

THE MONOGRAPH

Volume 22, Issue 4



Vietnamese/Korean/Chinese New Year

Star Trek: Discovery Review by Christine Tan

So What Are We, Toronto? by Nubaira Forkan

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The Monograph



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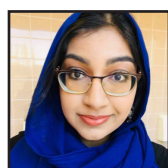
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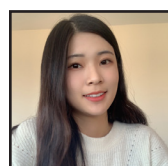
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EDITORS' ADDRESS:

Hey Pham!

As we come to the end of midterm season, we hope you take a bit of time to relax and enjoy the new issue of The Monograph!

We decided to try something a little different this year and prepared a special issue for you, our International Issue. We have articles on a wide variety of topics, including how different cultures celebrate Lunar New Year, perspectives from Nubaira Forkan on being an international student in pharmacy during COVID, as well as many recipes from diverse cultures.

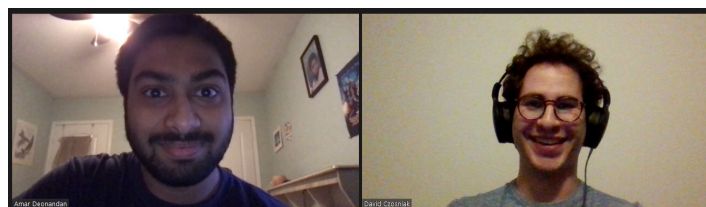
In addition to the international flavour to this issue, we also proudly present to you reports from some of our clubs, including updates from COMPPS, GMI, as well as an article from a new club at the school, NCODA, a club focussed on oncology and the pharmaceutical industry!

As always, we are holding a raffle following our scavenger hunt! Be sure to look closely, this hunt is a little more difficult than previous ones!

We would love to hear your feedback on this issue! If you feel inspired by any of the articles featured in this issue, feel free to reach out to either of us or to your class reps to have your piece featured in the next issue, the final issue of the year!

Take Care,

Amar Deonandan and David Czosniak
The Monograph Co-Editors 2020-2021
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UPS Address



Hey Pharmacy!

We hope you all had a wonderful and restful Reading Week and hope all your assessments so far have gone well!

This March is packed with lots of exciting initiatives including the many great events planned for Pharmacy Appreciation 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, Ontario Pharmacists Association (OPA), for supporting our PAM initiatives this year.

PAM Kick-off Week

Date: March 1st, 2021

UPS and CAPSI are hosting PAM Kick-off Week this year to start Pharmacy Appreciation Month! We are going to have challenges throughout the week posted on the PAM Facebook event page to celebrate PAM and increase awareness of the pharmacy profession! There will also be videos posted throughout the week featuring Faculty and Student Representatives.

PharmD 2T4 Induction Ceremony

Date: March 3rd, 2021

This year, the class of 2T4 will be the latest cohort to join the pharmacy profession when they will recite the Professional Oath and don their new white coats on March 3rd. This event will be livestreamed on Youtube on the UofT Pharmacy channel from 3pm-4pm. This event is open to all to view and we are all excited to welcome the 2T4s to our professional family!

UPS Events Pharmacy Phestival

Dates: March 22nd - 26th, 2021

Our events directors have a whole new event planned this month to celebrate and raise awareness for the history of our program. This will include social media activities, contests, throwbacks, and more that are sure to bring us together and grow our appreciation for our community.

OPSIS 2021

Dates: March 26th - 28th, 2021

The 9th Ontario Pharmacy Students Integrative Summit (OPSIS) will be held for this time online this year on Zoom in collaboration with the School of Pharmacy at the University of Waterloo. The three-day conference will host students from both universities to collaborate in case competitions & debates, and listen to engaging talks from recent grads and speakers from different sectors of pharmacy!

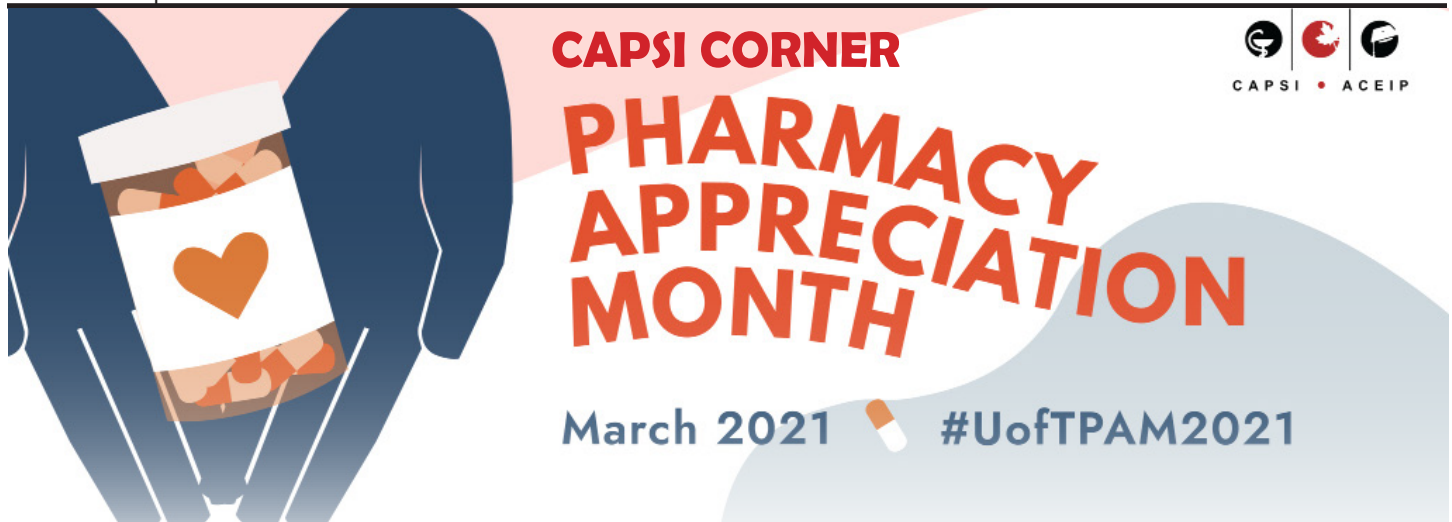
Once again, we would like to thank CAPSI and all clubs for hosting events to make PAM a huge success!

Fabian Cretu and Samantha Cesario

UPS President and Vice President

ups@uoftpharmacy.com





Hey pharmacy, we hope that you had an enjoyable and restful reading week!

CAPSI is excited to have wrapped up our last competition of the year, the CAPSI-PharmaChoice Advice for Life (AFL) Competition. Thank you to everyone who participated in this competition, our judges were very impressed by the quality of all presentations submitted. It was a tough competition, but we are excited to announce our winners:

1st Place: Arnold Ruste, 2T3



2nd Place: Al-amin Ahamed, 2T4



On behalf of the CAPSI team and the judges, congratulations to both winners! We are very excited to have Arnold represent UofT in the National Advice for Life Competition.

CAPSI has been diligently planning for this year's PAM Campaign taking place throughout the month of March. This March is Pharmacy Appreciation Month, previously known as Pharmacist Awareness Month, a change that has been made for PAM 2021 to reflect and cele-

brate the extraordinary role pharmacists play in health care, especially during the COVID-19 pandemic.

To raise awareness, advocate, educate and celebrate PAM, CAPSI and many club leaders have planned a variety of exciting events for you to take part in. To keep up with all CAPSI, UPS, and club events throughout PAM be sure to "like" our Pharmacy Appreciation Month UofT Facebook Page: <https://www.facebook.com/UofTPAM2021>

CAPSI and the faculty are collaborating together to ensure this year's PAM campaign allows students to get involved in reflecting on the pandemic and changes that have occurred in the pharmacy profession. If you want to take part in being featured in the PAM Campaign as well, you can participate from now and throughout March by submitting a written or video reflection through this form: <https://forms.gle/y3znhUAMDax-szPGv9>. We can't wait to see your submissions on the Leslie Dan Faculty of Pharmacy pages!

Some CAPSI events that you can look forward to include a Vaccine Hesitancy Symposium with Anna Taddio, Toronto's Next Top Pharmacist, an IPE event about Oncology Care, Social Media Campaign focused on Health Disparities of Marginalized Communities, and more! CAPSI is also looking forward to running our month-long outreach initiatives, Pharmacy Outreach Days (PODs) and Kids in Medicines (KIMs), which will be conducted virtually. We wish you all the best during midterms and we look forward to seeing you at all the PAM events throughout March!

♥-Your CAPSI Team



UPS Athletics Update

White pawn to D4.

Black pawn to D5.

White pawn to C4.

Sound familiar? If you've been keeping up with the latest trends, you'll notice that chess has been making quite a bit of a comeback thanks to Netflix's new show, *The Queen's Gambit*. There are many chess openings but did you know that the Queen's Gambit is a common opening play? It involves sacrificing one of your white pawns in order to control the centre of the board. It's often used by both amateur players and game masters as well. Curious about the world of chess? Look no further!

We are so excited to announce that we will be hosting our first ever chess competition in the beginning of March! Whether it's your first time or thousandth time playing, face off against some of your peers in pharmacy and see how you do. You might even learn a few new moves!

If chess isn't your thing, but you identify as a trivia whiz, join us later on in March and shoot your shot at answering some trivia questions for a chance to earn some UPS points and gift cards!!

Stay tuned for the event pages and how to join the competitions. May the best player win!

Jonathan Ko
Senior Athletics Director

Cindy Tran
Junior Athletics Director



OPA UofT Chapter

How Canada Mitigates Drug Shortages and How We Can Learn To Do Better From Other Countries

By: Katarina Pessina, 2T3 and Julia Giannini, 2T3

What is a drug shortage? What causes drug shortages in Canada?

Health Canada defines a drug shortage as a situation in which an authorization holder for a drug is unable to meet the demand for that drug. Drug shortages describe both temporary disruptions or permanent discontinuations of a product's supply. While Health Canada recognizes the negative impact of drug shortages on both our healthcare system and its patients, this issue presents a complex, serious and global problem in need of immediate solutions.¹

Drug shortages in Canada generally result from one of four main reasons, each related to a specific point in the drug supply chain:²

1. Supply issues: Problems may arise when there is a disruption in the supply of any active medicinal ingredients or other raw materials. This can be due

to contamination of the ingredients or most often, delays from international suppliers.

- 2. Manufacturing issues:** Any issues along the manufacturing process can create or contribute to brief shortages such as an increase in the production of one material resulting in the delay in production of another, contamination at any point, unanticipated changes in procedures or production lines, or voluntary recalls initiated by a manufacturer because of a potential problem.
- 3. Contracting issues:** If hospitals, pharmacies or other purchasing organizations rely on a single manufacturer for the provision of a certain drug product, and that manufacturer can no longer sell - organizations will suffer accordingly.
- 4. Economic issues:** Business decisions to stop manufacturing a product, consolidating or limiting that product due to lack of financial return or poor demand for that product will also contribute to drug shortages.

Major drug shortages that have occurred in the last year

While drug shortages have been an issue for Canada's healthcare system for many years, the situation was greatly impacted by COVID-19 beginning as early as March 2020. In the months leading up to March, the government's mandatory drug shortage website listed an average of five new shortages per day. This number showed a steady increase to approximately 16 new shortages per day by the second week of April last year.³ During the first week of May 2020, only 3% of community pharmacies across Canada reported that they received their full order of drug supply placed through their wholesalers. During that same week, the majority of Canadian pharmacists (56-60%) received reduced quantities of medication supplies on the majority of their orders.⁴ This volatility has rendered it difficult to predict how the drug market will affect Canada's drug supply as the pandemic continues to evolve - but it certainly continues to pose a heavy threat.

Health Canada identified the 3 most common COVID-related drug shortages:³

1. **Hydroxychloroquine:** Rheumatoid arthritis and lupus patients, who regularly rely on this medication for their conditions, faced disruptions in its supply, when hydroxychloroquine was deemed a potential treatment for COVID. Evidence is still lacking to support this claim.
2. **Inhalers for asthma and COPD:** This increase was seen not only in the community setting, but also in hospitals as staff prepared to support COVID patients' respiratory complications.
3. **Sedatives and muscle relaxants:** These medications are often used in intensive care settings, to make patients more comfortable and at ease.

Managing such drug shortages has shown to be taking a heavy toll on pharmacists. By the end of May 2020, it was reported that community pharmacists were spending almost a quarter of their time each shift dealing with reduced drug supply. Further, over half of all pharmacists reported that they were very concerned with not being able to access the required medications for their patients.⁴

Proactive approaches that Canadian pharmacists can take to protect their patients from drug shortages:

As future pharmacists, we must play an active role in protecting our patients to prevent, mitigate and communicate shortages. This is to maintain a high quality standard of care and reduce healthcare costs in Canada.

The issue of drug shortages is made more complex by the fact that there are many factors involved. Thus, the solution to this problem is neither simple nor clear. So, what can Canadian pharmacists do to be a part of the solution?



In order to ensure that patients have equal and ungated access to drug supply, Canadian pharmacists can work with Health Canada to take a more proactive approach. Some possible responses to address this problem could include:

1. Pharmacists should take a **leadership** role and continue to urge the government of Canada to remain on high alert for early warning signs of further drug disruptions in the coming months. When areas of high risk in a drug's production cycle are first anticipated, notification reports that outline a potential supply disruption should be rapidly provided to pharmacists in order to allow us to keep our patients informed and prepared.⁵ Without the proper communication procedures in place, this could cause a sense of distrust between pharmacist and patient. This can be effectively done if pharmacists, governing bodies and other stakeholders continue to collaborate along the drug supply chain to identify medications that are most at risk of shortages over the remaining course of the COVID-19 pandemic and establish contingency plans ahead of time. Our hope should be that our federal government continues to prioritize this issue and work with all stakeholders, such as ourselves, to examine the current challenges that are limiting access to drugs in Canada, and which drugs are most likely to be affected.⁴

Key stakeholder groups:⁵

2. Advocate for a **contractual obligation** in which suppliers would maintain a list of alternatives and substitutes and their availability to the reporting website. Further, ensure prescribers as well as pharmacists have access to real-time information needed to make appropriate decisions. Repeat drug shortages may further expose patients to frequent intergeneric switching.^{6,7}
3. Pharmacists may collaborate with Health Canada to help create a more **clear definition** of which drugs are deemed “medically necessary.” This would help to prioritize production of these essential drugs in the future and minimize shortages.⁶
4. Health Canada may consider the development of an **ethical decision-making tool** or guideline for allocating scarce or limited resources affected by shortages.⁶ This would guide decisions on for whom, and in what situations, a limited drug should be prioritized. Pharmacists can play an active role in collaborating on this guideline using their extensive therapeutic knowledge and ethical judgement as it pertains to clinical use.

How does Canada compare to other international organizations when it comes to handling drug shortages?

A number of countries around the globe are introducing legislative actions to cope with drug shortages. 20 of 24 countries surveyed in the past year had regulatory authorities (i.e. the medicines agency or the country's ministry of health) run registries of their shortages. In all of those countries except Malta, suppliers were required to report to the registry, most of which were publicly accessible. Germany only made reporting to its shortage registry mandatory last April. The Netherlands has been working to create requisite stock of defined medicines for marketing authorization holders and wholesalers. Most of these countries only have a national reporting system in which the Ministry of Health (or National Regulatory Agency) manage the information database and request mandatory reports from drug suppliers. However, countries such as France, Ireland, Portugal, Spain and Switzerland have more than one

system involved in gathering this information, presumably leading to a more cohesive and up-to-date information repository. Several countries recently simplified regulatory procedures related to the importation, market authorization, and dispensing of drugs. For instance, Brazil, Argentina, and Uruguay have regulations that make the reporting of situations that could potentially lead to shortages mandatory. Fifteen countries surveyed had financial sanctions in place for when manufacturers lacked supply requirements. However, even with these practices in place, most of these countries expressed an interest in increasing management strategies.^{8,9}

While the shortage mitigations aforementioned may help countries to a certain extent, the World Health Organization Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies believes that these measures are primarily reactive and taken at the national level. As such, they don't address the root causes of shortages. The WHO suggested a shift to a multi-country approach since the source of most drug shortages is a global issue.⁸

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- ⁷https://www.drugshortagescanada.ca/files/MSSC_Causes_and_Prevention_2017.pdf
- ⁸<https://www.cidrap.umn.edu/news-perspective/2021/01/nations-facing-drug-shortages-use-registries-other-steps>
- ⁹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6658884/>



The Life of a CSHP Communications Rep

Wei Wei, 2T3

Photo Credit: Marigrace Gorospe, 2T3

CSHP Communications Representative

A year ago, I was fortunate to become the Communications Representative on the Student Committee of CSHP at UofT, and as part of that role, the UofT Representative on the Communications Committee of CSHP Ontario Branch (OB). As the year finishes off, I would like to share with you my experiences and highlights from my involvement at these two levels.

CSHP at UofT

My biggest role as a representative on the UofT chapter committee is to write for The Monograph. For this reason, I had the opportunities to thus far interview two exceptional clinical pharmacists. Lindsay Dryden, a clinical pharmacist at St. Michael's Hospital who shared with us her career path and a typical day at her clinical work as well as other interesting aspects such as her work in research. She also narrated her motivation to contribute to CSHP's efforts for the profession that led to her position as the OB Communications Committee Co-Chair. Vincent Vuong, a clinical pharmacist at Trillium Health Partners, also provided his experiences with clinical pharmacy and his insights on the value of the pharmacist on a clinical team, such as the pharmacist-led dosing of clinically challenging agents at his workplace. My interviews with them not only allowed me to share their incredible answers with the student body, but also propelled me to research more deeply into the various involvements available to a hospital pharmacist, in order to ask probing and inquisitive questions and to gain insights from these excellent clinicians.

Another highlight of our team's works was the Introduction to Hospital Pharmacy event we held in September last year with Lindsay Dryden, Cheyenne Matinnia,

and Onella Pereira from St. Michael's Hospital, who shared with us their clinical duties, the paths that led them there, and how those of us interested in a similar career may start preparing for it today. There are also many events in the works; stay tuned to our social media for updates and new activities!

This past year was a special year, as many clubs reimaged the conventional methods and explored alternative ways to carry out activities. I hope that the team at CSHP at UofT and I have been doing a good job in bringing the world of hospital pharmacy to you!

CSHP OB

During my term, I also served as the UofT Representative on the Communications Committee at the CSHP OB and had the opportunity to work with the Co-Chairs and representatives from other chapters including Waterloo's to further OB's communications efforts. We proofread each issue of CSHP's quarterly publication Hospital Pharmacy in Ontario (HPO), brainstorm ideas for various social media platforms, and liaise with other provinces' committees as well as the national CSHP committee to further our efforts for our profession.

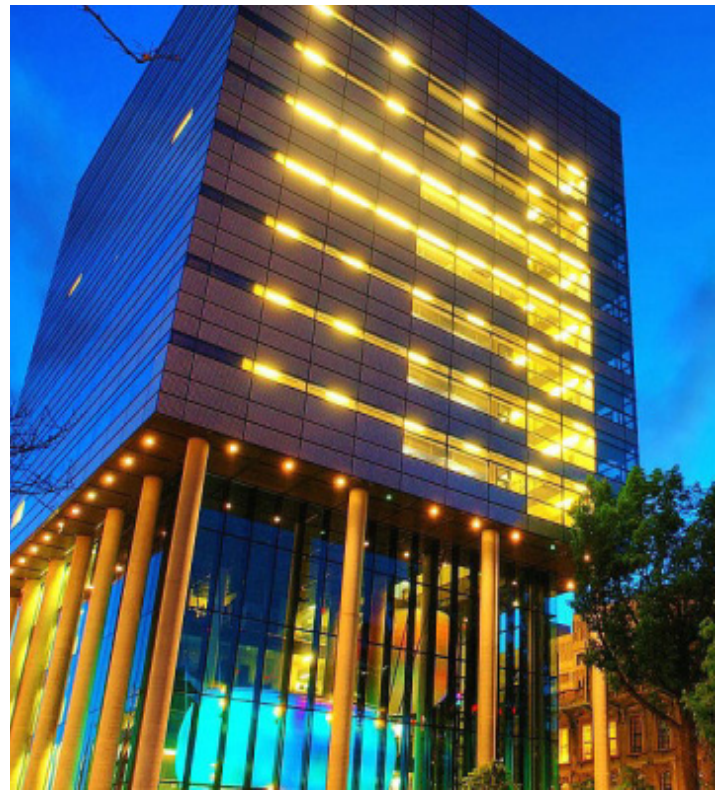
The HPO is a publication by CSHP OB that I had not known existed until I joined the Communications Committee. Available only to CSHP members, it contains not only articles on topics relevant to the pharmacy practice in hospitals, but also many others of general interest to the pharmacy practitioners in Ontario, such as one highlighting the incredible feat of the COVID-19 Drug Evidence Initiative (CDEI) created by a team of recent pharmacy graduates (Fall 2020 Issue). In the summer of 2020, I collaborated with the University of Waterloo's Communications Representative and co-authored an article on the impact of the sharp transition to online learning and the cancellation of experimental rotations on the pharmacy students at the two schools, for which I interviewed students from the four years of our program to gather their inputs (Summer 2020 issue). I was glad to have this eye-opening experience to hear how my peers at different years felt the pandemic impacted them, which brought me closer to the experiences of those around me. Join CSHP membership to gain access to the wonderful articles that come out on the HPO each quarter!

The CSHP OB also runs a Facebook page ("CSHP OB"), a Twitter account (@CSHP_OB), and an Instagram account (@cshp_ob). Follow them to see the Branch's on-going activities!

In conclusion, it was an enjoyable and inspiring experience for me to be the Communications Representative in the past year. If you are thinking of contributing to making the field of hospital pharmacy more known to our student body, I encourage you to consider joining the CSHP at UofT Student Committee!



CSHP



SNAPPY APPE INTERVIEWS

with: Belle Li

Interview: Hebah Arabi, 2T1 Monograph Rep

Welcome back to the third edition of the Snappy Appe Interviews! My name is Hebah and in this series I introduce our senior pharmacy students and share their unique APPE rotation experiences with you. This past month, the Office of Experiential Education hosted a Non-Direct Patient Care Spotlight Event about the UofT Discovery Academic Pharmacy which will be launching soon in 2021. I reached out to Belle Li in order to understand her non-direct patient care experience at the Discovery Pharmacy. Belle has been the Pharmakon photographer for three years, UPS member as Pharmakon Editor in her 2nd year, and President of Pharmacy Board Games Association (PBGA) for all three years. She also has extensive direct patient care experience in community pharmacy. You can catch Belle in the pharmacy building with a cup of bubble tea!

Hebah: Hi Belle, welcome to Snappy Appe Interviews! I am eager to find out more about you and your experiences as an APPE student at UofT's Discovery Pharmacy. Let's start with you first...what song can you connect with right now?

Belle: Hi Hebah! Thank you for inviting me for your interview. I have a song that I can connect with right now and I'm pretty sure many students can connect with as well and that is "Stressed Out" by Twenty One Pilots. We are at that point in our lives where we are just about to step out into society and become a contributing member as soon-to-be pharmacists. But in reality, what I really want to do is be a kid again with no worries...Sleep until I naturally wake up, don't have to worry about cooking my own food, and the laundry "cleans itself".

Hebah: If you were the director of a movie to raise awareness about a certain issue, what would the title/topic be and why?

Belle: Hmm...that's a good question. Probably influenced by my work with the Discovery Pharmacy and my community pharmacy experience, I would make a movie about how education can negatively impact the mental health of adolescents and young adults. To elaborate on that, compared to previous generations, the importance of higher education is stressed upon more to those of our generation. The pressure of conforming to an established education system and achieving high grades causes many students to suffer from depression and anxiety. Studies have shown that approximately 70% of mental health illnesses start during youth. Therefore I would like to make a movie showing its prominence among people our age and decrease stigma surrounding mental health illnesses.

Hebah: Let's chat about your APPE NDPC rotation at the Discovery Pharmacy. First of all, what is an NDPC rotation?

Belle: NDPC, or Non-Direct Patient Care, is a type of rotation offered in fourth year APPEs where your work is centered around topics such as research, management, program development, or education. Although the name suggests there is no patient interaction, much of the work you do will be incorporated in some aspect to direct patient care. For example, you may be tasked with creating educational material for healthcare professionals who will then use their new-found knowledge while caring for their patients.

Hebah: What is Discovery Pharmacy all about?

Belle: As was mentioned previously, Discovery Pharmacy is currently being developed by the Leslie Dan Faculty of Pharmacy with the goal of becoming a fully accredit-

ed pharmacy to primarily service the UofT community (students, staff, educators etc) from all three campuses. What sets this pharmacy aside from other community pharmacies is the focus on education and research. Although medication dispensing will occur as well, it will be of limited volume. The establishment of our own pharmacy at the Faculty allows more flexibility in our learning. Once established, students can expect to take part in experiential education at Discovery Pharmacy and perform professional pharmacy services. Discovery Pharmacy will also become incorporated into the health care services on campus.

Hebah: What value do you think this pharmacy will bring to the Canadian community pharmacy space?

Belle: The concept behind Discovery Pharmacy is never seen before in the Canadian community pharmacy practice. It will be a novel way to envision what a pharmacy can be like. For students, they can practice their confidence with patient interactions. With the limited dispensing role of the Pharmacy, patients are able to spend more time with the pharmacist (or pharmacy student) for professional services thereby improving patient care.

Hebah: Who was your preceptor(s), was it a virtual rotation, and how long were you there for?

Belle: My preceptors were Ernie Avilla, the Project Development Lead of the Discovery Pharmacy, and Lisa Dolovich, our Faculty's Dean. Due to the pandemic, this rotation was conducted virtually with regular meetings through Zoom and lasted 5 weeks.

Hebah: What was your role at the Discovery Pharmacy as an APPE student?

Belle: Since a major focus of the Discovery Pharmacy is research and education, a good understanding of the current environmental situation is needed before a plan can be formed and programs made. My focus during this rotation was on the formation of a mental health program at the Discovery Pharmacy. I probably gave that away in the first question.

Hebah: What projects were you involved in?

Belle: As mentioned previously, a good understanding of the environment is needed. A large portion of my rotation was focused on research on mental health, particularly among students and especially UofT students, and mental health programs and resources. Following

an environmental analysis, I identified areas where needs are not met and developed an implementation plan for the program and what the program will entail.

Hebah: What impact will a mental health program in a pharmacy have on the population?

Belle: We have a consensus among us that pharmacists are one of the most accessible healthcare professionals out there. We have more opportunities to interact with patients and through these interactions, patients can become more comfortable to discuss more sensitive topics such as mental health illnesses with us. By creating an atmosphere where mental health stigma is decreased (or even eliminated) and increasing dialogue between healthcare provider and patient, I believe this will lead to improved patient outcomes. In addition, the support that the Discovery Pharmacy can provide to the UofT community can decrease the wait times and improve access to necessary health care services and consultations. There has been an increase in the need for mental health services among UofT students but not enough resources. The development of a mental health program at the Discovery Pharmacy can help meet that need.

Hebah: What was your take away message from your rotation?

Belle: It is exciting to take part in the development process of establishing our Faculty's very own pharmacy. It's a different perspective to look at a pharmacy and pharmacy operations even before the groundwork as been completed. I learned skills and techniques for program development which I can apply to any of my future endeavors. Mental health has been a hot topic in the recent years with organizations increasing awareness such as Bell Let's Talk. We may have believed we already know enough about this topic but I did not expect the research I have found. For example, from UofT Campus Police reports, there have been 3 suicides annually on St. George Campus from 2016 to 2019. In a large survey conducted in 2016 of UofT students, it was found that 2% of students attempted suicide while 12% considered suicide. These findings have highlighted the importance of the need to start talking about mental health illnesses and taking an action.

Hebah: I agree there is a need to increase awareness on this urgent matter to help UofT students. What advice do you have for other students who are about to start a virtual non-direct patient care experience?

Belle: Depending on where your interests lie and what your NDPC is about, there may be varying differences when approaching virtual NDPCs. I have completed two NDPCs, my first one being Education for MTM2 and my second one being Project Development with Discovery Pharmacy. In all cases, set the expectations, work times, and how (and when) you are reachable by on the first day with your preceptor. May also be good to establish them during your introductory email before rotation starts. Be prepared to provide an update on the work you have done at a moments notice. Therefore you need to be on top of your work even though it is virtual. For Education themed NDPCs, there is an increased likelihood of longer or more frequent meetings since multiple brains are needed to make good and fair educational material. For Project Development themed NDPCs, you may be working on a project that someone else on the team already looked into so it is always good to ask lots of questions about the progress thus far and ask for any information or documents they have. And finally, enjoy your virtual NDPC. Normally, we are not able to wear pajama bottoms when meeting our preceptors (some of whom are also our professors – or our Dean!). Oh and also no commute time to location. Much time saved from that.

Thank you Belle for your time in sharing your experiences at the UofT Discovery Academic Pharmacy. It is wonderful to hear the great impact your projects have especially regarding the mental well being of our student population! With that I'd like to thank you for taking time to read about Belle's experience and stay tuned for my next edition of SNAPPY APPE Interviews with fourth year PharmD students.



Hebah Arabi
2T1 Monograph Rep

8 Fun Facts I have Learned about International Pharmacy and IPSF

Jenna-Rose Melanson, 2T2
Senior IPSF Representative

The International Pharmaceutical Students Federation, or IPSF, is the leading international advocacy organisation for pharmacy students. Did you know IPSF on a global level runs the international student exchange program (SEP), organizes countless workshops and seminars, distributes informative blogs and electronic newsletters, and hosts several International conferences each year? While I have learned so much during my time as one of the UofT IPSF representatives, I thought I would share 8 fun, informative and random facts that I've discovered by interacting with other students and researching about pharmacy practice on a global level:

1. IPSF was founded in 1949 and represents 500,000 pharmacy students and recent graduates from 92 countries.
2. The Nanjing statements on Pharmacy and Pharmaceutical Sciences Education describe the envisioned future for pharmaceutical education needed to enhance professional standards worldwide¹. In a recent poll conducted by IPSF, 82.3% of students had no prior knowledge of the Nanjing statements, did you? If you want to learn more, check out the IPSF website!
3. Coca-Cola was invented by Dr. John Stith Pemberton, a local American pharmacist in 1886².
4. Every year more than 900 students around the world have the opportunity to experience hospital, community and research-based pharmacy (among others) in different countries. Despite the limitations on International travel, SEP is still running virtually!
5. Australia is the world's largest producer of opium alkaloids for the pharmaceutical market. They

Clubs Corner



produce ~ half of the world's concentrated poppy straw for morphine and related opiates.³

6. In England, over the counter acetaminophen (paracetamol) is limited to 32 tablets or capsules in a blister pack to help discourage overdoses⁴. There are no over the counter bottles like in Canada!
7. During World War II the English author, Agatha Christie worked as a pharmacy assistant in London before she became a world-famous author. One of her novels, *The Pale Horse* was based on her knowledge of pharmacy.²
8. Certain student exchange programme (SEP) locations, such as Egypt, provide free accommodation to students participating in the exchange.

Check out <https://www.ipsf.org/student-exchange-programme> to learn more!

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UNIVERSITY OF TORONTO STUDENT CHAPTER

NATIONAL COMMUNITY ONCOLOGY
DISPENSING ASSOCIATION, INC.



BRIDGING ONCOLOGY, PHARMACY, AND INDUSTRY STAKEHOLDERS:

Leslie Dan Faculty of Pharmacy's New Student Organization, NCODA

Katarina Pessina, 2T3

It is with great pleasure and enthusiasm that I introduce to you to the Leslie Dan Faculty of Pharmacy's newly established student organization - NCODA! As VP Communications for the UofT NCODA Student Chapter, I will act as liaison between the student body, our chapter, and our main branch. For this reason, I am thrilled to share with you everything that NCODA has to offer you as a PharmD student.

What is NCODA?

Also known as the National Community Oncology Dispensing Association, NCODA is a well-established, non-profit organization, currently encompassing 19 Professional Student Organization (PSO) chapters. The organization delivers quality and sustainable value to all stakeholders involved in the care of cancer patients.

Originally founded and based out of the United States, NCODA is a large network that encompasses several chapters across 10 states. The organization comprises over 2,000 professional oncology members who share their expertise and network at NCODA's various student chapter events.

NCODA UofT at the Leslie Dan Faculty of Pharmacy is proud to act as the first international chapter. Our vision is to offer an international and a local community for pharmacy students with a passion for oncology and pharmaceutical industry.

At a local level, we will be providing education, charity awareness, and mentorship community outreach in oncology. On an international level, we will provide unique opportunities for pharmacy students to participate in professional development through presentations, networking events, bi-annual summits, and much more.

Keep an eye out for our upcoming events this Spring:

- **March 22nd - CAPSI x NCODA IPE Event**
- **March 31st (8 pm) - Student Educational Talks**
- **April 28th-30th - The NCODA Spring Forum** (held virtually this year) which will offer workshops, presentations and interactive discussions focused on advancing the value of dispensing practices for community oncology professionals. Attendance is only open to NCODA members. Registration is free and currently open!

Key events held by the NCODA main branch:

- NCODA supports oncology research in an effort to

provide continued treatment for our patients. In this regard, NCODA hosts poster sessions to highlight student research across all chapters. We hope that these events will encourage oncology research opportunities and highlight the work of our students.

- Each month, we will hold educational webinar sessions and journal club workshops, led by experts in the field of oncology to expand students' scope of knowledge in oncology beyond our current academic curriculum.

- Each fall and spring, NCODA hosts a national conference bringing oncology care professionals and pharmacy students together to learn about advances in patient care and improving pharmacy operations. This is knowledge and training that you can take back to your practice and your rotations.

How is NCODA unlike any other club or organization? Our mission is to bridge the focus between oncology and industry. One of the ways we hope to do this is to

bring shadowing opportunities and international conferences to pharmacy students at Leslie Dan Faculty of Pharmacy. As part of the NCODA network, our club receives resources and support from the association to create more opportunities like these for our students and support exciting initiatives at the chapter level. NCODA offers complimentary national memberships to all students with an interest in keeping up to date with our events and networking opportunities.

To connect directly with the main branch and remain up-to-date on all of our information, we encourage students to register as NCODA members. Registration is free at: www.ncoda.org/become-a-member/. We look forward to seeing you at our upcoming events! In the meantime, don't hesitate to reach out by emailing us at: ncoda.uoft@gmail.com or by messaging our Facebook page @NCODAUofT.

Volunteering Abroad: Responsibilities, Challenges and Opportunities

Tehmeed Choudhry, 2T4

On behalf of the Global Medicine Initiative Executive Team

Why Should I Volunteer?

We are very fortunate to live in a country that has outstanding healthcare which grants us a high-quality of life. As future health care professionals, we have an abundance of health knowledge that can really make a difference in the lives of patients. You should reflect and ask yourself how you can use this privilege to give back to communities who are less fortunate, both locally and globally. One way that you can accomplish this is to seek out volunteer opportunities in a developing country and provide free healthcare services to those in need. These volunteer experiences will enable you to challenge yourself as a professional and diversify your skill set while making a difference globally.

Clubs Corner



How to Volunteer?

You can sign up for volunteer experiences online through many organizations, with the most notable being Pharmacists without Borders Canada. Pharmacists without Borders is a humanitarian movement of pharmacists that provides pharmaceutical care, distribution of essential drugs and trains volunteers. The length of missions can vary from a few weeks to several months and the cost of the trip ranges from a couple hundred dollars to a couple thousand dollars depending on the trip duration. The cost covers expenses such as airfare, accommodation, food, local transportation, entry visa, travel insurance, and vaccinations. There are placements available in many countries with Sub-Saharan Africa being a common destination due to high prevalence of disease and a shortage of healthcare workers.

Typical Volunteer Duties

As a pharmacist volunteer you might be working in a local pharmacy, a hospital, or a medical center. Your primary role would likely be to engage in routine pharmacy operations such as dispensing medication, counseling patients and ensuring their safety, inventory, and supervising support personnel. Additionally, you may have the opportunity to collaborate with different healthcare professionals. You may also be involved in education which entails training pharmacy staff, students, interns, and other health care professionals, creating drug information resource binders, developing counselling services for essential drug information, and giving presentations to clinic staff on health promotion and medication safety. Pharmacist volunteers are often expected to attend educational workshops, review professional publications, establish a personal network, participate in professional societies, and also contribute to team efforts in any educational endeavours. Volunteers are expected to protect patients and staff by adhering to infection control protocols and helping to maintain a safe and clean working environment.



Challenges

A prevalent challenge is communication; you will need to learn how to effectively counsel patients that are not fully fluent in English and often have poor literacy skills. This can be through non-verbal communication by using demonstrations and pictures. Another challenge is lack of resources and untrained staff which means you will often have to step out of your comfort zone. This challenge can be overcome by training community members to aid in the pharmacy as pharmacy assistants. Technological limitations pose another challenge, as this will limit your access to reference materials and will change your method of dispensing from a digital record to a physical record. Another challenge would be dealing with orders and inventory due to poor transport networks and insufficient funds which may result in supply failure. To deal with this issue, it would help to order inventory in a timely manner and to work alongside funding managers to figure out the best allocation of funds. There is no doubt that you will face many challenges throughout this journey but this can be an opportunity to grow as a professional by gaining unique skills and redefining your practice while making a difference globally to communities in need.

How Can I Help as a Student?

For those of you who cannot wait until you are a pharmacist to volunteer, then you are in luck because there are opportunities to volunteer as a pharmacy student as well. This will entail you working under the direct supervision of a volunteer pharmacist while you dispense medication and counsel patients. Interested students can also enrol in the Certificate in Global Studies in Pharmacy Program at U of T and have the opportunity to learn more about global health and partake in an international APPE.

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THE CHANGING MARKET FOR COMPOUNDING REIMBURSEMENT

By: Kamel Lezzaik, 2T3



Whether it was making ancient herbal recipes, the beginning of modern-day pharmacy, or the current compounding pharmacy set up, compounding and pharmacy have gone hand-in-hand. Only recently however has compounding been truly appreciated in one universal measurement: money. While strictly using monetary value is not the best measurement of growth, it does give a general picture of the trends associated in the field. All the stats presented will be American-based (primarily through insurance claims) for a couple reasons. Firstly, American stats are more readily accessible compared to the Canadian stats. Additionally, the American market is considerably larger than the Canadian market. There are different regulations across the compounding pharmacy markets between the two countries making it an imperfect 1:1 comparison, however there is generally a similar demographic with similar commonly prescribed drugs. Insurance stats were used because they are also relatively accessible.^{1,2,3}

Compounding has seen a rapid increase in its value over the last 15 years. For example, consider the following figures about the American compounding market. A 9-year study conducted from 2006-2015 showed a 281% increase in insurance claims for compounded

drugs.⁴ This may be reflective of an increased willingness by insurance companies to reimburse compounded medicine, and an appreciation of their value for patients who have not had success with conventionally produced medication. Similarly, a 5-year study from 2007-2012 showed there was a five-fold increase in drug claims for compounded products in the case of workers' compensation. Workers' compensation claims are generally a product of workplace accidents, where the government or the private insurance company absorbs the cost of medication related to the accident. The growing number of workers' compensation claims for compounded medications indicates that workplace injuries may be complex and difficult to address with usual treatment.

Overall, there is an increase in the compounding market. The compounding market was valued at 8.7 billion dollars in 2019 and is expected to grow to 13.4 billion by 2026.^{5,6} More pharmacies are expected to offer or specialize in compounding services in coming years. Compounding will be a valuable skill for future pharmacists; current students would benefit from practical experiences and courses in compounding during their training and education.

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“So What Are We, Toronto?”

“তাহলে আমরা কি, ঢাকা?”

Nubaira Forkan, 2T3

I moved to Canada in the fall of 2017, only five days before my first class of undergraduate studies at the University of Toronto. I was bright eyed and bushy pony-tailed – my eyebrows undone and a colour-coordinated notebook for each course. Orientation and my first few classes confirmed my suspicions that work ethic alone would not suffice in my journey as an international student at an institute of 89,000 students. I was constantly questioned about my identity and accent (“why don’t you, like, sound brown?”). How did I use the two minutes I had in an icebreaker activity or before they lost interest to explain the complex sociological factors that make up my schooling? So, I stopped trying.

Three years later, I had chic “boy” brows, one notebook to scribble anything I could catch in, and I was so, so lonely. The cultural shock had taken a toll and the constraints of university had prevented me from analyzing the true effects this was having on my mental well-being. After almost 4 years when COVID-19 hit, I moved back to Dhaka to wait out the quarantine; my journey to self-realization was about to begin.

When my third year at university began, I was beginning my first year at the Doctor of Pharmacy program as a direct entry student. I was one of the youngest at my cohort and the pool of other international students had shrunk further. The friends I had made in my first two years living in residence and working in clubs were interspersed across campus in different courses – away from me. Now I had to make friends anew. I was older, somewhat wiser, and more vociferous about my identity. The diverse ethnic, religious and LGBTQIA+ diaspora on campus had taught me a lot – my identity was mine to uphold and bask in. This new cohort wasn’t overly keen and nervous 18-year-olds – people were nice and interested. My orientation group was filled with so many unique (and dare I say hilarious) voices. Everyone just wanted to strive and succeed in this oft-grueling program.

The cultural shock was still present – the individualistic nature of university life and broader Western culture had taken a toll on my ability to connect. When COVID-19 first hit, and we entered social isolation with almost

all my in-person activities (classes, work, socializing) becoming virtual (classes and social life) or non-existent (work), my insecurities and loneliness took center stage. I got hives before an exam and struggled to reply to texts from friends. I became dependent on take-out and reality TV. I had no intrinsic mechanisms to manage living alone and no ability to appreciate my privilege of being alive and healthy. Was I now even allowed to be in Canada? The student part of the “international student” equation had vacated the premises. How was I paying rent? I had no employment and depending on my father (beyond the steep tuition) at the age of 21 was unbearable no matter how enthused he was. Now that I didn’t really have a purpose – was I a new Canadian immigrant or a Bangladeshi expat?

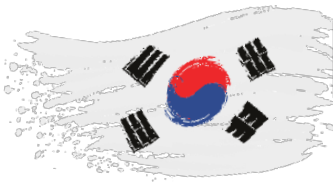
Serendipity is strange. When my particular anxieties were reaching a precipice, my faculty informed us that classes for the fall term would be conducted online and I flew home. The flight was harrowing and a story for another issue. But life in Dhaka was a double-edged sword. I had infinite opportunities to regain my connection to my culture. However, keeping nocturnal hours for school and work took extreme toll on my body and mind. The climate here is amazing: even in winter it’s a warm 15 degC, breezy and I am surrounded by quixotic birds and plants. As the months bore on, I started to feel distant from my friends in Toronto despite regular calls, and for the first time I have to balance university with family obligations. Despite this, there is a certain romanticism in the air.

I was experiencing Dhaka for the first time, as a university student. Our country’s history is stitched together by student protests and initiatives. I was entrenched in our city’s contemporary issues but also in its myriad of entertainment; Bengali restaurants, Gulshan park, boat rides under the newly completed Padma bridge, fuchka on Pohela Falgun and new year’s celebrations (Toronto’s cannot compare). I feel as if I am in a modern retelling of a Satyajit Ray film. The change in the social landscape was also apparent. People my age were growing distant to the ideals of globalization. Traditional art, literature and fashion - imbued with deshi history - is filling the vacancy in the wake of American pop culture imperialism. In fact, I write this sitting in a rooftop café called Tagore Terrace, still drinking overpriced latte but while listening to Rabindra Sangeet on a reconditioned gramophone.

In returning to my city, I also returned to the community service scene of my high school years. My family and friends who were completing their degrees in Dhaka had started a variety of non-profits and campaigns. In our talks, I was reminded of the passion for volunteering and the *joie de vivre* in “changing the world” that UofT had somewhat beaten out of me. Here, volunteering with someone meant making a life-long friend and setting up a food drive or a fundraiser could be done with just one meeting. At UofT, I had worked and led such initiatives, meeting some amazing people along the way, but here it’s different; one Facebook post meant almost 2 hundred responses and thousands in funds and resources. During winter break, working with my cousin and some school friends, we created a Gender Based Violence training curriculum for student- and survivor-facing volunteer workers scattered around Bangladesh. Now we are working to integrate into some programs situated in northern India.

My return to Toronto for summer pharmacy placements is creeping up on me. The cases in Ontario are at an all-time high with us devolving into Stage 1 shutdowns. I am enthusiastic to return and contribute as a front-line worker. COVID-19 here is still a public health scare and 1% of our population has already been vaccinated in the course of a few weeks. But since quarantine has started, we’ve had disastrous floods drown almost a quarter of the country, nationwide women’s rights protests, an ongoing refugee crisis, near collapse and miraculous recovery of our garments industry (our country’s largest employer). Now when I fly back to Toronto, I know it will be far more difficult than the first time I left this city.

International students and various jet setters are supposedly broadening our horizons and increasing our air miles. But the minute I leave the geographical boundaries of my birthplace, I lose all protections. I am, more than pulled by a string into an adventurous new location, simply untethered. However, my life in different countries, both as a child and an adult, have taught me to be secure in my abilities and future. I don’t need to find definition and belonging in where I am and what I am doing at any given moment. Perhaps, my identity is just an accumulation of many and mine to define.



KOREAN LUNAR NEW YEAR

Jason Jaeho Moh, 2T3

Hello pharmacy!
새해 복 많이 받으세요!
(Sae-hae bok manhi ba-deu-se-yo!)

If you already know what this phrase means, AWE-SOME! If not, it is a wonderful opportunity to learn about it! Like Christmas, this is a common phrase said by Korean people wishing others a good fortune during New Year's Day. Similar to Chinese New Year's Day, Korean people also celebrate the biggest holiday of the year by getting together with families (usually at a grandparent's home).

Korean New Year's Day happens at different days between mid-January and mid-February of each year depending on the lunar calendar, and the celebration starts off with families flooding the department stores and grocery stores to buy gifts and food. Then, comes the nightmarish traffic jam. South Korea is a country where people can travel anywhere within 5 hours by car. With so many people bustling around and driving on the highways, it is common for plans to change and drivers to be stressed out. But even if you choose to take a train, it is extremely difficult to book a ticket. A typical family visits two places: the husband's home and the wife's home. Traditionally, it is common to visit the husband's family first and then, the wife's family the second because of the influence from Confucianism. However, nowadays, this practice is changing from household to household.

During the actual day, families dress themselves in traditional clothing called Han-Bok. If you have ever watched K-pop star BlackPink's "How You Like That" music video, about 2/3 way into the song, they make an appearance wearing Han-Bok in combination with contemporary fashion. Back to the topic, once every-

one has worn their attire and are ready to go, Koreans hold an unique ceremony where the eldest male in the family honor and remember their ancestors, and greet them from the afterlife. The ceremony involves preparing different kinds of food on a large dining desk, rice-based alcoholic drinks for souls of the elders to enjoy, and bowing down to pay respect. Once the ceremony ends it is followed by children's most anticipated event. First, the parent's generation bows to grandparents. Then, children each take a turn bowing to grandparents wishing them fortune, longevity, and health. When they do so, they are usually rewarded with money so that they can buy snacks, toys, or anything they want. Although there is no age limit, this tradition is continued until one marries or has a child.



What about food? From house to house, what kinds of food each family will prepare differs. However, there are signature dishes that everyone always eats. One of them is the rice cake soup, otherwise known as Dduk-Guk. It is chewy, slightly salty soup made along with battered eggs and green onions. With Dduk-Guk, there is a lore that once you eat 1 bowl of soup, you get 1 year older. So, if a child eats 5 bowls of soup, uncles and aunts playfully say, “Wow, you are now 5 years older!” Other food includes various Korean fried pancakes made from sweet potato, fish, and others. As for drinks, alcoholic beverages are common including soju and aforementioned rice-based, white, creamy alcohol known as Mak-gul-li. Other staple beverages include Sik-hye, which is a sweet rice-based drink and Su-jeong-gwa made from ginger, cinnamon, and dried persimmon, both of which are served as desserts.



With everyone’s belly now full, families go on to chat amongst themselves and play games. The commonest game is Yut-nori. Similar to Monopoly, there is a board to move around. The players are divided into multiple

teams, and instead of dice, the number of tiles one can move is determined by 6 different combinations that arise from throwing 4 wooden sticks (one side blank and one side inscribed with symbols). Outside, families run around big empty rice fields or parks trying to fly kites and enjoy sledding down the hills. In contrast, some people remain indoors, chat, and update others of how they have been. There is just so much to talk about in so little time, and one can easily spend a full day just talking.



As you can see, Korean New Years is hectic and the most exciting time of the year. Unfortunately, due to the ongoing pandemic, this year’s holiday has not been as festive as it could have been. Many families have resorted to either physical gathering of less than five people (due to a new law) or meetings through online platforms in efforts to limit the transmission. Let’s hope that all of us are able to go back to times when we enjoyed festivities of different cultures and gathering of families that we dearly miss in times to come.

Vietnamese Lunar New Year

Michelle Ngo, 2T3

Lunar New Year is one of the most important celebrations for me and my family. In Vietnamese, this day is referred to as “Tết”, and it is a time for families to gather and spend together. During this time, my family and I make a little tree with “hoa mai,” which are yellow apricot blossoms, or “hoa dai,” which are pink peach blossoms. Unfortunately, living in Canada we aren’t able to experience these blossoms live, like in Vietnam, where these are often the first trees to blossom, a representation of the holiday spirit. It is tradition to hang red envelopes on the tree, each with varying amounts of money inside, and on the day of celebration, the kids in the family will each get a turn to pick an envelope. The amount of money found inside the red envelope chosen signifies their good fortune and luck for the year: the greater the amount of money, the more good fortune and luck they will receive. It is also tradition to wish the elders in your family, often your parents and grandparents, a year of good fortune, good health, happiness, and lots of money, as this brings them good blessings for the year to come. We spend weeks preparing for this celebration, often cooking many traditional foods, such as bánh chưng (Vietnamese square sticky rice), thịt kho trứng (Vietnamese braised pork with eggs), xôi gấc (red sticky rice) and mứt (candied fruits). Many of these dishes are reserved for special occasions and can only be bought during Lunar New Year. Before the COVID-19 pandemic, there would be gatherings with other families to celebrate, which consisted of traditional attire (áo dài), and performers doing the “Múa Lân,” also referred to as the lion dancing, where the “lân” is an animal that is a hybrid of the lion and dragon, to signify strength and help ward off evil spirits. This is one of the biggest celebrations for our culture, one that I intend on keeping alive for the next generation to come.



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pAl's Kitchen.

SPILLING THE TEA

Mama this year has been less than ideal to say the least. What better way to deal with your frustrations than spilling all the tea over a cup of masala chai and english shortbread! Masala chai which is flavoured with spices is easily mistaken for chai tea which only consists of black tea and hot milk. English shortbread is essentially a butter cookie that can be infused with a variety of flavours. The warm spiciness of Indian masala chai pairs quite well with the mellow notes of lemon from this delicious English shortbread. Shortbread can be traced back to the 12th century in Scotland whereas masala chai originated in 1835 in Assam, India where the British had first set up tea farms.

MASALA CHAI (SERVES 3)



Ingredients:

- 3 black tea bags (Tetley orange pekoe is ideal)
- 1 small cinnamon stick
- 1 star anise
- 3 cardamom pods
- 4 cloves
- 1 tsp grated ginger (optional)
- 3 cups of water
- Milk as desired
- Sugar as desired



Directions:

1. Bring water up to a light simmer (bubble forming at the bottom)
2. Immediately place in your spices (ginger optional) and tea bags, bring water up to a boil.
3. Once the water comes to a boil, lower heat to low and cover pot for 5 minutes (longer if you want a stronger flavour). After 5 minutes your tea should be a nice dark amber colour.
4. Pour in your milk and sugar as desired. Leave on the heat for 5 additional minutes.
5. Strain tea into cups and enjoy immediately!



The great thing about this recipe is that you can experiment around with the spices and sugar to find your preferred balance of sweet and spicy!

EARL GREY SHORTBREAD (MAKES 15 COOKIES)



Ingredients (Shortbread):

1/2 cup softened butter
 1 tbsp of loose leaf earl grey tea
 1 cup all-purpose flour
 1/4 cup icing sugar
 1/2 tsp salt

Ingredients (Lemon Glaze):

1/5 cup icing sugar
 1 tbsp lemon juice

Directions:

Combine the softened butter with the loose leaf tea. Mix thoroughly and let sit at room temperature for at least 2 hours (the longer the stronger the tea flavour). Preheat the oven to 350 degrees celsius. Cream the infused butter with the sifted icing sugar until soft and lighter in colour.

Sift in the flour and salt and mix until just combined and all the flour is absorbed (mixture will be crumbly).

Place all the crumbs into a floured work surface, using your hands gather all the crumbs and form into a ball.

Roll out the dough into around 1/4 inch thick. Cut out your desired shapes using a cookie cutter. Place onto a baking sheet lined with parchment paper and bake for around 10-15 minutes or until the base of the cookie is light brown.

Cool the cookies on the tray for 10 minutes and then serve.

(Optional): To prepare the lemon glaze, combine the sifted icing sugar with the lemon juice. Add more or less icing sugar or lemon juice for your desired thickness, sweetness and tartness! Drizzle over cookies and enjoy.

There you have it! Two simple yet delicious recipes to enjoy during any occasion. Most importantly, these recipes are customizable to your own preferences. You can infuse the shortbread cookies with a different tea, adjust the spice and sugar level in your tea to make the best combo for you!

Each of these recipes are super delicious on their own but try them both and enjoy them together to experience spilling the tea to its maximum effect!



Japanese Hamburger Recipe

Runyang Yin, 2T3 Monograph Rep

Hello my fellow foodies! Since the lockdown started, many of us have not had a chance to eat out. I miss going out with my friends to try new foods and visiting some of my favorite restaurants after having had a hard day at school. I especially miss going to Japanese restaurants in downtown Toronto, but I'm not the kind of person to sit around and complain. I love eating meat with delicious barbeque sauce, so I found and revised a recipe for the famous Japanese style hamburger. Japanese hamburger, called hambagu (ハンバーグ) in Japanese, is a very popular dish enjoyed both at home and restaurants in modern Japan. It is essentially the same as our beef patty but served with rice and stir fry vegetables instead of buns and pickles. It is extremely tender and delicious, so if you love Japanese food and meat then this recipe is designed for you.

To make the hamburger patty, you will need the following:

- Half of a sweet onion (or more if you love onions).
- Neutral-flavored oil (vegetable, canola, etc.).
- Ground beef and ground pork with a ratio of 3 beef to 1 pork. The reason why we want to add pork is to make the hamburger more tender and juicier because pork has more fat.
- Some salt (I usually keep it to just half a teaspoon but depends on how much meat your using) and grounded pepper for seasoning.
- Half to 1 teaspoon of nutmeg.
- A generous amount of panko, which is Japanese breadcrumbs that you can buy from any grocery store. Panko keeps the meat together and kind of

traps the moisture and fat from the meat. The brand Panko is more expensive, so you can just get the generic panko from Walmart.

- Around 2 tablespoons of milk.
- And lastly, 1 large egg

Now that you have gathered your ingredients, it is time to get a big bowl and mix them all together. Mix evenly until it looks homogeneous, and then split it into smaller patties for frying. Before you fry, you want to toss each patty between your hands about 10 times. This lets all the air escape and prevents the patty from ballooning up as you fry. Once you are done, put them on a tray and cover with saran wrap and let them cool in the fridge for 30 minutes.

Now it's time to heat the pan. Once it's warm, add some cooking oil and turn up to medium heat. Once you put the patties in the pan you can use your fingers to press on the patties and make an indent and then just leave them on one side for around 3 minutes, and then flip them over and cook for another 3 minutes. Your patty at this point should look brown and not burnt. The next part is my favorite, which is to get a generous amount of wine and pour it into the pan. Close the lid and let it simmer on low heat for 5 minutes. When you open the lid, your kitchen is going to smell so good that will make everyone in the house rush downstairs to get a taste of your masterpiece cooking.

And that is it! you can serve it with rice and some stir fry vegetables or eat it on its own. Hope you enjoy 😊



How To Make Gulab Jamun

Shiasta Malik, 2T2 Monograph Rep

Described as a sweet, fluffy, and delectable dessert, gulab jamun is a very popular sweet dish in many countries including India, Pakistan, Bangladesh, Nepal, Myanmar and Mauritius. The word 'Gulab' is derived from the Persian terms 'gol' and 'ab' that translate to flower and water, which refers to the rose water scented syrup in which the gulab jamun are immersed in. 'Jamun' means black plum in Hindi and Urdu which refers to the small and round shape of this mouth-watering dessert. So, what are gulab jamuns? They are small fried donut-like dough balls that have been soaked and glazed with a rose-cardamom flavored sugar syrup (is your mouth watering yet?). The origin of this dessert dates back to medieval India where it was derived from a fritter brought by Central Asian Turkic invaders. You can find this finger-licking treat at South Asian sweet shops or in some grocery stores. You can even make this recipe at home. This heavenly dessert only requires a few simple steps! The following recipe makes approximately 25 gulab jamuns:

Dry Ingredients

In a separate bowl, place:

½ cup all-purpose flour

1 teaspoon baking powder

Mix together

1. Combine the dry ingredients with the wet ingredients and mix

2. Now you can start making small balls

3. Start frying the gulab jamun in medium-hot oil

4. After a minute of putting them in the oil, they will start turning slightly brown, mix them to prevent them from sticking to the bottom

5. Once all of the gulab jamun have turned golden brown you can place them directly into the sugar syrup and cover the pot. After 15 minutes, the gulab jamun will have soaked the syrup, remove the gulab jamun and the syrup and place them in a bowl

6. Let the gulab jamun soak for another 45 minutes

Now your gulab jamun are ready to eat, yum!

Sugar Syrup

In a pot, add

2 cups of water

3 cups of sugar

6 pods of green cardamom

2 teaspoons of lemon juice

2 teaspoons of rose water

Mix the ingredients together and place on medium heat

When the sugar syrup starts to warm, place it on low heat

Wet ingredients:

1.5 cups milk powder

4 tablespoons ghee (clarified butter)

½ cup of milk, at room temperature

Mix together

Takes Yuan to Know Yuan

Shelby Yiu, 2T1

This is a recipe from my family's village of Taishan, called Yuan. It is similar to a sweet common Cantonese dessert called Tang Yuan, but this is a savory version. It is a dish I love that holds a lot of memories for me. Before my grandmother had her stroke, she and my grandfather would stay overnight at my house on holidays such as Easter, thanksgiving, and Christmas. In the morning she would make this dish for lunch, and I would help her make the small dough balls. I always enjoyed this time I spent with my grandmother.



Ingredients:

- 1 bag of glutinous rice flour
- 1 package of chinese sausage (lap cheung)
- 1 large daikon radish
- 1-2 pounds of meat (either pork chop or chicken)
- 8 cups of water
- 8-10 dried shiitake mushrooms

Optional for garnish:

- Parsley
- Green onions



Broth:

1. Put the dried shiitake mushrooms in a large bowl or container filled with water. Let the mushrooms rehydrate overnight.
2. Add 8 cups of water into a large pot. Set your stove to medium heat.
3. Chop the meat into small pieces. Add it to the water. Add 1-2 tablespoons of soy sauce. Skim any fat from the top of the broth as it forms, and remove it from the broth. The meat should be boiled and cooked for at least 30 minutes to form the broth.
4. Rinse the chinese sausage. Chop the sausage horizontally into bite sized pieces.
5. Peel the daikon radish. Cut the radish into long pieces about the length of your thumb, and about ¼ inch in width.
6. Remove the stems of the shiitake mushrooms. Slice the mushroom caps.
7. When the broth is boiling add the chinese sausage, daikon radish, and sliced mushroom caps. The daikon radish should change from opaque to translucent.

Making the dough Balls

1. Fill a pot 50-70% up with water, and set it on medium heat.
2. Add a bag of glutinous rice flour into a large bowl. Add water gradually and mix the dough by hand. The dough should be wet enough to form small balls, but should not be wet. The consistency should be like playdough.
3. The dough should be rolled into small log-like shapes. The log of dough should be separated into small sections about half the length of your index finger. Each separated section is then rolled into a ball, which should be the size of a grape.
4. When the water is boiling add the dough balls to the water. The dough balls will grow at least 2 times in size, and will float when they are ready.
5. Drain the water. Add the dough balls into the broth.



Eating and Enjoying:

You can garnish this dish with green onions and parsley. I like to dip my dough balls in a sauce that is a 1:1 mixture of soy sauce and oyster sauce. Enjoy the soup and dough balls together. Eating this dish always makes me feel warm and at home.



My grandmother, my grandfather and I in 1994.



My grandmother, my sisters, my mom and I in 2014.

GARLIC OLIVE OIL PASTA RECIPE

Neil Patel, 2T3

Today I'll be sharing my garlic/olive oil spaghetti pasta. This is a really easy, basic recipe that I love to make when I'm lazy and don't feel like making anything fancy. Crack open a bottle of wine (if that's your thing), have your favourite playlist ready, and get cooking!

Here is what you'll need:

- ☐ Box of spaghetti, you can use white pasta, but I like using whole wheat, gotta get that daily fibre intake
- ☐ Olive oil
- ☐ 6 cloves of garlic, minced
- ☐ 1/8 of a lemon
- ☐ Cherry tomatoes
- ☐ Spinach, I used baby spinach but you can use normal spinach too
- ☐ Herbs: fresh basil (you can omit but it tastes better), dried basil, dried oregano, dried parsley
- ☐ Chili flakes
- ☐ Salt and pepper to taste
- ☐ Optional: a protein source (I used salmon but you can do pretty much anything, shrimp would taste great too but feel free to go plant-based or some other meat)



So first I like to cook the pasta. Get a large pot and fill it with water, just follow the instructions on the box on how to cook the pasta, it will tell you how long to cook it for and how much water you'll need. Salt the water and be generous, a wise chef from Bon Appetit said it should smell like the ocean. I like to cook the pasta for the minimum time on the box because I like the pasta al dente, which means a little more on the firm side. Before draining the pasta, save $\frac{1}{4}$ cup of the pasta water and set aside.

While the pasta is cooking, get a large pan heated over medium high heat and add just a tiny amount of olive oil, we don't want to add too much because we will be saving it for the sauce. Once the pan is hot and the oil

is shimmering, we're going to add the cherry tomatoes, the amount is up to you but I used like half of the container. Cook until they start to blister and get a slight char on them, if you notice that they're charring a little too fast, turn down the heat to medium. Take out the cherry tomatoes from the pan and put them in a plate and set aside. Put the pan back on the stove over medium heat and add two handfuls of spinach, the amount of spinach you add is really up to you. Cook until the spinach starts to wilt slightly and add a little bit of salt just to season lightly. Put a lid on top of the pan, lower the heat to medium low and cook for another 30 seconds to a minute. After this time, put the spinach on the same plate as the tomatoes.

GARLIC OLIVE OIL PASTA RECIPE



Neil Patel, 2T3

Next, we will be making our sauce. Keep the heat at medium low. In the same pan you used to cook the vegetables, pour enough olive oil to cover the bottom of the pan, I just eyeball it but I think it would be like $\frac{1}{4}$ cup. Add the minced garlic as spread out as possible in the pan, we want to maximize as much surface area as possible to really get that garlic flavor in the oil. Add the dried herbs, chilli flakes, salt and pepper, the amount is entirely your preference, taste as you go. Cook for a few minutes until it smells really fragrant and the garlic is golden. Add the lemon and pasta water and let it simmer. Add the spaghetti and stir really well

until the sauce really coats the pasta. Rip up some leaves of fresh basil and add it to the mix.

If you really want to go above and beyond, I made some salmon as well. I seasoned the salmon with salt, pepper, a quarter of a lemon, and the dried herbs we used in the sauce. I cooked it over the stove but you can cook it in the oven too if that's your thing. This is completely optional, the spaghetti tastes great on its own too. You can plate the pasta all fancy or you can just go right for it, enjoy!

IMAGINE Clinic - Reimagining Care



Yifan Zhou, 2T1

Perspective-Changing Experience

IMAGINE Clinic is a student-run interprofessional clinic providing care to the underserved population in Toronto. I first joined IMAGINE as a Preceptor Recruitment Co-Chair, where I recruit, retain, and liaise with healthcare professionals across five disciplines. To understand the clinic workflow better, I shadowed at the clinic for two days. These two days helped me learn the (1) difficulties marginalized communities face in accessing care, and (2) how to function in an interprofessional team.

Clinic volunteers interview patients on all aspects of their lives, including medical, living, and social conditions. I have seen patients struggle to find stable housing or afford groceries - that they simply cannot afford to pay for medications. I learned that social workers have vast resources on shelters, food banks, and other services to help tackle these problems. On the other hand, medicine, nursing, pharmacy, and physiotherapy professionals can provide medical and physical advice to improve patients' overall health.

Working in an interprofessional team helped me gain a better understanding of the roles and responsibilities of other healthcare professionals. With this understanding, I find myself better able to assist and refer patients who come to the pharmacy.

IMAGINE also allowed me to see some of the unique values that pharmacists hold in an interprofessional team. As pharmacists, we are familiar with not only the medication efficacy and safety, but also their costs and reimbursement scheme. This is especially important in caring for underserved populations, who often struggle with medication adherence due to cost. We are uniquely positioned to provide insights on the optimal medication regimen based on efficacy/safety/cost/convenience.

Virtual Care for Marginalized Communities

The pandemic has forced many in-person clinics to shut down, and accelerated the rise of digital health. However, marginalized communities are often excluded from the conversation of virtual care. They are experiencing an even greater gap in accessibility to care.



To bridge this gap, IMAGINE Clinic transformed into a virtual clinic with the underserved communities in mind. Our partner, Queen West Parkdale Community Health Centre, is open every Saturday to provide computer access to patients who do not have reliable access to technology or the Internet. Because many patients hear about IMAGINE Clinic through word of mouth, we worked on raising awareness of clinic reopening in a variety of approaches. We reached out to community organizations, posted across social media platforms,



interviewed with media outlets, collaborated with the Community Health Centre, and asked pharmacists to refer patients who may benefit from our services.

In a time where healthcare digitization is booming, IMAGINE Clinic is a great example of how virtual care can include the marginalized communities. As more technology integrates with pharmacy practice, we as the most accessible healthcare professional, should also think about how to include the underserved population.



To Pray or Not to Pray: Confessions of a Muslim Pharmacy Student

By: Sadaf Fatima, 2T2

[@PharmDSadaf](#)

Earlier this semester, I attended an online event, “The Muslim Identity in Professional Practice” hosted by PhaMSA (Pharmacy Muslim Student Association) in which Imam Yasin Dwyer, lead Chaplain at the Muslim Chaplaincy of Toronto¹, spoke about the importance for young Muslims to form their religious identity alongside the development of their professional identity. Professional identity is a familiar concept to us, as we’ve been exposed to this concept in various lectures throughout our PharmD education^{2,3}, yet religious identity is not something we openly discuss during our education. To this point, I want to discuss a question that was asked at the end of the event: how can Muslim pharmacy students and pharmacists balance their Islamic duty of fulfilling mandatory daily prayers with that of workplace needs?

Imam Dwyer provided a nuanced and informative response - huge cultural shifts have occurred over the past decade or so and as such, employers and co-workers are often aware of certain religious/cultural rites, duties, and practices that each of us may adhere to. This paradigm shift is most commonly experienced when living in a multicultural society in the GTHA. It certainly has made certain workplace accommodations, such as aligning breaks with prayer times, easier to receive for Muslims working in academic institutions, corporate jobs, and institutional healthcare settings⁴⁻⁷. As we navigate the complexities and nuances surrounding work-life balance, the onus is on us as individuals to request workplace accommodations for religious rites.

I do agree with Imam Dwyer’s statements - from my personal experience, I have been able to access meditation and prayer rooms while working at institutional healthcare settings in Toronto⁸, but I have not yet accessed or made an effort to request such spaces while working in community. Though my individual experience certainly can’t speak for the entire domain of community pharmacy, I do question whether it would be considered appropriate or “normal” for a Muslim pharmacy

student or pharmacist to request for accommodation during work hours in a community pharmacy to attend to daily prayer obligations. Whereas hospitals and other institutional healthcare settings often have “meditation rooms”, “quiet rooms”, or “prayer rooms”, very few community pharmacies offer this type of space. There are many reasons for why this is; it certainly isn’t best practice, nor is it an OCP regulation to include a space for prayer and/or meditation within a community pharmacy. Furthermore, owners (either independent or corporate) may not prioritize such a thing. There is also the issue of time and lack of appropriate break structures to allow for employees, particularly pharmacists, to be away from the pharmacy workflow. Lastly, employees may not prioritize daily prayer or meditation during work hours either and as such, it is not brought to the attention of employers, who may otherwise be open to providing accommodations upon request.

I personally resonate with the latter point. I haven’t yet asked for workplace accommodations to have a dedicated time and space for my daily prayers, but Imam Dwyer’s statements give me the confidence to consider it. I am grateful to be working and living in a multicultural metropolis; moreover, one of my employers is also Muslim and so it is recognized that there is a need for employees to fulfill their daily prayer obligations. Despite this, I haven’t made an effort to take time out during busy pharmacy shifts to attend to my prayers. Am I just not “religious”? Perhaps. But I do pray whenever I can when I am at home. Am I just conditioned to not seek out workplace accommodations for religious rights? Probably. Yet despite knowing that employers must acknowledge such requests and make reasonable accommodations, what exactly is stopping me? I don’t quite know myself, but it is certainly something I will be thinking more about as I transition from a student to a pharmacist. Ultimately, I hope to be able to answer my own question: to pray or not to pray, with unwavering confidence in my decision to fulfill daily prayer obligations while managing workplace responsibilities.

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My Experience with Alzheimer's Disease

Aurnob Hossain, 2T3

“You never know how your world can go upside down and how change can bring new opportunities for you and your family, but also you may lose because of it.”

“Aurnob... kettle... your dad asked... do you...?” Although I omitted various cues, and some context of the situation at home – here my mother is asking me if I can help her use the kettle to prepare tea for my dad while he’s working from home. Her speech is akin to that of a patient with Broca’s Aphasia – secondary to a stroke. Some describe Broca’s aphasia as having your words forever stuck on the tip of her tongue. Deciphering what she says now a days is in fact a skill my family had developed over the past 3 years. Today I would like to talk about Alzheimer’s disease; a serious and prevalent condition haunting Canada’s geriatric population, a personal perspective on our family impact and a lens into the surprising paradox COVID has in our family’s management of my mother’s Alzheimer’s.

My mother was diagnosed with Early-Onset Alzheimer’s in March 2017. At the time, she was 53 and did not have any other health conditions aside from a torn shoulder tendon (which was on its way to recovery). Early onset typically has a more aggressive nature of progression, but we are so far lucky in that her decline is not as severe as the average. Nonetheless, this diagnosis and overall state hit our family like a truck.

We did notice over that winter she would forget things mid-sentence more frequently than usual. However we needed immediate help from our family physician after an incident where she became completely disoriented on public transit and could not navigate her way back home. She forgot all the directions – despite the fact that she was in an area of Scarborough she was very familiar with, and she could not remember how to operate her phone. Luckily a kind stranger helped her open her phone and call home where my sister was able to pick her up. Her diagnosis, and the overall progression of her Alzheimer’s completely changed everything about her lifestyle, and it also changed everything about our home. She’s no longer able to do various things that ordinary people consider trivial—even being able to go outside on her own.

Loneliness and depression are two important factors in the development and progression of dementia. Ever since she emigrated from Bangladesh after getting married, she has been separated from her family as none of my mother’s side live in Canada. Although my mom and dad would travel back home when they were younger, overtime travel became a rarity. This is a feel-

ing that many of our immigrant family members have faced over the years – a sacrifice they are willing to take in order to better the lives of their families. Sometimes I wonder, was leaving home and feeling all that loneliness worth it for my mom? Was separation literally worth losing her mind over? To add insult to injury, the additional financial constraints due to my mom not being able to work anymore meant my father had to work much more; As my sister and I grew up we would be staying out much longer due to work, school, and other activities. The short and long-run feeling of loneliness took an immense toll on my mother.

Cognitive function is something we take for granted. As for managing lifestyle changes due to the dementia, there are various assumptions that must be discarded. We have had to adapt our lifestyle and pick up on responsibilities in order to make sure my mom is safe and looked after. She has gone from being someone that was the caretaker, to being “caretaken”. We may all boast about our independence, however to be able to take care of yourself and to be able to take care of someone else are two completely different things. Our first challenge was to be able to make sure at least one person is home with my mother so she is not home alone. This was a complex task as all three of us had widely different schedules especially with school and work. Furthermore, we had to be accustomed to my mom’s deteriorating speech. We have to be mindful of reading between the lines, but moreover to be able to keep a mental record of all the things she encounters throughout her day. When she is talking and stuttering, we each have to be able to infer what exposure throughout the day can explain the sparse words she is able to string together right now. This type of care is completely different than monitoring for other conditions as in order to be able to care for her, we have to be on top of detailing almost every daily activity she encounters – in order to be able to communicate with her. It’s quite the mental exercise that requires tremendous patience, and lots of observance.

Then comes the COVID pandemic and social isolation. Now, we all work from home, and are in much closer proximity to her than ever before. One would think that the lockdowns could be the best thing for taking care of her. Although it isn’t entirely wrong, it really does not provide as many benefits as one would imagine. As workplaces and schools have become much more accustomed to the online framework, we each have in-

creasingly become more isolated on our own devices to finish work. I myself have to spend countless hours either on schoolwork, reviewing class material, or I have to go out and work at my local pharmacy. Although we are all in close proximity to mom – we aren’t exactly with her, or properly engaging with her. This paradox has been incredibly difficult to mitigate and a huge topic of debate in our household. The disconnect is that we’re all home much more often thinking our care would be much better, yet we can’t spend that extra time due to all the responsibilities we have to the world outside. This is a tremendous paradox that we are still trying to solve as a family.

Regardless of what we face, my family strives to solve all the problems we currently face and may encounter in the future. We have to consider strategies we can implement now, and lifestyle modifications we have to adopt in the long-run as the pandemic ends, as my sister and I eventually live on our own. The challenge in taking care of my mother has solidified within me a different perspective of the skills us pharmacists can apply to our practice. Being able to really listen, interpret all the cues, and have the acuity to manage sensitive moments and conversations with our patients is an essential part of our role in healthcare. When I was in grade school I always knew I wanted to do something related to healthcare and medication. I would always think my knowledge can always keep my family fit and healthy. I can’t deny that what I learn has helped my family from time to time, but our knowledge and expertise is most valuable when you consider how many families we have the potential to impact everyday we’re out there at work. Every day we talk to patients and interact with them at a relatively vulnerable point in their lives. As a kid I thought of the value I bring to my own family with healthcare, but today I see that our career can bring benefit to the lives of countless people in our communities. When I see the almost limitless benefit we can offer, I often think, “now THAT is something worth losing our minds over”.

I wish you all the best of luck throughout this school year and our placements throughout the summer. The most important thing I can say is to use this moment to really connect with your families. You never know how your world can go upside down and how change can bring new opportunities for you and your family, but also you may lose because of it.

Let's talk about burnout

Sally Jeon 2T4 Monograph Rep

It's the time of the school year, halfway through the second semester, when we start feeling the sensation that we are running out of energy and the momentum is dying. With the pandemic restricting us from a lot of the resources to re-energize, the time for burnout seems to have approached earlier this year. Even when you are gradually getting things off of your to-do list, it feels overwhelming to have more and more things pile on top of it, looking like it will never end. This in result can be quite suffocating, affecting your mental health and many aspects of your life. In fact, there's nothing wrong with you. People go through moments of feeling overwhelmed, and it is completely normal. What we need to remember is that it will pass. It won't last forever.

When we get burnout, it's difficult to keep ourselves going mentally. Here, I want to share some coping methods I use to live through the moment of burnout until that time in life passes. Once it passes, we can then have the time to decompress, regroup, and get ready for another take off.

Conquer one at a time.

Often we feel overwhelmed when multiple tasks and duties dominate our minds, adding on one after the other. When you make your list of things to do, break your task down into small units. For example, instead of having 'PHMXXX Midterm study' break it down to 'module 3,' 'notes,' and 'practice problems.' Take one task at a time, and focus on the present moment. Make sure you are committed to what you need to do at this time. If your mind is bothered by anything else, just write it down on a piece of paper and deal with it after. Keep the thoughts of other tasks in their own time and commit to the current task at the present moment.

Use items as cues for studying.

Especially when we study at home, it is easy to get distracted. Therefore, it is significant that we know to distinguish our 'on' and 'off' modes. The 'on' mode could be working or studying, and 'off' mode could include resting, showering, or socializing. Using *items* as cues for studying is very effective in separating the two

modes. Some examples of these items could be a lamp, lighting a candle, a timer, etc. The action of turning on your lamp, starting your timer, or lighting up your candle acts as a physical cue that you are going into the study zone, the "on" mode. Then, when you are going into "off" mode, you can turn off your lamp, turn off your candle or stop your timer.

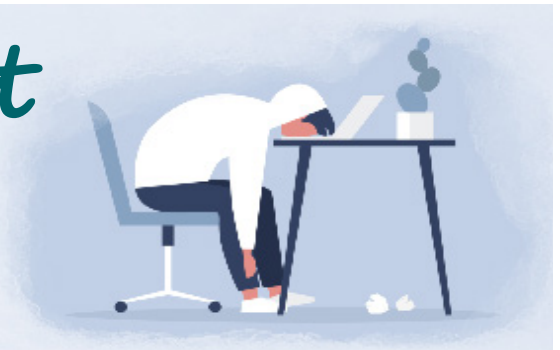
Change something up.

When referring to change, I mean the little things. It is most likely that the sensation of burnout is influenced by the mundane routine. Give it a little twist. This could be as simple as changing up your breakfast menu, trying a different flavour of coffee, or exploring a new route when taking a walk. If your hobby is to cook or bake, try a new recipe; if you like to draw, try using odd colours. Other suggestions include changing up your body wash soap, trying a new UberEats order, or doing quick 5-minute desk clean-ups.

Do not feel bad about doing nothing.

Taking breaks is not wasting time. In fact, your body and mind need to rest to promote quality productivity. It's like the hyperpolarization of an action potential. You need to re-energize to keep yourself going. Remember, while you are on your break, commit to your break. I highly recommend you separate yourself from the workspace at this time. This could mean to get out of our seat to walk around or stretch.

As a final remark, please remember that you must love and care for yourself. It is perfectly normal to have breakdowns and burnouts. It will surely pass by. You are making continuous effort, and you should be proud of yourself. In the meanwhile, just focus on yourself, focus on your tasks. Take one at a time at your own pace. You got this :)



Star Trek: Discovery Review

By: Christine Tan, 2T3

During the first Ontario lockdown, I became something I never thought I would be: a Trekkie.



You have probably all heard about Spock from Star Trek, half-human and half-Vulcan which is a species whose every action is based on logic. Well, did you know that Spock had a sister? Her name is Michael Burnham, and she is the lead character in the spectacular series called "Star Trek: Discovery" that you have to watch.

Why? Aside from having a kickass female lead, the ship that this Star Trek series takes place on is a SCIENCE RESEARCH VESSEL called "Discovery" and starts off

with a war against the Klingons (which are a pretty cool species, just kind of intense, if you watch you'll know what I mean). How cool is that? Oh! And there may even be some travel across space and time itself.

With all this action, adventure, diversity and science, "Star Trek: Discovery" is a must-see, especially if you are just starting your journey into the Star Trek world. Let me know if you like it too, I would love to dress up at Halloween someday with my fellow Trekkers.

As always, live long and prosper,

Christine 🖐️



Hero

By: Misha Krivkykh, 2T3

*One breath, a motion of eyelids moving up.
Legs hit the carpet, a facsimile sense of solace,
Brought upon the need to feel something in lockup.
Thoughts gather like a vial of fast-acting insulin bolus.*

*Grab yourself and focus, stop by the laptop, get to work.
Address the matters in cardio, infections, and injections.
"Too much!" You scream in a reaction of knee-jerk.
To your phone you go, on an instinct fueled by the need
for inspections.*

*Days turn to weeks, you might feel no less clearer,
Asking yourself "How can I make this something I am
used to?"*

*"These heroes I say they are, while my suffering draws no
less nearer",*

"When will living free and joyful no longer be taboo?"

*You might think you are no hero but a fearer,
"What am I even trying to undo?"*

*And for that I urge you friend, do look in the mirror,
For after all these trials and suffering, that hero is you.*

Inspiration for your Spotify Algorithm

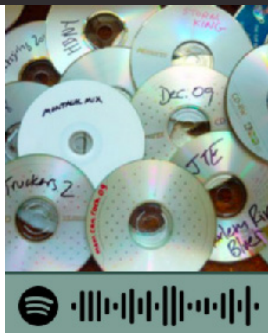
By: Kevin Galido, 2T3



Y'all wanted some music and podcast recommendations so here you go. I made four playlists, found 1 good playlist for looking for new artists and have two podcasts to recommend to the pham today. Feel free to scan the photo on your Spotify app and it'll bring you to the playlist/podcast right away!



The **Softboi** playlist: meaning that it is mostly R&B with some rap. There will be some artists that you're familiar with but maybe some songs that you haven't heard before or haven't heard in a while. However, a majority of this playlist includes smaller artists that are really great. **Monsune** is a Toronto artist who I think is having a show sometime in November at the Velvet Room! (Hopefully assuming COVID is controlled by then).



The **Before Our Time** playlist: it's mainly songs from the 90s and 00s and likely you don't remember many of these songs or where they came from since, if you're the same age as me, you were like 7 when they were popular.



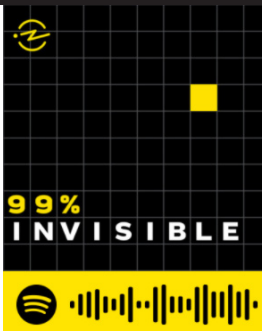
The **Nostos** playlist: comprising mostly of rock and some pop from the 60s, 70s, and 80s. It's a mixed bag here. Just like the Softboi playlist, I tried to feature some songs that you may not know to broaden your horizons, but there are many staples from these eras in the playlist as well.



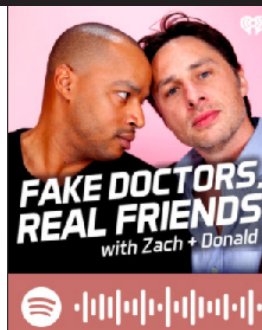
I didn't make this playlist; but rather this is a playlist from **NPR's Tiny Desk Concert** show. Here many smaller artists perform from a tiny desk in their New York office in front of employees and staff. If you're looking for brand new artists to listen to, this is a very good place to start.



The **Dokkaebi** playlist: just a collection of songs from the K-Dramas I've seen during quarantine. Obviously from the name, I have a clear favourite drama and mainly it's because every single song in the soundtrack is perfect. But I have other Drama's included too, including **Hospital Playlist** which is a solid second place in my heart.



This is one of the most popular podcasts out there, but it deserves attention and appreciation here. This is **99% Invisible**; a podcast devoted to the stories involving design that silently and invisibly shape our lives. Toronto does have some solid mentions in this podcast as they've covered the creation of the OG Raptors uniforms and the infamous "raccoon-resistant" green bins.



One of my favourite shows of all time is **Scrubs**, a show about a bunch of quirky doctors and nurses working in a hospital. This was supposed to be a show about the making of the show, as it is hosted by the two main leads of the show, but instead it's just become a show about laughing at the news, speaking to fans, and sometimes talking about the show. If you're familiar with Scrubs you should listen!



Humans of 2T3, An Introduction: By: Matt Le, 2T3

First and foremost, I want to thank The Monograph for giving me an opportunity to write a quick paragraph in this month's issue! In case any of you haven't met me, my name is Matt and I'm the 2T3 Pharmakon Representative. At the behest of last year's Pharmakon rep (Mari-grace), and given the current social climate, we thought it would be a good idea for students in our class to get to know each other on a deeper level to compensate for the lack of social interactions we've had for the better part of a year. As such, we started up an Instagram page called **Humans of 2T3**.

The page is inspired by the popular "Humans of New York" page that allows readers to have some insight into a seemingly ordinary person's life. When you walk by

someone on the street, every person that you see has their own story, their own inspirations, their own passions, and that's what our page tries to embody. Every week or so, we'll try to highlight one student in our class and let them discuss what's been going on in their lives, from how they've found the transition to online learning, to their inspirations for pursuing pharmacy – anything that's been going on in their lives. If that sounds like something you'd be interested in, come check us out (@humansof2t3) and send us a DM if you want to be featured at some point. I sincerely hope that everyone's safe and sound, and I look forward to seeing everyone in PB when third year comes around (if restrictions have been lifted!).

.....

SEND IN YOUR
SUBMISSIONS FOR

The Monograph





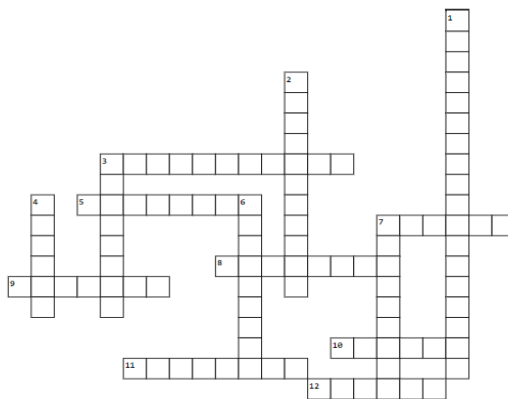
Have your articles, photos, art, and
more featured in the next edition!

To submit reach out to your class Monograph Rep or to
monograph@uoftpharmacy.com

Puzzles and Shoutouts

Crossword Puzzle

By: Maira Hassan, 2T4



Across

3. This is the only country in the world with 3 capital cities: Cape Town, Bloemfontein and Pretoria.
5. Caño Cristales, a river in this South American country, is referred to as the "liquid rainbow".
7. In order to avoid excessive wear and tear to its historic monuments, this ancient European country banned high heels at archaeological sites.
8. This East African nation was the site of an archaeological discovery (Lucy) that rewrote human history.
9. Here you can view the embalmed body of the country's most beloved leader, known as Uncle Ho, who was encased in glass (against his will).
10. ____ is the most visited country in the world.
11. This southeast asian nation holds the annual Monkey Buffet Festival.
12. This country has the most number of lakes in the world.

Down

1. If you've ever dreamed of walking up to an ATM and withdrawing a gold bar, then head to Dubai in this Middle East nation.
2. Mecca, the holiest Islamic city, is located in this Middle East country.
3. This country's official animal is the unicorn.
4. There is a tire dump in this small Middle East nation that is so massive, it's not only the biggest in the world, but it can be seen from space.
6. This continent/country is home to Uluru, or Ayers Rock, a massive red sandstone formation in the Northern Territory that is sacred ground for aboriginals.
7. This Central American country is the birthplace of chocolate.

Sudoku by: David Czosniak, 2T2

					2	1	8	
4				8			7	
		1		6	9	3		
2			1	7		8		
	5						3	
		7		5	4			6
		2	6	1		5		
	6			2				7
	3	5	9					

Pharmacy Shout-Outs!

📣 S/O to the incoming UPS council! So excited to see what y'all are gonna accomplish next year!

📣 Shout out to the 526 pham <3

📣 Shout out to the 2T4 student council! Thank you all for working so hard to engage a class that has never met up before. Really appreciate the warmhearted emails with the gif <3

📣 Shoutout to every single 2T2 for YOU!

📣 Shout out to Simran (2T1) for being the most supportive APPE buddy in our hospital rotation! <3

Artist Spotlight



"Turkish Art Tile"
Ayisha Salamath, 2T2



"Henna/Mehendi"
Hebah Arabi, 2T1



Eulaine Ma, 2T3



Chinese New Year Dessert
Rachel Ma, 2T4



Portrait of an APPE Student
Nancy Qiao, 2T1

BEHIND
THE
LENS



Korean Hanbok & Building
Janet Geum, 2T4



View into the Basement from PB 7th Floor
Eulaine Ma, 2T3