

MONOGRAPH


VOLUME 24 ISSUE 1

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Pharmacy U Conference

Must watch Halloween movies

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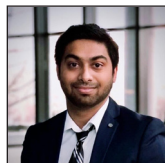


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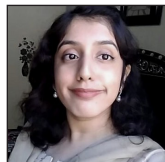
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read in colour!

Hello Phriends!

We're so excited to share Vol. 24, Issue 1 of The Monograph! We hope you all feel refreshed and socially recharged with classes being consistently in-person again. We would also like to introduce you to your 2T6 Monograph Representative, Radhika Thakkar!

This is the first issue of the year with contributions from your fellow classmates, and we sure are starting off strong! Sarah Semchism (2T6) details several fond memories of her summer at Banff National Park, Amar Deonandan (2T3) shares the inner workings of drug distribution in the hospital setting, and Huy Pham (2T4) shares his experience working at the Acute Care Pharmacy at Sunnybrook. If you're curious about EPE-1 or 2, Ruby Ung (2T4) and Aqsa Ali (2T5) share their experiences about it. Don't miss out on Barooj Ahmed (2T6)'s yummy biscotti recipe, or Diana Di Iorio (2T6)'s tough riddle! Plus, we have reviews for books, movies, video games, and cafes. And of course, we have a lovely array of art and photography from students across all years of pharmacy.

Thank you to everyone who contributed to this issue! If you are interested in submitting a piece for a future issue, or would like to be a part of our layout team, please reach out to your class reps!

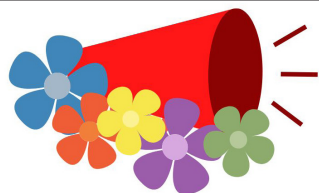


Joham Ahmad and Ruba Ullah

Monograph Co-Editors 2022-2023

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UPS ADDRESS

Hello Phamily,

Welcome back to another UPS Address with your favourite duo! The past couple of weeks have certainly been a whirlwind. To the incoming 2T6s, we hope that the experience thus far has been fun and memorable. A huge thank you to the Phrosh Planning Committee and their Chair Leeya for putting together such a well thought-out, organized and exhilarating Phrosh this year. It was amazing to see how enthusiastic you all were with your online posts and stories so we hope you had a good time. It was also great to see all of you making new phriends and making the most of your time here at the Leslie Dan Faculty of Pharmacy. The Club's Fair had such a great turnout so we are really excited that all of you are super interested to get involved and give back to the community. We hope to see you all participating in as many extracurriculars as you can while transitioning into this program's workload. We know you guys will do amazing.

We are also extremely grateful for those who attended our annual Boat Cruise on September 9, 2022 and Orientation Banquet on October 7th, 2022. The overwhelming support from all of you was very inspiring and made our hard work pay off. If any of you were unable to attend any of our events thus far, do not worry, we have only skimmed the surface of all the fun activities we have in store for you! Be well assured that more UPS events such as the Phollies Talent Show, Halloween Week, Lunch and Learns, Charity Week, Semi-Formal, and many more events are coming your way. Let us know if there are any events you want to see in the upcoming future!

To all the upper years, cheers to another year of grinding. You have survived yet another year of pharmacy school, but hey, that means you are more than capable of making it through another. Things are getting super busy with midterm season but learn from the past and prioritize self-care whenever you can. Whatever self-care might look to you; either taking a nap, going out with friends, reading a book, eating a home cooked meal...make time for the things that matter to you!

As your UPS PVP, we are here to represent you. If you have any questions or would like to have a pleasant conversation, then please contact us on Instagram @uoft-pharmacysociety, on Facebook @UPSatUofT and on our website at <http://uoft.pharmacy.com/>. You will also be able to find our office hours schedule on our website and posted outside PB148. Feel free to stop by for a chat, study break, or to voice your concerns or ideas. We want to be here for you, so take this as an opportunity to let us. Hope you will come and stop by! Goodluck on your midterms!

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EPE-2: Hospital Placement Reflection

By Ruby Ung 2T4 Class Rep



On June 6th, 2022 I began my EPE-2 placement at a hospital. The only exposure I've had at a hospital was volunteering at an outpatient pharmacy so I had no idea what to expect for an inpatient setting. I was curious about the pharmacist's role as it was always unclear to me. Here's what I've learned:

Pharmacist's Role:

At the hospital where I completed my EPE-2 placement, I was part of a general internal medicine team. Although each hospital is different, at my hospital, when the pharmacist is in the patient care unit, they are responsible for doing patient work-ups, monitoring whether or not the patients' medications are appropriate, providing recommendations to residents and the attending physician, attending rounds, and much more! When the pharmacist is in the dispensary, they are responsible for entering the physicians' medication orders, which is unlike community pharmacy where an assistant/technician will often enter the prescription to be checked.

patient was on and potential medications that need to be started. Although this can be quite tedious, it helped tie together the work-ups / care plans we do in school vs. what's done in practice. In addition to doing work-ups, I would follow up on the patients that I had worked-up until they were discharged. This includes if the patient had any side effects and monitoring any changes in vitals or lab values. I would also counsel patients on any new medications they would start upon discharge from the hospital.



What I did during my EPE-2 placement:

During my placement, I started off by doing one work-up per day. In this work-up, relevant things to include are: patient's ID and why they were referred, past medical history & medications, crucial social history, allergies, vitals, relevant lab values, radiology, and assessment. By including all of these, I was able to make an assessment regarding each of the medications the pa-

Overall thoughts from EPE-2:

I really enjoyed my hospital placement as I previously had no idea what a hospital pharmacist does. It's nice being able to see what a hospital pharmacist does vs. community pharmacist and comparing what we've learned in school and how it applies in practice :)

Introducing CSHP

 UNIVERSITY
of
TORONTO

CSHP

Hey pharmacy!

Have an interest in hospital practice? Looking for mentorship opportunities or internships with hospital pharmacists? Well, the Canadian Society of Hospital Pharmacists (CSHP) at UofT works to connect pharmacy students to these unique types of opportunities. With many more exclusive benefits offered to pharmacy student members, a CSHP membership helps open up many new and exciting opportunities. There is a lot to navigate through, so it's important to get to know your CSHP Student Council for support. In this edition of the Monograph, we present our annual CSHP Who's Who as a means to put faces on your go-to CSHP UofT Reps! For more information on different events, membership benefits, conferences and grants, follow the CSHP-Ontario Branch on instagram @cshp_ob or check out our facebook page at CSHP at UofT. Looking forward to seeing you all at our future events or even joining as CSHP members!

Best,
CSHP Student Council



Cindy Wang, 2T4
Senior CSHP Liaison

Role and Position: As the Senior CSHP Liaison, my responsibility is to establish communication and connection between the CSHP Ontario Branch and UofT student body. My role is to preside and facilitate all CSHP student council meetings and promote the field of hospital pharmacy to students at LDFP. I am also responsible for planning various CSHP with other members of our council.

Interesting Things Learned at CSHP: CSHP events have provided me the opportunity to inquire about the experiences of hospital pharmacists and hospital residents. Other than clinical roles, there are also non-direct patient care positions available for pharmacists in the hospital, including Antimicrobial Stewardship, Drug Information and many more!

Something to look forward to in CSHP: I am looking forward to planning in-person CSHP events this year! I am hoping students could interact face-to-face and be more engaged to speak with members of the hospital pharmacy community and learn more about this area!

Role and Position: As the Junior CSHP liaison, my responsibilities include helping the CSHP student council organize and host events, and act as a liaison with UPS to promote hospital pharmacy within our student body.

Interesting Things Learned at CSHP: The events hosted by CSHP have been a great way to connect with students that have similar interests and learn from the residents and hospital pharmacists that attend. There's so many opportunities in Toronto and across the province, and it's always exciting to discover new ways to get involved.

Things to look forward to in CSHP: I'm excited to see and meet everyone in person this year! There's some great events planned, including one in November that will be a great chance to learn from hospital pharmacists in the area.



Daniel Lamontagne-Kam, 2T5
Junior CSHP Liaison



Sandrine Bourgeois-Tardif, 2T4
CSHP Education Co-representative

Role and Position: As one of CSHP's Education Co-Representatives, my role is to plan and organize continuing education events for PharmD students.

Interesting Things Learned at CSHP: The events led by CSHP have been amazing! I love learning more about the different roles of pharmacists in hospitals, as well as getting a chance to meet and connect with current residents.

Something to look forward to in CSHP: I am very much looking forward to our speaker series and residency talks. These events are a great opportunity to learn from some hospital pharmacy experts!



Huy Pham, 2T4
Ontario Branch Awards Committee Student Representative

Role and position: As the student representative for the Ontario Branch Awards Committee, my role is to help with the review and selection of the award recipients of the General and Residency Awards. In addition, I review original and review articles on behalf of the BC Branch for their Literacy Awards

Interesting Things Learned at CSHP: CSHP events provide an opportunity to learn from and connect with individuals in hospital pharmacy, whether they're a resident or a practicing pharmacist. The Journal Clubs are also a good way to keep with new innovations in hospital pharmacy practice.

Something to look forward to in CSHP: I am really looking forward to the in-person CSHP events. There is one coming up this November at PB so keep an eye out for that!

Role and Position: As the student representative for the CSHP Membership Committee, I am responsible for increasing CSHP awareness and membership! In addition, my role entails encouraging membership renewals as well as welcoming new members to the association!

Interesting Things Learned at CSHP: The events hosted by CSHP have been a great way for me to discover more about hospital pharmacy and to connect with past and current residents. I also have really enjoyed the events that connect with current hospital pharmacists and learn more about what their practice entails!

Things to look forward to in CSHP: I am very excited for our annual membership campaign this year and hope to welcome more students to CSHP! I am also excited to be involved in some in person events and to promote the benefits of a CSHP membership!



Brianna Pelle, 2T4
CSHP Membership Committee Student Representative



Uroosa Abbas, 2T4,
CSHP Communications Representative

Role and Position: As a Communications representative of CSHP, my main role is to create social media content for all our major social media profiles. I also submit monthly monograph articles covering topics around CSHP student benefits, interviews with hospital pharmacists, CSHP events, and more!

Interesting Things Learned at CSHP: I have learned about various roles a pharmacist plays in the hospital setting by attending CSHP events, and tips to prepare for hospital residency applications.

Things to look forward to in CSHP: I look forward to providing prospective students with most updated information on awards, events, and opportunities to explore in a hospital pharmacy setting.



The typical layout of a hospital pharmacy's dispensary area used to dispense first doses.

Hospital Pharmacy-A Drug Distribution Overview

Amar Deonandan, 2T3 Monograph Rep

In hospital pharmacy, pharmacy technicians play a valuable role in drug distribution. As the saying goes, there's no point in pharmacists providing clinical services if patients cannot receive the drugs ordered by the pharmacist. Unlike community pharmacy, technicians prepare and distribute medications on a larger scale with adjustments needed to the distribution process to make the job efficient.

It would be extremely inefficient to operate a hospital pharmacy in the same manner as a community pharmacy, i.e. dispense each patient their individual medications. Instead, ward stock medication and narcotics that are non-patient specific are loaded by technicians onto an automated dispensing unit (ADU). ADUs are like computerized drug safes on each unit that nurses can use to pull common medications when needed for a patient, such as acetaminophen tablets/suppositories, PEG 3350, bisacodyl, and narcotics ranging from morphine tablets to fentanyl epidural bags. Often a single/

team of dedicated technicians are responsible for ensuring good stock in all the hospital's ADUs. Common ADU units include both BD Pyxis and Omnicell.

For patient-specific medications, a 24-hour supply is delivered at once in a batch. Using a batch list of patient



An ATP Machine.



A Pyxis machine, a common type of automated dispensing unit (ADU).

medications, a technician team would pick all of their patients' medications, which can be done using an automated unit dose packaging machine (ATP) or manually. At a certain time, each day, these medications are delivered to patient medication drawers on each unit in a process known as "cart-exchange", where unused medications are brought back to the pharmacy to be credited or wasted.

For medication orders that are newly entered and cannot wait until cart exchange to be delivered to the patient, an "interim" dose would be dispensed and sent to the patient. This is done in an area of the pharmacy known as the "dispensary" and mimics a community pharmacy. Missing medications on the unit are also re-dispensed from here. These medications are not usually delivered by the pharmacy team itself, except in excruciating circumstances. Usually, delivery is arranged either through a porter, or shipped using the hospital's pneumatic tube system. Sensitive medications, such as patient-specific cold-chain medications, expensive medications, non-formulary items, and hazardous medications are often dispensed this way.

Of course, there are countless other roles that we are thankful to technicians for performing in hospital pharmacy, including drug manufacturing (compounding, preparing unit doses, and IV/TPNs), inventory management (purchasing/narcotics), and more. While I cannot discuss everything a technician could do in one article, hopefully this gives a sense of how a drug would reach a patient in a hospital pharmacy.



A CIVA (Centralized Intravenous Additive) technician preparing IV medications in a cleanroom.



A typical hospital unit dose packet.

CAPSI Corner

Hi Phamily!

CAPSI was excited to welcome you back this past September with a series of events and giveaways! On September 7, we had the opportunity to introduce 2T6 to CAPSI initiatives during the annual LDFP Clubs Fair. The following day, we had the pleasure of hosting a BBQ and Ice Cream Welcome Back event for all cohorts in collaboration with UPS, after a two-year hiatus. Unsurprisingly, 2T6s emerged winners during the interclass Tug of War competition!



If the 2T6 CAPSI enthusiasm was not evident thus far, the 2T6 CAPSI Representative position was the most contested position in their class elections! We are happy to welcome Meriam Salih and Sanaz Karimi as 2T6's CAPSI Representatives - congratulations! We appreciate all candidates' interest in joining our CAPSI team and hope you remain involved with our events and sub-committees.

To wrap up September, CAPSI and IPSF hosted our annual Awareness Week in a hybrid format. From September 19-23, we showcased this year's local council, initiatives we have coming up, and hosted daily giveaways on our socials! We also hosted 2 in-person events. Cookies with CAPSI provided an overview of our upcoming competition season and what to expect from Professional Development Week 2023 in Saskatoon. We couldn't tell what had the crowd more amped - the competitions or the cookies! On our final day of Awareness Week, CAPSI had a pin resale. Overall, the week was a success - we had over 50 enthusiastic students participate in our giveaways and Cookies with CAPSI, and

over 30 students look a little bit cooler in their CAPSI pharmacy pins!.

October is a busy month for CAPSI, and we have a ton of exciting events lined up for you! We know you already have academic and personal deadlines to keep up with, so we have created a CAPSI Competition Season calendar available at the end of this article. We invite you to integrate any important dates for competitions you're interested in into your personal calendar!

Information regarding the following competitions have been sent to your school emails:

Submission-Based Competitions:

Advice for Life (AFL)

Student Literary Challenge (SLC)

Guy Genest Passion for Pharmacy Award

PDW 2023 T-Shirt Design Contest

PDW 2023 Poster Competition

In-Person Competitions:

Loblaws Patient Interview Competition (PIC)

Pyrls Over-the-Counter (OTC) Competition

Compounding Competition

There is a competition out there to suit a diverse range of interests so we highly encourage you to participate for a chance to win. Prizes available depending on the competition includes, \$250 to \$500, recognition in the Monograph or CAPSIL, recognition during our UPS Awards Night or during the LDFP Student Awards Ceremony, a free PDW 2023 UofT T-Shirt, and much more!

So what to do next? Join us on our Competition Facebook Event Page for updates and reminders for the rest of the month. <https://fb.me/e/2er3OITnd>. Finally, remember to participate in this year's national pharmacy athletic event, Collecting Kms from Coast to Coast, being planned by CAPSI National and the athletic representatives at each pharmacy school. Details on participating have been emailed. Let's make sure UofT tops the leaderboard!

>>> see caps competition calendar on next page!

CAPSI Corner



Cheers,
Your CAPSI 2022-2023



A Summer under the Sunnybrook Health Sciences Centre



Huy Pham, 274

Over the past four months of summer, I had the opportunity to work at the Acute Care Pharmacy at Sunnybrook Health Sciences Centre. There were two primary roles at the pharmacy: the “setters” and the “rounders”. The “setters” were responsible for filling the medication carts with as-needed medications and drugs that were not dispensed by the McKesson Robot-Rx, cleaning out the carts after the cart exchange and bring them down to the basement. The “rounders” meanwhile went to their designated units to drop off new medication orders and retrieve discontinued orders, as well as retrieve any new patient care orders. Both roles also participate in the daily cart exchanges at 8:30 AM, either alone or in pairs.

Sometimes at the acute care pharmacy, I'd play a mental game of guessing the indication or reason for admission/medication order. For instance, intravenous furosemide for fluid overload as opposed to dual antiplatelet therapy (typically ASA 81 mg and clopidogrel) for atherosclerosis or acute coronary syndrome.

An aspect I liked about working over the summer was the Student Education Sessions, where every Tuesday, an hour was allocated for us (pharmacy students and pharmacy technician students) to attend a lecture. These sessions served as suitable reviews of PHM202,

PHM203 and PHM204. A less favourable aspect of my time there was having to wake up at 4:30 AM and bike from the GTA to SHSC. On the bright side, I've obtained the recommended weekly amount of physical activity for cardiovascular health. There were also familiar faces at the hospital.

Candidly, there were occurrences where there was little to do, especially in August when there were at least four or five students present at the acute care pharmacy. In



those cases, I found some opportunities to do a little reading and writing though ironically enough, they had no relation to this very article.

As for the main event, I had my EPE-2 rotation at the general medicine unit at K3EA (K-Wing Floor 3 East). Also, my preceptor was incidentally co-chair for the Internal Medicine PSN. During my placement, I performed some Best Possible Medication History interviews with patients admitted to the unit. These interactions varied as some patients were very amicable to the interview and some were averse. The patients, a lot of whom were geriatrics, were complex with extensive past medical histories and comorbidities, and polypharmacy. I had to account for the patient's present renal function for dose adjustments and, given the acute care setting, prioritize the drug therapy problems and closely follow the patient's progress in order to adjust the therapeutic plan accordingly (for example, one pa-



tient who was readmitted with a suspected complicated UTI was on empirical antibiotic therapy but later developed a *C. difficile* infection, leading to a hold on the empirical therapy and an eventual discontinuation). There were also occasions where I presented my recommendations to the most responsible physician (MRP). Keeping in mind that the story-oriented pharmacist thinks in terms of “A does X, Y, and Z, while B does W, Y, and Z and because of a need for W ...” and the problem-oriented physician think in terms of “X, therefore A”, I was able to give my input in a concise and straightforward manner. An odd lesson I took away from these interactions with the physician is that it’d be useful to observe and study the physicians’ thinking and prescribing habits in order to, for lack of a better term, advance one’s therapeutic plan/agenda (in my case, I recommended PPI deprescribing for a patient, The MRP at the time

was resistant but the succeeding MRP was more open to the recommendation). I also did an in-service presentation on constipation and laxatives, which proved to be useful for APPEs in the short-term and for my future pharmacy career in the long-term. My preceptor had provided some opportunities to shadow a pharmacist outside the K3EA unit, particularly a hematology pharmacist and an ICU pharmacist. Overall, it was a very educational experience.

Though the summer has ended, I (as well as the other students) continue to work at the acute care pharmacy for weekend and holiday shifts. There will be challenges ahead (mainly related to bike infrastructure but I’ve some solutions in mind) and I feel that being at the acute care pharmacy has and will remain to be a fulfilling time.

A DECLASSIFIED EPE-1 SURVIVAL GUIDE

By Aqsa Ali, 2T5 Monograph Rep

This past summer, I got the chance to do my EPE-1 placement at a Shoppers Drug Mart Pharmacy. Having some prior experience working in community pharmacy, I had set a checklist of all the things I wanted to accomplish during the 1 month I was at my site. Now after finishing EPE-1, and working part-time at a community pharmacy, I want to share some insight of my experience and advice for those who will be doing their EPE-1 placements next year.

My EPE-1 experience:

Before starting my placement, I had sent an email to my preceptor where I introduced myself, talked about some of my past experiences working in a pharmacy, and shared with them my goals of things I wanted to learn from this opportunity. On my first day, I was given a walk-through of the layout of the pharmacy and how it operates. I learned the process of how a prescription comes in, gets entered, and is filled by the pharmacy staff. For those who aren’t familiar with the different parts of the pharmacy, there is a drop-off place

where prescriptions are being faxed in by clinics and patients can drop off a physical copy of their prescription. Usually, a pharmacy assistant or technician enters the prescriptions onto the pharmacy management system (eg.g., HealthWatch, Kroll) and once they have been transcribed, they get sent off to be filled. The filling section is where the medication gets prepared and labelled for the pharmacist to do a final product check on, I found this to be my favourite part of the pharmacy as I got the chance to physically see all the medications the pharmacy had on hand and become familiar with what each one is indicated for. After the medication has been checked, signed off, and bagged by the pharmacist, it is then put away on the shelves until the patient comes in to pick it up. The pick-up station is usually always busy and when a patient is at the pharmacy to pick up their bag, they are counselled on the medications and asked if they have any questions or concerns. Each week on my placement, I found myself learning more about the responsibilities in each part of the pharmacy and with practice became confident in carrying out tasks with minimal supervision. I would credit this to taking advantage of my student position where I would actively seek guidance and learn from others. I asked many questions regarding concepts I was unfamiliar with; this helped me gain a better understanding and enabled me to further develop these skills. By the end of my rotation, I was able to carry out duties expected of a pharmacy student to help promote inter-/intra-professional collaboration and fostered a team relationship at the pharmacy. I am grateful for the opportunity to have learned all the foundational skills to be able to take on a pharmacy student position at a community pharmacy and will continue to use my experiences to build my

skills and expand my knowledge in the field to become a qualified pharmacist.

Advice to first years starting EPE-1 in summer 2023:

Go in person to the pharmacies you are interested in doing your placement at to get a chance to talk to the pharmacy staff and see if the workplace is the right fit for you. Once you have been assigned to a site, introduce yourself to the preceptor and communicate with them about what you want to learn during your time at the



pharmacy and goals and aspirations you have in pharmacy. The more your preceptor knows about your level of skill, experience, and what you want to accomplish as a student studying pharmacy, the better they can guide you to help reach those goals. EPE-1 will most likely be the first time for many students to get the chance to do medschecks, interact with, and counsel real patients. If you are unfamiliar with something, ask someone on the pharmacy team to show you how to carry out a task properly; this will help to prevent errors from happening. Don't be afraid to ask questions and for help, EPE-1 is meant to be a learning experience to know what it is like working in a pharmacy. It is better to be honest with your pharmacy team about things you are unsure about in order to make the most out of the rotation.

What I am looking forward to in EPE-2:

Getting the chance to work in a hospital outpatient pharmacy. I want to learn how different it is to run an outpatient pharmacy compared to a community pharmacy and encounter special cases that happen in a hospital. During my time in this program, I want to be involved in as many areas in pharmacy to see what roles out there I am drawn most to and would want to pursue further after graduating.



Grand Opening

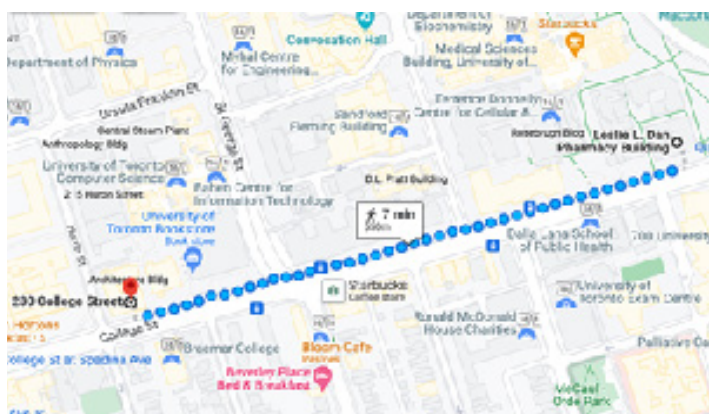
of the New Student Commons

The Student Commons has officially opened its doors to UofT students, including students from every college or program affiliation. Going to school in the heart of Downtown Toronto often makes it difficult to find space. The new Student Commons provides students with the perfect place to relax, socialize, learn, and connect.

The Student Commons is conveniently located at 230 College Street, a 7-minute walk from the Leslie Dan Faculty of Pharmacy. The new six-storey building will act as your home-on-campus (when you're not cramming for Mol Pharm in PB of course). You will be greeted by friendly staff ready to answer any of your questions at the welcome desk in the main floor lobby.

In addition to being a place to unwind, socialize, or study, students will be able to find clubs and groups, access countless services, and ask any question that they need answered. The Student Commons will become home to all things UTSU, so don't shy away from making full use of the resources available to you! Eventually, there will also be an in-house café where you can grab a quick bite between class or a hot coffee on a cold day.

We can expect the building to be fully renovated and decorated by next September, but until then, feel free to stop by and make use of the spaces available!



The Student Commons will continue to furnish the interior and offer programs as the school year proceeds. For now, students have access to several floors of open spaces, seating areas, and meeting rooms with WiFi throughout the building. The building is currently operating at 25 per cent capacity, allowing up to 355 students in the building at a time. Once fully opened, the Student Commons will be a dynamic hub for students attending the St. George Campus.



Samra Ghazi, 2T4
UTSU Representative 2022-2023



Interested in Research at Leslie Dan? Apply for the Undergraduate Summer Research Program

Eulaine Ma, 2T3

With summer coming to a close and the start of a new school year, you might already be dreaming about what Summer 2023 has in store for you. It is never too early to consider the Leslie Dan Faculty of Pharmacy's Undergraduate Summer Research Program (USRP). As the name suggests, this program is an opportunity to participate in research under the supervision of a Leslie Dan faculty member, and is offered to undergraduates from any university (including us pharmacy students). I have personally gone through the program twice and cannot recommend it more, especially to those of you in first or second year.

Here are 5 things I really loved about the program:

1 A diverse range of research topics to choose from

Quite a large proportion of the faculty are willing to take students every year – even some of our profs! There really is the whole spectrum of research available, ranging from basic sciences research, health services research, and clinical research, all of which can be found on the website. My personal motivation to join the program in my EPE1 and EPE2 summers were to break out of the basic science research that I had previously done in undergrad and explore what type of research I can incorporate into my career as a future pharmacist. Even having done two years of the program, I still ended up in two completely different fields of research – first, in patient safety policy work with Dr. Certina Ho from ISMP, and secondly in pharmacokinetics and therapeutic drug monitoring with my supervisors Erin Chung and Winnie Seto at SickKids (both highly recommended!)

2 The program offerings

USRP is structured in a way that you get to network with other students also in the program. You get an orientation including a workshop on performing literature searches from our faculty librarian, weekly seminars presented by members of the lab or research team of

other students, and a Poster Day where all the USRP students gather to present their findings to other students as well as judges who will decide on a winner. All of these are great ways to learn about research methods, develop a research mindset, and build a sense of community. Not to mention that the poster presentations are also a great addition to your CV!

3 \$\$\$

Did I mention that you get paid for your time? The website states that the typical award is \$3,750 - \$5,000 for the summer, depending on whether you take a leave to complete an EPE rotation.

4 The flexibility for EPE students

Unlike most other summer research programs, USRP ensures that your 4 weeks of EPE rotation (for both EPE1 and EPE2) are accommodated for, regardless of which block you end up with.

5 An alternative to the third year PHM389 Research Project elective

If you're in first or second year and are eyeing the third year Research Project elective, USRP is your chance to get the same experience but with funding and without the stress of taking other courses simultaneously. It also opens up a spot to take another elective!

And there you have it. I don't mean for this to sound like an advertisement for the faculty, but both of my USRP experiences changed the way I see and relate to pharmacy in the best of ways. I also enjoyed meeting other like-minded classmates, which is why I encourage you to apply. Although applications aren't open yet and are usually due in January, you can get started by thinking about what research topics interest you here: <https://www.pharmacy.utoronto.ca/research/undergraduate-research/undergraduate-summer-research-program>

Pharmacy U: A Conference for U and Me

By Huy Pham, 2T4

Disclaimer: This is my own opinion and has been not influenced by Taro, ScriptPro, CFP, Johnson & Johnson, PSFC, Synergy Medical, Apotex, GSK, Trudell Medical International, Novo Nordisk, Eisai, Seqirus, Helios, Valnera, McKesson, Box Labs, Healthmark, Viatriis, Abbott, Mint, Dexcom or PCCA, though I appreciate all the education materials and small gifts

On April 2, 2022, I attended the Pharmacy U Conference in Mississauga, which was my first in-person pharmacy conference.

The keynote speech by Kelly Grindrod was very inspiring, recounting the evolution of pharmacy practice from being seen as “essential businesses” to being seen as “essential healthcare professionals”, burnout in the pharmacy profession, and how pharmacy moves forward. When she was discussing how pharmacies responded to the early phase of the outbreak, I had some reminiscences of when I was working as a pharmacy assistant at Shoppers’ and Clinic Pharmacy An, dealing with questions about isopropyl alcohol, drug shortages (salbutamol comes to mind) and the period where we can only dispense a 30-day-supply at a time. One tidbit on the subject of burnout was that in order to address the occupational hazard that is burnout, pharmacists should consider rewards such as time off rather than a higher salary, which sounded slightly familiar. As for what pharmacists can do post-pandemic (whenever that is), Grindrod also presents the idea of the necessity of pharmacists, by virtue of being healthcare professionals, to have political, clinical and economic autonomy.

After that keynote speech, each attendee had their separate schedule based on what sessions they signed up for. I had “Adjusting/advancing diabetes care in the community pharmacy using continuous glucose monitoring”, “Cleaning the air: how pharmacists can help reduce the environmental impact of inhaler use”, “The Vaccination ‘Pivot’: Why community pharmacists need to be preparing for the return of International Travel”, and “The Pharmacist’s Role in Supporting Shingles Vaccination”, the last one presented by Pavithra Ravi who also presented at the recent OPSIS conference. There was a memorable remark made by the presenter for “The Vaccination ‘Pivot’: Why community pharmacists

need to be preparing for the return of International Travel”, Ajit Johal, about how in travel medicine, it is important to inform patients about the risks of rabies (not necessarily have them immunized against it) and not doing so is unethical. This remark was followed by an anecdote of an individual, who is a pharmacist, getting rabies after being bitten by a monkey on Drunken Monkey Beach and how a nervous nursing student administered an excessive amount of rabies immunoglobulin (a highly coveted commodity in some areas). He’s also creating a course on pharmacists and travel medicine so that’s something to look out for. “Adjusting/advancing diabetes care in the community pharmacy using continuous glucose monitoring” came across as an ad for Dexcom G6 since it was sponsored by Dexcom but the presenter also made mentions of FreeStyle Libre and Libre 2. The presenter also details the use of continuous glucose monitoring (keeping the curve flat, narrow and in range) and Pharmaceutical Opinion in providing and optimizing diabetes care. On a side note, I visited the Dexcom booth and signed up for a free sample of the Dexcom G6 system.

On the subject of the influences of industry on pharmacists, I visited most of the booths during the breaks and collected a load of educational materials. After visiting the CFP booth, I got Pharmacy Management in Canada with the student discount. The Novo Nordisk booth had material on Rybelsus, Ozempic and Saxenda (the obesity medication), as well as the Diabetes Canada and Canadian Adult Obesity Clinical Practice Guidelines. On the other hand, Taro had materials outlining corticosteroid potency, a guide of what topical products (Taro and non-Taro) are applied where for their respective indications, and how much to apply. They also have an app in development that has a podcast and accredited learning. Then, there’s Abbvie, who had a booklet on Rinvoq® and its trial results for psoriatic arthritis juxtaposed to its entire 69-page monograph. Also, you are suffering



from insomnia. Well, Eisai's De Vigo® (lemborexant) ... is something that exists in the Canadian market (unfortunately, they didn't have printed monographs). Meanwhile, Mint Pharmaceuticals was giving out mints in Mint-branded mint boxes. Circling back to Ajit's talk on travel medicine, I found my way to the Valneva booth and, in addition to grabbing article reprints and materials on Dukoral®, Ixiaro® and RabAvert®, got a representative assertively talking me into inviting someone from Valneva to speak about travel medicine at the school (I didn't say no and I do have a business card so that's something I might want to play in the future). I can't wait to be at the other end.

There was also a lunch provided with a pretty decent chicken as the main course, supplemented with a plenary session by Samier Kamar on the role of pharmacists in cancer care outside of disease and medication management. Pharmacists are advocates for the patient's well-being, detecting red flag signs and symptoms and a provider of emotional support for patients yet to undergo, currently undergoing, and have undergone cancer care. The last couple minutes of the session had some emotional impact, as he read a letter by a sibling of an unfortunately deceased cancer patient that thanked him

for all the support he provided. The following slide was a bit grim, as it was an excerpt of an email (which did expressed gratitude) from a patient with leukemia who could not endure the side effects of his medications to the point where their "quality of life [was] not where [they] want it to be and so [they] have decided to stop treatment. There [were] no other medications [they] can try and so [they] will be applying for medical assistance in dying".

There were some sessions that I wanted to attend but were sold out (I really wanted to go to the "Biosimilar switches" presentation). Fortunately, the PharmacyU app has slide decks for most of the sessions. The presentation on the applications of low-dose naltrexone in autoimmune disorders is particularly fascinating.

Overall, it was a very fun experience and I conversed with a lot of people, old and new. A key takeaway I told from the conference was that it reinforced the idea that pharmacy is a small world. I look forward to next year's conference or barring that, any other in-person conference coming my way.

A Conference that Led the Way to Win Every Moment

By Huy Pham, 2T4

Disclaimer: This is my own opinion and has been not influenced by Loblaw Companies Limited, Shoppers Drug Mart, CFP, GSK, Apotex, Amgen Canada Inc., Glenmark Pharma, Novartis, Pharmascience, Roche, Sanis, Sanofi, Sandoz, Viatris, Abbvie, and Organon Canada Inc., though I appreciate all the education materials and small gifts.

The 2022 Loblaw/Shoppers Drug Mart Pharmacy & Wellness Conference was held at the Toronto Congress Centre from June 3-5. Their first in-person event since the beginning of the pandemic, the event serves to highlight the recent accomplishments and leaderships by pharmacy, and as a celebration of the hard work by the staff at Loblaws and Shoppers Drug Mart to

the point where people received a round of applause as they enter the conference room. The opening ceremony of the conference drove this celebration even further, starting with the Loblaws/Shoppers Drug Mart Canadian National Anthem with a montage of LCL and SDM stores followed by a video assortment of staff members ranging from beauty boutique staff to the associates (one of whom I've previously worked with) explaining how they responded to the pandemic and their impact on the community.

Jeff Leger, the president of Shoppers Drug Mart, gave a nice speech on the ever-changing landscape of healthcare, as well as the company's role in and commitment to a healthier Canada. Unfortunately, the Loblaws president Galen Weston Jr. was unable to attend the conference in-person but he did leave a video recording which I enjoyed. This was followed by a "fireside" chat by Anthony Spina and Sarah Ahmad, the respective SVP Pharmacy and Health & Wellness on the patient's journey through healthcare and the importance of pharmacies to provide holistic care, both in-store and virtually. On the subject of virtual care, the Senior Director of Digital Health Josephine Kwong gave an overview of PC Health and how it can increase patient access and help them navigate and be empowered in obtaining optimal health outcomes.



Succeeding the general session were the breakout sessions designated for Loblaws and for Shoppers. The Shoppers session had two portions. The first portion was on the role of community pharmacists in the healthcare system post-COVID-19. One moment of note was how the pandemic created a chronic backlog of prescription initiations encompassing 9.9 million people. In addition, the need for in-store point-of-care testing was emphasized with 21% of patients being at risk of a myocardial infarction, 18% having a high A1C, 61% having a BMI exceeding 26 kg/m², 40% having high triglyceride levels and 47% having high blood pressure, the last of which is addressed in another session. The presenters proceeded to address key initiatives for community pharmacy such as minor ailment prescribing, naloxone dispensing and lipid testing. As for the second portion of the breakout session, it was a panel discussion of two pharmacists and a dietician on a holistic approach to deliver care to patients.

There was also a student session featuring a panel of SVPs and associates, where they discussed opportunities in LCL and SDM outside the dispensary, particularly in head office. It served as a way to network with other students and those in leadership.

During the lunch break, I had the opportunities to visit most (if not all) the exhibitor booths. Some of the exhibitors from the Pharmacy U were present at the conference. One particular booth was running a HealthWatch time trial, where one had to complete a prescription from RxIntake to Counselling in the shortest amount of time. The winner of the time trial was able to finish in approximately a minute and a half. There were also relaxation stations including massage booths, latte art and dog petting.

The conference ended the Saturday section with a fascinating award gala. Firstly, one can ring a bell to get a glass of champagne delivered by gloved hands sticking out of a hedge. A fairly popular attraction. Additionally, there were three waiters (or rather, “The Three Waiters”) who were competitively singing opera to the absolute bewilderment and amusement of everyone. Finally, a trippy dancer floor (in the sense that lighting of the floor had a psychedelic vibe and that people could easily trip over on it) was situated in the middle of the hall.

The conference had some CE sessions, one of the notable sessions being “New Opportunities for Biosimilars in your Practice”. This lecture explores the growing area of biologics and biosimilars and the nuances associated with these agents. For instance, Humira (adalimumab) has eight biosimilars in the market and yet there are discrepancies in the indications, usually due to the company not applying for the additional indications. The talk also delves into the nocebo effect in biologics and rheumatology and methods to reframe discussions on biosimilars as to minimize the nocebo effect. A panel on pharmacist prescribing was also held, where four pharmacists discussed their own case studies in pharmacist prescribing. These topics were in uncomplicated UTI, smoking cessation, cold sores and doxycycline prophylaxis of Lyme disease. The session did inspire excitement for Minor Ailments prescribing. Finally, the one and only Ross Tsuyuki hosted a session on the role of pharmacist in hypertension care. He highlights the strong evidence base with 75 randomized controlled trials on pharmacist care in hypertension, the aggregate of which shows an association with better blood pressure control. He also the high frequencies of blood pressure readings in community pharmacies with a monthly average of 964 readings per individual pharmacy. Now if only there was a way to access these large volumes of blood pressure readings by these health stations for pharmacy use.

The ending keynote speech by Riaz Meghji explores how to establish “extraordinary relationships” and one quote stuck out to me. He stated that forming a real connection is not about perfection but about the “ability to open up and reveal imperfection”.

On a less formal note, some takeaways I took from my two days at the conference were that the dieticians are a very enthusiastic group of professionals and that the secret to keeping calm in the busy pharmacy work environment is to not go into pharmacy at all. You can’t have complaints about the pharmacy environment if you don’t go into pharmacy practice. But you want actual advice on how to not get burnt out or disillusioned from pharmacy. I don’t know. The solution is that there is no one solution. Find your own way of obtaining a fulfilling pharmacy career and that’s how you have a stress-free practice.

Book Review:

Communication Skills in Pharmacy Practice

Huy Pham, 2T4

One of the roles of a pharmacist according to the Association of Faculties of Pharmacy of Canada is that of a communicator, with expectations of effective communication that is responsible and responsive as well as ideal in a team setting. One way to aid in fulfilling this role is *Communication Skills in Pharmacy Practice*, Seventh Edition by Robert S. Beardsley, Maryann Z. Skrabal, and Carole L. Kimberlin. These editors intend this book to serve as a guide to help pharmacy professionals develop, improve, and master their communication skills as the field of pharmacy becomes more patient-centred. This does prove effective, especially considering the content of the book and how it is structured.

The first six chapters of the book covers the underlying principles of effective communication as well as outline the importance of empathetic listening and assertiveness. The remaining eight chapters delve into strategies of interpersonal communication in common situations of pharmacy practice, beginning with the patient interviews and discussions of medication safety and ending with an exploration of pharmacy ethics and the ethical dilemmas that pharmacists may face. This sectioning of aspects of pharmacy communications allows for ease when future review is needed or wanted.

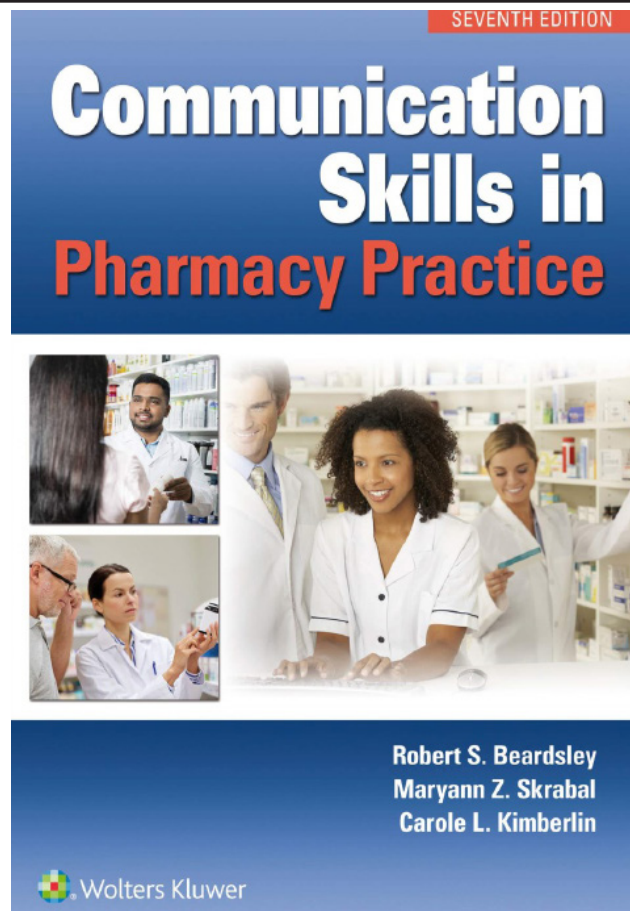
The editors of the textbook state that “interpersonal communication often appears to be a simple process at first ... interpersonal skill development is a complex process requiring a lifelong commitment to improvement and practice” (pg. vii). Thankfully, the book provides a cyclical methodology for modifying one’s communication behaviours. The sequence is as follows: one first being aware of what needs to be done differently with respect to communication, then one practices a newly conceived communication strategy, and finally, one assesses what has worked and what may be done differently.

Chapter 7 and 8 in particular, which cover patient interviews and assessment as well as therapeutic management, did prove useful for preparation for EPE-1. Chap-

ter 7 outlines the elements of an effective interview and good listening technique that can be employed during the interview. Chapter 8, on the other hand, begins with dispelling misconceptions about patient understanding and medication adherence such as the false assumption that the physicians have had prior discussions with the patients about the prescribers (which is in part why one would ask about what if anything has the prescriber told a patient about the medication) and the false assumption that patients will consistently take their medications correctly (especially considering inhalers and therapies for disorders that cause no apparent harm). The chapter ends with an example of a counselling session for a new prescription that may aid in the creation of an algorithm for patient counselling.

There is a section that covers the Transtheoretical method and the principles of motivational interviewing, with a helpful table that explains the characteristics of each stage and how to approach a patient at a specific stage. This section may prove useful for preparation for (or reinforcement of) MTM 3, as well as those who wish to be involved with smoking cessation or substance use disorder. One useful part of this section relates to relapses in behaviours and why to identify and prevent relapses. An enlightening lesson is the difference between a “lapse” and “relapse” and how “lapses” must not be seen as failures but rather as learning experiences.

Chapter 8 covers the topic of patient safety, outlining ways in which errors from systems, people and communication processes with an emphasis on communication processes. The chapter provides possible issues that could in communication such as misplaced zeros and look-alike/sound-alike drugs and strategies to minimize those issues such as the use of “Tall Man Lettering” to better differentiate between chlorproPAMIDE the antihyperglycemic agent and chlorproMAZINE the antipsychotic agent. The chapter finishes with a discussion on how to respond after one discovers an error, from the initial discovery to the act of contacting the involved health care providers.



One commendable, albeit expected, feature of the textbook is the case studies that serve as examples for the concepts covered in the individual chapters. One case study of note is the case study for the chapter on listening and empathy, where a scenario is approached in two different ways. The first approach has the pharmacist respond to a frustrated client's concern in a less than ideal manner considering her emotional state, giving placating, judging, probing and advising responses. In contrast, in the second approach, the pharmacist understands the stress of the client and gives an understanding response (or if one wishes to use another term, an empathizing response).

Considering increased integration of technology into the pharmacy practice, a chapter of note is Chapter 13: Digital Communication in Health Care. This chapter elaborates on some ways pharmacists can use social media. These include podcasts, microblogging on Instagram, and social networking. The latter in particular is followed up by a case study on the use of social networking sites with the key lessons of how social networking sites may be used for personal and professional purposes, the analogy of one's online identity to one's credit score, and how a job interview might start even

before any formal communication. The chapter ends with guidelines on digital communications, specifically e-professionalism, communications on social media, and the composition and management of email.

With the editors and contributors being Americans, the referenced code of ethics at the final chapter is that of the American Pharmacists Association. However, the underlying ethical principles are similar to the Code of Ethics by the Ontario College of Pharmacists, so there are minimal disparities. In addition, the chapter on interprofessional collaboration is a bit too short and may benefit from the inclusion of a case study that exemplifies strong competencies in interprofessional collaboration. The section does highlight the importance of including the patient in conversations regarding their care as well as the idea that relationships among health professionals should lack hierarchy.

Overall, this book is an enlightening read and is definitely recommended to those who wish to improve or reinforce their communication skills in a pharmacy setting. For those interested, previous editions are available at the Gerstein Library and the seventh edition may be purchased at the UofT Bookstore.



Book Review: *Maybe You Should Talk To Someone*

Moid Shah, 2T3

During my break block I decided I would get some reading done because I had the extra time and it could be a good way to spend it. Unfortunately for me, I often have trouble keeping attention for most books and even if I find the subject matter interesting, I can get distracted easily. One day, as I was scrolling through my library app, and I noticed a book recommendation called *Maybe You Should Talk to Someone*. This book is about a therapist describing her experience giving therapy, how she had to balance her professional persona with her own struggles, and trying to be successful receiving therapy herself. I decided to try this book out thinking that even if perhaps I wouldn't like every part of it, I would find some interesting patient interactions described in the book and potentially carry out some of the stories/lessons into my own practice. I'm glad I decided to read this book because it ended up being much better than I had anticipated. The writing style is very easy to digest and feels very natural to the author's voice. It doesn't feel overly professional, but also isn't written poorly, so the reader is able to understand the author's perspective and come away with a clearer understanding of these interactions.

The book starts off with the author describing a very difficult interaction with an obnoxious patient and attempting to get a word in to make progress in her ses-

sion, but constantly being cut off. In this chapter, she describes the challenge of having compassion for a patient and whether or not feelings of frustration are actually fair to the patient, or if there's a chance that truly no progress can be made. These are challenging questions that the author developed answers to over time and it is especially with her most challenging patients that she would learn the most from to improve her practice. Already this early in the book the reader can get a sense for the different personalities of each patient and the author herself and gain an investment into the therapeutic process that is being undertaken. This form of communication in writing is something I respect a great deal because the topic at hand is something that has a lot of stigma surrounding it, and the author doesn't sugar coat it, but still manages to humanize the process making it easier to understand both the clinician and patient perspective.

As we continue into the book we learn that the author has to continue providing therapy to her patients while struggling with a difficult breakup. These chapters show an interesting perspective on the idea of the therapist needing to create an emotional separation in order to perform her tasks, but requesting total emotional openness from the patient to allow for progress to be made. As we continue learning about the author's difficulties in dealing with her breakup, we learn how in some regards she is hypocritical; she may say one lesson to her patients but totally ignore it when it comes to herself. Again, what makes this book so interesting to read is how honest it is and it manages to be informative on complex topics, but is still light-hearted.

The rest of the book continues to show the progress of several of the author's patients and how all patients can go through similar stages of change despite having immensely different challenges. The author also describes her own career progression and the changes she had to undergo to get to the position she is in at the time of writing this book. I think another positive element of this book is how it manages to shift between topics and patient interactions while maintaining a consistent flow. In one chapter the author may be talking about how she has to have an extremely difficult interaction with a cancer patient, and then follow that with a chapter about helping an elderly suicidal patient find security so late

into her life, and then immediately follow these two chapters talking about how at one point in her life the author would flirt with her UPS driver at every delivery. Despite these tonal shifts, the book still flows coherently between chapters to make clear points about biases and blind spots everyone has and how they can inhibit personal growth.

All in all, if you have an interest in mental health and want to learn more about the experiences of performing and/or receiving therapy, I would recommend this book. It manages to be funny at times, informative, and a satisfying read.



My Summer in Banff National Park

Sarah Semchism, 2T6

My mind was racing as I sat on the plane flying to Calgary, Alberta in early May. I had just said goodbye to my family a few hours before and was on my way to starting my summer in Banff National Park. Like many people who embark to a new place, I didn't know anyone in Banff other than a family friend I had met only a handful of times in my life. There was no other way to put it. I was scared. I was going to an unknown place, and I didn't even have a place to live yet. Despite this, I knew that Banff, Alberta was a place of opportunity where so many young people flocked to for the summer. I was sure things would work out.



Visiting Moraine Lake

And they did. While the first week was rough, I was surrounded by such beautiful scenery that I couldn't be homesick for long. I remember distinctly driving into the Rockies and seeing the mountains for the first time. If you have ever seen pictures of Banff National Park or have been there, you know what I mean. Within a few days, I found a place to live in the Town of Banff and began my job working for Parks Canada soon after.

I spent the entire summer working full-time as part of the Mobile Team for Banff National Park. We were outside all day and each day we'd set up at different popular day-use locations within the national park. We'd provide park information from our info tent, while at the same time manage the parking lots, litter pick, check for the National Park Pass, and make sure visitors were following the rules of the park. This may sound tedious, and it was at times, but we were a team of mostly college/university students from all over Canada and had an absolute blast working together. Our team dynamic definitely made the busy days easier. As you can imagine, we saw a lot of people come through. Banff is Canada's most popular national park, and it attracts millions of people from all over the world yearly. One of my favourite memories was competing with my coworkers to



Hiking the Iceline Trail

see who could collect photos of all 50 American state license plates first. I left with 48 – so close!

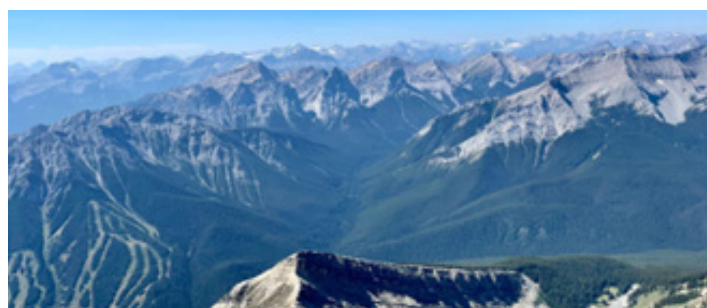
At night, we'd often go out together and enjoy the Banff nightlife. My favourite was Tuesday night Karaoke at Mel's. In Banff, there was always something to do which I absolutely loved. On my days off, I typically went hiking. Needless to say, by the end of the summer, I was feeling much more fit than when I started! I did many of the hikes in the Town of Banff. Summiting the two tallest mountains in town, Mount Rundle and Cascade Mountain, was very memorable. This was something I never thought I'd be able to accomplish! But by far, the best hikes were within the national park or in the other surrounding mountain parks. Yoho National Park became one of my favourite places. My highlights included camping near Takakkaw Falls and hiking the Iceline Trail. I also visited Lake Louise in Banff National Park as many tourists do, but I fell in love with the nearby lake, Moraine Lake. The bright teal colour of the wa-



Rock climbing at Tunnel Mountain

ter was surreal, and the hikes in the area were lovely. Some of my other favourite memories include getting the chance to go rock climbing outdoors, going to the Calgary Stampede, and swimming at Johnson Lake on those super hot days.

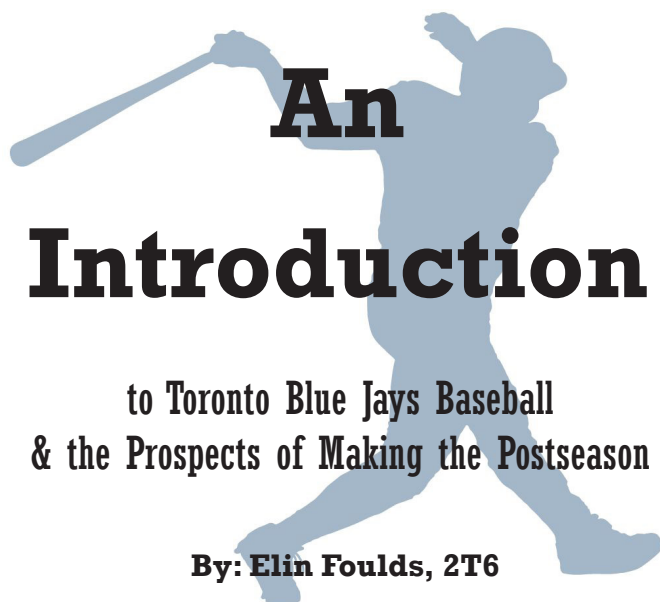
I was even lucky enough to experience pharmacy in Alberta. I worked a few hours a week at a local community pharmacy in the Town of Banff. I had a great experience working there, and I had the opportunity to experience the expanded scope of pharmacy in action, as pharmacists are able to prescribe in Alberta. I also distinctly remember the day I found out I got into pharmacy school; my Parks coworkers and I had a mini celebration at the info tent!



View from the summit of Cascade Mountain

However, I would be lying if I told you that my experience in Banff was perfect. Lack of sleep, FOMO, unfriendly visitors, and super hot days often put a rut in my day. One thing I learned to tell myself was that it's okay to not do it all! Sometimes I put so much pressure on myself to go on that hike or to go out with people when what I really needed was a break. I certainly learned a thing or two about balance and boundaries. I also discovered that even small interactions can be meaningful and memorable. I have memories of certain visitors and people that I met only briefly but with whom I had great conversations. I also feel that I gained a lot of resilience and became more assertive through my experiences.

My time in Banff was an incredible experience that I will forever cherish. Reflecting on my summer, I learned so much, created beautiful memories, and developed amazing friendships. Now as I start my time in pharmacy school, I do miss Banff and the people, but I know that there is so much opportunity ahead of me. I look forward to traveling again in the future to a new location. I would encourage anyone to take the opportunity to live and work away from home if you have not already – I promise it will be worth it!



An Introduction

to Toronto Blue Jays Baseball & the Prospects of Making the Postseason

By: Elin Foulds, 2T6

When this was written (September 17th, 2022), the Toronto Blue Jays had just come off of a 6-3 win against the Baltimore Orioles and were in the top wild-card spot of the Major League Baseball (MLB) standings for the American League. When you read this article, this may not be the case. In MLB, nothing is ever certain when it comes to the postseason. Especially in a year where they've introduced a 12-team postseason, in which 6 teams from each league, American and National, now have the chance to win the World Series.

Now, why should you care? As a PharmD student at the University of Toronto, you are now in the home of the Toronto Blue Jays! While you may be aware of who they are, you might not know their chances of making the postseason this year, which is something I hope to explain in this article.

The Toronto Blue Jays last won the World Series back-to-back in 1992 and 1993. They recently celebrated 30 years since their 1992 World Series win, and since 1993, the closest they've gotten to reaching the World Series was in 2015 and 2016. Last year, they fell one game short of making the postseason, something they've worked hard to prevent from occurring this year. However, with how tight the American League race is this year, it could still happen. As the race for the postseason heats up, many of MLB's 30 teams are working harder than

ever to earn their spot, and the Toronto Blue Jays are no exception.

To explain why the race for the postseason is still pretty tight (as of September 17th), we have to dive deeper into how the MLB postseason works. New this season, not only do the top division leaders for each league make the postseason, but so do the top three teams of each league under their division leaders, in the form of a wildcard spot. If we consider the American League wildcard race as an example, the New York Yankees lead the American League East division, and as of September 17th, they are 5.5 games ahead of the second place team in the division, the Toronto Blue Jays. This means that the New York Yankees are automatically in the postseason as a division leader, however; the Toronto Blue Jays hold the best record of the remaining teams in the American League, and thus, take the first wildcard spot.

When the regular season ends, the top two division leaders for each league do not have to participate in the wildcard games, however; the division leader with the worst record (in each league) will have to play in the wildcard games. In previous years, the wildcard game had been a one-game shot to get into the postseason, but over the years it's developed into a best-of-three series.

The team with the better record will host all three games of the wildcard series, thus receiving a home-field advantage. If we think of the division leaders with the highest records as being the number 1 and number 2 teams of the 6 teams in each league, the number 3 team would play the number 6 team in a wildcard series, and the number 4 team would play the number 5 team. This is indicated in the infographic below, which outlines the "Postseason Picture" if the postseason were to start as of September 17th.

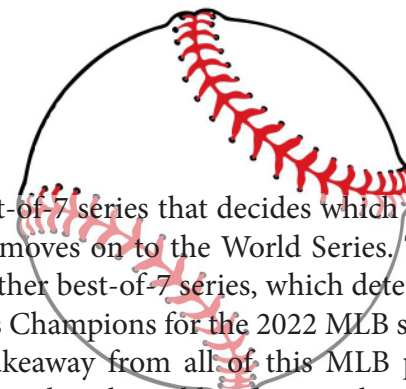


Major League Baseball. (2022). *Predicted MLB playoff picture as of Sept. 17th, 2022* [Infographic]. <https://www.mlb.com/postseason>

From the infographic, as of September 17th, the 6th place team in the American League, the Tampa Bay Rays, would play the 3rd place team, the Cleveland Guardians. For the National League, this would be the San Diego Padres (6th) versus the St. Louis Cardinals (3rd).

After the wildcard games conclude, the winners of each set of games go on to face the number 1 and 2 teams in the American League/National League Division Series (ALDS/NLDS). From the infographic, the number 1 and 2 teams in the American League right now are the Houston Astros, and New York Yankees, respectively. In the National League, they are the Los Angeles Dodgers and New York Mets.

The winner of the 3 vs. 6 wildcard series plays the number 2 team, and the winner of the 4 vs 5 series plays the number 1 team (as indicated in the infographic above). The ALDS/NLDS is a best-of-5 series, with the winners of each series moving on to face each other in the American League/National League Championship Series (ALCS/NLCS).

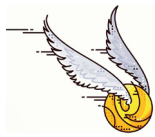


This is a best-of-7 series that decides which team from each league moves on to the World Series. The World Series is another best-of-7 series, which determines the World Series Champions for the 2022 MLB season. The main takeaway from all of this MLB postseason information is that the wildcard teams have a chance to make it far in the postseason, and this is what the Toronto Blue Jays, among other wildcard teams hope to do.

The Toronto Blue Jays still have 17 games to go, many of which are against other teams rivaling for a wildcard spot. While they currently hold a 1.5-game lead over the 3rd wildcard team in the American League, this could change in as little as 2 days. While any wildcard spot would be ideal for the Toronto Blue Jays, continuing to win games is a high priority. The Baltimore Orioles, a team the Toronto Blue Jays still have 5 regular-season games against, are 4.5 games back from a wildcard spot. If Toronto starts losing, Baltimore may have an opportunity to push their way into a wildcard spot.

In the National League, the New York Mets could easily lose their division lead to Atlanta, who is only 1 game back of tying the National League East division. Additionally, the Milwaukee Brewers are only 1.5 games back of a National League wildcard spot, even closer than the Orioles in the American League.

While most races for division leader are over, the wildcard race is very much alive, and the Toronto Blue Jays are at the centre of it all. Therefore, if you take anything away from this article, let it be that things are always changing in MLB, and although the standings may be different as of the day you are reading this, it is still an exciting time to get into Blue Jays baseball!



THE PHROSH PLANNING PROJECT

Leeya Wilson, 2T5

In my calendar and heart lies a bookmark for September 9th, 2022, which marks the culmination of the largest undertaking of my life. Phrosh Week 2022 did not come to life overnight. In fact, this journey began 5 months ago. I was newly elected as president (thus phrosh chair), and ready to learn about this undertaking from the phrosh chairs before me. When I discovered the magnitude of what I needed to accomplish, I was overwhelmed... but at the time, I did not foresee the team of mentors and friends who would uplift me on this journey. In anticipation of the work that lay ahead, I began recruiting the Phrosh Planning Committee (PPC) before our final exam period was over. I was beyond ecstatic that a team of 34 people were willing to take on this momentous project with me. Together, we boarded the Phrosh Planning Express and over the course of an entire summer of brainstorming, the Phrosh School of Witchcraft & Wizardry was born!



Watching our phrosh vision come to life was both incredibly stressful and worthwhile. Coordinating with vendors and sponsors often felt like a game of chess, and my amazing team was always a phone call away to strategize our next move. As the event loomed closer and closer, my basement piled higher and higher with a mountain of brooms and boxes. I had just completed my EPE-1, was working part-time at the pharmacy, and in my remaining time, I poured my heart into phrosh. I was grateful to share my stresses with my PPC team, as they watched our efforts come to fruition alongside me. Every night after work, I would come home to one more package... one more piece in our phrosh puzzle. When our swag bags and t-shirts arrived with our logo proudly on display, it occurred to me... phrosh was only a few weeks away!

It was finally Phrosh Week – time to share our months of planning with 150+ students in the incoming class! As I watched the 2T6s navigate our icebreaker circuit, I reflected on the hours of debating that sculpted the games. Everything came to life better than I imagined. The first day, and all the days that followed, were a massive success. Friends were made, and fun was had. We did it!



The phrosh planning journey was a great learning and growth experience. Not only did it bring me closer to my core friends, who supported me through a chaotic summer, but it taught me that an undertaking of stunning magnitude could be conquered with the right support system. I am thankful beyond words for my Phrosh Planning Committee and leaders who helped execute our vision. Ultimately, I am grateful for the wholesome, kind, and dependable team of magnificent 2T5s who made me feel appreciated for my efforts. Could not have done this without you all!



To the 2T6s, I am truly happy that we created a fun and memorable experience for you all, and I hope to have fostered some great friendships! I am looking forward to supporting your cohort in the near future as you embark on your own phrosh planning journey.

Yours sincerely,

Leeya Wilson

Chair, Phrosh Planning Committee 2022-2023

4 Halloween Movies to Watch This October



Aqsa Ali, 2T5

1. Halloweentown

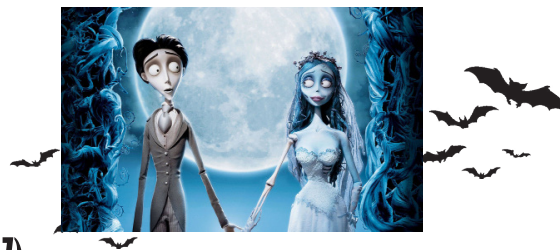
A childhood favourite for many and a great movie to watch with the family to get the Halloween spirit going. Halloweentown is a movie about a young girl named Marnie Piper and her siblings transported to a magical place called (you guessed it) Halloweentown where they learn that they come from a family of witches and there is an evil force working in the shadows they must save the town from. There are in total 4 movies in this series, but due to the main actress playing Marnie being recast in the 4th movie, I will forever be in denial of the 4th movie's existence and advise others to stick to watching the first 3 films. Fun fact: the main actress Kimberly J. Brown recently got engaged to Daniel Kountz who played Kal, in the second film of Halloweentown.



2. Corpse Bride

Tim Burton movies and Halloween go hand in hand. If you haven't watched Corpse Bride then bookmark this page and go watch it. This movie is about Victor Van Dort who is arranged to be wed to Victoria Everglott. Both of their families hope this marriage will entail fortune and status for them. However, when Victor practicing his lines for the wedding puts a ring on what seemingly looks like a tree branch, finds out it's really the finger of a corpse bride who transports him to the netherworld for them to get married. How will Victor return to his Victoria? Is the corpse bride a villain or a

poor soul waiting for her fiancé at the altar? You'll just have to watch and see what awaits for Victor down the aisle.



3. IT (2017)

If you are afraid of clowns, then this movie is for you! It will scare you enough to make you jump out of your seat. This movie is about a shape-shifting evil spirit called "Pennywise" who takes the form of a clown preying upon the children in the town of Derry, Maine, unnoticed by the adults. One day Bill Denbrough's little brother Georgie gets taken by the clown. Bill, still haunted by Georgie's disappearance, recruits his friends to find out what happened to Georgie on that day. There are two films in the franchise so far, and I have to say both are packed with enough horror and humour to make this a favourite to watch on Halloween.



4. The Woman in Black (2012)

If you want scary, you got it. No, this is not "The Conjuring", but it does have Daniel Radcliffe, so for all the Harry Potter fans, this will be a treat. This movie is about Arthur Kipps, a lawyer who has recently lost his wife, who visits a remote village to settle the deceased Mrs. Alice Drablow's estate. However, he soon finds out that the house is haunted by a ghost of a woman dressed in black that seeks revenge by taking the children of the locals in the town. "The Woman in Black" is Radcliffe's first movie he did after the Harry Potter franchise had finished. Also, Adrian John Rawlins who acted as James Potter in the Harry Potter films played the same role as Arthur Kipp's for the 1989 version of "The Woman in Black". A "spooky" coincidence if I do say so myself.



Pharmacy Phoodie (Foodie) Cafe Crawl

ENTRY 1

Sheena Ye, 2T6

Hi everyone! My name is Sheena and I'm your resident caffeine fiend – while I am loyal to my Nespresso in the mornings before class, there's nothing I love better than to try new cafes downtown and see what their vibes are like. So without further ado, let's dip our stirring sticks into where I explored this past month:



PLEARN

Address: 74 Gerrard St E, Toronto

Walk from Pharmacy Building: 16 minutes

Hours: 8:30am-9pm daily

Overall rating: 4 out of 5

Tucked away on Gerrard St, this newly opened and renovated cafe boasts classic staples such as house blend coffee, but also offers creative twists on existing drinks. I tried the coconut latte (with ice of course) while my friend tried the taro latte (also iced) which included a fun little marshmallow topping on top! Personally, I am a huge fan of anything coconut so I really enjoyed my drink - it had an earthy taste and wasn't very sweet, so the coconut flavor really shone through. My friend also really enjoyed her taro latte, although the combination of coffee and taro is definitely an acquired taste - but worth a try for any root vegetable lover! I also think the presentation of our drinks really made the experience a must try - the baristas took their time crafting each drink to make sure it was to its best. I would definitely come back again to try another menu item. However, despite the cool drinks, I felt as if the atmosphere wasn't cozy enough to study in: the furniture felt TOO nice and it seemed almost like an "art-gallery". Also the seating was limited to a few large tables so if you are a quiet, non-group studier like me, I'd steer clear of this cafe if you are trying to get some serious studying done.

Overall thoughts: great for unique drinks, not the best for studying



JIMMY'S COFFEE

Address: 84 Gerrard St W, Toronto

Walk from Pharmacy Building: 9 minutes

Hours: 7am-6pm weekdays, 8am-5pm week-ends

Overall Rating: 4.5 out of 5

This older place is a student favourite and I can definitely see why. I was feeling frugal the day I went so I ordered a simple macchiato (not iced because I saw a single red leaf on the ground and immediately settled into the autumn mindset) and sat down to cry over how much school work I had. Low and behold, the wifi of this cafe actually CONNECTED IMMEDIATELY (without any password or weird "give me your email" log in needed) and worked seamlessly for the rest of my study session! The entire cafe also gave such a cozy feel with antique decorations that

absolutely defiled the idea of minimalism (which is what most newer cafes in Toronto always strive for). I think the few downsides of this place were: the limited menu options - not a lot of creative flavours or drinks, and slightly uncomfortable seating - wooden benches and non adjustable tables. But, given how concentrated I was able to get with work and also the unique setting I would definitely rate this location as a top spot to get your focus on.

Overall thoughts: basic menu and bakery options, great cozy spot to focus and get work done



FORGET ME NOT CAFE

Address: 506 Adelaide St W, Toronto

Walk from Pharmacy Building: 30 minutes

Hours: 7:30am-6pm weekdays, 9am-7pm weekends

Overall rating: 3.5 out of 5

Don't get me wrong, I am a broke pharmacy student through and through but I just HAD to splurge on these drinks at Forget Me Not. I also heard this is Shawn Mendes' favourite cafe in Toronto so uhhh... if you catch me here 24/7 I'm definitely NOT fully paying attention to my coffee or work. We got the dalgona coffee latte and the sesame latte - however both tasted pretty sub-par, although I think it's because they did not come as sweet as I preferred. I wouldn't be able to justify their price points for the taste of their menu items. However, the seating in this quaint little cafe is very comfortable and spacious. There were both large tables for group work as well as little tables dispersed throughout the building. One highlight: the bathroom! The mirror was so cute and the decor of this entire cafe was very cozy while keeping a modern aesthetic.

Overall thoughts: small and quaint, but slightly overpriced on their specialty drinks and far from PB



CARBONIC COFFEE

Address: 37 Baldwin St, Toronto

Walk from Pharmacy Building: 8 minutes

Hours: 8am-8pm weekdays, 9am-7pm weekends

Overall Rating: 4.5 out of 5

This place is probably one of the nicest cafes I have ever been to. It's located on a small street off of McCaul (which already contains a bunch of cute little restaurants and cafes) with lots of matcha, tea and coffee options! The interior of this place is so aesthetic and feels like a living room off of a catalogue - lots of neutral colours, rattan chairs, and pops of green from plants. I sat down with a chilled cream bun I grabbed from the neighbouring Japanese bakery and paired it with their summer special blue sakura drink - which was as reasonably priced as it could be (under \$5). The seating options here are quite nice, but further in the back of the cafe without much natural light. The chairs were also slightly on the uncomfortable side but there is lots of space for individual work or partner seating (less group seating unfortunately). Overall, I think this place is my ideal go-to after class on a weekday to get some light work done.

Overall thoughts: basic drink options, cute study spot with incredible interior

While my hit list of cafes continues to grow, feel free to message me on IG: @sheenayye or @sheenbeanests if you have a recommendation or want to study together! Until next time!

Dried Cranberry Biscotti

by: Barooj Ahmad, 2T6

Classic twice-baked, oblong-shaped Italian biscuits are incredibly easy to make! They can be customized with any of your favorite dried fruits or add-ins. This is a recipe that I have trusted for over 8 years, trust me on this one!

Ingredients:

- 2 ½ cups all-purpose flour
- 1 tsp baking powder
- ½ tsp salt
- ½ cup softened butter
- ¾ cup sugar
- 2 large eggs
- ½ tsp almond (or vanilla) extract
- 1 ½ cups dried cranberries
- 1 egg (for egg-wash)

Recipe:

Step 1

Preheat the oven to 350° fahrenheit. Line a large baking sheet with parchment paper.

Step 2

Combine flour, baking powder and salt in a medium bowl, whisk to blend. In a separate bowl, use an electric mixer to beat sugar and softened butter until fluffy (~5 minutes). Add in eggs and only mix to incorporate.

Step 3

Add the flour into the dried ingredients and mix with your hands, then add the dried cranberries. The dough will be soft and easy to shape. Using floured hands, split the dough in half and shape each piece into a log (somewhat flattened).

Step 4

Whisk egg and ~ 1 tbsp water, brush it on top and on the sides of the log. Bake for 30-35 minutes until golden brown, cool completely.

Step 5

Using a serrated knife, cut diagonally into 1/2-inch thick slices and place back on the baking sheet cut side up. Bake each side for ten minutes (5 minutes on each side). Cool completely and enjoy!



MASS EFFECT TRIOLOGY REVIEW

MISHA KRIVYKH, 2T3



Have you ever wanted to explore alien planets? Fight space pirates? Save the galaxy from certain extinction? Become buried in inter-species politics?

If so, I have the game trilogy for you – the Mass Effect trilogy. Created in the early 2010s, this trilogy stands the test of time as an engaging RPG with a dynamic gameplay system and a story that truly respects your decisions.

Set a mere 1.5 centuries from now, you play as Commander Shepard, leading your crew aboard the SSV Normandy as you race against time to save the galactic races from an ancient threat known as the Reapers – a race of giant calamari-shaped AIs whose job is to wake up every 50 000 years from hibernation to wipe out all space-faring species. In your quest you will make decisions concerning military strategy, friendships, and even relationships among your crewmates. The major characters in the game series go through character development that is partly dependent on your choices, and it is immensely satisfying to see. One of the neater things about the lore behind this game is that Commander Shepard is entirely customizable – the gender,

backstory, military specialization, and personality are all up to you, and the voice actors for male and female versions of the protagonist do an excellent job of moving you through your selected dialogue tracks. The morality system is incredible – instead of it being “Good vs Bad” it is rather “Paragon vs Renegade” – goody two-shoes Superman-like hero vs gun-toting Han Solo-like figure. The system is not an absolute binary, and it is in fact very popular among enthusiasts to mix and match decisions from both sides of the aisle.

The gameplay of the Mass Effect games can be aptly described as “World of Warcraft” meets Grand Theft Auto. You pick a class out of six options to specialize in at the start of the trilogy. Each of the six class options has varying degrees of proficiency in different areas of fighting – combat (ability to withstand damage, have stamina, and use of weaponry), technology (abilities involving hacking/sabotage, etc.), and biotics (space magic). Every class has access to different types of weapons, as well as powers.

Overall, the Mass Effect trilogy is a definite must once you have some time off exams and rotations!



P U Z Z L E

Drugs & Other Exogenous Factors That Can Induce or Aggravate Hypertension

R	R	N	B	K	J	C	G	S	T	N	A	L	U	M	I	T	S	E	M
D	M	E	J	S	V	L	A	H	G	T	Z	K	B	U	H	M	N	Q	I
F	N	S	A	I	D	S	I	D	J	E	Z	P	H	G	M	V	O	I	D
O	J	L	B	L	C	F	P	C	D	C	D	V	N	Z	A	X	N	R	O
R	D	Q	V	C	C	X	Z	S	O	C	R	L	E	D	N	W	F	J	D
E	T	W	S	I	Q	O	U	S	H	R	Q	X	Q	F	G	J	I	S	R
I	C	A	D	V	E	N	H	U	R	E	I	M	O	A	A	W	C	C	I
G	F	H	Q	B	Y	F	C	O	D	C	Y	C	H	T	V	E	T	I	N
N	V	F	Y	X	I	I	Y	S	L	M	V	M	E	U	J	M	I	E	E
L	D	S	N	R	I	S	X	O	G	F	Q	Q	P	R	M	U	O	N	P
A	Q	C	W	K	W	N	B	R	H	K	I	Q	X	F	O	O	N	C	H
N	C	L	R	W	S	L	L	J	S	W	M	C	B	T	G	O	R	E	Y
G	E	A	M	I	F	S	G	L	X	Z	K	A	T	D	F	L	T	F	M
U	Z	S	H	Q	D	E	R	V	V	H	J	N	O	I	L	U	M	I	Y
A	A	S	W	U	N	C	R	I	V	E	J	J	T	I	O	H	D	C	S
G	N	I	X	U	C	B	K	I	S	P	Y	C	Y	F	S	N	E	T	T
E	V	C	X	R	Z	B	A	Z	V	S	Y	C	T	X	L	X	D	I	E
K	P	C	O	R	T	I	C	O	S	T	E	R	O	I	D	S	R	O	R
Q	W	G	R	T	G	C	L	K	Z	F	A	N	T	A	S	Y	B	N	Y
X	Y	O	S	T	N	E	H	U	O	H	O	R	R	O	R	F	W	F	U

Alcohol
Corticosteroids
Licorice root

Midodrine
NSAIDs
SSRIs

Stimulants
SNRIs
MAOIs



by: Nuzat Karim, 2T5

Shoutouts!

Shout out to the UPS Event Directors for
the great boat cruise

Shout out Joham and Ruba for their hard
work on the Monograph!

Shout out to Lee for the endless hours she
spent on Phrosh

Shout out to Annie for getting through
tough times and prioritizing health!

WHAT IS IT WHEN
GIVEN ONE YOU'LL
HAVE EITHER TWO
OR NONE?

Answer: A choice!
Dana Di Lorio, 2T6

artist spotlight

Samra Ghazi, 2T4



Aumshka Sarkar, 2T6



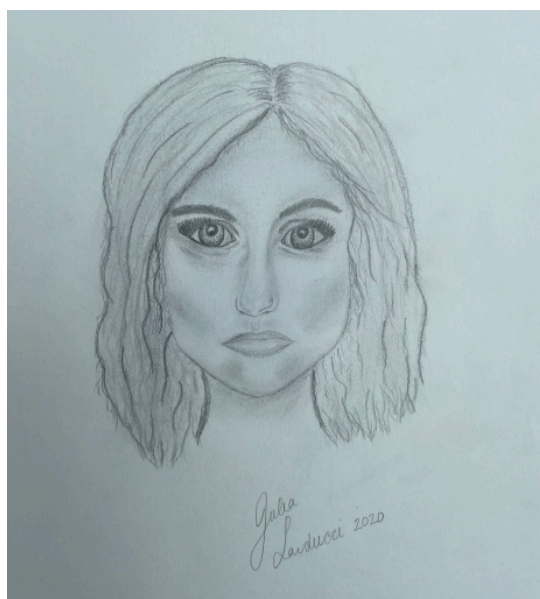
Aqsa Ali, 2T5



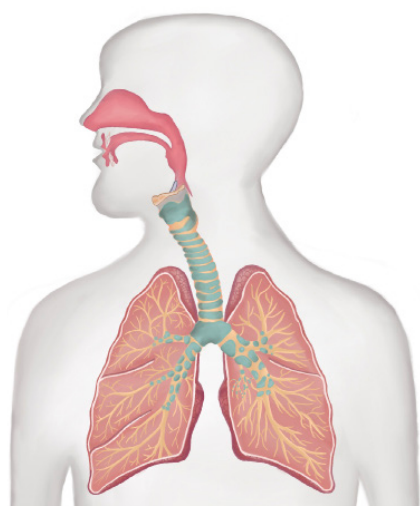
Sun Ah Kim, 2T4

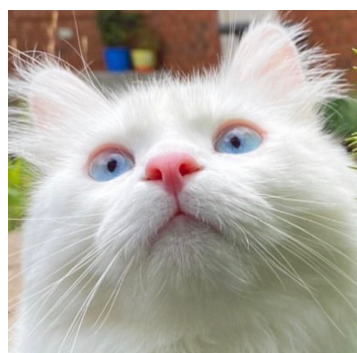


Julia Landucci, 2T6

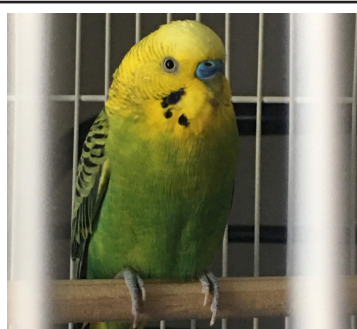


Purvi Mahida, 2T6





KION
Sabih Jamil



MARTY
Mel Hubscher



LUCY & DAISY
Anna Shevchuk



ZOË
Isabella Fortuna



Aqsa Ali, 2T5



Aqsa Ali, 2T5



Aqsa Ali, 2T5



Aqsa Ali, 2T5

