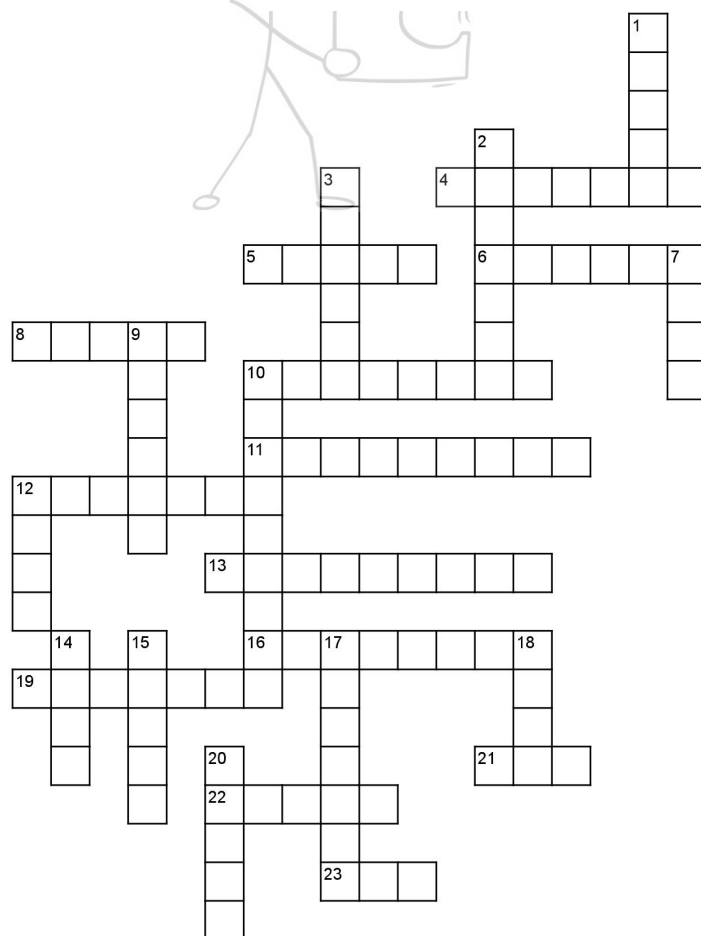
???

Puzzles

???

Crossword: Can You Feel The Love Tonight?

Jessica Attalla, 2T2



Across

- 4 Isabella and
5 Harry and
6 Jacob and
8 Lily and
10 Monica and
11 Will and
12 Desdemona and
13 Troy and
16 Eugene and
19 Cory and
21 Jim and
22 Noah and
23 Ron and

Down

- 1 Edward and
2 little red haired girl and
3 Paris and
7 Marshall and
9 Tony and
10 Mark and
12 Sharon and
14 Jack and
15 Elizabeth and
17 Kat and
18 Hans and
20 Danny and

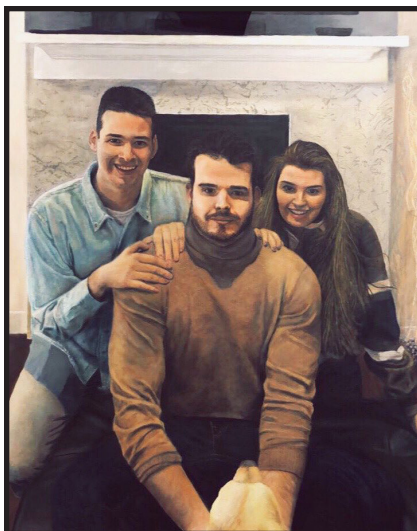
Pharmacy Mad Libs

Chloe Chau, 2T2

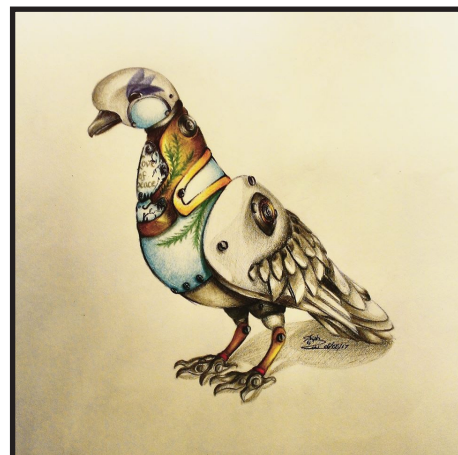
1. ADJECTIVE:
2. YOUR NAME:
3. FRIEND'S NAME:
4. THE LAST THING YOU ATE:
5. NUMBER:
6. DISEASE STATE:
7. ADJECTIVE:
8. DRUG:
9. A PROFESSIONAL:
10. PERIOD OF TIME:
11. ADJECTIVE:
12. NOUN:
13. PLACE:
14. LAST THING YOU DRANK:
15. VITAL SIGN:
16. COURSE YOU'RE TAKING
17. NUMBER (FROM 0 TO 24):
18. VERB:

What a(n) (1)_____ year it's been so far. (2)_____ and (3)_____ are in the thick of mid-term season, fuelled by (4)_____ which they've collectively eaten (5)_____ meals of in the past day alone. Hopefully they won't contract (6)_____ and require drug therapy... but at least they'll be well-equipped to write-up a(n) (7)_____ care-plan. For example, they would need to start taking (8)_____ and follow-up with their (9)_____ in (10)_____. They should monitor for a(n) (11)_____ feeling in their gut and (12)_____ in their stool. If either sign occurs, they must rush to the nearest (13)_____ as soon as possible and ask for a glass of (14)_____. This will restore their (15)_____ to normal levels and they'll be all set to write your (16)_____ mid-term in (17)_____ hours... so they should probably go and (18)_____ now.

ARTIST SPOTLIGHT



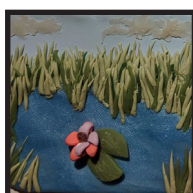
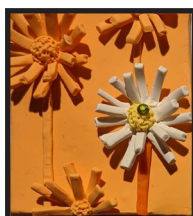
Ben D'Mello, 2T2



Stephanie Lau, 2T2



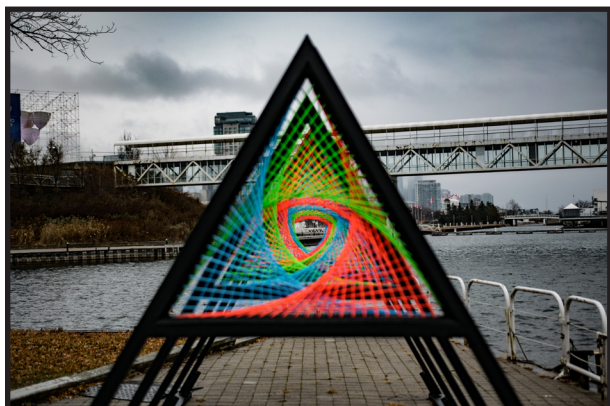
Peter Zhang, 2T1



Hebah Arabi, 2T1



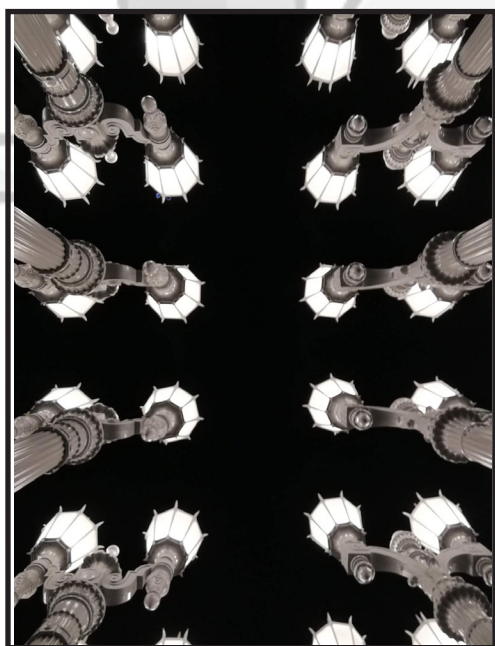
BEHIND THE LENS



Harshan Gill, 2T1



Annie Yao, 2T3



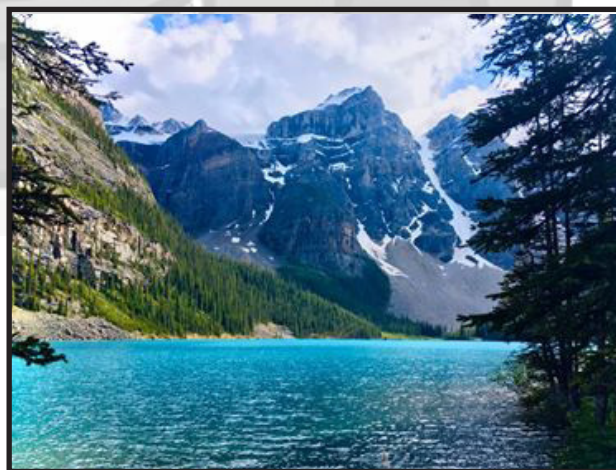
Yimin Liang, 2T1



Borar Som, 2T1



Donna Hoang, 2T3



Naomi Lewin, 2T2